

# Scrutiny & Audit Panel

## 23 July 2020



### Membership:

Councillors: Barnes (Chairman), Taylor, Smith, Hamilton, Evans, Lambert and Osborne

You are requested to attend this meeting to be held Via Webex. To join go to:  
<https://esfrs.webex.com/esfrs/j.php?MTID=e92a76e157eafcb92dcc616e11e9f5d8>  
Password: nfNbrJTm258. To join via telephone dial +44-20-7660-8149 Access code:  
137 186 5031 at 10.00 am

### Quorum: 3

<b>Contact:</b>	Ellie Simpkin, Democratic Services Officer 01323 462085, <a href="mailto:democraticservices@esfrs.org">democraticservices@esfrs.org</a>
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## Agenda

### 1. 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

### 2. Apologies for Absence

### 3. 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

### 4. Minutes of the last Scrutiny & Audit Panel meeting held on 21 May 2020 5 - 10

### 5. 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.

- |            |   |                  |
|------------|---|------------------|
| <b>6.</b>  | <b>Internal Audit Annual Report and Opinion for the period 1 April 2019 to 31 March 2020</b>                              | <b>11 - 28</b>   |
|            | Report of the Assistant Director Resources/Treasurer  |                  |
| <b>7.</b>  | <b>Contract Standing Orders - Waivers Summary July 2019 to July 2020</b>  | <b>29 - 32</b>   |
|            | Report of the Assistant Director Resources/Treasurer  |                  |
| <b>8.</b>  | <b>2020/21 1st Quarter Risk Register Review</b>   | <b>33 - 46</b>   |
|            | Report of the Assistant Director Resources/Treasurer  |                  |
| <b>9.</b>  | <b>2019/20 4th Quarter Performance Results</b>  | <b>47 - 62</b>   |
|            | Report of the Assistant Director Planning & Improvement   |                  |
| <b>10.</b> | <b>Grenfell Tower Enquiry - Update on Service Action Plan</b>   | <b>63 - 100</b>  |
|            | Report of the Assistant Chief Fire Officer  |                  |
| <b>11.</b> | <b>Primary Authority Progress Report</b>  | <b>101 - 108</b> |
|            | Report of the Assistant Chief Fire Officer  |                  |
| <b>12.</b> | <b>Outcome of Internal Audit into Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20</b> | <b>109 - 128</b> |
|            | Report of the Assistant Director People Services  |                  |
| <b>13.</b> | <b>Annual Report of the ESFRS Local Firefighters Pension Board 2019/20</b>  | <b>129 - 134</b> |
|            | Report of the Assistant Director People Services  |                  |
| <b>14.</b> | <b>Member Attendance Annual Report 2019/20</b>  | <b>135 - 142</b> |
|            | Report of the Senior Democratic Services Officer  |                  |

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

Date of Publication: 15 July 2020



## Information for the public

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## SCRUTINY & AUDIT PANEL

**Minutes of the meeting of the SCRUTINY & AUDIT PANEL held as a Virtual Meeting at 10.00 am on Thursday, 21 May 2020.**

Present: Councillors Barnes (Chairman), Taylor, Smith, Evans, Lambert and Osborne

Also present: D Whittaker (Chief Fire Officer), M O'Brien (Deputy Chief Fire Officer), M Andrews (Assistant Chief Fire Officer), L Woodley (Deputy Monitoring Officer), D Savage (Assistant Director Resources/Treasurer), L Ridley (Assistant Director Planning & Improvement), M Matthews (Assistant Director Safer Communities), H Scott-Youldon (Assistant Director People Services) P Jassal (Finance Manager), K Pearce (ITG Manager), M Lloyd (Senior Responsible Officer Project 21), N Chilcot (Audit Manager, East Sussex County Council), H Thompson (Ernst & Young LLP), C Porter ITG Project Co-ordinator), L Stevenson (Risk & Insurance Officer), E Curtis (Communications Manager), A Blanshard, (Senior Democratic Services Officer) and E Simpkin (Democratic Services Officer)

### **34        Declarations of Interest**

There were none.

### **35        Apologies for Absence**

There were none.

### **36        Notification of items which the Chairman considers urgent and proposes to take at the end of the agenda/Chairman's business items**

The Chairman suggested that the Panel add a review of the impact of the IRMP proposals on the existing fleet capital programme to its work programme. Members were in agreement.

### **37        Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 30 January 2020**

**RESOLVED:** That the non-confidential minutes of the meeting of the Scrutiny & Audit Panel held on 30 January 2020 be approved as a correct record and signed by the Chairman.

### **38        Callover**

Members reserved the following items for debate:

39        External Audit Update and Fee Letter 2020/21

40        Internal Audit Strategy and Plan 2020/21

41        2019/20 4<sup>th</sup> Quarter Corporate Risk Register Review

## **Unconfirmed minutes – to be confirmed at the next meeting of the Scrutiny & Audit Panel**

- 42 Assessment of the Corporate Framework & Annual Governance Statement for 2019/20
- 43 Project 21 Future Mobilising – May 2020 Progress Update

### **39 External Audit Update and Fee Letter 2020/21**

The Panel received a report from the Assistant Director Resources/Treasurer (ADR/T) which informed the Panel of progress on the external audit of the 2019/20 financial accounts and the proposed external audit fee for 2020/21.

The ADR/T highlighted the changes to the statutory deadlines for publishing the draft and final audited accounts as a result of the Covid-19 pandemic, which had been pushed back to 31 August and 30 November 2020 respectively. The current intention was to publish draft accounts by 31 July (albeit this relied on a number of external factors) to allow the audit of accounts to begin early July and continue throughout August. It was expected the final accounts would be brought to an additional Scrutiny & Audit Panel meeting in September for approval (to be confirmed). The Panel's attention was drawn to comments from the PSSA that fee variations were likely to arise for most if not all bodies. EY was also reviewing its fees for all clients and initial proposals indicated an increase in fees to just over £50,000. The ADR/T was working with EY to understand the process and timescales, however over doubling of fees was not something which was welcomed.

Helen Thompson (EY) introduced the Audit Progress Update highlighting the impact that Covid-19 was having on procedures and timescales. EY continued to working remotely to support the audit with the main impacts being the changes to timescales and around the valuation to property, plant and equipment following guidance issued by valuers. There would be ongoing concerns regarding financial viability, however she noted the assurances which had been given by East Sussex Fire & Rescue Service (ESFRS) as to the financial management and regular meetings with officers were working well.

With regard to fees, Ms Thompson added that there had effectively been a reduction in fees over last 10 years whilst regulatory pressures had increased. Conversations would continue and all firms were in the process of providing information to the PSAA. Ms Thompson reassured the Panel that this would not impact on the work being undertaken by EY and their aim to deliver to a quality audit which offered assurance and a safe opinion.

The Panel commented on the position of ESFRS as a statutory body and the fact that the full financial impact of Covid-19 on public sector funding was not yet known. Ms Thompson agreed and highlighted the importance for the audit to consider individual challenges and ensure that appropriate plans were in place. The ADR/T added that officers were working to understand both the in-year and longer term impacts of Covid-19 on income from both council tax and business rates. Further details would be reported to the Policy &

## **Unconfirmed minutes – to be confirmed at the next meeting of the Scrutiny & Audit Panel**

Resources Panel in July and included in the update of the Medium Term Finance Plan to the Fire Authority in September.

**RESOLVED:** That the Panel noted:

- (i) the progress on the external audit of the 2019/20 accounts;
- (ii) the change in the audit timetable; and
- (iii) the external audit fee for 2020/21.

### **40 Internal Audit Strategy and Plan 2020/21**

The Panel received a report on the Internal Audit Plan for East Sussex Fire Authority covering the period 1 April 2019 to 31 March 2020.

The Panel particularly welcomed the inclusion of Home Fire Safety Visits, Project 21 (Mobilising & Control) and Occupational Health Provision. The Panel asked whether consideration had been given to including business safety audits and high rise buildings in future audits given they appeared on the corporate risk register.

The Chief Fire Officer (CFO) explained that with revised Fire Safety legislation relating to building safety coming into force shortly the Fire Authority would be receiving one-off grant funding in the region of £510k to facilitate work in this area and would be contributing to national returns of fire safety audits on all high-rise properties of 11 stories or higher.

The ADR/T also offered reassurance that work on business safety visits had been carried out as part of the 2018/19 internal audit which had returned a partial assurance opinion. Areas to strengthen had been identified which had been helpful in making improvements in advance of the HMICFRS inspection. Follow up work was currently being completed, the outcome of which would be included in the annual audit report which was due to be presented to the Panel in July.

The Panel highlighted the importance of ensuring that Government understood that risk was not limited to high-rise buildings but also included multi-occupancy accommodation for the vulnerable, such as hospices and care homes. It was noted that an update report on the implementation of the Grenfell action plan would be coming to the next Panel meeting.

*NB: Councillor Evans had left the meeting due to technical issues.*

**RESOLVED:** That the Panel approved the proposed internal audit plan for 2020/21.

### **41 2019/20 4th Quarter Corporate Risk Register Review**

## **Unconfirmed minutes – to be confirmed at the next meeting of the Scrutiny & Audit Panel**

The Panel received a report on the latest quarterly review of Corporate Risk set out the business risks identified and how they had or were being mitigated. Two new business risks relating to the spread of infectious pandemic diseases and an ageing workforce were recommended for inclusion on the register.

The Panel asked for clarification as to why there was no specific risk relating to the financial impact of Covid-19, accepting that the Fire Authority was not quite in the same financial position as other local authorities. The ADR/T confirmed that the register presented the corporate position as at 31 March 2020 and that financial impact risks would be reflected in the risk register as the situation developed.

**RESOLVED:** That the Panel:

- i) noted the Q4 Corporate Risk Register including changes made since Q3; and
- ii) agreed the proposed new risks R16 Spread of infectious pandemic diseases and R17 Ageing workforce.

### **42 Assessment of the Corporate Framework & Annual Governance Statement for 2019/20**

The Panel received a report from the Deputy Chief Fire Officer, Assistant Chief Fire Officer, Deputy Monitoring Officer and Assistant Director Resources/Treasurer which set out how the Fire Authority had assessed the effectiveness of its governance arrangements. The report sought approval of the Annual Governance Statement in line with the Accounts and Audit Regulations 2015.

The Chairman drew the Panel's attention to an additional recommendation regarding the approval of the Statement of Assurance, as detailed in recommendation (iii) below.

**RESOLVED:** That the Panel:

- (i) confirmed that they were satisfied with the level of assurance provided to them through this report and the Authority's governance framework and processes;
- (ii) approved the Annual Governance Statement for signing by the Scrutiny & Audit Panel Chairman and the Chief Fire Officer; and
- (iii) approved the Statement of Assurance for signing by the Scrutiny & Audit Panel Chairman and the Chief Fire Officer.

### **43 Project 21 Future Mobilising - May 2020 Progress Update**

**Unconfirmed minutes – to be confirmed at the next meeting of the Scrutiny & Audit Panel**

The Panel received a report from the Deputy Chief Fire Officer which provided an update on the progress of Project 21, the purpose of which was to determine and deliver the future operating model for Fire Control services for East Sussex Fire & Rescue Service from September 2021 onwards.

Members welcomed the report and were pleased to note that the project was on track. The Panel looked forward to receiving further updates.

**RESOLVED:** That the Panel:

- i) noted the progress made on Project 21 since 9 January 2020 as set out in appendix 1 to the report; and
- ii) noted the forward plan for Project 21 and the updated target go-live date for Project 21 of 28 September 2021.

The meeting concluded at 10.45 am

Signed

Chairman

Dated this

day of

2020

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## EAST SUSSEX FIRE AND RESCUE SERVICE

<b>Meeting</b>	Scrutiny & Audit Panel
<b>Date</b>	23 July 2020
<b>Title of Report</b>	Internal Audit Annual Report and Opinion for the period 1 April 2019 to 31 March 2020
<b>By</b>	Assistant Director Resources / Treasurer
<b>Lead Officer</b>	Russell Banks, Orbis Chief Internal Auditor

**Background Papers**                      Scrutiny & Audit Panel 5 June 2019 - Item 228 Internal Audit Strategy and Annual Audit Plan 2019-20

**Appendices**                                      1. Annual Internal Audit Report and Opinion 2019/20

### Implications

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

**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 2019 to 31 March 2020.**

**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 2019 to 31 March 2020.

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.

The Panel’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 once finalised).
  - ⇒ RDS Pay Follow Up (Draft)
  - ⇒ Procurement Cards
  - ⇒ Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures
- No reports received a minimal assurance opinion
- A review of Management of Operational Assets has been suspended due to Covid 19
- Reviews of HR / Payroll, RDS Pay (Follow Up) and Project Management are at draft report stage
- A planned review of Supply Chain Management and advisory work on HR Processes were delayed at the Service's request and are included in the agreed Internal Audit Plan for 2020/21
- Information on the Internal Audit Service's performance compliance with the Public Sector Internal Audit Standards (PSIAS).

The target for delivery of 90% of the audit plan has not been achieved in part due to delays caused by slow responses by the Service to information requests / draft reports / availability of staff and also the suspension of some audits at the Service's request during the current Covid 19 crisis.

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**RECOMMENDATION**

The Panel is recommended to:

- (i) note the Head of Internal Audit's opinion on the Fire Authority's internal control environment for 2019/20;
  - (ii) note that the full reports on RDS Pay Follow Up, Procurement Cards and Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures will be reported to SLT and S&A Panel; and
  - (iii) consider whether the Fire Authority's system for internal audit has proved effective during 2019/20.
-



**EAST SUSSEX FIRE AUTHORITY**

**INTERNAL AUDIT ANNUAL REPORT AND  
OPINION 2019-2020**



**East Sussex**  
Fire & Rescue Service

## 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 2020. 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. Where appropriate, 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 2019/20 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 following planned audit work:
  - Management of Operational Assets - this was planned to be undertaken in quarter 4 but was suspended as a result of Covid-19.
  - Counter Fraud Training – this was planned to be undertaken in quarter 4 but was suspended as a result of Covid-19.
  - Supply Chain Management Follow-Up (previous partial assurance opinion) – deferred to 2020/21 at the Authority's request where officers acknowledged that work in this area had not progressed sufficiently.
  - HR Business Process Review (to assess revised HR processes prior to implementation) – this has been deferred to 2020/21 at the Authority's request to allow time to recruit to the post responsible for this area.
- Instead, further work was undertaken in completing an ongoing investigation from 2019/20 in relation to Secondary Employment, and one additional area, at the request of the Assistant Director, Resources and Treasurer, in relation to Retained Duty Support Officer (RDSO) Vehicles (see Appendix A for further details).

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 and other relevant senior officers, to whom internal audit reports are issued for consideration in the first instance, prior to wider consultation and consideration.

## 4. Audit Opinion

4.1 **No assurance can ever be absolute; however, based on the internal audit work completed, I can provide reasonable assurance<sup>1</sup> 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 2019 to 31 March 2020.**

Russell Banks, Orbis Chief Internal Auditor

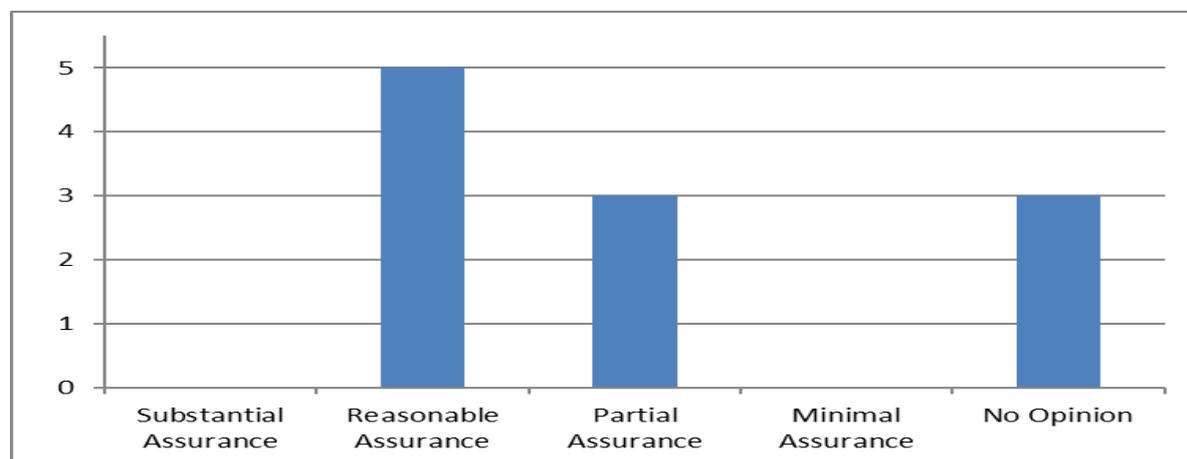
4.2 Where improvements to control or compliance are required, we are satisfied that appropriate action has been agreed by the relevant managers to ensure these improvements are made within reasonable timescales. The overall level of assurance given also takes into account:

- All audit work completed during 2019/20, 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 2019/20.

## 5. Summary of Work and Key Findings

5.1 The following chart provides a summary of the outcomes from all audits completed to draft report stage during 2019/20 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 is included at Appendix A. Overall, the majority of audit opinions issued in the year were generally positive. This includes both of the key financial system audits undertaken (Accounts Payable and Payroll) which received reasonable assurance; a contributing factor in forming our annual opinion.

<sup>1</sup> 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.

5.3 As per the above graph, there have been three partial assurance opinions during the year. These relate to the audits of:

- Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures;
- Procurement Cards; and
- Retained Duty Staff (RDS) Pay Follow-Up

5.4 For the first two reviews listed above, we are satisfied that management will be taking appropriate action to address the findings of the reviews. Formal follow-up audits in these areas will be undertaken during 2020/21 to assess the extent to which the agreed actions have been implemented. For the RDS Pay Follow-Up, this is at draft report stage and we are awaiting a formal response from management.

## 6. Performance

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

6.2 Public Sector Internal Audit Standards (PSIAS) require the internal audit service to be reviewed annually against the Standards, supplemented with a full and independent external assessment at least every five years. The following paragraphs provide a summary of our performance during 2019/20, 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 level of overall performance. However, at 31 March 2020, we had only completed 75% of the revised audit plan to draft report stage. This was partly as a result of delays within the Fire Service responding to our requests for information and access to staff, and due to a small number of audits either being delayed or suspended because of Covid-19. All audits within the revised plan have now been completed to at least draft report stage.

**SUMMARY OF INTERNAL AUDIT FINDINGS**  
**For the period of 1 April 2019 to 31 March 2020**

**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. On a cyclical basis, we review the key controls within these systems as part of our programme of key financial system audits.

**Accounts Payable**

The purpose of this audit was to provide assurance that controls are in place and operating effectively to ensure that:

- Orders are raised for bona fide goods, works or services in accordance with Financial Regulations and the needs of the Authority;
- Only valid and accurate payments are made where goods, works and services ordered have been received; and
- Only valid supplier details are set-up in SAP, and these are adequately maintained.

In completing our work, we were able to provide an opinion of **reasonable assurance** over the controls in place and no material processing errors were identified. We found several areas of good practice, including where:

- Purchase order requisitions are approved by officers with the delegated authority to do so;
- Adequate documentation was available to support both purchase order and non-purchase order payments;
- Robust arrangements are in place for the monitoring and investigation of potential duplicate payments; and
- New supplier request forms are completed in accordance with agreed procedures.

Some areas for improvement were, however, identified, including the need to ensure that:

- Purchase orders are raised where applicable (approximately 25% of purchases made between April 2019 and February 2020 did not have a purchase order where one would be expected);
- The mandatory declaration on purchase requisition forms, to confirm that the requisitioner has undertaken the steps necessary to comply with the Authority's procurement regulations, is signed by the requisitioner; and

- Suppliers are paid in accordance with agreed payment terms, where 17.5% of non-disputed invoices from April 2019 to January 2020 had not been paid on time.

A formal action plan to address these areas was agreed with management.

In addition, we observed that the functionality to approve purchase orders electronically via SAP is still not being utilised (we made the same observation in the previous audit) which could potentially increase efficiency and improve the control environment. Management intend to assess the wider utilisation of workflow in SAP as part of the Finance Improvement Plan.

### **Procurement Cards**

Used appropriately, Procurement Cards (PCards) are a flexible way for staff to buy goods and services. Benefits include being able to buy direct from the internet and local suppliers, enabling more efficient purchasing and better pricing. The card streamlines the procurement process by replacing the need for petty cash, cheque requests, cash advances, low value requisition purchase orders. They are particularly useful for one-off purchases from a supplier.

As of 11th December 2019, there were 116 PCard holders across ESFRS. Between 1st April 2019 and 2nd December 2019, 1,932 PCard transactions were made with a total value of approximately £778k.

This audit sought to provide assurance that PCards are only issued to appropriately authorised and trained staff and are being used only to purchase goods and services that are wholly, exclusively and necessary for the use of ESFRS. We also aimed to establish whether the introduction and roll-out of the PCard programme has delivered the targeted process efficiencies intended by reducing the number of low value purchase orders and invoices that have been raised.

In providing an opinion of **partial assurance**, we found a number of areas of control weakness where:

- Training has not always been undertaken by transactional approvers to ensure they are aware of their responsibilities in scrutinising purchases;
- Maximum transaction values and monthly spend per PCard have not been agreed and set;
- Purchases via PCard being made for operational equipment, particularly equipment that requires asset marking, which contravenes the PCard user guide (between 1 April 2019 and 8 January 2020, 44 PCard transactions were made for items that would be classified as 'asset marked');
- Valid VAT receipts for purchases are not always obtained so that VAT can be reclaimed; and
- No formal process is in place to retrieve a PCard when someone leaves their employment.

In addition, the PCard programme was designed to make it easier and more cost effective for the Authority to make low value purchases of goods and services, for service use. Management consider purchases of goods and services below £1,000 as low value. While a number of factors influence this figure, it is understood that every transaction completed by card saves £28.00 in purchase order and invoice processing costs.

Analysis of purchase order data for the six months preceding the rollout of the PCard Programme, and the six months following its introduction, identified that although there had been a reduction in the amount of PO's raised under £1,000, PO's under £250 had increased. Therefore, a material

reduction in low value purchase orders raised since the programme's inception has not been achieved.

Actions to address all of the issues raised have been agreed with management as part of a comprehensive management action plan. A formal follow-up review will take place as part of the 2020/21 audit plan to assess the extent to which the agreed actions have been implemented.

### **Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures**

East Sussex Fire and Rescue Service (ESFRS) has in place policies for managing issues relating to harassment, bullying, inappropriate behaviour, raising and managing grievances and undertaking disciplinary action.

The purpose of this review was to assess compliance with these policies. In particular, we looked to ensure:

- HR Policies for managing grievances, disciplinary action, harassment and bullying are reviewed periodically to ensure they are compliant with legislation and codes of practice, and are accessible to all staff;
- there is a process for capturing lessons learned from previous cases and, where appropriate, for updating relevant policies;
- the system for managing cases of disciplinary action, grievance, harassment and bullying is effective; and
- HR policies for managing grievances, disciplinary action, harassment and bullying are complied with and this is monitored.

Overall, we found a number of control weaknesses and were only able to provide an opinion of **partial assurance** as a result.

We found that the Grievance Procedure and the Harassment, Bullying and Inappropriate Behaviour Guidance were both out of date at the time of our review. The Grievance Procedure was last updated in June 2013 and was due to be reviewed in October 2015 and the Harassment, Bullying and Inappropriate Behaviour Guidance was last updated in April 2011 and was due for review in March 2013. Neither of these documents have been updated since. The Grievance Procedure was in the process of being reviewed during the audit.

Whilst the policies were found to be broadly compliant with the Advisory, Conciliation and Arbitration Service (ACAS) code of practice, there were several areas within the Harassment, Bullying and Inappropriate Behaviour policy and the Disciplinary Procedure where compliance could be improved.

There is no systematic process in place to capture lessons learned from previous cases (disciplinary, grievance etc.) which means there is a greater risk of repeating poor practice where this has occurred.

The Firewatch system is used to record all cases referred to HR. Whilst this ensures that there is a central record and that all key documentation is held securely, there is no case management process within Firewatch to ensure that timescales are adhered to and evidence of slippage was identified.

Of thirteen cases reviewed, we identified some instances of non-compliance with policies. This included:

- The same officer providing advice at both the informal and formal stages of a grievance, in breach of the Grievance Procedure;
- Hearings not being offered within 14 days of form PD21 being submitted, in breach of the Grievance Procedure;
- The line manager not consulting with HR, in breach of the Disciplinary Policy; and
- A delay in appointing an independent Group Manager to undertake the investigation.

A formal action plan was agreed with management to address the findings of the review. A formal follow-up review to assess the extent of implementation of the agreed actions has been included within the 2020/21 audit plan, with the conclusions to be reported back to this Committee.

During the review, we also undertook a staff survey on the Harassment, Bullying and Inappropriate Behaviour Guidance and the Grievance Procedures. This was requested by management to support the audit and to help understand general awareness of these policies amongst employees. There were 109 responses to the survey although a significant number of those who completed the survey chose not to answer every question.

The survey results showed that 50% of those who responded had been subjected to either bullying, harassment or inappropriate behaviour at work or, had cause to raise a grievance. In addition, a few employees were unaware of the existence of one or both of the procedures and, of those who were aware, some chose not to report their concerns to management.

Management are reviewing the findings of the survey and considering the action that needs to be taken.

### **Information Technology Governance (ITG) Budget Management**

Information Technology Governance (ITG) is responsible for implementing and administering IT systems across the service. The latest IT Investment Strategy is worth £9m and the ITG revenue budget for 2019/20 is approximately £2.5m. There has been a history of overspends within ITG in recent years. This is partly due to an over reliance on budgets being managed on spreadsheets instead of the main accounting system, SAP.

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

- A properly evidenced and accurate budget is set and approved within the required timeframes;
- Budgets are updated in a timely manner to account for changes in circumstances (such as the introduction of new costs when systems are introduced part way through the year);
- Adequate and timely budget management information is available that facilitates effective decision making; and
- Corrective action is taken in a timely manner to manage potential under and overspends.

Overall, we were able to give an opinion of **reasonable assurance**. We found that, following a change in personnel, budget monitoring is now undertaken based upon data recorded in SAP. This contrasts with previous years, where budget monitoring was based upon standalone spreadsheets that often resulted in discrepancies when compared to budget information reported by Finance. Since August 2019, we have seen evidence of ITG budgets being monitored and reported to senior

management, using more robust analysis, including the identification and reporting of budget pressures.

In addition to the above areas of good practice, we identified some areas where controls could be improved. In particular, where:

- The ITG base budget for 2019/20 was allocated against the wrong cost codes in SAP. This prevented the ITG budget from being accurately monitored until the budget was reloaded into SAP in August 2019;
- At the time of testing, there was a forecast year-end overspend of approximately £140K. This was attributed in part to inaccurate budget setting and software licensing costs not having been identified in project business cases. These additional budget pressures could affect service performance through other planned expenditure not taking place or being delayed.

In discussing these issues with management, appropriate actions were agreed to address them.

### **Retained Duty System (RDS) Pay**

The Authority uses a system called Firewatch for managing its HR, training & workforce development and resource availability. Firewatch was originally procured in 2012 and a second phase of development has commenced to deliver further functionality from the system. This includes the ability to process pay for retained fire fighters which will enable the service to decommission one of its legacy systems (MIS). The new Retained Duty System (RDS) pay module was due to be implemented during 2019/20, however, this was delayed and will now be implemented during 2020/21.

The purpose of our review was to assess and give assurance on the proposed control framework within the RDS pay module of Firewatch prior to go-live. We also reviewed project preparations and readiness for go-live. This included a review of project governance, user acceptance testing, parallel running, interfaces with SAP and system recovery. This was an assurance and advisory review in accordance with the audit plan and no audit opinion was therefore provided.

In completing our work, we identified some areas for management action and consideration prior to moving to a new system. These included ensuring:

- Process maps, supporting narrative and responsibilities for approving ancillary hours claims are clear and up-to-date;
- Clarity over the claim approval process, including considering the use of a more secure 5-digit alpha numeric code for approvals;
- Agreeing and formally documenting the process for uploading claim information to SAP to help ensure that files will be completely and accurately transferred for payment.

In addition, whilst project governance arrangements were found to be appropriate, key project documentation was not available on request, including project plans and plans for user acceptance testing, parallel running and disaster recovery. These and other lower risk issues were discussed with management and actions to address them were agreed within a management action plan.

## **Business Fire Safety Follow-Up**

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.

In completing an audit in this area last year, we gave an opinion of partial assurance and have therefore undertaken a follow-up review to confirm whether the agreed actions have been implemented. We found several areas where improvement has been made since the previous audit, resulting in an improved opinion of **reasonable assurance**. These included:

- New measures being put in place to ensure that staff maintain the relevant competence levels to carry out their roles, including the creation of a 4-step development process; and
- A number of areas of the Regulator's Code where non-compliance was previously noted are now compliant, including the engagement of citizens in the formation of policies and service standards and inviting feedback from customers.

It was also noted that the service is currently in the process of upgrading and enhancing the functionality of its CRM system, which will help to resolve some of the weaknesses previously identified.

Some areas were identified where improvement is still required however, including:

- 72 premises still without a relative risk score, increasing the risk of premises not being audited as required. This is, however, an improvement of 65% on those identified during the previous audit;
- 49 records that appeared to be duplicates, many of which were caused by poor data quality or human error when entering premises' names into the CRM database; this may impact the accuracy of reporting and risk-based planning activities; and
- 100 premises that East Sussex Fire and Rescue Service has a responsibility to inspect with a relative risk score of 5.0 or above, rendering them 'high' risk, having outstanding inspections.

Actions to address these issues have been agreed with management.

## **Secondary Employment**

We completed a review at the request of management into a whistleblowing disclosure regarding potential unauthorised secondary employment. We understand that the report's findings have been used to inform a review of the Secondary Employment policy and supporting processes.

## **Retained Duty Support Officer (RDSO) Vehicles**

We were requested by management to review the arrangements relating to the intended purchase, as reported to SLT, of rapid response vehicles for four Retained Duty Support Officers which, subsequently did not take place. We were asked to evaluate the financial and fleet management

aspects of this, including in relation to the approval of the revised fleet and equipment capital schemes and subsequent monitoring arrangements.

Our work in this area identified that the vehicles were to be funded through planned savings within the Fleet Capital Schemes. However, these did not materialise. We concluded that this was because of weaknesses in the management and control of the budget, including poor budget planning, a lack of awareness of roles and responsibilities in relation to budget monitoring and poor communication between the parties involved. We reported our findings to management and actions to address these were agreed.

### **Reports Not Yet Finalised:**

#### **Payroll (draft report)**

As of January 2020, there were 740 people employed by the Authority covering 844 active roles, with the average net salary costs across April 2019 to December 2020 being approximately £1.3 million. The Payroll Team is charged with paying employees accurately in accordance with established policies.

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

- Starters are properly approved, calculated and paid from the correct dates;
- Leavers are removed from the payroll in a timely manner and paid correctly and accurately on the correct dates;
- Permanent variations to pay are properly approved, calculated and paid from the correct dates;
- Temporary payments are correctly authorised prior to processing;
- Payruns and BACS transmissions are correct and authorised; and
- Payroll data is regularly reconciled to the General Ledger.

In completing this review, we were able to provide **reasonable assurance** over the controls in place and several areas of good practice were identified. There were some opportunities to further improve controls, however, including in relation to ensuring:

- pre-employment checks are always carried out for all new staff and evidence of this is retained;
- mechanisms are in place to record and monitor salary overpayments;
- details of leavers are promptly updated in SAP to reduce the risk of overpayments; and
- there is adequate evidence to support additional payments to employees and changes to position/increase in hours, including the approval of these.

We are awaiting a formal response to the draft report from management.

#### **Project Management (draft report)**

The new Project Management Office was established in 2018/19 and, with this, new methods were introduced to ensure ESFRS projects are properly managed and controlled, and to reduce the risk of project over-spends, slippage and poor quality. A Strategic Change Board has recently been established to provide oversight over all projects, on behalf of the Senior Leadership Team.

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

- Projects' objectives and specifications are clear and meet the needs of the Authority;
- Project management delivers projects on time, to the agreed specification and within budget; and
- Changes add value to projects.

We found a project management process that has improved in recent years following the establishment of the Project Management Office years, with a more consistent approach having been developed, which is in the process of implementation. Consequently, although there remain some areas where improvement is needed, we were able to provide an opinion of **reasonable assurance**. In particular, we found that:

- There is a Strategic Change Board, with clear terms of reference;
- Guidance has been produced, that includes standard templates for key documents, such as business cases and project initiation documents; and
- Clear roles and responsibilities for project management have been set out.

Areas for improvement included ensuring:

- Business cases and project initiation documents are sufficiently clear in setting out project deliverables or success criteria;
- Costs are captured at the planning stage and projects have their own cost centres and budgets;
- Changes to project scope are well-managed;
- Risk management is further enhanced through the clearer articulation and rating of risks.

We are awaiting a formal response to the draft report from management.

#### **Retained Duty Staff (RDS) Pay – Follow Up (draft report)**

In March 2018, the interface between the Fire Authority 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.

Following this, we were requested to complete an independent review of the manual procedures in place during the period when the interface was not working to provide assurance that the correct payments were made. As a result of the issues found, including some minor incorrect payments, we were only able to provide an audit opinion of partial assurance.

We have provided an **unchanged opinion of Partial Assurance** in respect of the follow-up audit of **RDS Pay**. The reasons for this are as a result of the agreed actions from the previous audit either not being or only being partially implemented. Whilst it is acknowledged that the values involved are potentially low, this was recognised by management when the actions were agreed as part of the original review.

We are awaiting a formal response to the draft report from management.

## SUMMARY OF PERFORMANCE INDICATORS FOR 2019/20

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
Quality	Annual Audit Plan agreed by Scrutiny and Audit Panel	June	<b>G</b>	2019/20 Annual Audit Plan approved by Scrutiny and Audit Panel on 5 June 2019
	Annual Audit Report and Opinion	June	<b>G</b>	2018/19 Annual Report and Opinion approved by Scrutiny and Audit Panel on 5 June 2019
	Customer Satisfaction Levels	90% satisfied	<b>G</b>	100%
Productivity and Process Efficiency	Audit plan – completion to draft report stage	90%	<b>G</b>	100% of revised plan to draft report stage
Compliance with Professional Standards	Public Sector Internal Audit Standards	Conforms	<b>G</b>	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	<b>G</b>	No evidence of non-compliance identified
Outcomes and degree of influence	Agreement to audit findings	95%	<b>G</b>	100%
Our staff	Professional Qualified/Accredited	80%	<b>G</b>	93%

**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.

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## EAST SUSSEX FIRE AUTHORITY

**Meeting** Scrutiny and Audit Panel

**Date** 23 July 2020

**Title of Report** Contract Standing Orders - Waivers Summary July 2019 to July 2020

**By** Assistant Director Resources / Treasurer

**Lead Officer** Claire George, Procurement Manager

**Background Papers** None

**Appendices** None

### Implications

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

**PURPOSE OF REPORT:** To apprise the Panel of the waivers granted in the remainder financial year 19/20 and thus far in 20/21, as required by Contract Standing Order (CSO) 7.4.

**EXECUTIVE SUMMARY:** The Treasurer, after consultation with the Procurement Manager, Deputy Monitoring Officer and the Chairman has approved a total of four waivers from July 2019 to date.

Each was considered on the basis that the Authority could achieve value for money, where below the threshold of the Public Contract Regulations 2015 and therefore subject to internal governance arrangements only. The Government issued a Procurement Policy Note setting out flexibilities open to public bodies under the Public Contract Regulations during the coronavirus crisis, which allowed for some exemptions also under the EU legislative process, where appropriate.

No waivers were granted on the basis of expediency alone. In the main the waivers were granted in order to align with collaborative arrangements within the Bluelight sector and to mitigate limited market options and/or any risk to supply, including those resulting from the impact of the Covid 19 pandemic.

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**RECOMMENDATION:** To note the report & consider whether any further information is required.

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## **MAIN ISSUES**

### **1. Summary of waivers granted**

- 1.1 1. Dimensions Ltd (July 19)
2. A.M Security Ltd (Dec 19)
3. Edwards and Ward Ltd (April 20)
4. Hunter Apparel Solutions Ltd (April 20)

### **2. Summary of each waiver granted**

#### **2.1 Dimensions Ltd**

East Sussex Fire Authority had been actively working along with other Authorities in assisting with the National Collaborative Workwear and Uniform contract, led by Kent Fire and Rescue Service.

Technical, Commercial and Wearer Trial evaluations took place during 2018 and a decision to award contracts by participating Authorities was agreed in November 2018.

Due to a period of qualifications plus independent scrutiny and advice, contracts were not agreed and awarded in time to dovetail with the conclusion of previous national Framework contract, led by Hampshire Fire & Rescue Service.

East Sussex Fire Authority were an integral part of Hampshire Fire and Rescue Service Framework Contract HFRS 97 for the supply of Workwear and Uniform from Dimensions (MWUK) Ltd and sought a waiver to continue purchasing in the intervening period until such time as the new incumbent were ready to assume supply.

At an anticipated expenditure of £7000 for this interim period, the Constitution requires that we would usually be expected to secure 3 quotations. As we intended to call from the imminent National contract, a waiver was granted to continue purchasing arrangements with Dimensions (MWUK) Ltd until 31<sup>st</sup> October 2019, when the new provision became available for use.

Contract value: £7000.

#### **2.2 A. M Security Ltd**

As part of the previous tender for door access and security systems, there was an expectation that the contract when let would also cover the installation of a unified access system to all stations and the contractor A M Security Ltd won the tender on that basis.

However, this was subsequently overtaken by the Estates re-modelling project where a decision on what that the access system will be remains to be finalised. As the way ahead was unclear when this contract was due for renewal, the contract

extension was invoked for the servicing and maintenance elements only, expiring in March 2020.

The servicing and general maintenance each year costs just over £4000, however ad-hoc equipment failure replacements and some improvement works, including the installation of new additional barriers will result in an annual spend of circa £25000.

At this level of expenditure, 3 quotations are required under the Constitution. A waiver was sought under Section 7 of the Contract Standing Orders to direct award a new contract, to run until March 2021 with the current supplier, with an option to extend by a further 12 months upon expiry, as the Estates project progresses and the strategic intention is clearer.

Contract value: £25,000.

### 2.3 **Edwards & Ward Ltd**

The Service Training Centre catering contract was extended for 12 months in July 2019.

In anticipation of its expiry, the Service commenced a procurement exercise under the auspice of the Public Contract Regulations in early March 2020, which subsequently coincided with the outbreak of the Covid 19 pandemic. It became apparent that the restrictions in place would inhibit both the competitive process and the introduction of a new supplier to the site.

The Government had issued a Procurement Policy Note setting out flexibilities that are open to public bodies under the Public Contract Regulations during the coronavirus crisis and a decision was taken therefore to extend the existing contract by a further period of 6 months.

It was assessed that this would minimise disruption to an essential supply and remove the risk of a new supplier assuming control of the catering facility, during a period when necessary restrictions would severely limit access. The extension also allowed the Procurement Department to extend the tender response period for potential bidders, as interested parties had indicated that their commercial resources were significantly depleted, having diverted to their operational response during the pandemic.

The extended timeline allowed for a successful procurement exercise to be concluded and the resulting contract will now commence in December 2020.

Contract value: circa £30,000 (£4868.93 fixed costs per month, plus food)

### 2.4 **Hunter Apparel Ltd**

PPE required in response to the Covid 19 pandemic.

The National Fire Chiefs Council coordinated a scheme to air freight direct from China, items of Personal Protective Equipment (PPE) which remained scarce in the UK. This was organised in conjunction with Hunters Apparel Solutions Ltd, a company well known to the Fire and Rescue sector.

PPE was urgently required to protect our operational firefighters, particularly as they moved to support other Bluelight partners, as agreed nationally, to include ambulance driving and body retrieval.

UK supply at that time was almost non-existent as the NHS rightly took priority over any other requirement. This order was intended to provide a cushion until supply could be regularised, which it now has.

A waiver was requested under section 7.2 of the Contract Standing Orders therefore, in order for the Service to direct award to Hunter Apparel Solutions Ltd and participate in this national initiative to secure vital protective equipment.

Contract value: £79,133

## EAST SUSSEX FIRE AUTHORITY

**Meeting** Scrutiny and Audit Panel

**Date** 23 July 2020

**Title of Report** 2020/21 First Quarter Corporate Risk Register Review

**By** Assistant Director Resources/Treasurer

**Lead Officer** Parmjeet Jassal, Finance Manager

**Background Papers** None

**Appendices** Appendix 1 - RAID Log Scoring Matrix  
Appendix 2 - Corporate Risk Register and Mitigation Plans

### Implications

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

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

**EXECUTIVE SUMMARY**

Risks are scored against a 4x4 scoring matrix as shown in Appendix 1.

The review of corporate risks is an ongoing process and reports are presented on a quarterly basis. The updated position is shown in Appendix 2.

Project Risks are reported through the Programme Management Office and escalated to the Corporate Risk Register when relevant.

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

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**RECOMMENDATION**

The Panel is recommended to:

- a) Consider and agree the Quarter 1 Corporate Risk Register.
  - b) Identify areas where further information or assurance is required.
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## **1. INTRODUCTION**

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

## **2. UPDATE FROM LAST MEETING**

### **2.1 Review on COVID effects on ESFRS Funding**

- 2.1.1 Following the recent discussions at the Scrutiny and Audit Panel meeting 21 May 2020, members requested further information on the current pandemic situation and the effects it would have on future funding of ESFRS.
- 2.1.2 The Government has provided grant funding to alleviate the short term increase in expenditure and shortfall in income relating to Covid-19. The allocation for ESFRS is £770,000. Officers have identified eligible expenditure to the sum of £437,000 which has been claimed for the April to September period. Work is underway to extend the forecast for eligible expenditure to the end of the financial year.
- 2.1.3 A high level review of the 2020/21 budget is complete and was reported to SLT (June) and P&R Panel (July) which identifies the medium to longer term impacts of Covid 19 and other financial pressures. This will inform work with budget managers to identify in year savings for 2020/21 and budget proposals for 2021/2 onwards.

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## CORPORATE RISK REGISTER

Scoring for all Corporate Risk and Project RAID Log

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

Corporate Risk and Project Raid Log Scoring Matrix

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

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Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
<p>2 Health &amp; Safety non-compliance</p>	<ul style="list-style-type: none"> <li>• Policy and practices not effective</li> <li>• Policies not followed</li> <li>• Inconsistent implementation</li> <li>• H&amp;S approach is not effectively targeting the highest risk areas</li> <li>• Lack of proactive / preventative measures to reduce likelihood</li> <li>• Specific issues regarding Face fit testing and Management of Contractors</li> </ul>	<ul style="list-style-type: none"> <li>• Training programmes in place</li> <li>• Policies in place</li> <li>• Appropriate systems exist</li> <li>• Changes to the management and staffing structure</li> <li>• Governance for Health, Safety &amp; Wellbeing in place</li> <li>• Revised estates policy for management of contractors</li> <li>• Secondment of individual into Facilities Management (FM) role to deliver improvements in processes for estates / management of contractors for 12 months</li> <li>• H&amp;S peer review and implementations of findings 5 year audit plan</li> <li>• Acceleration of "facefit" programme for respirators using external contractor</li> <li>•</li> </ul>	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> <li>• Health and Safety (H&amp;S) policy frame work review including the implementation of a new H&amp;S management system planned to end September 2020.</li> <li>• Continuing to finalise legal regulations for RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports</li> <li>• Developing the H&amp;S legal register</li> <li>• Implement the 3 year action plan drawn together following the Regional H&amp;S audit undertaken in July 2019</li> </ul>	<p>September 2020</p>	<p>AD People Services</p>

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
<p>3 Future financial viability</p>	<ul style="list-style-type: none"> <li>Reducing funding stream (uncertainty)</li> <li>Failure to identify and deliver savings</li> <li>Difficult to predict future needs / resources required</li> <li>Changes in legislation increasing burden</li> </ul>	<ul style="list-style-type: none"> <li>2020/21 budget agreed</li> <li>Medium Term Finance Plan (MTFP) updates and reporting</li> <li>Efficiency Strategy agreed and being progressed</li> <li>Business Rates Pool re-established for 2020/21</li> <li>Continued monitoring of BRR proposals.</li> <li>Delivery of savings monitored and reported to SLT and members</li> <li>Resource Planning meeting to monitor operational establishment</li> <li>Establishment and use of general and earmarked reserves to manage financial risk</li> <li>Collaboration through East Sussex Finance Officers Association (ESFOA) to protect shared income streams e.g. Council Tax and Business Rates</li> <li>"Star Chamber" budget scrutiny as part of the budget setting process</li> <li>Covid 19 grant received which is expected to cover short term impacts of Covid 19 crisis</li> <li>Initial high level assessment of potential financial cost of McCloud / Sargeant pension remedy</li> </ul>	<p>Impact = 2 Likelihood = 3</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> <li>Further development of the actions set out in the Efficiency Strategy including development of an Income Strategy</li> <li>Financial impact assessment of final IRMP proposals for September CFA</li> <li>Lobbying in advance of Comprehensive Spending Review via National Fire Chiefs Council (NFCC) and local MPs</li> <li>High level review of 2020/21 budget complete and reported to SLT (June) and P&amp;R Panel (July) which identifies short and medium term impacts of Covid 19 and other financial pressures</li> <li>Work commencing with Budget Managers to identify potential in year savings</li> <li>Early work on 2021/22 budget setting to identify potential approaches to addressing worst case scenario</li> <li>Ongoing work through NFCC and ESFOA to monitor Covid 19 impacts on budget.</li> <li>Developing plans for use of one off Protection Surge Grant</li> </ul>	<p>September 2020</p>	<p>AD Resources / Treasurer</p>

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
5 Ability to meet developing legislative requirements evolving from central fire safety regulatory reviews	<ul style="list-style-type: none"> <li>Policy or legislative changes that are likely to arise from reviews and investigations</li> <li>Unknown burdens on service delivery</li> <li>Likely increased funding required</li> <li>Knowledge and competence needed</li> <li>Lack of capacity and capability</li> <li>inability to adapt service delivery models</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of firefighter business safety</li> <li>Competence framework for business safety officers</li> <li>Business Safety Review to refresh structure to ensure appropriate capacity and contingency"</li> <li>Continue to monitor developments from the Hackitt and Moore Bick reviews and potential legislative / regulatory changes</li> <li>Assessment of the Grenfell Tower Phase 1 report and local ESFRS action plan in place</li> <li>Monitoring of emerging Fire safety and Housing Bill</li> </ul>	Impact = 2 Likelihood = 3  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Refresh and publish a new Protection Strategy to take account of the emerging issues.</li> <li>Allocate ESFRS officers to national working groups to steer and understand the implications of the proposed national changes.</li> <li>Sector is lobbying Govt. for additional funding for investment in protection services</li> <li>Investment in mobile devices and supporting software to enable greater flexibility and mobile working to improve efficiency in work processes.</li> <li>Utilise the Government Protection Funding to identify improvement and support for existing protection team. Immediate action to recruit a project manager to deliver the project.</li> </ul>	September 2020	ACFO
6 Ineffective workforce planning e.g. professional services	<ul style="list-style-type: none"> <li>Increasingly difficult to recruit into professional services</li> <li>HR policy flexibility (grades/salaries)</li> <li>Recruitment pool processes</li> <li>Already lean workforce</li> <li>Cognisant of the HMICFRS findings</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of Strategic Workforce planning 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).</li> <li>Recruitment and selection framework</li> <li>Process Improvement Project to deliver efficiencies in roles and policy supporting lean workforce</li> <li>Redesign current talent pool process at each operational level within the Organisation</li> </ul>	Impact = 2 Likelihood = 4  Score = 8 Moderate	<ul style="list-style-type: none"> <li>Locating resources with ITG to ensure employee data is General Data Protection Regulation (GDPR) compliant from a HR perspective.</li> <li>Embed and reinforce workforce plan.</li> <li>To explore and introduce a market supplement process for professional service jobs</li> <li>To re-engineer the recruitment and selection processes for professional services</li> </ul>	September 2020	AD People Services

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
<p>8 Failure to mobilise effectively</p>	<ul style="list-style-type: none"> <li>ESFC incident / significant system failure</li> <li>Software providers unable to maintain support for system over longer term.</li> <li>Loss of staff resulting in insufficient staff to maintain business as usual operational service</li> </ul>	<ul style="list-style-type: none"> <li>Fall-back and business continuity arrangements designed, tested and operating (this includes fully functional secondary control at Maresfield.</li> <li>Refreshed approach to attendance management.</li> <li>Crewing degradation policy in place.</li> <li>Resilience plan in place and being managed via weekly conference calls</li> <li>WSFRS exit from joint control successfully achieved</li> <li>Interim single service model developed for period Dec 2019 to March 2021 and now operating. New trainees course complete</li> <li>Required additional funding identified and agreed for interim period</li> <li>Authority has approved future transition to partnership with Surrey and West Sussex FRS through Project 21</li> <li>Phase One and Two Station end equipment completed.</li> </ul>	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> <li>Further audits and remediation plans for Mobile Data Terminals, Wi-Fi and Station End Equipment</li> <li>Scenario planning for future options / outcomes underway including recruitment if necessary</li> <li>Wi-Fi rollout delayed by Covid 19 now ready to recommence following proof of concept at Newhaven</li> <li>Currently seeking extension of 4i vendor supporting after March 2021</li> <li>SEE Phase Three: Fire coders and Equipment delayed by Covid 19 now ready to recommence subject to risk assessment</li> <li>Project 21 being mobilised and progress on track including effective joint working across partner FRS</li> </ul>	<p>September 2020</p>	<p>DCFO</p>

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
<p>9</p> <p>Failure to manage the effects and impacts of a major loss of staff event</p>	<ul style="list-style-type: none"> <li>Lack of engagement with unions / staff</li> <li>Poor / ineffective consultation practices</li> <li>Ineffective communications</li> <li>Lack of business continuity</li> <li>Pandemic Flu</li> <li>Major travel disruption</li> <li>Failure of National pay negotiation leading to action short of a strike</li> </ul>	<ul style="list-style-type: none"> <li>Review outcomes of Retained Firefighters Union report</li> <li>Introduction of the On-call action learning set</li> <li>Establish a resilience group to refresh the resilience contingency plans and loss of staff protocols.</li> <li>Establish regional loss of staff working group to share best practice and assist in contingency planning".</li> <li>Introduce a revised Business Continuity Plan for major loss of staff</li> <li>Deliver an Emergency Management Team (EMT) exercise to test the plans and response by the key staff within the continuity plans.</li> <li>Close working with NFCC to determine local and regional resilience</li> <li>New National Security Risk Assessment for industrial action prompting Sussex Resilience Forum support</li> </ul>	<p>Impact = 3 Likelihood = 3</p> <p>Score = 9 Moderate</p>	<ul style="list-style-type: none"> <li>Develop a continuity handbook for staff to assist in managing the early stages of a major loss of staff.</li> <li>Engage with key staff to understand the landscape of staff availability during these events</li> <li>Working with Sussex Resilience Forum (SRF) to assess threat and risk as part of community risk</li> <li>Operational Response Review proposals for a revised core station policy and operational response plan.</li> <li>Developing IRMP proposals for new flexible on-call firefighter contracts to improve resilience.</li> </ul>	<p>September 2020</p>	<p>ACFO</p>
<p>10</p> <p>Inability to respond effectively to a cyber incident</p>	<ul style="list-style-type: none"> <li>Lack of effective Business Continuity Plan (BCP )in place</li> <li>Underestimation of risk likelihood</li> <li>Poor policies and procedures</li> <li>Human error</li> <li>Lack of staff awareness (e.g. phishing)</li> <li>Poor protection of systems leading to increased severity</li> </ul>	<ul style="list-style-type: none"> <li>telent to progress the IT Risk Treatment Plan</li> <li>IT Health Check now complete. The Information Security Management Forum meeting on a regular basis</li> <li>Information Security e-learning in place</li> <li>Integrated Aristi report now received and action report based on findings</li> <li>External provider Aristi appointed to support development of new IS Framework</li> <li>New suite of Information Security policies launched</li> <li>Information Security Management Forum in place</li> <li>Interim IT health checks commissioned through telent</li> </ul>	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> <li>Information Security Strategy to be developed</li> <li>Working with Aristi to convert report into a new risk treatment plan: to include actions from IT health checks</li> <li>Interim IT remediation plan being developed</li> <li>Review of NRR and further national guidance being considered by Sussex Resilience Forum. ESFRS involved closely in this work and any relevant actions to be fed back to the service.</li> </ul>	<p>September2020</p>	<p>DCFO</p>

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
<p>11 Failure to deliver key corporate projects</p>	<ul style="list-style-type: none"> <li>Lack of adherence to governance processes</li> <li>Lack of experienced staff managing projects</li> <li>Inability to recruit to vacant posts in the Programme Management Office (PMO)</li> <li>Over optimistic delivery plans</li> </ul>	<ul style="list-style-type: none"> <li>Assignment of programme management office</li> <li>Set up of the PMO – team, processes, standards, PMO Manual</li> <li>Set up of Projects Tool Kit Intranet pages including templates, guidance and information to project managers and all staff involved in projects.</li> <li>Portfolio capture in place and rationalisation of clusters and sub clusters of projects.</li> <li>Set up of monthly reporting of projects into the PMO and quarterly / yearly PMO reporting to SLT.</li> <li>Strategic Change Board in place</li> <li>Key projects managed directly by the PMO (FireWatch, CRM, Business Intelligence, Respiratory Protective Equipment, ESMCP).</li> <li>Project management now in place for delivery of fleet and engineering projects</li> <li>Dependencies analysis and risks of extant project now complete</li> <li>New PMO structure, terms of reference and funding agreed by SLT to meet the business need.</li> <li>Additional Estates project management capacity in place (Major Capital Projects Manager)</li> </ul>	<p>Impact = 3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> <li>Further development of quarterly reporting.</li> <li>Carrying out Projects health checks with PMs</li> <li>Implement agreed actions from Internal Audit Report (reasonable assurance opinion)</li> </ul>	<p>September 2020</p>	<p>DCFO</p>
<p>13 Collaboration</p>	<ul style="list-style-type: none"> <li>Collaboration fails to deliver desired outcomes</li> <li>Resources required to support collaborative activities not justified by improvements in efficiency and / or effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration Framework agreed and in place</li> <li>Priorities agreed for 2018-21</li> <li>Regular tracking of collaboration activities through business performance system</li> <li>Governance in place e.g. 4F and Integrated Transport Function (ITF)</li> <li>Legal advice on formal collaboration agreements</li> </ul>	<p>Impact = 3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> <li>Regular review of collaborative activities through SLT and Scrutiny and Audit Panel</li> <li>Update report on the agreed collaborations (as outlined in the Collaboration Framework) to SLT in May 2020.</li> <li>Full update report to SLT and the FA in October to concentrate on efficiencies</li> </ul>	<p>September 2020</p>	<p>AD People Services</p>

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"> <li>• Damage to buildings and assets</li> <li>• Injury to Personnel</li> <li>• Service Delivery: Unable to deliver training and requalify personnel if interruption continues</li> <li>• Industrialisation of areas surrounding ESFRS premises perpetually halting operational practice on sites.</li> </ul>	<ul style="list-style-type: none"> <li>• Safety Measures implemented in affected areas of Service Training Centre (STC) when burning i.e. PPE, Cordons.</li> <li>• The use of Community Order prohibiting protagonist from attending Authority premises</li> <li>• Increased safety officers</li> <li>• Temporarily ceased some lay flat testing to Air Quality Testing</li> <li>• Independent Air Quality Testing Report</li> <li>• Meeting with Traveller Rep, ESCC Rep and Sussex Police to discuss concerns.</li> <li>• Review of whole site security in conjunction with Estates.</li> <li>• Traveller Community Engagement, education and information around work and function of STC.</li> <li>• Project long term review of live fire training facilities</li> <li>•</li> </ul>	Impact =3 Likelihood = 3  Score = 9 Moderate	<ul style="list-style-type: none"> <li>• Business case being developed for a clean burn strategy</li> <li>• Initial phase of security improvements at STC underway</li> </ul>	September 2020	AD People Services
15 Workforce planning	<ul style="list-style-type: none"> <li>• Response to the McCloud and Sargeant cases lowering potential retirement ages</li> <li>• Financial implications of reinstatement to old schemes</li> <li>• Loss of senior level experienced officers and staff earlier than expected</li> <li>• Failure to interpret rules or legislation correctly</li> </ul>	<ul style="list-style-type: none"> <li>• Access professional legal advice where necessary</li> <li>• FPS administration successfully transitioned to WYPF wef 1 April 2020</li> <li>• Initial high level assessment of potential financial cost of McCloud / Sargeant pension remedy.</li> <li>•</li> </ul>	Impact =3 Likelihood = 2  Score = 6 Moderate	<ul style="list-style-type: none"> <li>• monitoring developments through LGA / NFCC / Home Office</li> <li>• liaising with our actuary to ensure liabilities are reflected in IAS19 reports</li> <li>•</li> <li>• issuing communications to staff to keep them informed</li> </ul>	September 2020	AD People Services

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
16 Spread of infectious pandemic diseases  Page 46	<ul style="list-style-type: none"> <li>Risk to workforce and service delivery over the spread of Covid – 19 (corona virus)</li> </ul>	<ul style="list-style-type: none"> <li>SRF meet every week to review current issues</li> <li>PHE are monitoring and assessing the risk to public health in the UK and providing guidance to emergency services</li> <li>Guidance business service and operations on protocols for dealing with high consequence infectious diseases.</li> <li>Organisational update of business continuity plans reviewed to ensure fit for purpose</li> <li>EMT now established Covid 19 Working Group and supporting cells in place and local BC plans being reviewed.</li> <li>Regular staff updates in both service brief and by email.</li> <li>Monthly reporting of Covid 19 costs through NFCC to Home Office and MHCLG – Covid 19 grant received expected to address short term financial impacts</li> <li>Access to test facilities for key workers</li> <li>Established PPE supply chain and key organisational working practices to prevent infection/spread of virus within service.</li> </ul>	Impact =3 Likelihood = 2  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Public awareness communication plan has been shared by the Sussex Resilience Forum, but needs to be reviewed as past review date.</li> <li>National PPE guidance to be released.</li> <li>Additional Containment Areas and Fire Safety Regulations questions to be advised</li> <li>ESFRS BC plans reviewed and tested against Reasonable Worst Case Scenario</li> <li>SRF Pandemic Flu Plans updated and published</li> <li>Weekly Common Operating Picture established by SRF</li> <li>Local Outbreak Plans prepared and exercised</li> </ul>	September 2020	ACFO
17 Ageing workforce	<ul style="list-style-type: none"> <li>Increasing ageing workforce</li> <li>Increasing number of age related injuries</li> <li>Increase in injury recovery times having a cost to recovery</li> <li>Increase into alternative specialist equipment causing further costs</li> <li>Increased number of ill health retirements</li> </ul>	<ul style="list-style-type: none"> <li>Trained personnel in manual handling training</li> <li>Membership to Fire And Rescue Risk Group (FARRG) help discuss ongoing issues with other services may have already dealt with including issues with National Resilience Equipment</li> <li>Wellbeing strategy that is looking at supporting an ageing workforce</li> </ul>	Impact =3 Likelihood = 2  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Review of sufficient or appropriate training</li> <li>Reviewing manual handling training via station assurance programme</li> <li>2021/22 we will be scoring compliance manual handling training policy</li> <li>Service Fitness Advisor embedded into the Complex Case Mgt review meetings</li> <li>Complex Case Mgt Review meeting to review cases specifically to assist in addressing this issue</li> </ul>	September 2020	AD People Services

## EAST SUSSEX FIRE AUTHORITY

<b>Meeting</b>	<b>Scrutiny and Audit Panel</b>
<b>Date</b>	<b>23 July 2020</b>
<b>Title of Report</b>	<b>Performance Report for Quarter 4 and year end results 2019/20</b>
<b>By</b>	<b>Liz Ridley, Assistant Director – Planning &amp; Improvement</b>
<b>Lead Officer</b>	<b>Sharon Milner, Planning &amp; Intelligence Manager</b>

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**Background Papers**      None

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**Appendices**              Appendix 1 – Quarter 4 and year end results

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### Implications

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

**PURPOSE OF REPORT**      To present the fourth quarter and year end results for 2019/20.

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**EXECUTIVE SUMMARY**      This report provides the Scrutiny and Audit Panel with a summary of Service performance for quarter 4 and the year end results for 2019/20. The report contains information against 21 indicators.

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

1. Consider the performance results and progress towards achieving the Service's purpose and commitments as contained in Appendix 1.
2. Consider the performance results and remedial actions that have been taken to address areas of under performance in the Fire Authority's priority areas.
3. Note and agree the changes to performance reports that will come to the panel from quarter 1 2020/21.

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## **1. Introduction**

- 1.1 This report contains information from quarter 4 for the current and previous year, along with the year end results for 2018/19 and for 2019/20. The direction of travel column is comparing our performance at the year-end in the current year against the previous one.
- 1.2 The report will look at the quarter results and then the year end results for ease and clarity.
- 1.3 This report will then suggest some changes to be agreed to performance reporting which will be implemented for quarter 1 2020/21.

## **2. Main Issues**

### **2.1 Quarter 4 results**

- 2.2 Twelve of the 21 indicators are showing an improvement in performance against the same quarter in the previous year, one is reporting the same result in both periods and eight are showing a decline.

- 2.3 Of those reporting a decline in performance; four indicators are reporting at least a 10% decline in performance against quarter 4 2018/19. These are:

- (i) The number of home safety visits undertaken
- (ii) The number of inspections of high risk premises completed
- (iii) The number of business safety engagement events undertake
- (iv) The reduction of automatic fire alarm attended incidents

### **2.4 Year end results**

- 2.5 Thirteen of the 21 indicators are showing an improvement in performance against the previous year and eight are showing a decline and at the time of the production of this report.

- 2.6 Of those reporting a decline in performance; four indicators are reporting at least a 10% decline in performance against the previous year, 2018/19 These are:

- (i) The number of inspections of high risk premises completed
- (ii) The reduction of automatic fire alarm attended incidents
- (iii) The number of shifts lost due to sickness
- (vi) The number of RIDDOR incidents

## **3. Performance Priority Areas**

- 3.1 The Fire Authority priorities for 2019/20 as agreed by the Scrutiny and Audit Panel are listed below:
  - 1. Reducing accidental dwelling fires

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

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

### 3.3 **Reducing accidental dwelling fires**

3.3.1 Although there was an increase in accidental dwelling fires (ADFs) in quarter 4 against the same quarter in the previous year (130 against 124). The year end result in shows an improvement in performance in this area with 453 against 509 in the previous year. This is an 11% reduction and the lowest number of ADFs ever recorded by East Sussex Fire and Rescue Service.

3.3.2 The reduction in accidental dwelling fires is a collective effort across a number of teams including communications, Safer Communities staff, Community safety staff and Planning and Intelligence. The group review spikes in performance and undertake post incident serious case reviews. The communication team have worked on a number of campaigns throughout the year including an integrated social marketing campaign to reduce ADFs, which was used to target the most vulnerable groups and led to the launch of a “Look While You Cook” campaign which produced over 500 entrants for a competition. Real life case studies have been developed throughout the year to raise awareness around fires within the home in a bid to communicate relevant safety messages to reduce ADFs. A tailored press release to raise awareness around a safety warning of hidden fire risks when using commonly-used emollients was developed after a fatal fire review meeting. The press release was picked up by mainstream media, which is hoped will contribute to reducing ADFs Service wide.

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

3.4.1 We delivered 91.7% of our home safety visits to vulnerable people within our community by the end of quarter 4 2019/20, this is a slight increase against the previous year (90.8%). The year end result shows that 92.2% of our home safety visits were delivered to vulnerable members of the community and again this is a slight increase against the previous year (91.2%).

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

3.5.1 There were 2.6 shifts per person lost due to sickness in quarter 4 of this year, this is an increase against the previous year of 2.5 shifts lost. This gives a year end result of 10.0 which is higher than the 8.8 shifts lost by the end of 2018/19. Long term sickness remains the biggest contributor to overall sickness figures being responsible for 6.1 of these shifts lost per person; and we are continuing to progress a number of cases in order to reduce the overall total. Figures 1, 2 and 3 contain information on

whole-time, East Sussex Fire Control and support staff sickness split into long term, medium term and short term sickness respectively by quarter for the previous three rolling years.

Figure 1 – Whole-time sickness rolling three years

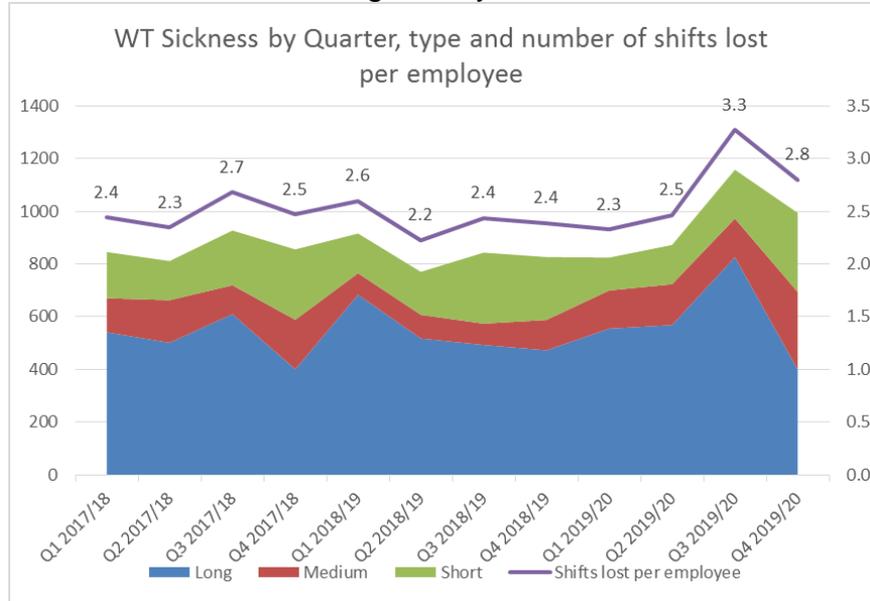


Figure 2 – Sussex Control Centre Sickness rolling three years

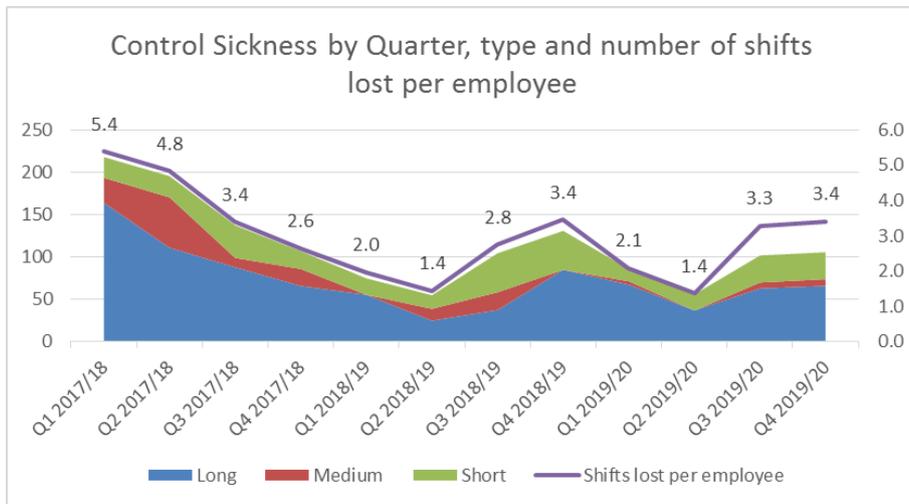
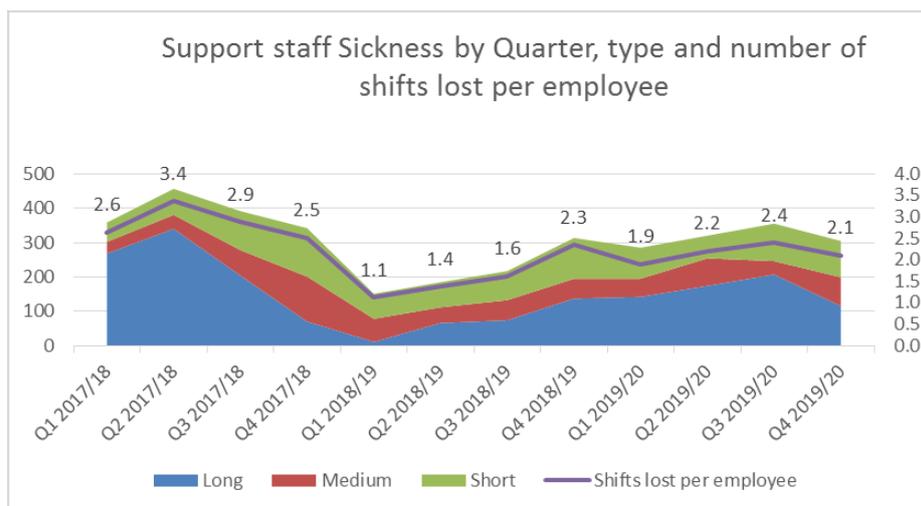


Figure 3 – Support Staff Sickness rolling three year



### 3.6 Reducing false alarm calls from the base year 2009/10

3.6.1 In quarter 4 2019/20 we attended 23.0% fewer false alarm calls than the base year. This is below the target reduction of 32% and a decrease against the same quarter in the previous year when a 28.8% reduction was achieved. The year end result also failed to reach the target with a 30.4% reduction this was also a decline against the previous year when 35.4% less false alarm calls were attended against the base year 2009/10. The demand management review is assessing the types of calls that we currently attend and will shortly be providing recommendations to address attendance at a number of these call types.

### 3.7 Percentage of accidental fires confined to the room origin

3.7.1 92.3% of ADFs were confined to room of origin at the end of quarter 4 2019/20, this is an improvement against the previous year (91.9%). The year end result is 92.7%, this is also an improvement on the previous year (90.6%).

### 3.8 Inspections of high risk premises and business safety audits completed

3.8.1 There is a decrease of high risk audits completed in quarter 4 against the same quarter in the previous year with 107 audits being completed against 135 in the previous year. The year end result is 449, this is a decrease against 2018/19 when 581 were completed. However, operational crews are now completing business safety audits and 111 were completed in quarter 4 (66 in the same quarter in the previous year). The year-end result is 388, so the combined total of this and the high risk inspections by the specialist business safety teams gives a year end result of 837, which exceeds the 750 target that has been set for this combined result 2019/20.

### 3.9 Numbers of Home Safety Visits completed

3.9.1 In the fourth quarter of 2019/20, 2,337 home safety visits were completed and closed down on the system. In the same quarter in the previous year 3,478 were completed. Home safety visits have been set as a priority across the Service and the year end

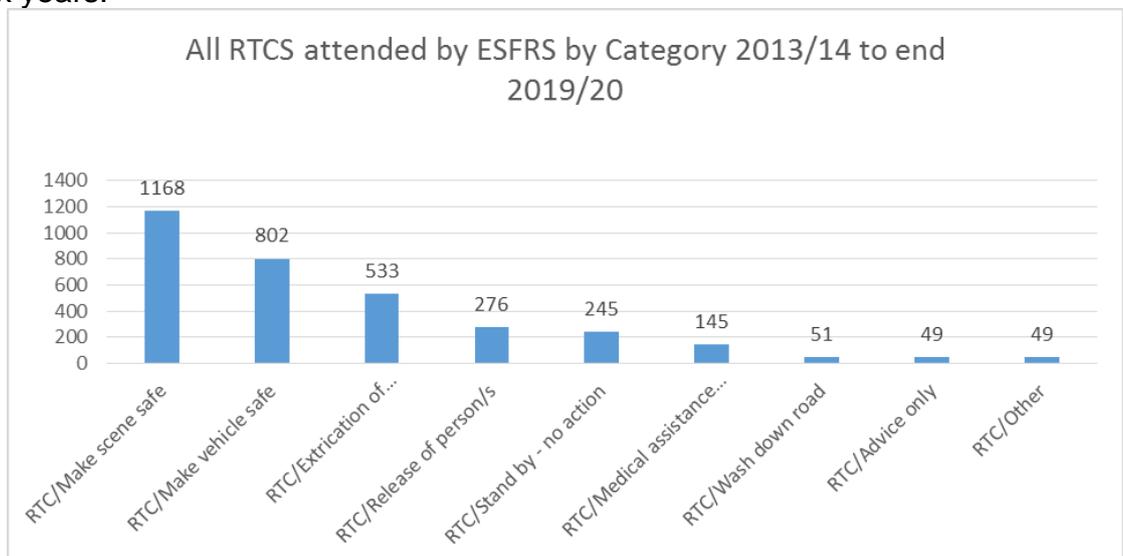
result is 10,071. Discussions took place as to the achievability of the original 11,000 target due to there being a no lone working policy in place and an increasing number of complex visits, so the target was reviewed to 10,000, which has been achieved. In 2018/19 the service completed 11,085 HSVs.

#### 4. Road Traffic Collison Data

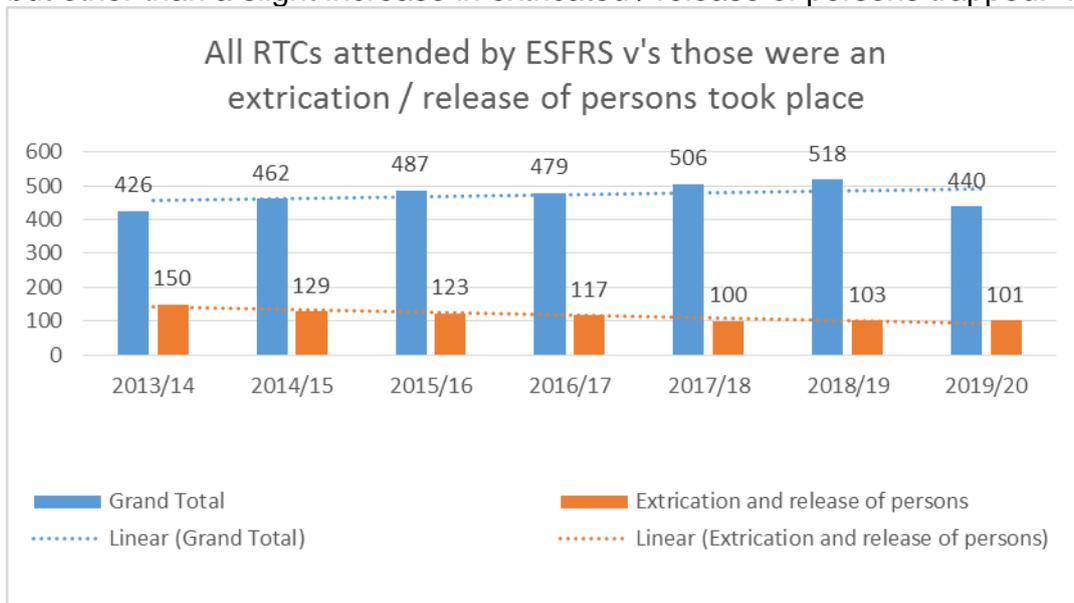
4.1 The following section contains information from the Sussex Safer Roads Partnership (SSRP) and internal data. ESFRS attend approximately 17% of RTCs attended by Sussex Police. Sussex Police only report RTCs where a casualty is involved whereas ESFRS RTCs include 'Making the scene safe' and 'Making 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, until the end of 2019/20 when only 440 were attended. The second lowest level reported within recent years.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
RTC ESFRS total attended	426	462	487	479	506	518	440
East Sussex All RTCs	2740	3027	3013	2823	2528	2697	2530
<b>% of RTCs attended by ESFRS</b>	<b>16%</b>	<b>15%</b>	<b>16%</b>	<b>17%</b>	<b>20%</b>	<b>19%</b>	<b>17%</b>

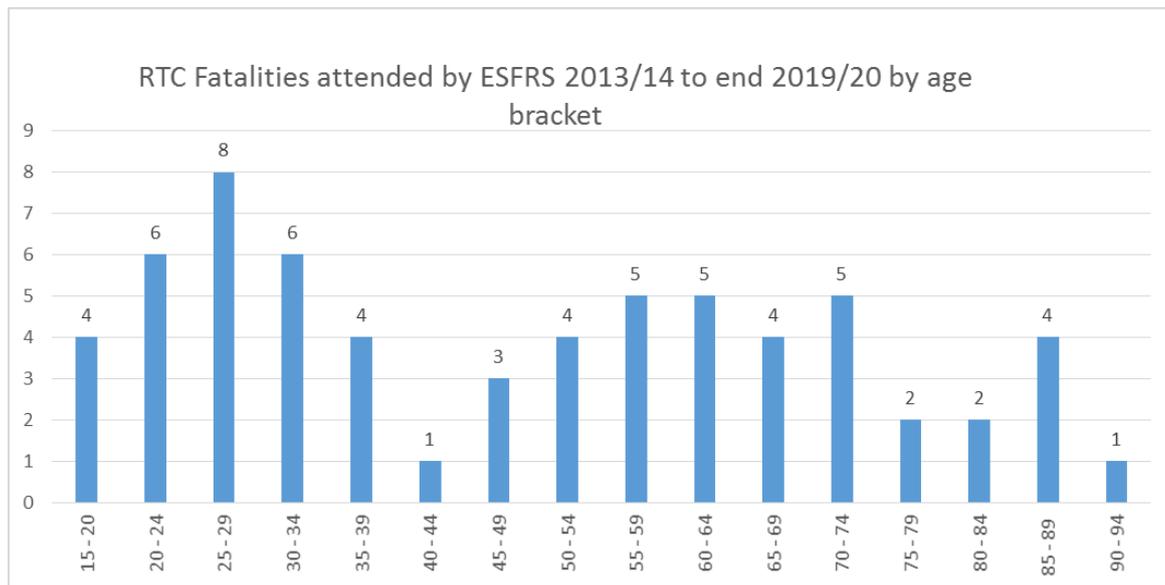
4.2 The graph below shows the number of RTCs attended over a six year period by type to end of 2019/20. The largest category ESFRS is called to is making the scene safe. The total number where we have extricated and or released people is 823 over six years.



4.3 The following chart contains information on the number of RTCs attended against those where an extrication/ rescue took place. RTC attendances trend over is going up, but other than a slight increase in extricated / release of persons trapped. .



4.4 The following chart shows the age range of the fatalities in RTCs attended by ESFRS over the six year period to the end of 2019/20. If it was not possible for the crews to provide an age, then these have been removed from the data set.



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 Sussex Road Safety Partnership (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. They deliver an agreed Communication and

engagement programme aimed at increasing road safety, working with the Sussex Safer Roads Partnership (SSRP). Work with partner agencies included the following campaigns:-

- UN Global Safety Week- During this week, we supported the campaign using social media. The communications lead sourced road safety videos from around the world and used Twitter/Facebook to promote these.
- TISPOL- Project Edward- We supported this campaign via social media only with Principal Officers making a pledge for Project Edward.
- We have supported the SSRP throughout the year supporting various campaigns via social media. In particular, supporting Don't Drink and Drive campaigns during major events (i.e. World Cup/Christmas etc.)
- Tyre Safe- We have been running and promoting Tyre Safe events in Eastbourne/Hastings and raising awareness of tyre safety throughout the month.
- BRAKE Road Safety Week - This was supported via social media.
- Close Pass- Working closely with SSRP, Brighton & Hove Buses and Sussex Police, we have run two events in Eastbourne and Brighton this year which have been a success.
- Safe Drive, Stay Alive- Working with Susan Taylor to run/promote the events across East Sussex.

## **5. Other areas showing a decline in performance**

### **5.1 The total number of incidents attended**

In quarter 4 2019/20 we attended 2,441 incidents, this is an increase of 9.6% on the same period in the previous year. The year end result shows an increase of 742 attended incidents (10,128 against 9,386 in 2018/19). As can be seen in Appendix 1, East Sussex Fire & Rescue Performance results Quarter 4 and year end results for 2019/20, the numbers of fires attended is decreasing; the main category of increase in attendance is to special service calls (23% increase in 2019/20 against the previous year. False alarm attendances have increased by 6%), this is in line with national trends.

### **5.2 The number of deliberate fires**

There were less deliberate fires in quarter 4 than in the same period in the previous year (142 against 170) however the year end result was higher with 742 being reported at the end of 2019/20 and 700 in 2018/19.

### **5.3 The percentage of first arriving appliances at any incident from an on-call response within 15 minutes**

In quarter 4 2019/20 70% of the first arriving appliances did so within 15 minutes, this is less than quarter 4 in the previous year when 74.8% did. The year end result was 73%, which is 1.1% less than was achieved in 2018/19. Going forward the changes proposed in the draft IRMP with the introduction of an Operational Resilience plan would see this improve as appliance availability will improve, if this is agreed at the Fire Authority meeting in September 2020.

#### 5.4 **The number of RIDDOR incidents reported**

There was an increase of 2 to 12 RIDDOR reported incidents 2019/20 against 2018/19 when 10 were reported, against 49 in the same period in the previous year.

#### 6. **Proposed changes to performance reporting from quarter 1 2020/21**

6.1 It is proposed that a number of performance related reports will be consolidated from during next year. Previously the Safety Events Statistics Report and the Human Resources Absence Management Report were presented at Scrutiny and Audit. However as some of this information also forms part of this quarterly performance report it is suggested that any issues or trends highlighted by the Health, Safety & Wellbeing committee will be picked up by the Planning and Intelligence Team and included as exception reporting in this quarterly report.

6.2 Additionally to support the sickness data provided in this report there will be a consolidated sickness benchmarking report which will be produced annually to give greater insight into how ESFRS sickness records compare with national findings and trends.

6.3 The Planning and Intelligence team are in the process of implementing a business intelligence system. The project will revise indicators and performance reports going forward. This work will continue during 2020/21.

#### 7. **Equalities Implications**

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

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

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## **East Sussex Fire & Rescue Performance Results Quarter 4 and year end results for 2019/20**

JUNE 2020

# 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?	2018/19 Q4 result	2018/19 Year end result	National Quartile Position 2018/19	2019/20 Q4 result	2019/20 Year end result	Direction of travel from 2018/19 result
8	Total number of incidents attended	2,227	9,386		2,441	10,128	Declined
9	Number of deaths in primary fires	1	4		1	3	Improved
10	Number of injuries in primary fires	11	39		10	34	Improved
<b>1 Priority</b>	<b>No of accidental dwelling fires</b>	<b>124</b>	<b>509</b>		<b>130</b>	<b>453</b>	<b>Improved</b>
11	Number of primary fires	282	1,183		247	1,041	Improved
12	Number of deliberate fires	170	700		142	742	Declined
13	No of Industrial and Commercial fires	55	190		33	137	Improved

## We make our communities safer

Indicator No.	How will we measure performance?	2018/19 Q4 result	2018/19 Year end result	National Quartile Position 2018/19	2019/20 Q4 result	2019/20 Year end result	Direction of travel from 2018/19 result
14	70% of the first arriving appliances at any incident from an 'On-Station response' within 10 minutes	76.8%	74.8%	This is an ESFRS indicator only, no National data is available for comparison	78.0%	76.0%	Improved
15	70% of the first arriving appliances at any incident from an 'On-Call response' within 15 minutes	73.7%	74.1%	This is an ESFRS indicator only, no National data is available for comparison	70.0%	73.0%	Declined

## We make our communities safer

**We will do this by:**

### Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	2018/19 Q4 result	2018/19 Year end result	National Quartile Position 2018/19	2019/20 Q4 result	2019/20 Year end result	Direction of travel from 2018/19 result
2 Priority	% of Home Safety Visits to vulnerable people	90.8%	91.2%	This is an ESFRS indicator only, no National data is available for comparison	91.7%	92.2%	Improved
6 Priority	Undertake 10,000 Home Safety Visits	3,478	11,085		2,337	10,071	Decline
7 Priority	Inspections of high risk premises completed	135	581		107	449	Decline
7a Priority	Business safety audits completed by Station crews	66	114	This is an ESFRS indicator only, no National data is available for comparison	111	388	Improved
18	Number of business safety engagement events	6	17	This is an ESFRS indicator only, no National data is available for comparison	4	30	Improved
19	Number of attendees at business safety engagement events	80	528	This is an ESFRS indicator only, no National data is available for comparison	218	557	Improved

## We make our communities safer

**We will do this by:**

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

Indicator No.	How will we measure performance?	2018/19 Q4 result	2018/19 Year end result	National Quartile Position 2018/19	2019/20 Q4 result	2019/20 Year end result	Direction of travel from 2018/19 result
3 Priority	The number of working days/shifts lost due to sickness not to exceed 7.5 per employee	2.5	8.8	This is an ESFRS indicator only, no National data is available for comparison	2.6	10.0	Declined
20	Number of RIDDOR incidents	4	10		3	12	Declined
21	Number of workplace reported accidents / injuries	49	248		40	236	Improved

## We make our communities safer

We will do this by:

### Commitment 4: Making effective use of our resources

Indicator No.	How will we measure performance?	2018/19 Q4 result	2018/19 Year end result	National Quartile Position 2018/19	2019/20 Q4 result	2019/20 Year end result	Direction of travel from 2018/19 result
4 Priority	A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10	-28.8%	-35.4%	This is an ESFRS indicator only, no National data is available for comparison	-23.0%	-30.4%	Decline
22	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	3.1%	2.2%	This is an ESFRS indicator only, no National data is available for comparison	1.2%	1.4%	Improved
5 Priority	% of accidental dwelling fires confined to room of origin	91.9%	90.6%	This is an ESFRS indicator only, no National data is available for comparison	92.3%	92.7%	Improved

## EAST SUSSEX FIRE AND RESCUE SERVICE

**Meeting** Scrutiny and Audit Panel

**Date** 23 July 2020

**Title of Report** Grenfell Action Plan Update

**By** ACFO Mark Andrews

**Lead Officer** GM George O'Reilly

**Background Papers** Grenfell Tower Inquiry Phase 1 report – agenda item 30 S&A January 2020  
NFCC Strategic Improvement Model

**Appendices** 1 ESFRS Grenfell Action plan

### Implications

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

**PURPOSE OF REPORT** This report provides Members with an update on progress made by officers against the various recommendations contained within the Grenfell Tower Inquiry Phase 1 report (S&A Jan 2020) and specifically the ESFRS Grenfell Tower action plan. The report also updates Members on proposed new legislation emerging from the aftermath of the Grenfell Tower Fire namely The Fire Safety Bill and Building Safety Bill.

**EXECUTIVE SUMMARY** On the 14 June 2017 London Fire Brigade received calls to a Fire in a flat at Grenfell Tower. Over the following hours the fire had spread to the majority of the building and a total of 72 people lost their lives.

Following the incident the Government and the NFCC instigated various reviews into both the incident itself and the underlying causes. Some of these activities are still outstanding such as Phase 2 of the Grenfell Inquiry, however

many reports and recommendations have already been released.

Officers have assessed these reports and produced an internal action plan containing 138 actions that was approved by Members in January. This report therefore provides an update and reassurance to Members that despite the impact of Covid 19 progress continues to be made against this crucial work for the Authority.

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**RECOMMENDATION**

That the panel note this report and the progress detailed within the action plan.

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**1 INTRODUCTION**

- 1.1 On the 14 June 2017 London Fire Brigade received calls to a fire in a flat at Grenfell Tower. Over the following hours and days the fire had spread to the majority of the building and a total of 71 people lost their lives.
- 1.2 Following the incident the Government instigated an independent review of Building Regulations and Fire Safety in July 2017 led by Dame Judith Hackitt. This review resulted in an interim report in December 2017 and a full report entitled 'Building a Safer Future' in May 2018 that provided clear recommendations around both building regulations and fire safety legislation.
- 1.3 The activities that took place before during and after that incident itself are also subject of an inquiry carried out by The Rt Hon Sir Martin Moore-Bick. The inquiry has been split in to two phases to assist in its effective running and delivery. Phase 1 looked at the factual narrative of the events on the night and ran from the 21 May to the 12 December 2018. The inquiry released a report into this first phase on the 30 October 2019. Phase 2 will look at the underlying issues that allowed or caused the incident to happen. Phase 2 of the inquiry has been delayed until further notice due to the ongoing COVID situation.
- 1.4 At the same time the NFCC has been engaging with the fire sector to identify and assess strategic issues that need to be progressed by the sector itself. The NFCC sought the views of each Fire Service and other sector organisations by way of an on-line questionnaire that ESFRS responded to. These on-line responses and the issues detailed within have been collated into a set of 3 documents known as 'Strategic Improvement Models' (SIMs).
- 1.5 ESFRS has assessed all these reports and models to identify actions that we can implement locally to improve our operational delivery and effectiveness. An Action Learning Set (ALS) has been set up which has painstakingly gone through the various recommendations from these reports in order to identify and prioritise actions for ESFRS to carry out. This report provides an overview of progress against this internal action plan.

## **2 Action Plan progress**

2.1 ESFRS has identified over 138 local actions that need to be progressed to conclusion. Further actions are being progressed at a national level and new actions will be identified following release of the Grenfell Tower Inquiry Phase 2 report.

2.2 These 138 actions has been collated by ESFRS into 22 work streams. Of these 22 work streams, 5 have been completed and 17 are still outstanding with good progress made in all areas (see Appendix A).

2.3 The main areas completed include the following:

- a. A gap analysis on the 138 recommendations against our key operational policies has been carried out, with the majority of our policies being fit for purpose.
- b. A new Fire Survival Guidance Policy.
- c. New Fire Ground Digital Radios, repeaters and ancillary equipment has been purchased to improve incident ground communications.
- d. Improvements to our SSRI process to require crews to gather and record effective operational information around building risk and operational tactics.

2.4 The main areas of risk that have not been completed are as follows:

- a. Training for crews and officers on building construction and fire safety requirements and how to change from a stay put to a full evacuation. Training packages are being drafted and will be rolled out using our existing Elearn packages. We will also blend this learning into the existing command courses.
- b. Training has been provided to officers around evacuation procedures and how they link to operational tactics at recent officer training days. This needs to be rolled out to crews and needs to be refreshed and blended into our SBTAP program to ensure regular refreshment of knowledge.
- c. Training for crews on the new SSRI process.
- d. Training for commanders in JESIP principles via the Local Resilience Forum (LRF).
- e. Training for our crews on our new FSG policy.
- f. A full assessment on the need for new equipment is being carried out within our Future Firefighting Project. This is looking at items such as smoke hoods from casualties, smoke curtains to protect means of escape, extended duration BA sets and the need for an application of new tablets on the fire ground.

- g. We need to enable a direct link from airborne assets to our command units and control rooms.
- h. We need to move to METHANE message for all of our informative messages. This needs changes to our electronic messaging system on our current data terminals.
- i. Once the new Fire Safety Bill comes into force, Business Safety will work with RPs to ensure risk information is provided to us in a timely manner to inform our risk plans. This legislative change is needed to make this information provision compulsory rather than a recommendation as it is in current legislation.
- j. Business Safety are working with Ops P&P to develop training material to enable our crews to confidently use fixed installations.
- k. Training needs to embed all of the above training into our BAU course and course material.

### **3 Legal / Health & Safety**

- 3.1 There is a requirement for ESFRS to identify risk and mitigate this risk by introducing control measures including training and recording those control measures in risk assessments and policies.
- 3.2 The risks identified have been updated following the Grenfell Tower fire and Inquiry Phase 1 report. It is now our responsibility to learn from this incident and introduce additional control measures within our policies and training material to reduce any foreseeable risk to a reasonable level.
- 3.3 The Grenfell action plan details how ESFRS are complying with our legal requirements to learn from and implement these control measures.

### **4 Policy**

- 4.1 Within the various recommendations there is a clear requirement to produce and implement new policies around how we would deal with an incident of this scale, specifically dealing with Fire Survival Guidance.
- 4.2 Ops P&P have drafted, consulted and had signed off a new Policy detailing how ESFRS would manage this. Further work is now needed to implement this policy with training to be provided to both ESFC and crews.
- 4.3 Other policies are being updated and produced including, our High Rise Policy, our Risk Information policy, a new policy on evacuation procedures and an amendment to our radio communication policies to name a few.

### **5 National situation**

- 5.1 The NFCC have produced documents called 'Strategic Improvement Models' (SIMs). These documents detail the work ongoing at national level to improve the national

situation around legislation, the various processes around a buildings life cycle and competencies of the people involved in the building and enforcement of standards and legislation.

- 5.2 Officers are linked into the work at national level through various NFCC working groups will take action to implement appropriate changes as recommended by Government or the NFCC.
- 5.3 Alongside the SIM NFCC has also established a Protection Board to support the new building safety regime highlighted later in the report and to provide greater assurance of protection activity and data collection across the sector.
- 5.4 A specific objective of the Protection Board is also to oversee the nationwide inspection of the estimated 11,000 HRRBs over 18m in height by December 2021. In support of this work Government has provided grant funding to assist with the review of high rise residential buildings (HRRBs) and support improvement in wider protection priorities. The funding is based on building stock within each FRA area and a report will be coming to Members later in the year outlining the impact of this work and details of the project to meet the expectations of the funding.

## **6 Proposed Legislation**

- 6.1 Following the Grenfell Fire the Government have taken a number of steps around fire safety, and a new Fire Safety and Building Safety Bill form part of that response. These are part of a series of changes by the Government to both fire safety and building safety more generally, with further primary and secondary legislation to follow.
- 6.2 The proposed Fire Safety Bill builds on action already taken to ensure that people feel safe in their homes, and a tragedy like the Grenfell Tower fire never happens again.
- 6.3 The Bill will amend the Fire Safety Order 2005 to clarify that the responsible person or duty-holder for multi-occupied, residential buildings must manage and reduce the risk of fire for:
  - the structure and external walls of the building, including cladding, balconies and windows
  - entrance doors to individual flats that open into common parts

This clarification will empower fire and rescue services to take enforcement action and hold building owners to account if they are not compliant.

- 6.4 Whilst the Fire Safety Bill deals with specific fire safety issues the Building Safety Bill will tackle wider issues, but work in both areas is closely related. The Building Safety Bill is intended to put in place new and enhanced regulatory regimes for building safety and construction products, and ensure residents have a stronger voice in the system.
- 6.5 Also included within these proposals was the announcement of a new regulator within the Health and Safety Executive to be responsible for implementing and enforcing a more stringent regulatory regime for higher risk buildings, as well as providing wider and stronger oversight of safety and performance across all buildings, and increasing the competence of those working on building safety.

## **7 CONCLUSIONS**

- 7.1 The Authority is determined to learn from the tragedy of Grenfell Tower. It has already completed many activities that are designed to make our employees and the community safer.
- 7.2 There are actions remaining that will need to be completed in order for us to achieve our objectives. These actions are known and are being managed effectively by the organisation.
- 7.3 Many will take months to complete as they require comprehensive initial and ongoing training. Many actions have not been completed due in part to the ongoing COVID pandemic.
- 7.4 Government have announced new Bill's for both Fire safety and Building Safety as part of a series of steps to improve fire safety within the built environment.

0	Recommendation/Issue/Action	What has ESFRS already delivered against this action? (reference NOG Strategic gap analysis where possible)	What actions still need to be delivered?	Progress	Action Grouping	Responsible person/department	Priority (RAG)	Date for completion
2	ICs should understand, for any given high-rise building in their area, when a partial or full evacuation might become necessary and receive appropriate training for it.	Input provided a few years ago to commanders around evacuation strategies.	Evacuation Policy needs to be produced. This policy needs to contain types of evac, when and how we would change evac. Ensure we mention FSG roles and IC structure. Then training for all Commanders on how to change evacuation strategy during an incident. Residential MOK SBTAP to be reviewed to include the skills required to recognise and change evac strategies.	FSG produced. Evacuation policy being drafted. Training planned for Seminar in July.	Policy and Training on evac	Ops P&P to amend policy / L&D to deliver training	A	Mar-21
4	ICs had no training in how to recognise the need for an evacuation or how to organise one.	Crews and commanders develop an understanding on how to evacuate buildings from experience and practical exercises, especially at Care homes or hospitals. Previous input given to commanders on evacuation strategies by way of a clear presentation. Attendees can not be evidenced, and we have new commanders, therefore it needs to be included within base courses.	Further training required for all commanders on how to practically evacuate a residential high rise building utilising the IC structure and any fixed installations and the FSG coordinator (July Seminar). Review need of our current evacuation policy and training to support this policy (what policies and training courses cover this input?). Can the evacuation guidance be placed as an OIN at the end of the 'fires in buildings NOG'?. The SSRI information gathering form will contain relevant questions to allow the development of an appropriate evacuation procedure.		Policy and Training on evac	Ops P&P and BS to produce OIN and add to appropriate NOG/TOG. L&D to then develop future training solutions.	R	Sep-20
7	No-one considered possibility of a general failure of compartmentation or need for mass evacuation	Crews reminded via a 'core brief' that high rise fires are managed on the proviso that the fire stays in the flat of origin. If the fire has spread beyond this flat, evacuation of other floors should take place.	Commanders need training on how to recognise compartment failure and when and how to mass evacuate.	As above through input on Building Construction and compartmentation and Operational tactics.	Training on high rise risk	As above	R	Sep-20
5	There was no contingency plan for the evacuation and no operational contingency plan in the tactical plan records.	The SSRI ALS is ensuring that this need for an evacuation plan A & B is considered by crews during risk visits. It will be a part of the future electronic solution displayed on the VMDTs. Crews are also encouraged to consider it on current plans, with SMs and Ops P&P taking on the role of L2 considerations and QA respectively.	SSRI ALS has determined new questions for crews to answer. These have been added to a new amended SSRI form. Crews need to be trained on how to record this information and what needs to be considered and why.	SSRI policy and forms updated, training being delivered in July.	Training	Ops P&P / SC	A	Mar-21
6	The risk info for Grenfell was of no use for the IC - basic info held was wrong or missing (No plans, no of floors wrong, no useful photos) (Phase 2 will look at more)	As above	As above		As above	Ops P&P / SC	A	Mar-21

8	Delays in revoking the 'stay put' advice	Commanders have been reminded of the need to move to an evacuation tactic if the compartmentation fails.	High rise policy to be amended to reference the newly proposed evacuation policy (see actions above), which will detail how and when to move from a stay put to evacuation strategy in all building types. Ensure this is covered in the relevant high rise policy. Change wording to 'delayed evac'.		Policy	Ops P&P	R	Sep-20
9	No systematic arrangements for number and source of FSG calls	FSG policy developed	Commanders to be trained on how to implement and make use of the FSG policy.	We have produced and signed off a new FSG policy. Training needed for commanders, this will start at the seminar in July and be embedded into courses and SBTAPS.	Training	Ops P&P & L&D	A	Mar-21
11	Electronic comms and command support system on the command units did not work properly	Our CSUs set up to operate with white boards in case of electrical failure	ICU replacement program. This will be multi agency and will link to control rooms and NPAS video links.	Digital hand held radios and repeaters have been purchased and are being rolled out. SSRI process updated to include comms considerations at risk sites.		Ops P&P	G	Sep-21
13	Application of 'Stay put' nor requirements if a FSG caller is to escape from a building are properly set out in policy	FSG policy produced.	Policy needs to give clear examples how the decision to move from 'stay put' to 'evac' is communicated to both the fire ground and the FSG caller.	FSG policy in place which details this procedure.	Policy	Ops P&P to amend policy	G	Complete
17	Channels of communication between Control room and fire ground uncertain. Valuable information not passed to incident ground and vice-versa	Channels of communication clear within ESFRS radio policy. We can use Ops1/2/3, etc. A new FSG policy has been produced that provides guidance on what comms links need to be set up for a FSG incident.	Commanders and Control room staff need FSG training	N/A	Policy/Training	Ops P&P / SC / Control	G	Complete
22	A SPoC in each control room and direct communications between control room supervisors should have been established.	FSG policy produced	This needs to be added to FSG policy (if not present), training needed for control room staff and liaison officer role.	FSG policy produced (check detail is within).	Policy & Training	Ops P&P / Control	R	Dec-20
23	Communication link with Police helicopter and command unit did not function		This will be tabled at the SRF Response Group for clarification on channels. This needs to be tested regularly as part of the weekly airwave tests. ICU project to allow NPAS uplink and link to control of video footage.		Equipment consideration	Ops P&P	A	Mar-21
27	High Rise Policy formulation in the light of experience and training of firefighters and control staff		High Rise Policy to be reviewed via OGIG. NOG to be amended nationally.	NOG about to be released in July.	Policy	Ops P&P/ NOG	A	Sep-20

28	Control room has 2 x 70 inch TV screens, one showing 24hr news channel, the other can show NPAS downlink - providing physical picture of the actual incident.		Confirm if and how we can get NPAS downlink to control rooms and Command centres. ICU project to allow NPAS uplink and link to control of video footage.	Police have advised that we can get direct footage to our phones. This needs to be explored directly with NPAS.	Equipment consideration	Ops P&P/IT	A	Sep-21
32	No arrangements had been made to count the number of residents who had left the tower and which floors / flats (First attendance)	Covered in current IC training (Info Gathering).	Need to include role call/info gathering from initial evac by initial crews. This needs to be written into policy and FSG function. If the incident is escalating, IC should consider the need to allocate a task to confirm who has already left the building and what flat they are from.		Policy for high rise	Ops P&P	A	Sep-20
35	Level 1 IC had no clear plan of how to deploy the MP20 when resources arrived	Covered within existing IC training and assessment criteria.	SSRI training and improvements needed to be clearer on tactical plans and options		SSRI input and improvement plan	Ops P&P / L&D	A	Sep-20
38	Level 1 IC did not declare a major incident due to spans of control / being overwhelmed	Covered within existing IC training and assessment criteria.	Messages being changed to METHANE for all informative messages. DS to progress with IT around MDT messaging.		Policy and Training	Ops P&P / L&D	A	Apr-21
44	After MP 6 message, no further informative messages were received by Control for another 1 hr 25 mins	Control staff have procedures to request further informatives every 30 minutes.	Remind ESFC		Training	Ops P&P / Control	G	Complete
46	FSG calls and information not being added to the VISION system by control operators (overwhelmed by calls)		New FSG policy	Complete with new FSG Manual	Training on FSG for control	Control / Ops P&P	A	Sep-20
47	Level 1 IC only aware that FSG calls were in progress after the arrival of the first command unit		New FSG policy	Policy in place, training is now needed for all staff.	Training of FSG	Ops P&P / Control / L&D	A	Sep-20
48	First Level 2 (SM) did not take command - took FSG calls instead - did not discuss tactics with Level 1 IC or contact control. Kept Level 1 IC as commander	IC training is clear on when to take over.			Compliant	Policy and training	G	Complete
50	Resident live streams 8 min video on Facebook from the 23rd floor	Comms team are available to monitor social media and main stream media and can communicate to the fire ground via phone.	Further work is needed on how we communicate back to the social media caller. JESIP REFRESHERS needed as they focus on use of MEDIA for two way comms and situational awareness. Policy on Media and IC needs amending to ensure this is covered.			Ops P&P, IT / Communications	A	Sep-20
52	Control unable to summon pumps (prior to Command Unit IA)to inform them of FSG calls.	Crews aware to maintain radio watch if on route and until they hand over to the ICP or Unit.	FSG Policy will confirm how FSG calls will be communicated to the fire ground.	FSG policy in place which details this procedure.	Policy on FSG	Ops P&P / Control / Training	G	Complete

53	White boards in the command units not used to record FSG calls - paper or laminated sheets. No systematic approach to identifying where people were trapped.	No current clear procedure on how to collate and prioritise and record FSG actions.	FSG Policy will address this	FSG policy in place which details this procedure.	Policy on FSG	Ops P&P / Training	G	Complete
54	No prioritisation of the FSG calls	As above	FSG Policy will address this	FSG policy in place which details this procedure.	Policy on FSG	Ops P&P / Training	G	Complete
55	Arriving appliance commanders not receiving a brief from the Level 1 IC (at MP25) - self deploying	Clear IC training provided. This includes the need to brief crews on arrival. There is also a clear policy on levels of command.	Covered within existing IC training and assessment criteria.		Training	Ops P&P / L&D	G	Complete
58	BA communications did not work / too much radio traffic for messages to be passed to and from bridgehead	Current BA and IC training covers when radios need to be used and the need to consider a communication strategy to improve communication effectiveness.	Comms strategy covered within Command training. New digital radios will provide additional radio channels	Digital radios being roled out now, with training being provided over the next 4 weeks	New radios	Ops P&P / Training	A	Aug-20
60	No method of recording FSG details at the bridgehead (used walls)	No current system.	FSG policy provide paper solution	Forms ordered from supplier and training being delivered in July	Policy on FSG	Ops P&P	A	Aug-20
62	Level 2 IC to Level 4 IC handover very brief and did not cover all areas. Poor handovers of command lack of situational awareness	Existing IC training provides a clear handover protocol.	None	Complete	N/A	Ops P&P / L&D	G	Complete
64	Radio messages sent from different command units	Only send one Command unit to an incident so this should not occur	New FSG Policy will result in a second ICU being sent. However policy is clear on what it is used for. IC training makes it clear on who should send messages.	FSG Policy in place , training to be delivered in July.	Training	Ops P&P	A	Sep-20
65	No METHANE message sent at any point in the incident	IC training is clear on when to send a METHANE message. This is prompted by Control	METHANE to be used for all informative messages going forward. JESIP training required for all officers.		Policy and training	Ops P&P / Control	A	Mar-21
68	BA Crews not debriefed after deployments.	BA Briefing logs in use	Covered within existing BA training		Compliant	Ops P&P / L&D	G	Complete
69	BA Crews providing casualties with their own face masks to breathe	No procedure for this .. Ops Discretion / Heroic Act?	Firehoods are being considered by ESFRS	This is being considered within the Future FF project.	Equipment consideration	Ops P&P	R	Sep-20
71	FSG details and progress written on walls at the bridgehead - lack of understanding of the success of BA deployments	BA deployments debriefed at bridgehead by BAECO or Supervisor.	FSG details are covered within the new FSG policy	FSG Policy in place, however solution needed on recording updated information at the bridgehead and relaying that to the FSGC.	Policy on FSG	Ops P&P / L&D	R	Sep-20
72	Command Unit not receiving feedback from bridgehead on progress of FSG call rescues - unable to update Control	NO FSG policy, however current practice is for regular updates from the BA areas of activity to the SC and then the OC/IC.	Covered within the new FSG policy	FSG Policy in place, training being provided in July	Policy on FSG	Ops P&P / L&D	G	Complete
74	Confusion on revoking 'stay put' advice - control unaware that they had to tell public that they needed to get out at all costs - Level 4 IC did not talk to Control when he revoked the advice to give them a sit-rep	No clear current policy on FSG and changing evacuation tactics.	FSG policy covers this.	FSG Policy in place, training needed and being delivered in July.	Policy on FSG	Ops P&P	A	Sep-20
84	Channel 1 continued to be used for most operations on fireground radios	Current radio comms policy in place.	New fireground radios will provide additional channels. Radio comms policy will provide detailed options that will be covered within IC training.	Radio policy in place	Policy	Ops P&P	G	complete
85	Control did not / unable to re-contact FSG callers to inform them that the Stay Put policy was no longer valid	No current FSG policy	FSG Policy will address this	FSG Policy in place, training being provided in July	Policy on FSG	Ops P&P / Training / Control	A	Sep-20

86	Provision of Extended Duration BA - the use and missue of EDDBA deployments - no system for keeping EDDBA use to the upper floors	We do not have EDDBA - should we now?	To be considered within the FF future project being led by Tom Walby,		Equipment consideration	Ops P&P	R	Mar-21
87	Crews working above fire floor without water and to the point of their BA whistle	Ops Discretion?	Training should be given on what equipment and procedures are required in the search sector. If evacuation is required of large numbers then I think crews will need to door-knock above the fire floor and their ability to carry firefighting media will be limited - MW Need a clear policy on this, within the High rise NOG/TOG	New High Rise NOG being released in July. Ops to carry out gap analysis and determine if a solution is contained within the national guidance, if not we will need to create our own solution.	Training and Policy	Ops P&P / L&D	R	Sep-20
88	SM deployed as part of BA team to 16th and 18th floor - because 'an experienced officer should be sent to investigate reports of people trapped'	SM do not undertake BA refreshers at present	Not required.	N/A	N/A	Ops P&P / L&D	G	Complete
91	Fire crews setting into risers on the floor below makes fire doors stay open due to hoselines, also forcing entry into flats leaves them without a functioning fire door - contributed to fire spread	Crews told to close doors whenever possible.	Consider use of fire curtains to hold smoke back from MoE. Highlights the importance of the riser outlet being in the lobby on the fire floor to maintain protection of the staircase.	Curtains are being considered as part of the future FF project	Equipment consideration	Ops P&P	R	Mar-21
Page 73 92	Lack of knowledge and training for cladding fires, despite history of incidents etc. (See also item 6)	Previous powerpoint input on cladding provided to crews.	Further training required on Cladding risk. This needs to be embedded within SBTAP material and base courses by L&D	Training is being provided by BS at the seminar in July. Knowledge needs to be embedded within appropriate SBTAP Elearn packages and base courses.	Training on cladding risk	L&D / BS	R	Dec-20
93	Risk of external cladding not covered during 72(d) inspections	SSRI forms include a question asking if panels are present.	Training required on recording cladding risk on SSRI documentation and what tactical options are needed to deal with it.	SSRI training package include this input and is being delivered to crews in July. Also available on the intranet.	SSRI input and improvement plan	Ops P&P	R	Dec-20
94	Lack of training on how to undertake a 72(d) inspection visit	Face to Face Training provided when the current SSRI process was rolled out. Since then further input has been given on the process but not on the knwoedge required to answer some of the information gathering questions. In addition there are some powerpoint presentations provided and available on the Ops Info Intranet page that do provide technical guidance on how to carry out an SSRI visit and what should be considered.	Futher face to face training required on SSRI completion for all crews. This will include the areas mentioned in this report and those indentified within the SSRI ALS.	Policy, RA, informatino gathering form and training package ready. Input being given in July at the seminar.	SSRI input and improvement plan	Ops P&P / L&D	A	Sep-20
95	Command failure - to create a plan to save life, deploy EDDBA or get up to date information	Covered within existing IC training and assessment criteria.	None		Compliant	Ops P&P / L&D	G	Complete
96	Inability to bring lifts under FRS control	No specific training provided although face to face input and practical use may be carried out by crews when at SSRI visits.	Training needed for crews on how to gain control of fire lifts. This infomration needs to be embedded within courses or SBTAP Elearn packages.	Input will be given by BS at July seminar	Training for ops crews on how to gain control of FF lifts	Business Safety for lift input and L&D for embeddign in training	A	Sep-20

97	How to communicate to all residents that the stay put policy is no longer valid? - Loud Hailer, NPAS 'skyshout' system/ control calling callers back to inform	No clear guidance provided to crews.	Being considered at NFCC level. Interrim solution will be included within High rise policy/FSG policy/SSRI policy	FSG Policy provides a process to ensure everyone is working to the same strategy. SSRI forms prompt crews to consider how they would communicate at premises.	Policy	Ops P&P / BS / Control	A	Sep-21
98	Level 4 IC concentrated on setting up command structures and support systems rather than gaining accurate information on conditions inside the building and formulating a strategy based upon it.	Covered within existing command training, including quarterly officer training days and 2 yearly assessments.	None	N/A	Training	Ops P&P / L&D	G	Complete
99	No effort to contact the NPAS helicopter to get better situational awareness on fire spread	No ability to get feed direct, however it can be fed to Poice control and police officers on the ground. It has now been confirmed that we can access with the correct information.	Contact NPAS to determin how we can get feeds to our control room and ICUs	Rasied at Blue light collaboration meeting and SRF RG.	Equipment consideration	Ops P&P	A	Sep-20
100	No overall command structure from the outset - officers deciding for themselves what roles to undertake	This is covered within existing IC training.	None	N/A	Training	Ops P&P / L&D	G	Complete
101	LFB ALPs only reach 32 m (10th floor) - made use of Surrey ALP with reached 42 m. LFB now procured 3 x ALPs with reach of 64 m. (Phase 2 follow up)	ESFRs have 3 x Aerials with a reach of 32m	High level rescues are not required. The ALPs may be used for FF only. Rescues are done internally via protected routes above 18M, therefore our existing ALPs are adequate.	N/A	Equipment	Ops P&P	G	Complete
107	Assurances to callers that firefighters would rescue them (Lesson not learnt from Lakanal House)		FSG policy will help with this control room challenge	FSG Policy in place that covers this.	Policy and Training	Ops P&P / Training / Control	G	Complete
112	No consideration to gas supply fuelling the fires until 6 hours after gas rep was in attendance - as soon as valves were turned off the fires died down	Crews regularly request attendance of utility companies to isolate services. This is included within IC training and is assessed to ensure the risk is removed or reduced in a timely manner.	None	N/A	Policy and training	Ops P&P	G	complete
115	that the LFB review, and revise as appropriate, Appendix 1 to PN633 to ensure that it fully reflects the principles in GRA 3.2	Our High Rise policy (TOG) fully complies with GRA 3.2.	The policy needs to be reviewed to take into account the leasons learned during this incident.	High Rise NOG being release in July. OGIG will ensure a gap analysis is carried out and changes implemented.	Policy	Ops P&P	A	Sep-20
116	b. that the LFB ensure that all officers of the rank of Crew Manager and above are trained in carrying out 7(2)d inspections of high rise buildings	Initial training has been provided to all officers on how to carry out an SSRI. Further information is available on the Ops Information page on the intranet.	Further training is required for all officers on the new improved SSRI process that includes the learning from Grenfell. This will include better information on what to consider when filling out this plans. This will require information on building construction, fire spread, fixed installations, etc.	Seminar organised for July. We will use the existing QA process to assess standards rather than an assessment process.	Policy and training	Ops P&P/ L&D	A	Sep-20

118	insofar as it is not already the case, that all fire and rescue services be equipped to receive and store electronic plans and to make them available to incident commanders and control room managers.	The service already can receive and make available electronic plans on the fire ground.	Ensure the control room can access SSRI information and response plans.		Equipment consideration	Ops P&P / Control	A	Sep-20
119	that the LFB review its policies on communications between the control room and the incident commander; b. that all officers who may be expected to act as incident commanders (i.e. all those above the rank of Crew Manager) receive training directed to the specific requirements of communication with the control room; c. that all CROs of Assistant Operations Manager rank and above receive training directed to the specific requirements of communication with the incident commander;	Current communication is done via the control room and the ICP or unit	The new FSG policy provides a clear structure on how to communicate between the control room and the incident ground. Training is needed for all crews and control room staff on this procedures	initial input given to L2+ commanders at officer training days. A further Seminar is organised for July for Sup Managers and SMs to enable further input on the new procedure.	Policy and training	L&D / Control / Ops P&P	A	Sep-20
120	that a dedicated communication link be provided between the senior officer in the control room and the incident commander.	We do not consider this be be practical or required. We have a tried and tested ICS that allows for the CSO to be the link between the IC and Control. This is to reduce spans of control.	The FSG policy will introduce another role at certain incidents that will be link between casualties, control, SC and the IC.	FSG Policy in place that covers this.	Policy	Ops P&P / L&D	G	complete
123	that all fire and rescue services develop policies for handling a large number of FSG calls simultaneously;	None at present	New FSG policy drafted	FSG Policy in place	Policy and training	Ops P&P / Control / L&D	G	Complete
124	that electronic systems be developed to record FSG information in the control room and display it simultaneously at the bridgehead and in any command units;	There is no current system to do this.	The proposed new appliance tablets, together with SC Response and Capture will be able to achieve this outcome.		Equipment consideration	Ops P&P / IT	A	Sep-21
125	that policies be developed for managing a transition from "stay put" to "get out";	There is no clear policy or procedure around how to practically do this. We provide training to IC on how to gather information and develop and implement a response plan. This may include a change in evacuation strategy. This is common at a hospital or care howm where phased horizontal evacuation in in place. We would expect commanders to develop a tactical plan based on the type, size , occupancy and risks in any building they go to.	Review our policies in advance of any NOG changes to ensure we are able to carry out this task now.	Introduce a new OIN or TOG on evacuation procedures and triggers	Policy	Ops P&P	A	Sep-20

129	that the LFB develop a communication system to enable direct communication between the control room and the incident commander and improve the means of communication between the incident commander and the bridgehead.	The only way we have to do this currently is via radio.	ESFRS are looking at new tablet solutions that will be detachble from the appliance and can be relocated to the Bridgehead or any other scene of operations. We are also looking at SC Response and SC Capture to enable risk information and tactical plans (both live and historic) to be available on all tablets as it is changed on the ground or in control.	New FSG policy in place that confirms a link between FSGC and control.	Equipment consideration	Ops P&P / IT	A	Sep-21
130	that the LFB investigate the use of modern communication techniques to provide a direct line of communication between the control room and the bridgehead, allowing information to be transmitted directly between the control room and the bridgehead and providing an integrated system of recording FSG information and the results of deployments.	The only way we have to do this currently is via radio.	ESFRS are looking at new tablet solutions that will be detachble fro the appliance and can be relocated to the Bridgehead or any other scene of operations. We are also looking at SC Response and SC Capture to enable risk information and tactical plans (both live and historic) to be available on all tablets as it is changed on the ground or in control. The new FSG policy shows how this link will be established.	FSG policy in place	Equipment consideration	Ops P&P / IT	A	Sep-21
Page 76 132	that urgent steps be taken to ensure that the command support system is fully operative on all command units and that crews are trained in its use.	All ICUs are fully operative and crews are trained and competent to use them. ICs are also familiar with them and they are utilised as part of the IC training and assessments caried out at TC.	Maintain competency checks within the OAG and AC governance meetings inline with other specialist resources.	TIN complete for ICU and modules now on Firewatch to allow AC to monitor.	Training	Ops P&P/ L&D	G	Complete
134	that all fire and rescue services be equipped with smoke hoods to assist in the evacuation of occupants through smoke-filled exit routes.	Being considered within the future firefighting project	Produce paper for OC on this future FF project.		Equipment consideration	Ops P&P	R	Apr-21
138	that the LFB, the MPS, the LAS and the London local authorities all investigate ways of improving the collection of information about survivors and making it available more rapidly to those wishing to make contact with them.	The LRF has comprehensive plans to deal with a major incident. This includes plans on agency responsibilities (SERR), mass casualty and mass fatality plans. The SERR document covers who is responsible for survivors and how information is exchanged with other agencies. This is also included within the JESIP training.	Test and confirm the SERR document during the next SRF exercise		SRF Plans	Ops P&P / L&D	A	Apr-21

0	Recommendation/Issue/Action	What has ESFRS already delivered against this action? (reference NOG Strategic gap analysis where possible)	What actions still need to be delivered?	Progress	Action Grouping	Responsible person/department	Priority (RAG)	Date for completion
1	How the failure of a common domestic appliance (Hotpoint fridge) could have caused such a disaster	The answer to this is contained within all the various actions of this report and the future Phase 2 report. For now we can state the following: FI process within ESFRS is already linked into the White Goods directory	L1s to continue to provide information on the L1 report. Andy May to provide trends through the OA process.		FI process	BS / FI Team	G	Complete
24	Decisions relating to the design of the refurbishment and choice of materials (Phase 2)					BS	G	
25	Design , choice and regime for testing and certifying the materials to be used (Phase 2)					BS	G	
26	Performance of fire doors, compliance, maintenance (self closers) (Phase 2)	Manse doors checked in B&H. Resulted in B&H LA working towards changing doors.				BS	G	
39	7th floor resident was aware of 'stay put' policy but had training at work to leave at once if safe to do so - so left building (Human Behaviour - mixed CS messages)	incorporated within current procedures and advice provided by ESFC.	None		N/A	BS		
41	Residents used lift to evacuate from floor 11 - became stuck and smoke logged on floor 10 (Lifts not secured by FRS)	Currently BS to not have much dealings with RPs of High Rise.	Business Safety to remind RP to inform residents not to use lifts unless FF lifts. BS Letter to all RPs (Mail shot). Ops crews to check and secure lifts and familiarise themselves during SSRI visits. Write into policy. Ensure training is provided to crews on how to secure the lifts and other fixed installations.		Policy, SSRIs and Training	BS, Ops P&P & L&D		
63	Officers not confident or competent to operate the smoke control system to try and clear the stairwell. (Switching from auto to manual)	No practical training provided to operational crews on fixed installations.	Training needed for all operational staff on fixed installations. Training needed for Op staff to enable them to identify fixed installations during SSRI visits		Training on FS Solutions	BS / Ops P&P / L&D	R	
106	Inadequate assessment of escape routes		Esfrs will soon be auditing blocks higher than 30m (that have not already been audited) prior to handover to HSC for future regulation.			BS		

113	<p>that the owner and manager of every high-rise residential building be required by law to provide their local fire and rescue service with information about the design of its external walls together with details of the materials of which they are constructed and to inform the fire and rescue service of any material changes made to them;</p>	<p>ESFRS already audited Local authority blocks subsequent to Grenfell tragedy. RM</p>	<p>Remaining blocks to be audited in due course. RM Receiving this information will only be useful if we have the technical understanding to interpret it and translate it into useable operational information</p>		<p>Business Safety, SSRI</p>	<p>BS / Ops P&amp;P</p>		
117	<p>owner and manager of every high-rise residential building be required by law:  a. to provide their local fire and rescue services with up-to-date plans in both paper and electronic form of every floor of the building identifying the location of key fire safety systems;  b. to ensure that the building contains a premises information box, the contents of which must include a copy of the up-to-date floor plans and information about the nature of any lift intended for use by the fire and rescue services.</p>	<p>SSRI form has been amended to include questions around floor plans, PIBs, fixed installations and lifts. This will require a legislation change to 'require' all high rise RPs to provide this information. They already have to provide us with information on risk and information on the build (newer builds).</p>	<p>A system needs to be put in place by BS to inform and enforce the provision of information that is already required by law (Building Act, Regs and FSO). This system also needs to ensure that any updates are communicated effectively to crews to enable SSRIs to be reviewed. For this to work we will need a link between BC/AIs to our BS departments (including the need for completion certificates) and then onto out operational crews in the Groups.</p>		<p>Policy</p>	<p>BS</p>	<p>R</p>	<p>Mar-21</p>

0	Recommendation/Issue/Action	What has ESFRS already delivered against this action? (reference NOG Strategic gap analysis where possible)	What actions still need to be delivered?	Progress	Action Grouping	Responsible person/department	Priority (RAG)	Date for completion
3	ICs had received no training in the dangers associated with combustible cladding	Crews informed of cladding risk during command training and via 'core brief' reminders.	Any future input on Building Construction will include input on the dangers of Com Cladding. This will be included within core skills courses and on any command courses developed. The current Elearn packages for SBTAPs need to be reviewed to ensure they contain this content. In the short term (July) Ops P&P is running a Seminar which will include BC input.		Training on cladding risk	L&D		
4	ICs had no training in how to recognise the need for an evacuation or how to organise one.	Crews and commanders develop an understanding on how to evacuate buildings from experience and practical exercises, especially at Care homes or hospitals. Previous input given to commanders on evacuation strategies by way of a clear presentation. Attendees can not be evidenced, and we have new commanders, therefore it needs to be included within base courses.	Further training required for all commanders on how to practically evacuate a residential high rise building utilising the IC structure and any fixed installations and the FSG coordinator (July Seminar). Review need of our current evacuation policy and training to support this policy (what policies and training courses cover this input?). Can the evacuation guidance be placed as an OIN at the end of the 'fires in buildings NOG'?. The SSRI information gathering form will contain relevant questions to allow the development of an appropriate evacuation procedure.		Policy and Training on evac	Ops P&P and BS to produce OIN and add to appropriate NOG/TOG. L&D to then develop future training solutions.		
7	No-one considered possibility of a general failure of compartmentation or need for mass evacuation	Crews reminded via a 'core brief' that high rise fires are managed on the proviso that the fire stays in the flat of origin. If the fire has spread beyond this flat, evacuation of other floors should take place.	Commanders need training on how to recognise compartment failure and when and how to mass evacuate.	As above through input on Building Construction and compartmentation and Operational tactics.	Training on high rise risk	As above		
10	Senior Officers failed to give practical support or gain effective situational awareness of conditions inside building	Commanders have all received training on the JESIP principles and the need for good situational awareness and effective communication.	Crews and commanders to be reminded of the need to maintain good situational awareness at all times. This can be achieved within the existing IC courses and future MATTE courses (SEE BELOW)		compliant other than future JESIP command courses that need to be organised within the SRF L&D group.	L&D		
21	No agency informed the other when they declared it a 'major incident' (JESIP) - leading to lack of shared situational awareness.	All commanders trained on JESIP Principles and Doctrine. METHANE being implemented as our single message type. MATTE training being rolled out to ensure officers maintain JESIP competence and awareness	Develop the MATTE training further with the SRF. Dates and subject needed for 2020 and beyond to ensure attendees. This will come from the SRF L&D Group in consultation with the Response group (OA)		Training	L&D / Ops Planning		
31	External covering jet not able to reach external fire spread - did not trigger new plan by IC	This is already within our command courses and SFF courses to remind crews about decision traps, etc.	Already a part of IC training. Need to review tactics based on what you are seeing		Compliant	L&D		
33	Level 1 IC was not prompted to consider evacuation even though the fire was developing rapidly - had no reliable information of internal conditions. Did not notice residents leaving building. (Situational Awareness)	All IC assessment criteria includes evaluation of tactical plans. Need to ensure our IC are able to review tactical plans based on what they are seeing, these are exercises within the scenarios we assess against. A tactical change is forced to allow an assessment of our commanders ability to review their tactics and implement new tactics based on the new risks faced.	Covered within existing IC training and assessment criteria.		Compliant	L&D		

34	Firefighters self deploying to different floors. EDBA crews self deploying to bridgehead	Not permitted within ESFRS	FSG Policy and BA/IC procedures will provide a coordinated search priority.		Training needed on FSG	L&D		
36	Level 1 IC still thought fire could be brought under control when the fire had reached the 23rd floor.		Covered within existing IC training and assessment criteria. Specifically around tactical plans, situational awareness and decision traps.		Compliant	L&D		
37	Level 1 IC plan to send crews to the roof to direct a jet downward did not consider if stairwell had been compromised already.		Covered within existing IC training and assessment criteria. As above		Compliant	L&D / Ops P&P		
40	Firefighter evacuated family from flat on 7th floor, but did not alert other residents on that floor	Preferred search pattern is compartment search (room by room, area by area, floor by floor RAF) covered in existing training. There is also the option of a directional search if appropriate. Either way a floor would not be left unsearched if the brief was to clear it. If the brief was to clear a flat only as a result of FSG input, this scenario may present itself for us.	BA search procedures to be reinforced during training. Commanders are trained and competent to deal with the evacuation options and tactics at an incident.	Include this challenge within future evacuation training and remind commanders of the ability of the reccy team to evacuate the floor.	Training	L&D		
57	Level 2 IC still unaware of conditions inside the building (MP25) multiple FSG calls - did not provide Ambulance with accurate sit-rep	Covered within existing IC training and assessment criteria and JESIP principles.	However JESIP refresher courses are needed to reinforce interagency communications (MATTE)		Training	L&D	A	Mar-21
61	Duty fire safety officer did not share thoughts that they needed to get everyone out - as it seemed too obvious -	All officers receive IC training and this includes the need to pass on information to the IC if relevant.	Refresher training on evacuation strategies for all staff including business safety staff.		Training on evacuation strategies	L&D / Ops P&P		
66	GM and DAC both assumed command at same time at different positions	IC training addresses this risk and is clear on who should take over from who and when.			Compliant	L&D / Ops P&P		
67	Poor situational awareness of conditions inside the building, nature of the compartmentation and fire safety measures - due to lack of comms, led to the stay put advice not being reviewed.(MP40)	IC training includes the need to establish clear situational awareness. Comms strategy covered within Command training.	New digital radios will provide additional radio channels. Consider Comms during SSRI visits.		New radios and SSRI update	L&D / Ops P&P		
73	Level 4 IC did not receive or request any update from the fire sector	Covered within current IC training, clear briefings from level below and hand over process assessed at all levels.	Consider how we carry out level 4 IC MoC. Quarterly training in place and 2 yearly advanced commander assessment.	Review of officer competence program being undertaken by Training.	Training	L&D	R	Sep-20
75	BA crews briefings given by different WMs at different locations (Mezzanine and bridgehead)	BA procedures are clear on who should give briefs and when. BA command and control and EC training covers robust briefing process. This is assessed 2 yearly through theoretical and practical application.	maintain current BA training. The new FSG policy is clear that advice on where to send crews for rescues is coordinated by the FSG Coordinator and then briefed to the sector commanders to initiate.	Training needs to be developed both now and within future courses to ensure understanding of how the FSG policy blends into our command structure.	Training	L&D / Ops P&P		
76	After rescuing 4 people from flat 113 - the flat was not fully swept / searched - leaving another 4 people behind. (To be looked at further in phase 2)	Search procedures are clear and require rooms to be cleared.	We get crews to mark palms on exiting the building to enable a clear brief to the next crew.	Ensure clear brief on numbers is given by FSG coordinator to search sector commander and crews.	Compliant	L&D		
83	Police Inspector did not meet with FRs IC until an hour after their arrival (JESIP)	JESIP Doctrine embedded within Sussex Policy.	Further MATTE training events will embed JESIP procedures further.		Training	L&D / Sussex Police		

111	Poor communication between emergency service both remotely and on scene - did not meet JESIP standards	JESIP Doctrine embedded within Sussex Policy. JESIP training provided to all officers and crews, this is practiced during exercises. Weekly airwave tests carried out between control rooms.	Refresher JESIP training required for all Offices through the LRF MATTE Courses. Weekly airwave tests to be rolled out to officers as well as control.	ESFC Reinded and instructed to implement weekly commander airwave tests.	Training	L&D / Control / Ops P&P		
114	that all fire and rescue services ensure that their personnel at all levels understand the risk of fire taking hold in the external walls of high rise buildings and know how to recognise it when it occurs	ESFRS has provided crews with provious input on cladding fires and external fire spread - Mark hobbs presentation.	Additional training required. RM GO - Face to face input needed on SSRI information gathering and on the knowledge required to accurately compelte this paperwork. This includes knowledge on external fire spread and structural risks. L&D to blend this training into future base courses to ensure future complaince and levels of kowledge.	Seminar organised for July	Policy and Training	L&D / Ops P&P		
128	the use of resources; b. that the LFB develop policies and training to ensure that better information is obtained from crews returning from deployments and that the information is recorded in a form that enables it to be made available immediatly to the incident commander (and thereafter to the command units and the control room).	We have a tried and tested debriefing procedure following deployments, involving the BAECO &/or SC. This is then passed to the OC/IC as required to inform the tactical plan. At larger incidents we would make use of the Search sector commander and the FSGC.	FSG Structure training needs to be provided to all crews nd commanders. An IT soluton involving tablets and SC Response is being looked into to enable information to be displayed and communciated instantaneously on the fire ground and even from control.	Trainsfer IT solution to IT tab	Equipment consideration	IT/ L&D / Ops P&P		
131	that the LFB urgently take steps to obtain equipment that enables firefighters wearing helmets and breathing apparatus to communicate with the bridgehead effectively, including when operating in high-rise buildings;	New radio manual has been drafted. New digital radios and ancillary equipment have been purchased. This includes ear pieces for ECO and lcs.	New digital radios will provide additional radio channels and improve clarity of communciation. SSRI considerations needs to include radio clarity and any blank spots that may need boosters, etc.	Radios issued to officers, hardwear and training being rolled out by end of July for all crews	Radio training	L&D / Ops P&P		

<p>That the Joint Doctrine be amended to make it clear:</p> <p>a. that each emergency service must communicate the declaration of a Major Incident to all other Category 1 Responders as soon as possible;</p> <p>b. that on the declaration of a Major Incident clear lines of communication must be established as soon as possible between the control rooms of the individual emergency services;</p> <p>c. that a single point of contact should be designated within each control room to facilitate such communication;</p> <p>d. that a "METHANE" message should be sent as soon as possible by the emergency service declaring a Major Incident.</p>	<p>JESIP Training provided to all officers and embedded within policy. We will practice this at all exercise and training event.</p>	<p>JESIP refresher training required for all officers through the LRF MATTE courses.</p>		<p>Training</p>	<p>L&amp;D</p>		
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12	FSG policy requires operators to stay on the line until caller is rescued - but number of FSG calls exceeded number of control operators - No clear FSG guidance on meaning of terms such as 'affected by heat, smoke etc.	New FSG policy has been produced.	Control need training on how to implement the FSG policy. This policy needs to be very clear on what various terms actually mean. This meaning needs to be given to control room operators.	FSG policy produced and in place, training now needed for control room Ops. This needs to be produced by ESFC training team.	Training	ESFC	A	Mar-21
14	Control Operators did not always obtain necessary info from callers (flat No, number of people with them, conditions of escape route, disabilities)	FSG policy produced.	Control room staff need FSG training. Also ESFC Liaison officer role needs training.		Training	Ops P&P / Control		
15	Control Operators not trained for numerous simultaneous FSG calls - not aware of dangers of assuming caller may not be able to be rescued by FRS (Lakanal House issue also)	FSG policy produced.	Control room staff need FSG training. Also ESFC Liaison officer role needs training to be able to effectively communicate with CS at incident to gain situational awareness. (PU)		Training	Ops P&P / Control		
16	When 'stay put' was revoked - Control Operators unsure how to give advice to escape in unequivocal terms	FSG policy produced.	Control room staff need FSG training and training on escape guidance/advice.		Training	Ops P&P / Control	A	Sep-20
18	No organised means of sharing information between control operators to give an overall picture of the speed or pattern of fire spread - including change of stay put advice	FSG policy produced.	Details on how information is shared within control needs to be determined. Control room staff need FSG training		Training control room and information sharing	Ops P&P / Control	A	Sep-20
19	No process for sharing information about the incident to other FRS Control rooms	ESFC needs to provide this detail.	Control room management need to provide this information and staff need training		Policy ESFC	Ops P&P / Control / L&D	R	Sep-20
20	Weaknesses in supervision of control staff - senior officers not provided with suitable training on how to manage a large scale incident with numerous FSG calls.	FSG policy produced. Support officer and/or L3 officer is sent to ESFC to assist	Control room staff need FSG training. Also ESFC Liaison officer role needs training.		Training for ESFC and officers	Ops P&P / Control / L&D	R	Dec-20
42	Resident stated to Control that 'Everybody is out' - Control assumed everybody was out of the building, but resident meant just their flat.		Control staff to be made aware of this risk.		Training for ESFC	Control & L&D		
43	First call gave correct address, but incident type selected was for a house fire, not a high rise building		Control staff to be made aware of this risk		Training for ESFC	Control		
45	Nearest GM paged - not on duty - system not recorded duty period correctly.	ESFC has a fail safe procedure that would result in ESFC contacting the DO if resources don't respond.	None	N/A	N/A	Control	G	Complete

49	Resources booking in attendance not being able to make contact with control	All appliances and Officers vehicles fitted with VMDT's to reduce airwave traffic. Crews can book in with the CSO on the ICU. The CS team can then update control when resources allow.	To be considered as part of the P21 solution. Add the role of CS updating ESFC to mobilising policy.		N/A	Control		
51	Resident asked Control whether she should stay in the flat - control answered 'I obviously cant really advise you, but Ill let the firemen know you are there' (Links with Item 15)	Control receive training on call handling and fire survival guidance. However it is not clear how we would coordinate advice between control, residents and the fire ground.	FSG Policy and procedure will provide a coordinated evac instructions.		Policy on FSG	Control training		
56	FSG call details not passed to the command unit / passed with wrong or omitted information	No current FSG policy	FSG Policy will address this		Policy on FSG	Control / L&D		
77	Control operators advising people to 'stay put' after the 'stay put' advise had been revoked by the IC - time delay in getting the message to all operators. Control saying 'its your choice, leave or stay'		FSG policy covers this.		Policy on FSG	Control		
78	Senior Control Supervisor felt that 'stay put' advise was not correct but did not contact the IC as she doubted they would have responded and it was not common practice for control to question fireground strategy		FSG policy covers this.		Policy on FSG	Control / Ops P&P		
Page 79 84	No method of recording all FSG calls in control In order to pass to the fireground - two flip charts were used		FSG policy covers this.		Policy on FSG	Control		
80	SM in Control who was collating FSG calls on flip chart unaware that control operators were still sending FSG info directly to the incident ground - messages not recorded - SM not fully briefed as to role		FSG Policy will address this		Policy on FSG	Control		
81	Twitter used by control operators to get a view of the incident		Good practice. Check if ESFC are able to use social media and link with our duty comms team.		Equipment consideration	IT / Control		
82	No Recall to duty procedure for Control - not enough space in control room for more than 5 additonal people	RTD policy available	None		Compliant	Control		
89	Initial offer by Surrey FRS of their 42 m ALP was turned down by Control room, without the offer being passed to the incident ground - the ALP was requested 4 hrs later by the IC.	All offers of assistance would be passed to IC. Control would not make this decision.	None		Compliant.	Control		
102	Lakanal House fire did not lead to changes in practice at the Control room in relation to FSG calls		New FSG Policy will address this	Control room training needed on FSG	Policy and training on FSG	Ops P&P / Control	R	Sep-20

103	No specific Control policy to govern emergency calls from high rise buildings	Not specific for High rise buildings, but there is a call handling policy that allows control to manage emergency calls and gain support from other control rooms.	FSG Policy will address this	FSG in place, Control room training needed on this.	Policy and training on FSG	Ops P&P / Control	R	Sep-20
104	Level and content for Control room operators training questioned, especially around assessing escape routes, FSG calls, obtaining info from the incident ground (Follow up in Phase 2)		Check control room training content to reassure that these areas are covered. Provide Control room FSG training		Training	Control / L&D		
105	LFB aware of the absence of training (as training programme developed since Lakanal House was never implemented) - Follow up in Phase 2		Check control room training content to reassure that these areas are covered. Provide Control room FSG training		Training	Control / L&D		
108	Dismissing info from callers on location of fire (focused on the fire being on the 4th floor)	Control are trained to receive and assess caller information and pass onto the fire ground.	Check control room training content to reassure that these areas are covered. FSG policy will assist in this call handling and transfer of information.		Training	Control / L&D		
109	No Training in the use of mutual assistance and Fall back arrangements with other FRS's	This is normal practice for ESFRS and is regularly utilised by crews and control.	None		Compliant	Control		
110	No system of collating info sent from Control to incident ground (Via radio, mobile telephone or admin line)	Our IC training includes the role of CS and their responsibility to receive and record relevant information from control or any other source. This is passed to the IC if they have not already heard it.	None		Compliant	Control		
121	that the LFB's policies be amended to draw a clearer distinction between callers seeking advice and callers who believe they are trapped and need rescuing;		Check with ESFC to see if this difference is managed in control. If it is, the process can be informed to the FSG coordinator.	FSG Policy is in place	Policy	ESFC	A	Sep-20
122	that the LFB provide regular and more effective refresher training to CROs at all levels, including supervisors;	All control room staff receive regular training.	Ensure CSO training is adequate for this and other risks		Training	Control / L&D		
126	that control room staff receive training directed specifically to handling such a change of advice and conveying it effectively to callers	Control room staff will follow current training on call handling. They will give the most appropriate and safest advice based on the information being received. They are able to advise people to evacuated and will inform the responding crews and officers.	Assess the current control room training to ensure they are able to handle a change in evacuation advice. Ensure this is reflected in policy. we must have a more robust arrangements to ensure that we have an operational officer in ESFC to help to bridge the gap? - CSO and DO often the same person		Training and Policy	Control / Ops P&P / L&D		
127	that steps be taken to investigate methods by which assisting control rooms can obtain access to the information available to the host control room.	We have a buddy system with another FRS. However there is no clear way that information is exchanged if calls are flowing over to our buddy service.	Urgently review how information gets transferred between control rooms and the fire ground if the calls are overflowing to our buddy service.		Policy	Control / IT / Ops P&P		
133	that fire and rescue services develop policies for partial and total evacuation of high-rise residential buildings and training to support them;		High Rise Policy to be reviewed via OGIG. NOG to be amended nationally. Need to consider what would constitute a place of relative safety and how a partial or full evacuation may hamper the progress of FRS operations.		Policy	Control / Ops P&P		

136	that steps be taken to investigate the compatibility of the LFB systems with those of the MPS and the LAS with a view to enabling all three emergency services' systems to read each other's messages.	None	Ability of Sussex Police and SECamb to read each others incident logs to be looked into as part of project 21.		Equipment consideration	Control / IS		
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0	Recommendation/Issue/Action	What has ESFRS already delivered against this action? (reference NOG Strategic gap analysis where possible)	What actions still need to be delivered?	Progress	Action Grouping	Responsible person/department	Priority (RAG)	Date for completion
124	that electronic systems be developed to record FSG information in the control room and display it simultaneously at the bridgehead and in any command units;	There is no current system to do this.	The proposed new appliance tablets, together with SC Response and Capture will be able to achieve this outcome.		Equipment consideration	Ops P&P / IT	A	Sep-21
129	that the LFB develop a communication system to enable direct communication between the control room and the incident commander and improve the means of communication between the incident commander and the bridgehead.	The only way we have to do this currently is via radio.	ESFRS are looking at new tablet solutions that will be detachble from the appliance and can be relocated to the Bridgehead or any other scene of operations. We are also looking at SC Response and SC Capture to enable risk information and tactical plans (both live and historic) to be avaialble on all tablets as it is changed on the ground or in control.	New FSG policy in place that confirms a link between FSGC and control.	Equipment consideration	Ops P&P / IT	A	Sep-21
Page 87 130	that the LFB investigate the use of modern communication techniques to provide a direct line of communication between the control room and the bridgehead, allowing information to be transmitted directly between the control room and the bridgehead and providing an integrated system of recording FSG information and the results of deployments.	The only way we have to do this currently is via radio.	ESFRS are looking at new tablet solutions that will be detachble fro the appliance and can be relocated to the Bridgehead or any other scene of operations. We are also looking at SC Response and SC Capture to enable risk information and tactical plans (both live and historic) to be avaialble on all tablets as it is changed on the ground or in control. The new FSG policy shows how this link will be established.	FSG policy in place	Equipment consideration	Ops P&P / IT	A	Sep-21
137	that steps be taken to ensure that the airborne datalink system on every NPAS helicopter observing an incident which involves one of the other emergency services defaults to the National Emergency Service user encryption.	This has been raised within the Sussex Blue light collaboration meeting.	The actual link needs to be provided to our current control room. This will also be covered within project 21		Equipment consideration	IT / Ops P&P	A	Sep-21

Recommendation/Issue/Action	What has ESFRS already delivered against this action? (reference NOG Strategic gap analysis where possible)	What actions still need to be delivered?	Progress	Action Grouping	Responsible person/department	Priority (RAG)	Date for completion
Essex FRS NILO unable to contact LFB NILO on Airwave	Airwave channels available which all NILOs are aware of.	Ensure all new NILOs get NILO codeplugs added to their airwave radios. Use of these channels to be tested and practiced by NILOs	Process in place to manage this need within the NILO group.	Training	Lead NILO	G	Complete

1. Policy needed on Evacuation procedures. This will include details on how and when to change evacuation strategies
2. Policy amendment to High rise policy. This will take place following the release of the new High Rise NOG. It must include details of how we are expected to search above fires in high rise and how we communicate strategy changes to residents.
3. Policy amendment to SSRI policy to include details of how we pass on to crews information provided by the RP to Business Safety
4. Control room procedures need to be confirmed within the new FSG policy. This will include how we manage multiple FSG calls within our control room, how we manage information coming from other control rooms and how we keep all control room operators on message and up to date on the strategy.
5. Training needed for staff on the new FSG policy (planned for July)
6. Training needed for staff on evacuation strategies, operational implications and triggers to move from one to the other (planned for July seminar)
7. Training needed for staff on new SSRI process including the questions and considerations stemming from Grenfell (comms, lifts, fixed installations, compartmentation, evac strategy, water supplies, alternative tactical options, etc). Planned for July Seminar.
8. Training needed for all officers on JESIP. This will be achieved within the SRF MATTE courses
9. Training needed for ESFC on FSG policy
10. New equipment needs to be considered, including smoke hoods, fire curtains, consideration for EDBA, New tablets to allow simultaneous sharing of information around the incident ground.
11. It links need to be established to allow NPAS video links directly to our current and future command units.
12. We need to move to METHANE for our informative messages
13. All training needs to be embedded within our current courses and MoC programmes. This includes some of our Elearn SBTAP presentations
14. BS needs to work with RPs to ensure information is available and provided to ESFRS to allow it to be added to our SSRI plans.
15. BS needs to work with RPs to ensure Fire Precautions are tested and maintained effectively
16. BS will work with Ops P&P to ensure crews are aware of and confident in using fixed installations and other building FS provisions such as fire lifts, smoke control systems, etc.
17. Future process changes in how buildings are designed, built and maintained will come out of Phase two of the Grenfell Inquiry, this will lead to further changes to our ways of working and policies.

Key work completed:

1. A new FSG Policy has been produced
2. New Digital Fire Ground radios have been purchased and are being rolled out
3. A new SSRI policy has been produced which contains questions and considerations stemming from Grenfell.
4. Training packages on Building construction and evacuation procedures have been drafted.
5. Current IC/BA and many other policies have been reviewed against the Grenfell recommendations and many are deemed to be fit for purpose.

	Recommendation/Issue/Action	What has ESFRS already delivered against this action? (reference NOG Strategic gap analysis where possible)	What actions still need to be delivered?	Action Grouping	Responsible person/department	Priority (RAG)	Date for completion
	1 How the failure of a common domestic appliance (Hotpoint fridge) could have caused such a disaster	The answer to this is contained within all the various actions of this report and the future Phase 2 report. For now we can state the following: FI process within ESFRS is already linked into the White Goods directory	L1s to continue to provide information on the L1 report. Andy May to provide trends through the OA process.	FI process	BS / FI Team	G	Complete
Page 90	2 ICs should understand, for any given high-rise building in their area, when a partial or full evacuation might become necessary and receive appropriate training for it.	Input provided a few years ago to commanders around evacuation strategies.	1. Training for all Commanders on how to change evacuation strategy during an incident. 2. Residential MOK SBTAP to be reviewed to include the skills required to recognise and change evac strategies. 3. Get confirmation on what policy we place this guidance on how to change operational tactics	Policy and Training on evac	Ops P&P to amend policy / L&D to deliver training	R	Sep-20
	3 ICs had received no training in the dangers associated with combustible cladding	Crews informed of cladding risk during command training and via 'core brief' reminders.	Any future input on Building Construction will include input on the dangers of Com Cladding. Consideration given to including this on any command courses developed.	Training on cladding risk	L&D	R	Sep-20
	4 ICs had no training in how to recognise the need for an evacuation or how to organise one.	Crews and commanders develop an understanding on how to evacuate buildings from experience and practical exercises, especially at Care homes or hospitals. Training has been provided previously on evacuation types and how they link to operational tactics.	Further training required for all commanders on how to practically evacuate a residential high rise building utilising the IC structure and any fixed installations and the FSG coordinator. This training needs to be blended into SBTAPS to ensure future refreshers	Policy and Training on evac	L&D / SC	R	Sep-20

5	There was no contingency plan for the evacuation and no operational contingency plan in the tactical plan records.	The SSRI ALS is ensuring that this need for an evacuation plan A & B is considered by crews during risk visits. It will be a part of the future electronic solution displayed on the VMDTs. Crews are also encouraged to consider it on current plans, with SMs and Ops P&P taking on the role of L2 considerations and QA respectively.	Crews need to be trained on how to record this information and what needs to be considered and why.	SSRI input and improvement plan	Ops P&P / SC		
6	The risk info for Grenfell was of no use for the IC - basic info held was wrong or missing (No plans, no of floors wrong, no useful photos) (Phase 2 will look at more)	As above	As above	As above	Ops P&P/ SC		
7	No-one considered possibility of a general failure of compartmentation or need for mass evacuation	Crews reminded via a 'core brief' that high rise fires are managed on the proviso that the fire stays in the flat of origin. If the fire has spread beyond this flat, evacuation of other floors should take place.	Commanders need training on how to recognise compartment failure and when and how to mass evacuate.	Training on high rise risk	L&D		
8	Delays in revoking the 'stay put' advice	Commanders have been reminded of the need to move to an evacuation tactic if the compartmentation fails.	Ensure this is covered in the relevant high rise policy. Change wording to 'delayed evac'.	Policy required on evac	Ops P&P to amend policy		
9	No systematic arrangements for number and source of FSG calls	FSG policy developed	Commanders to be trained on how to implement and make use of the FSG policy.	Policy needed on FSG	Ops P&P & L&D		
10	Senior Officers failed to give practical support or gain effective situational awareness of conditions inside building	Commanders have all received training on the JESIP principles and the need for good situational awareness and effective communication.	Crews and commanders to be reminded of the need to maintain good situational awareness at all times. This can be achieved within the existing IC courses.	compliant	L&D		
11	Electronic comms and command support system on the command units did not work properly	CSUs set up to still operated with white boards in case of electric failure	ICU replacement program. This will be multi agency and will link to control rooms and NPAS video links.		Ops P&P		
12	FSG policy requires operators to stay on the line until caller is rescued - but number of FSG calls exceeded number of control operators - No clear FSG guidance on meaning of terms such as 'affected by heat, smoke etc.	New FSG policy has been produced.	Control need training on how to implement the FSG policy. This policy needs to be very clear on what various terms actually mean. This meaning needs to be given to control room operators.	Training and Policy	Ops P&P to amend policy		

13	Application of 'Stay put' nor requirements if a FSG caller is to escape from a building are properly set out in policy	FSG policy produced.	Policy needs to give clear examples how the decision to move from 'stay put' to 'evac' is communicated to both the fire ground and the FSG caller.	Policy	Ops P&P to amend policy		
14	Control Operators did not always obtain necessary info from callers (flat No, number of people with them, conditions of escape route, disabilities)	FSG policy produced.	Control room staff need FSG training. Also ESFC Liaison officer role needs training.	Training	Ops P&P / Control		
15	Control Operators not trained for numerous simultaneous FSG calls - not aware of dangers of assuming caller may not be able to be rescued by FRS (Lakanal House issue also)	FSG policy produced.	Control room staff need FSG training. Also ESFC Liaison officer role needs training to be able to effectively communicate with CS at incident to gain situational awareness. (PU)	Training	Ops P&P / Control		
16	When 'stay put' was revoked - Control Operators unsure how to give advice to escape in unequivocal terms	FSG policy produced.	Control room staff need FSG training	Training	Ops P&P / Control		
17	Channels of communication between Control room and fire ground uncertain. Valuable information not passed to incident ground and vice-versa	FSG policy produced.	Commanders and Control room staff need FSG training		Ops P&P / SC / Control		
18	No organised means of sharing information between control operators to give an overall picture of the speed or pattern of fire spread - including change of stay put advice	FSG policy produced.	Control room staff need FSG training	Training	Ops P&P / Control		
19	No process for sharing information about the incident to other FRS Control rooms	FSG policy produced.	Control room staff need FSG training	Training	Ops P&P / Control / L&D		
20	Weaknesses in supervision of control staff - senior officers not provided with suitable training on how to manage a large scale incident with numerous FSG calls.	FSG policy produced. Support officer is sent to SCC to assist	Control room staff need FSG training. Also ESFC Liaison officer role needs training.	Training	Ops P&P / Control / L&D		
22	A SPoC in each control room and direct communications between control room supervisors should have been established.	FSG policy produced	Training needed for control room staff and liaison officer role.	Policy & Training	Ops P&P / Control		
23	Communication link with Police helicopter and command unit did not function		This will be tabled at the SRF Response Group for clarification on channels. This needs to be tested regularly as part of the weekly airwave tests. ICU project to allow NPAS uplink and link to control of video footage.	Equipment consideration	Ops P&P		

27	Policy formulation in the light of experience and training of firefighters and control staff		High Rise Policy to be reviewed via OGIG. NOG to be amended nationally.	Policy	Ops P&P/ NOG		
28	Control room has 2 x 70 inch TV screens, one showing 24hr news channel, the other can show NPAS downlink - providing physical picture of the actual incident.		Confirm if and how we can get NPAS downlink to control rooms and Command centres. ICU project to allow NPAS uplink and link to control of video footage.	Equipment consideration	Ops P&P		
32	No arrangements had been made to count the number of residents who had left the tower and which floors / flats (First attendance)	Covered in current IC training (Info Gathering).	Need to include role call/info gathering from initial evac by initial crews. This needs to be written into policy and FSG function. If the incident is escalating, IC should consider the need to allocate a task to confirm who has already left the building and what flat they are from.	Policy for high rise	Ops P&P		
35	Level 1 IC had no clear plan of how to deploy the MP20 when resources arrived	Covered within existing IC training and assessment criteria.	SSRI training and improvements needed to be clearer on tactical plans and options	SSRI input and improvement plan	Ops P&P / L&D		
38	Level 1 IC did not declare a major incident due to spans of control / being overwhelmed	Covered within existing IC training and assessment criteria.	Messages being changed to METHANE for all informative messages.	Policy and Training	Ops P&P / L&D		
44	After MP 6 message, no further informative messages were received by Control for another 1 hr 25 mins	Control staff have procedures to request further informatives every 30 minutes.	Remind ESFC	Training	Ops P&P / Control		
47	Level 1 IC only aware that FSG calls were in progress after the arrival of the first command unit		New FSG policy	Training of FSG	Ops P&P / Control / L&D		
48	First Level 2 (SM) did not take command - took FSG calls instead - did not discuss tactics with Level 1 IC or contact control. Kept Level 1 IC as commander	IC training is clear on when to take over.		Compliant	Ops P&P / L&D		
50	Resident live streams 8 min video on Facebook from the 23rd floor	Comms team are available to monitor social media and main stream media and can communicate to the fire ground via phone.	Further work is needed on how we communicate back to the social media caller.	Policy on Media and IC needs amending to ensure this is covered.	Ops P&P, IT / Communications		
52	Control unable to summon pumps (prior to Command Unit IA) to inform them of FSG calls.	Crews aware to maintain radio watch if on route and until they hand over to the ICP or Unit.	FSG Policy will confirm how FSG calls will be communicated to the fire ground.	Policy on FSG	Ops P&P / Control / Training		

53	White boards in the command units not used to record FSG calls - paper or laminated sheets. No systematic approach to identifying where people were trapped.	No current clear procedure on how to collate and prioritise and record FSG actions.	FSG Policy will address this	Policy on FSG	Ops P&P / Training		
54	No prioritisation of the FSG calls	As above	FSG Policy will address this	Policy on FSG	Ops P&P / Training		
55	Arriving appliance commanders not receiving a brief from the Level 1 IC (at MP25) - self deploying	Clear IC training provided. This includes the need to brief crews on arrival. There is also a clear policy on levels of command.	Covered within existing IC training and assessment criteria.	N/A	Ops P&P / L&D		
57	Level 2 IC still unaware of conditions inside the building (MP25) multiple FSG calls - did not provide Ambulance with accurate sit-rep	Covered within existing IC training and JESIP principles.	Covered within existing IC training and assessment criteria. However JESIP refresher courses are needed to reinforce interagency communications	Training	Ops P&P / L&D		
Page 94 58	BA communications did not work / too much radio traffic for messages to be passed to and from bridgehead	Current BA and IC training covers when radios need to be used and the need to consider a communication strategy to improve communication effectiveness.	Comms strategy covered within Command training. New digital radios will provide additional radio channels	New radios	Ops P&P / Training		
60	No method of recording FSG details at the bridgehead (used walls)	No current system.	FSG policy provide paper solution	Policy on FSG	Ops P&P		
62	Level 2 IC to Level 4 IC handover very brief and did not cover all areas. Poor handovers of command - lack of situational awareness	Existing IC training provides a clear handover protocol.	Covered within existing IC training and assessment criteria. <a href="#">Specific training on conducting a handover? RM</a>	N/A	Ops P&P / L&D		
64	Radio messages sent from different command units	Only send one Command unit to an incident so this should not occur	New FSG Policy will result in a second ICU being sent. However policy is clear on what it is used for. IC training makes it clear on who should send messages.	Compliant	Ops P&P		

65	No METHANE message sent at any point in the incident	IC training is clear on when to send a METHANE message. This is prompted by Control	METHANE to be used for all informative messages going forward. JESIP training required for all officers.	Policy and training	Ops P&P / Control		
68	BA Crews not debriefed after deployments.	BA Briefing logs in use	Covered within existing BA training	Compliant	Ops P&P / L&D		
69	BA Crews providing casualties with their own face masks to breathe	No procedure for this .. Ops Discretion / Heroic Act?	Firehoods are being considered by ESFRS	Equipment consideration	Ops P&P		
70	Essex FRS NILO unable to contact LFB NILO on Airwave	Airwave channels available which all NILOs are aware of.	Ensure all new NILOs get NILO codeplugs added to their airwave radios. Use of these channels to be tested and practiced by NILOs	Training	Lead NILO		
71	FSG details and progress written on walls at the bridgehead - lack of understanding of the success of BA deployments	BA deployments debriefed at bridgehead by BAECO or Supervisor.	FSG details are covered within the new FSG policy	Policy on FSG	Ops P&P / L&D		
72	Command Unit not receiving feedback from bridgehead on progress of FSG call rescues - unable to update Control	NO FSG policy, however current practice is for regular updates from the BA areas of activity to the SC and then the OC/IC.	Covered within the new FSG policy	Policy on FSG	Ops P&P / L&D		
74	Confusion on revoking 'stay put' advice - control unaware that they had to tell public that they needed to get out at all costs - Level 4 IC did not talk to Control when he revoked the advice to give them a sit-rep	No clear current policy on FSG and changing evacuation tactics.	FSG policy covers this.	Policy on FSG	Ops P&P		
84	Channel 1 continued to be used for most operations on fireground radios	Current radio comms policy in place.	New fireground radios will provide additional channels. Radio comms policy will provide detailed options that will be covered within IC training.	Policy needed on Radio comms (covered within New radio project). Training to include within IC training	Ops P&P		
85	Control did not / unable to re-contact FSG callers to inform them that the Stay Put policy was no longer valid	No current FSG policy	FSG Policy will address this	Policy on FSG	Ops P&P / Training / Control		
86	Provision of Extended Duration BA - the use and misuse of EDDBA deployments - no system for keeping EDDBA use to the upper floors	We do not have EDDBA - should we now?	To be considered within the FF future project being led by Tom Walby,	Equipment consideration	Ops P&P		

87	Crews working above fire floor without water and to the point of their BA whistle	Ops Discretion?	Training should be given on what equipment and procedures are required in the search sector. RM If evacuation is required of large numbers then I think crews will need to door-knock above the fire floor and their ability to carry firefighting media will be limited - MW	Training and Policy	Ops P&P / L&D		
88	SM deployed as part of BA team to 16th and 18th floor - because ' an experienced officer should be sent to investigate reports of people trapped'	SM do not undertake BA refreshers at present	Not required.	N/A	Ops P&P / L&D		
91	Fire crews setting into risers in the floor belows makes fire doors stay open due to hoselines, also forcing entry into flats leaves them without a functioning fire door - contributed to fire spread		Consider use of fire curtains to hold smoke back from MoE. Highlights the importance of the riser outlet being in the lobby on the fire floor to maintain protection of the staircase. RM	Equipment consideration	Ops P&P		
92	Lack of knowledge and training for cladding fires, despite history of incidents etc. (See also item 6)	Previous powerpoint input on cladding provided to crews.	Further training required on Cladding risk. This needs to be embedded within SBTAP material	Training on cladding risk	Ops P&P / L&D		
93	Risk of external cladding not covered during 72(d) inspections		Training required on recording cladding risk on SSRI documentation	SSRI input and improvement plan	Ops P&P		
94	Lack of training on how to undertake a 72(d) inspection visit	Face to Face Training provided when the current SSRI process was rolled out. Since then further input has been given on the process but not on the knwoedge required to answer some of the information gathering questions. In addition there are some powerpoint presentations provided and available on the Ops Info Intranet page that do provide technical guidance on how to carry out an SSRI visit and what should be considered.	Futher face to face training required on SSRI completion for all crews. This will include the areas mentioned in this report and those indentified within the SSRI ALS.	SSRI input and improvement plan	Ops P&P / L&D		
95	Command failure - to create a plan to save life, deploy EDA or get up to date information	Covered within existing IC training and assessment criteria.	None	Compliant	Ops P&P / L&D		
96	Inability to bring lifts under FRS control	No specific training provided although face to face input and practical use may be carried out by crews when at SSRI visits.	Training needed for crews on how to gain control of fire lifts	Training for ops crews on how to gain control of FF lifts	Ops P&P/ SC		
97	How to communicate to all residents that the stay put policy is no longer valid? - Loud Hailer, NPAS 'skyshout' system/ comntrol calling callers back to inform	No clear guidance provided to crews.	Being considered at NFCC level. Interrim solution will be included within High rise policy	Policy on High rise fires	Ops P&P / BS / Control		

98	Level 4 IC concentrated on setting up command structures and support systems rather than gaining accurate information on conditions inside the building and formulating a strategy based upon it.	Covered within existing command training.	Consider refresher training for Level 3&4 officers in addition to assessment process.	Training	Ops P&P / L&D		
99	No effort to contact the NPAS helicopter to set better situational awareness on fire spread	No ability to get feed direct, however it can be fed to Poice control and police officers on the ground.	Contact NPAS to determin how we can get feeds to our control room and ICUs	Equipment consideration	Ops P&P		
100	No overall command structure from the outset - officers deciding for themselves what roles to undertake	This is covered within existing IC training.	None	Compliant	Ops P&P / L&D		
101	LFB ALPs only reach 32 m (10th floor) - made use of Surrey ALP with reached 42 m. LFB now procured 3 x ALPs with reach of 64 m. (Phase 2 follow up)	ESFRs have 3 x Aerials with a reach of 32m	High level rescues are not required. The ALPs may be used for FF only. Rescues are done internally via protected routes above 18M, therefore our existing ALPs are adequate.	Compliant	Ops P&P		
102	Lakanal House fire did not lead to changes in practice at the Control room in relation to FSG calls		New FSG Policy will address this	Policy on FSG	Ops P&P / Control		
Page 97 103	No specific Control policy to govern emergency calls from high rise buildings	Not specific for High rise buildings, but there is a call handling policy that allows control to manage emergency calls XXXXXXXXX Check	FSG Policy will address this	Policy on FSG	Ops P&P / Control		
107	Assurances to callers that firefighters would rescue them (Lesson not learnt from Lakanal House)		FSG policy will help with this control room challenge	Policy and Training	Ops P&P / Training / Control		
112	No consideration to gas supply fuelling the fires until 6 hours after gas rep was in attendance - as soon as valves were turned off the fires died down	Crews regularly request attendance of utility companies to isolate services. RM . This is included within IC training and is assessed to ensure the risk is removed or reduced in a timely manner. - GO	None	Compliant	Ops P&P		
115	that the LFB review, and revise as appropriate, Appendix 1 to PN633 to ensure that it fully reflects the principles in GRA 3.2	Our High Rise policy (TOG) fully complies with GRA 3.2.	The policy needs to be reviewed to take into account the leasons learned during this incident.	Policy	Ops P&P		

117	<p>owner and manager of every high-rise residential building be required by law:</p> <p>a. to provide their local fire and rescue services with up-to-date plans in both paper and electronic form of every floor of the building identifying the location of key fire safety systems;</p> <p>b. to ensure that the building contains a premises information box, the contents of which must include a copy of the up-to-date floor plans and information about the nature of any lift intended for use by the fire and rescue services.</p>	<p>Is this covered in the SSRI ALS chaired by Tom Walby? The issue for us will be keeping the info up to date. RM -----This will require a legislation change to 'require' all high rise RPs to provide this information. They already have to provide us with information on risk and information on the build (newer builds).</p>	<p>A system needs to be put in place by BS to inform and enforce the provision of information that is already required by law (Building Act, Regs and FSO). This system also needs to ensure that any updates are communicated effectively to crews to enable SSRIs to be reviewed. For this to work we will need a link between BC/Als to our BS departments (including the need for completion certificates) and then onto out operational crews in the Groups.</p>	Policy	Ops P&P / BS		
120	<p>that a dedicated communication link be provided between the senior officer in the control room and the incident commander.</p>	<p>We do not consider this be be practical or required. We have a tried and tested ICS that allows for the CSO to be the link between the IC and Control. This is to reduce spans of control.</p>	<p>The FSG policy will introduce another role at certain incidents that will be link between casualties, control, SC and the IC.</p>	Policy	Ops P&P / L&D		
121	<p>that the LFB's policies be amended to draw a clearer distinction between callers seeking advice and callers who believe they are trapped and need rescuing;</p>		<p>Check with ESFC to see if this difference is managed in control. If it is, the process can be informed to the FSG coordinator.</p>	Policy	Ops P&P / Control		
123	<p>that all fire and rescue services develop policies for handling a large number of FSG calls simultaneously;</p>	None at present	New FSG policy drafted	Policy and training	Ops P&P / Control / L&D		
124	<p>that electronic systems be developed to record FSG information in the control room and display it simultaneously at the bridgehead and in any command units;</p>	The is no current system to do this.	The proposed new appliance tablets, together with SC Response and Capture wil lbe able to achieve this outcome.	Equipment consideration	Ops P&P / IT		

129	that the LFB develop a communication system to enable direct communication between the control room and the incident commander and improve the means of communication between the incident commander and the bridgehead.	The only way we have to do this currently is via radio.	ESFRS are looking at new tablet solutions that will be detachble fro the appliance and can be relocated to the Bridgehead or any other scene of operations. We are also looking at SC Response and SC Capture to enable risk information and tactical plans (both live and historic) to be avaiable on all tablets as it is changed on the ground or in control. <b>Is comms directly between Control Room and IC really desirable - surely the correct route is via Command Support? - MW</b>	Equipment consideration	Ops P&P / IT		
130	that the LFB investigate the use of modern communication techniques to provide a direct line of communication between the control room and the bridgehead, allowing information to be transmitted directly between the control room and the bridgehead and providing an integrated system of recording FSG information and the results of deployments.	The only way we have to do this currently is via radio.	ESFRS are looking at new tablet solutions that will be detachble fro the appliance and can be relocated to the Bridgehead or any other scene of operations. We are also looking at SC Response and SC Capture to enable risk information and tactical plans (both live and historic) to be avaiable on all tablets as it is changed on the ground or in control.	Equipment consideration	Ops P&P / IT		
132	that urgent steps be taken to ensure that the command support system is fully operative on all command units and that crews are trained in its use.	All ICUs are fully operative and crews are trained and competent to use them. ICs are also familiar with them and they are utilised as part of the IC training and assessments caried out at TC.	Maintain competency checks within the OAG and AC governance meetings I nline with other specialist resources.	Training	Ops P&P/ L&D		
134	that all fire and rescue services be equipped with smoke hoods to assist in the evacuation of occupants through smoke-filled exit routes.	Being considered within the future firefighting project	Produce paper for OC on this future FF project.	Equipment consideration	Ops P&P		
138	that the LFB, the MPS, the LAS and the London local authorities all investigate ways of improving the collection of information about survivors and making it available more rapidly to those wishing to make contact with them.	The LRF has comprehensive plans to deal with a major incident. This includes plans on agency responsibilities (SERR), mass casualty and mass fatality plans. The SERR document covers who is responsible for survivors and how information is exchanegd with other agencies. This is also included within the JESIP training.	Test and confirm the SERR document during the next SRF exercise	SRF Plans	Ops P&P / L&D		

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## EAST SUSSEX FIRE AND RESCUE SERVICE

<b>Meeting</b>	Scrutiny and Audit Panel
<b>Date</b>	23 July 2020
<b>Title of Report</b>	Primary Authority Progress Report
<b>By</b>	Assistant Chief Fire Officer Mark Andrews
<b>Lead Officer</b>	Group Manager Andrew Gausden

**Background Papers**            Business Safety Thematic Plan

**Appendices**                    None

### Implications

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

**PURPOSE OF REPORT**    To provide Scrutiny and Audit Panel with an update on the progress of the Primary Authority scheme and how this improves business engagement and business training activities in support of the delivery of the Business Fire Safety Thematic Plan.

**EXECUTIVE SUMMARY**    On 1 November 2018 Members of the Policy and Resources Panel supported the recommendations from officers to adopt a Primary Authority scheme as part of the ongoing review and development of the delivery of Business Safety.

Since approval in November 2018 Primary Authority partnership income has been invoiced at £17,805, including additional income from the partnerships where we act as supporting regulator.

To ensure the continued growth and success of the Service's Primary Authority scheme, in February the Senior Leadership Team approved the appointment of a permanent Primary

Authority manager. A crucial role that now provides consistent oversight and leadership for the partnerships whilst also managing wider business engagement and handling any potential new partnerships. As a Green Book role this post also ensures a development pathway for non-operational Business Safety Inspectors and supports staff retention within the department.

The Primary Authority manager has been able to provide direct expert advice and support to our partners during the Covid 19 pandemic, particular those providing care for our most vulnerable residents.

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**RECOMMENDATIONS**

That the Panel:

- (i) note the report and support continued engagement with key businesses in further growing and developing the East Sussex Fire Authority (ESFRS) Primary Authority scheme.
  - (ii) support the Services' engagement with the Business Advice and Support Partnership (BAASP) and the promotion of Primary Authority through our local Growth Hubs and the 'Sussex Business Excellence' programme.
  - (iii) note the transfer of the Safer Business training program to the Business Safety support team, which will allow the Primary Authority manager to expand the Business Safety engagement activities to include the "Safer Living & Safer Care" initiatives, currently being developed through the Business Safety Thematic Plan.
-

## **1. INTRODUCTION**

- 1.1 On 1 November 2018 Members of the Policy and Resources Panel supported the recommendations from officers to adopt Primary Authority as part of the ongoing development of Business Safety. Members also agreed to support the County Council through the BAASP, with the Service being the lead partner for fire safety.
- 1.2 Primary Authority is a key element of the Government's commitment to improve delivery of regulation in line with the statutory principles of *good regulation being good business*. These principles are that regulation should be transparent, accountable, proportionate, consistent and targeted.
- 1.3 The Fire Authority has an obligation under the Regulators Code and under Section 6 of the Fire and Rescue Services Act 2004, to promote fire safety in its area and provide fire safety advice to prevent fires, death or injuries in relation to premises in its area.
- 1.4 The Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection regime particularly reviews the efficiency and effectiveness of Fire Services and our collaborations with our partners. We have developed our approach to income generation through the Primary Authority scheme which was acknowledged in the recent HMICFRS report.
- 1.5 Business Safety have entered into partnerships with organisations to support them in compliance with fire safety requirements, where there is a link to wider benefits for the Service around, community safety or risk reduction to vulnerable people and firefighters.

## **2. PRIMARY AUTHORITY DELIVERY**

- 2.1 To ensure the continued growth and success of the Service's Primary Authority scheme, in February the Senior Leadership Team approved the appointment of a permanent Primary Authority manager. The Primary Authority manager role is within the existing establishment in the Business Safety support team based at Eastbourne Fire Station.
- 2.2 This leadership is crucial in providing consistent, professional, independent advice to our partners. It is also vital in developing trust and confidence with the partnerships in order to support improvements in the fire safety arrangements within the business often in strategic wide ranging ways that have a much greater and wider benefit to these organisations.
- 2.3 The immediate benefit has been the success of the first year of the scheme in that officers have secured 12 partnerships from a cross section of local sectors which are summarised in table 1 Below. Furthermore this role has ensured consistent engagement with wider business forums locally and nationally which has developed the reputation of ESFRS within the business community and encouraged interest from a range of new 'pipeline partnerships' which are summarised in Table 2 further reinforcing the success of the scheme and the future potential the scheme has to generate new partnerships.

**Table 1 – Existing partnerships**

	<b>Partnership</b>	<b>Description</b>
1	C Brewer and Sons Limited	Local and national retailer of decorating supplies which is based in Eastbourne along with their Head Office and 177 premises nationwide.
2	Abbeyfield Ferring Society Limited	Local social housing provider including premises providing residential care and supported living.
3	Eastbourne Hospitality Association	The local association which supports over 100 tourism and hospitality businesses in the Eastbourne area, ranging from independent restaurants to large hotels.
4	Chokdee Limited (trading as Giggling Squid)	Local expanding restaurant chain of 34 Thai restaurants which includes staff sleeping accommodation above some premises.
5	Southdowns' Residential Limited	Local social housing provider based in Eastbourne, which specialises in temporary accommodation with a property portfolio including 110 flats and looking to expand business.
6	The Independent Schools Bursars Association (ISBA)	The association supports a total of 980 independent schools in the UK and overseas
7	Veolia ES South Downs Limited	The company manage the 12 household waste recycling centres (HWRC), four waste transfer stations (WTS), an in vessel composting site (IVC) and an energy recover facility (ERF), as part of the waste collection contract in East Sussex.
8	Sussex Housing and Care	Local social housing provider with a large portfolio of residential, sheltered and independent living premises in Sussex.
9	Craft Bakers Association	The craft Bakers Association represent approximately 500 bakery businesses in England and Wales which support 3,000 shops on the high street and 38,500 employees.
10	Ambient Care Limited	Ambient Support Limited is a registered UK charity. They provide care and housing to elderly people, those with a mental health need and people with learning disabilities. They have a range of services, including registered care homes, supported living and domiciliary care.
11	Surefoot Solutions Limited	SureFoot Solutions Limited offer training, auditing and consultancy services to businesses across the UK and Europe predominantly related to food safety, food standards and health and safety.
12	British Metals Recycling Association	The British Metals Recycling Association (BMRA) is the trade association representing the £7 billion UK metal recycling sector – a globally competitive industry supplying environmentally-friendly raw material to metals manufacturers. They represent over 250 organisations working across UK's £7 billion metal recycling sector.

**Table 2 – Pipeline Partnerships**

	<b>Pipeline Partnership</b>	<b>Description</b>
13	Boparan Restaurant Group	Boparan Restaurant Group also have a Primary Authority partnership with Horsham District Council for Environmental Health and East Sussex County Council for Trading Standards. All Primary Authorities will work together to support Boparan Restaurant Group in regulatory compliance and ensure that all referrals are directed appropriately and dealt with effectively and within statutory time frames.
14	Saxon Weald	Established in 2000, Saxon Weald is a housing association managing approximately 6500 homes across Sussex and Hampshire. They provide affordable rented and shared ownership homes for individuals and families, as well as properties exclusively for the over 55s.

2.4 The hours spent by the Primary Authority manager delivering the scheme, is included within the annual Business Safety returns and therefore provides added value to the overall Business Safety department performance and output.

2.5 The non-operational Primary Authority & Legislation and Enforcement manager role within the Business Safety support team also ensures a development pathway for non-operational Business Safety Inspectors and supports staff retention.

### **3. PRIMARY AUTHORITY BUSINESS ENGAGEMENT**

3.1 The Primary Authority scheme enables a direct route to engage with business and we recently held a special partnership event in Eastbourne on 11 November 2019 to celebrate our first twelve months delivering the Primary Authority scheme.

3.2 Attendees were provided updates on key issues including sprinklers, low maintenance fire extinguishers and business resilience.

3.3 The business resilience element was reinforced through the Lewes Castle wall collapse, which occurred during the event and clearly demonstrated the type of unplanned events which can impact businesses

3.4 The Primary Authority manager working with the Hospitality Association and its members delivered a business engagement event 6 February 2020. The event focused on the recent Claremont Hotel fire and covered key areas, such as the commercial and business case for sprinklers and the critical need for business continuity planning.

### **4. FINANCIAL**

4.1 The Regulatory Enforcement and Sanctions Act provides that the Primary Authority may recover reasonable costs for acting as a Primary Authority partner. This enables the Service to generate non-traditional funding for the Service.

4.2 The current cost recovery rate is set at £78 per hour with businesses making a commitment to a minimum of 20 hours support per year. This enables the Service to plan the resources required to deliver the partnership and for business planning

- 4.3 Partnerships may request hours over and above the minimum 20, with a number of partners requesting up to 60 hours during the initial set up period, all additional hours are charged at the same cost recovery rate of £78 per hour, with unused hours currently carried forward.
- 4.4 Since approval in November 2018 the Service has invoiced £17,805 for Primary Authority partnerships, including additional income from the partnerships where we act as supporting regulator.
- 4.5 Where unused partnership hours are carried forward, the financial value of these hours will also be carried forward to the Primary Authority income for the following financial year, this will ensure the Primary Authority partnership income for each year reflects the hours delivered to businesses. From 2020/21 an income target of £19,000 from the Primary Authority Scheme has been included in the Service's revenue budget thereby contributing to the savings necessary to balance the budget. Work to assess the potential for further income growth is underway.
- 4.6 The Primary Authority manager continues to expand the Service Primary Authority Scheme and engage with potential business partners.

## 5. **ADDED VALUE**

- 5.1 The Primary Authority manager is currently working with our Veolia ES South Downs Limited partners, on the possibility of accessing their community engagement funding with a view to securing financial sponsorship for the Service "Safety in Action" program.
- 5.2 The Primary Authority manager has been able to provide direct expert advice and support to our partners during the Covid 19 pandemic, particular those providing care for our most vulnerable residents. Partners have been kept up to date with regards advice issued by the National Fire Chiefs Council (NFCC), and advice on opening up businesses is being produced which is bespoke to each partner.

## 6. **SAFER BUSINESS TRAINING**

- 6.1 The Safer Business training program is currently managed by the Community Safety department and employs a number of staff on zero hours contracts to deliver the program. Whilst this has proved effective to further develop the program management of the Safer Business Training program will now move to the Business Safety support team.
- 6.2 The transferred to the Business Safety support team will allow the Primary Authority manager to expand the Business Safety engagement activities to include the "Safer Living & Safer Care" initiatives, currently being developed through the Business Safety Thematic Plan.

## **7. COMMUNICATIONS AND BUSINESS ENGAGEMENT STRATEGY**

### **7.1 Business Advice and Support Partnership**

7.1.1 The Service is currently an active member of BAASP, the partnership shares knowledge, resources and expertise to provide the best support and advice for local businesses.

7.1.2 BAASP has recently been Highly Commended for its collaborative approach to providing business support services at the Regulatory Excellence Awards 2019, organised by OPSS.

### **7.2 East and West Sussex Growth Hubs & the Chamber of Commerce**

7.2.1 The Service supports the East and West Sussex Growth Hubs including the Chamber of Commerce, which enables the Service to access businesses who approach these organisations with regards to entering into Primary Authority partnerships.

### **7.3 Local Government Association Productivity Experts Program**

7.3.1 The Service and ESCC are currently leading an initiative through the Local Government Association (LGA) Productivity Experts Program on behalf BAASP and have secured funding through the LGA, to fund a productivity expert to support the development of BAASP and Primary Authority in East Sussex.

7.3.2 The aim of the programme to support Local Authorities to make efficiency savings against a backdrop of decreasing funding and increasing demand for services.

### **7.4 Social Media Platform**

7.4.1 A Facebook page has recently been set up to promote Business Fire Safety with the aim to engage with businesses on this social media platform.

7.4.2 We regularly publish fire safety advice, initiates, upcoming events and post fire/incident advice. The group is shared with our partners, members of the public and colleagues.

7.4.3 The page can be 'liked' for persons to keep up to date with the content, they can also 'join' the group to be able to add comments and posts, but they have to answer three questions upon request to join to make sure we are receiving the right target audience.

### **7.5 Department for Business Energy & Industrial Strategy (BEIS)**

7.5.1 Officers work closely with colleagues within BEIS in order to help refine good practice and promote the benefits of primary authority and last year officers were invited to speak at a range of events to promote ESFRS and our partnerships. These events were an opportunity not only for ESFRS but also for our partners to showcase some of the benefits they are seeing from the relationship with ESFRS.

7.5.2 ESFRS has been asked to host this year's annual Primary Authority seminar which will provide further platform for our partners to raise the profile of the scheme. It will also an opportunity to promote wider business engagement and focus on priority topics for the Service such as sprinklers and protecting the vulnerable from fire.

## **8. CONCLUSIONS**

8.1 The HMICFRS inspection regime particularly reviews the efficiency and effectiveness of the Services and our collaborations with our partners. We have developed our approach to income generation through the Primary Authority scheme.

8.2 Business Safety continue to enter into partnerships with organisations to support them in compliance with fire safety requirements, where there is a link to wider benefits for the Service around, community safety, risk reduction to vulnerable people and firefighters, as well as businesses where we can demonstrate a link to our corporate or social strategy.

8.3 The Primary Authority manager has been able to provide direct expert advice and support to our partners during the Covid 19 pandemic, particular those providing care for our most vulnerable residents.

8.4 Since approval in November 2018 the Service has invoiced £18000 for Primary Authority partnerships, including additional income from the partnerships where we act as supporting regulator.

8.5 The appointment of a Primary Authority and Legislation & Enforcement manager role delivered by a non-operational Business Safety Inspector, provides a suitable level of detachment to remove the risk of a conflict of interest.

8.6 The non-operational Primary Authority & Legislation and Enforcement manager role within the Business Safety support team, ensures a development pathway for non-operational Business Safety Inspectors and supports staff retention.

## **9. EQUALITIES IMPACT ASSESSMENT**

9.1 The overall impact of the scheme aims to reduce the burden on businesses and creates a single point of contact for them to use to obtain advice and assistance as to their legal responsibilities. This will allow the business to obtain consistent advice and operate within the law and therefore reduces the number of service requests the Service will have to respond to.

9.2 ESFRS will adhere to its enforcement policy which is available on the website and details of the contract that will exist between the authority and business is a standard template that has been used nationally. Better protected businesses equal better compliance equals safer communities. Reduced risks as local authorities better understand businesses and can target resources in high risk areas.

**EAST SUSSEX FIRE AND RESCUE SERVICE**

**Meeting** Scrutiny & Audit Panel

**Date** 23 July 2020

**Title of Report** Outcome of the internal audit into Compliance with Disciplinary, Grievance, Harassment and Bullying procedures 2019/20

**By** Mark O'Brien, Deputy Chief Fire Officer

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

**Appendices** Appendix 1 – Internal Audit Report

**Implications**

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

**PURPOSE OF REPORT** To apprise the Scrutiny & Audit panel of the outcome of the internal audit undertaken into the Service's compliance with disciplinary, grievance, harassment and bullying procedures, which took place in 2019.

To share the improvement plan to provide assurances to the Fire Authority.

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

- i. consider the report and take note of the outcome of 'partial assurance' of the internal audit undertaken in to the Service's compliance with its disciplinary, grievance, harassment and bullying procedures; and
- ii. to note the improvement plan and the measures already implemented which will be scrutinised with a follow up audit in 2020/21.

## **1 INTRODUCTION**

1.1 East Sussex Fire and Rescue Service (ESFRS) has in place policies for managing issues relating to harassment, bullying, inappropriate behaviour, raising and managing grievances and undertaking disciplinary action.

1.2 Failure to establish robust HR policies based upon relevant employment legislation and to comply with these could increase the likelihood of inappropriate behaviour where policies are not in place, with ensuing claims and legal action against the Authority, as well as financial loss through fines imposed by employment tribunals.

1.3 This review was part of the agreed Internal Audit Plan for 2018/19 with a view to feed any learnings into the internal HR department as they are currently updating the policies and processes in this area as part of the broader HR Improvement journey.

1.4 The control objectives for the audit were as follows:

- HR Policies for managing grievances, disciplinary action, harassment and bullying are reviewed periodically to ensure they are compliant with legislation and codes of practice and are accessible to all staff.
- There is a process for capturing lessons learned from previous cases and, where appropriate, for updating relevant policies.
- The system for managing cases of disciplinary action, grievance, harassment and bullying is effective.
- HR policies for managing grievances, disciplinary action, harassment and bullying are complied with and this is monitored.

1.5 **Partial Assurance** has been provided in respect of compliance with Disciplinary, Grievance, Harassment and Bullying Procedures. 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.

1.6 A follow-up audit will take place in 2020/21.

## **2 ACTION PLAN**

2.1 Page 6 onwards of the audit report (appendix 1) articulates an improvement plan and how the HR team are working to improve the policies and processes.

2.2 Much of the work outlined in the action plan has already commenced with policies and the processes (such as learnings from each case) having been reviewed and tightened but were awaiting any learning from this audit process so they could be incorporated before completing this piece of work.

- 2.3 Learnings and trend analysis from cases will now be shared with the Strategic HR Group on a quarterly basis to ensure there is scrutiny and continuous improvement to these processes, as well as early detection of any trends that may be occurring across the Organisation or a specific area of the business.

### **3 SURVEY OUTCOMES**

- 3.1 As part of the internal audit process, the opportunity was taken to seek some specific feedback from employees in relation to these policies and processes to understand what further improvements can be made.
- 3.2 In total there were 109 responses to the survey.
- 3.3 The responses are in keeping with both the ESFRS staff survey findings of 2018 and the HMICFRS findings in our 2019 inspection. However, what was reassuring was that the majority of those responding (62%) acknowledged that if they had felt that they had been bullied, harassed or subjected to inappropriate behaviour at work it was over 12 months ago.
- 3.4 The survey highlights three main themes that individuals felt they had been subjected to; they were: intimidation, unpleasant personal remarks and something else (which is not detailed within the outcomes of the report but internal audit have been asked to provide the detail).
- 3.5 The first two themes certainly replicate the findings of the HR case work both current and over the last 18 months. The HR department are currently seeing a rise in discipline cases relating to poor behaviour.
- 3.6 The launch of the Leadership & Behavioural Framework was originally due to take place on the 1 April 2020, however due to the pandemic it was decided that the launch would be pushed back until April 2021. Part of this will be for all staff to receive a session on a) the framework itself and b) behavioural expectations.
- 3.7 It is recognised that there is some work to do with our employees in and around the HR policies outlined in this report, particularly with managers in dealing with such issues at a very early stage and with staff being more comfortable to report such issues.

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# Internal Audit Report

## ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

### FINAL

Assignment Lead: Gary Neal, Senior Auditor  
Assignment Manager: Nigel Chilcott, Audit Manager  
Prepared for: East Sussex Fire & Rescue Service  
Date: February 2020

## Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

### Report Distribution List

#### **Draft**

Duncan Savage, Assistant Director - Resources & Treasurer  
Hannah Scott-Youldon, Assistant Director, HR&OD  
Lucy Birch – OD Manager, HR

#### **Final**

Duncan Savage, Assistant Director - Resources & Treasurer  
Hannah Scott-Youldon, Assistant Director HR&OD

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.

### East Sussex Fire & Rescue Service - Internal Audit Key Contact Information

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# Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

## 1. Introduction

- 1.1. East Sussex Fire and Rescue Service (ESFRS) has in place policies for managing issues relating to harassment, bullying, inappropriate behaviour, raising and managing grievances and undertaking disciplinary action.
- 1.2. Failure to establish robust HR policies based upon relevant employment legislation and to comply with these could increase the likelihood of inappropriate behaviour where policies are not in place, with ensuing claims and legal action against the Authority, as well as financial loss through fines imposed by employment tribunals.
- 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 within the main body of the report.

## 2. Scope

- 2.1. The purpose of the audit was to review and assess compliance with the above policies.
- 2.2. The control objectives for this review were as follows:
  - HR Policies for managing grievances, disciplinary action, harassment and bullying are reviewed periodically to ensure they are compliant with legislation and codes of practice and are accessible to all staff.
  - There is a process for capturing lessons learned from previous cases and, where appropriate, for updating relevant policies.
  - The system for managing cases of disciplinary action, grievance, harassment and bullying is effective.
  - HR policies for managing grievances, disciplinary action, harassment and bullying are complied with and this is monitored.

## 3. Staff Survey

- 3.1. During the review, we undertook a staff survey on the Harassment, Bullying and Inappropriate Behaviour Guidance and the Grievance Procedures. This was requested by management to support the audit and to help understand general awareness of these policies amongst employees. There were 109 responses to the survey although a significant number of those who completed the survey chose not to answer every question.
- 3.2. The survey results showed that 50% of those who responded had been subjected to either bullying, harassment or inappropriate behaviour at work or, had cause to raise a grievance. In addition, a few employees were unaware of the existence of one or both of the procedures and, of those who were, some chose not to report their concerns to management.
- 3.3. The results are attached as Appendix B to this report.

#### **4. Audit Opinion**

**Partial Assurance** is provided in respect of compliance with Disciplinary, Grievance, Harassment and Bullying Procedures. 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.*

#### **5. Basis of Opinion**

- 5.1. We have provided Partial Assurance over the controls operating within this area because:
- 5.2. We found that the Grievance Procedure and the Harassment, Bullying and Inappropriate Behaviour Guidance were both out of date at the time of our review. The Grievance Procedure was last updated in June 2013 and was due to be reviewed in October 2015 and the Harassment, Bullying and Inappropriate Behaviour Guidance was last updated in April 2011 and was due for review in March 2013. Neither of these documents have been updated since. The Grievance Procedure was in the process of being reviewed during the audit.
- 5.3. Whilst the policies were found to be broadly compliant with the Advisory, Conciliation and Arbitration Service (ACAS) code of practice, there were several areas within the Harassment, Bullying and Inappropriate Behaviour policy and the Disciplinary Procedure where compliance could be improved.
- 5.4. We found that there is no systematic process in place to capture lessons learned from previous cases (disciplinary, grievance etc.) which means there is a greater risk of repeating poor practice where this has occurred.
- 5.5. The Firewatch system is used to record all cases referred to HR. Whilst this ensures that there is a central record and that all key documentation is held securely, there is no case management process within Firewatch to ensure that timescales are adhered to and evidence of slippage was identified.
- 5.6. We reviewed thirteen recently completed cases and identified six where there was evidence of non-compliance with policies.

## Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

### 6. 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	1,3,5
Low	Represents good practice but its implementation is not fundamental to internal control	3	2,4,6
<b>Total number of agreed actions</b>		6	

6.1. As part of our quarterly progress reports to Audit Committee we track and report progress made in implementing all high priority actions agreed. Medium and low priority actions will be monitored and re-assessed by Internal Audit at the next audit review or through random sample checks.

### 7. Acknowledgements

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

## Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
1	<p><b>HR Policies</b></p> <p>We found that two of the three policies were out of date at the beginning of this review.</p> <p>The Harassment, Bullying and Inappropriate Behaviour Guidance should have been reviewed in March 2013 and the Grievance Procedure should have been reviewed in May 2015. We understand that the latter policy is in the process of being reviewed. The Disciplinary policy is now due for review and we understand that this is planned to be completed by the end of 2019.</p>	<p>Unless HR procedures and guidance are reviewed and updated periodically, current practice may not fully comply with the latest ACAS guidance.</p> <p>Employment tribunals will take the ACAS code into account when considering relevant cases and may adjust awards made by up to 25 percent for employers who unreasonably fail to follow the guidance set out in the code.</p>	Medium	<ul style="list-style-type: none"> <li>The Grievance policy has been re-written, consulted upon and was issued in November 2019</li> <li>The Harassment, Bullying and Inappropriate Behaviour Manual note is being review by the Orbis Policy Development team – likely to be renamed/updated and reissued as a Dignity at Work policy</li> <li>The Disciplinary Policy is being reviewed and updated by the Orbis Policy Development Team</li> <li>Training will also be developed to support these policies and embed the key behaviours required to resolve workplace conflict</li> </ul>
<b>Responsible Officer:</b>		Lucy Birch, HR & OD Manager	<b>Target Implementation Date:</b>	Policies – May 2020 Training commencement - September 2020

Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
2	<p><b>Compliance with ACAS Codes and Guidance</b></p> <p>The three HR policies were reviewed and except for the points listed below, were broadly in line with ACAS guidance and codes of practice.</p> <p><b>Harassment Bullying and Inappropriate Behaviour Guidance</b></p> <ul style="list-style-type: none"> <li>• The guidance doesn't specify that it applies both on and off premises.</li> <li>• There is no coverage of the investigation procedures, including timescales for action.</li> <li>• Details of training available for managers should be included.</li> <li>• The guidance should specify how it is to be implemented, reviewed and monitored.</li> <li>• The guidance could be clearer about not tolerating bullying or harassment of staff by visitors to the organisation.</li> </ul>	<p>In the event of a case being referred to an employment tribunal, non-compliance with ACAS codes and guidance could lead to fines and negative publicity.</p>	<p>Low</p>	<p>The highlighted policy issues will be incorporated into the policy reviews outlined in Ref 1.</p>

Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
	<p><b>Disciplinary Policy</b></p> <ul style="list-style-type: none"> <li>• Written notification of a disciplinary meeting should give details of the time and venue for the meeting and advise the employee of their right to be accompanied at the meeting. We understand that this is happening in practice, however, it is not reflected in the policy.</li> <li>• Written warnings should set out the nature of the misconduct or poor performance and the change in behaviour or improvement in performance required (with timescale). We understand that this does happen in practice, however, the policy doesn't specify what should be included in warning letters.</li> </ul>			<p>The highlighted policy issues will be incorporated into the policy reviews outlined in Ref 1.</p>
<p><b>Responsible Officer:</b></p>		<p>Lucy Birch, HR &amp; OD Manager</p>	<p><b>Target Implementation Date:</b></p>	<p>May 2020</p>

**Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20**

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
3	<p><b>Lessons Learned from Previous Cases</b></p> <p>There is no process in place to capture any learning points from previous cases (disciplinary, grievance etc.).</p>	<p>Unless lessons from previous cases are learned and incorporated into current practice, there is a risk of repeating poor practice. This could result in avoidable fines being imposed by Employment Tribunals.</p>	Medium	<p>A standing item will be added on the agenda for monthly HR team meetings and collating lessons learned for consideration at the recently initiated 'Complex Case Management' meetings.</p>
<p><b>Responsible Officer:</b></p>		<p>Lucy Birch HR &amp; OD Manager</p>	<p><b>Target Implementation Date:</b></p>	<p>March 2020</p>

## Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
4	<p><b>System for Managing Cases</b></p> <p>The cases referred to HR are recorded in the Firewatch system. This ensures that there is a central record and that all key documentation is held securely. However, the Firewatch system does not provide case management functionality and we understand there is no way to monitor cases to ensure key deadlines are met, apart from manually reviewing each case.</p>	<p>Cases could be escalated if key deadlines are missed. This could lead to unfavourable decisions and fines in the event that cases are referred to an employment tribunal.</p>	Low	<p>We will investigate whether Firewatch has any capability to be used to monitor and report upon process timelines.</p> <p>In the event a system solution is not available, we will implement a manual system on existing casework tracker spreadsheets.</p>
<p><b>Responsible Officer:</b></p>		<p>Lucy Birch, HR &amp; OD Manager</p>	<p><b>Target Implementation Date:</b></p>	<p>Initial investigation of options 31 March 2020</p>

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
5	<p><b>Compliance with Policies</b></p> <p>Thirteen recently completed cases were reviewed to check if they complied with policies and guidance.</p> <p>We found that six out of thirteen cases did not fully comply with policies. The areas of non-compliance included the following:</p> <ul style="list-style-type: none"> <li>• The same HR officer gave advice at both the informal and formal stages of a grievance in breach of section 3.3.2 of the Grievance Procedure.</li> <li>• In two cases, hearings were not offered within 14 days of form PD21 being submitted. This is in breach of section 3.6.1 of the grievance policy. In one case, the hearing didn't take place for four months and in the other case, the matter was resolved informally seventeen days after form PD21 had been submitted.</li> <li>• In one case, the line manager didn't consult with HR, in compliance with section 3.3 of the disciplinary policy. HR believe that the decision to put a note</li> </ul>	<p>Unless cases are managed strictly in compliance with HR policies, there is a risk that areas of non-compliance could result in fines being made against the service in the event that cases are referred to an employment tribunal.</p>	Medium	<p>In addition to the actions agreed above, we will undertake some work to scope the feasibility of outsourcing case work where capacity, sensitivity of the case, or objectivity might justify using an external provider. In reaching such an agreement with an external provider, we can ensure timescales are agreed in advance.</p> <p>We will also work with the representative bodies to try and agree some flexibility in the timescales within the policy. However, this will involve formal consultation to move outside of the nationally agreed terms and conditions of service and as such, will take time to implement.</p>

Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
	<p>on the employees file was rushed and had they been informed at an earlier stage, there may have been a different outcome. HR wrote to the line manager and arranged a meeting to provide some feedback should a similar situation arise in the future.</p> <ul style="list-style-type: none"> <li>In one case, there was a delay in appointing an independent Group Manager to undertake the investigation. In this case, the Incident occurred in January 2018, but the investigating manager was not appointed until March 2018. Appendix A of the Disciplinary Procedure (section 2.1) states that the investigation should proceed as quickly as is reasonably practicable. It was HR’s view that the delay was unreasonable.</li> </ul>			
<b>Responsible Officer:</b>		Lucy Birch, HR & OD Manager	<b>Target Implementation Date:</b>	Initial investigations and scoping – 31 March 2020

## Internal Audit Report – ESFRS - Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures 2019/20

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
6	<p><b>Retention of Evidence</b></p> <p>In addition to the examples of non-compliance identified during this review, we found that in one case, the HR officer had saved evidence in an Egress email that could no longer be opened due to the fact that the individual had since left the service.</p>	<p>Unless all evidence is saved on Firewatch and can be accessed by relevant officers, cases may be delayed, and key deadlines may be missed.</p>	Low	<p>We will seek advice on the best way to store evidence. We will build processes which ensure we are keeping data in relation to discipline/grievance matters in accordance with GDPR regulations and retention schedules.</p>
<p><b>Responsible Officer:</b></p>		<p>Lucy Birch, HR &amp; OD Manager / Business Process Engineer</p>	<p><b>Target Implementation Date:</b></p>	<p>June 2020</p>

# Appendix A

## Audit Opinions and Definitions

Opinion	Definition
<b>Substantial Assurance</b>	Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
<b>Reasonable Assurance</b>	Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
<b>Partial Assurance</b>	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.
<b>Minimal Assurance</b>	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.

# Appendix B

## HR Policies Survey Results



HR Policies Survey  
October 2019 - Final.xlsx

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## EAST SUSSEX FIRE AUTHORITY

<b>Meeting</b>	Scrutiny and Audit Panel
<b>Date</b>	23 July 2020
<b>Title of Report</b>	2019/20 Annual report of East Sussex Fire and Rescue Service's (ESFRS) Local Firefighters' Pension Board
<b>By</b>	Judith Sarpong, Pensions Advisor
<b>Lead Officer</b>	Hannah Scott-Youldon, Assistant Director (People Services)

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**Background Papers** Local Firefighters' Pension Board meetings held on 5 September 2019, 9 January 2020, 13 February 2020

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**Appendices** None

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### Implications

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

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**PURPOSE OF REPORT** To inform the Panel of the matters considered by the Pension Board during 2019/20.

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**EXECUTIVE SUMMARY** The Board has met on three occasions during this year and considered reports on matters such as:

1. Terms of Reference (TOR) for the Pension Board
  2. Policies and guides for the board and the Firefighters Pension Scheme (FPS)
  3. Current issues and updates relating to the Authority's FPS
- 

**RECOMMENDATION** The Panel is asked to note the annual report of the Firefighters' Pension Board for 2019/20.

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## 1. MEETINGS AND ATTENDANCE

- 1.1 The three Board meetings were held in September 2019, January 2020 and February 2020.

Board Member	Expected Attendance	Actual Attendance	% Attendance
Mr Andrews (Fire Leaders' Association)	3	3	100%
Mr Goodchild (Retained Firefighters' Union)	3	0	0%
Mr Oakman (Fire Brigades' Union)	3	1	33%
Mr Lloyd (Fire Officers' Association)	3	1	33%
Cllr Ebel	3	3	100%
Cllr Hamilton	3	3	100%
Cllr Tutt	3	3	100%
Cllr Theobald	3	2	67%

## 2. SEPTEMBER 2019 PENSION BOARD MEETING

- 2.1 During the September 2019 meeting, the Board received the audit report by the Assistant Director Resources/Treasurer (ADR/T) informing Members of the audit activity in relation to the Firefighters' Pension Scheme (FPS).

The Board were reminded that the Authority has a statutory duty to ensure that it has a sound system of internal control which:

- a) facilitates the effective exercise of its functions and the achievement of its aims and objectives;
- b) ensures that the financial and operational management of the authority is effective;
- c) includes effective arrangements for the management of risk.

- 2.2 As part of the audit work, the Authority's external auditor Ernst and Young LLP (EY) reviewed pension transactions that impact on the Authority's accounts and on Firefighters' Pension Fund account and considered risks and controls in relation to pensions administration. For 2018/19, EY gave an unqualified opinion on the Authority's accounts and identified no control issues in their audit report results.

- 2.3 As part of the 2018/2019 internal audit plan, a review of pension schemes was conducted. An opinion of 'substantial assurance' was given by the auditor, signifying that controls were in place and operating as expected in order to manage key risks and achieve system and service objectives. The auditor made one low risk recommendation which was for Orbis (the Authority's previous Pensions Administrator) to improve its internal controls. It was noted that the scope of the audit was limited and did not include those areas where the Service had already identified control issues.

- 2.4 During the meeting, the Board received the Report of Business Operations at Orbis notifying them of the Orbis Pension Administration performance and key themes. The report provided an overview of the statutory activities concerning the delivery of Firefighter Pension Administration to ESFRS to help the board measure the effectiveness of the scheme administration.
- 2.5 The Board also received an oral report from the Assistant Director (People Services) providing an update on the FPS and tasks that were currently being dealt with by the Authority's PA.

### **3. JANUARY 2020 PENSION BOARD MEETING**

3.1 During the January 2020 meeting, the Board received three reports on:

- Terms of Reference for the Authority's FPS Local Pension Board;
- ESFRS' FPS issues; and
- Pension Policies and Guides.

#### **3.2 Terms of Reference (TOR)**

The Board received a report from the Pensions Advisor (PA) which presented a draft TOR for consideration. The original TOR had been updated following recommendations arising from The Pensions Regulator's (TPR) Governance and Administration survey 2017 and the Scheme Advisory Board's survey of local boards.

The Board was invited to consider the draft prior to submission to the Fire Authority for approval. The Panel considered each of the recommendations and raised the following specific points:

- Board Meetings: The Board agreed that the minimum number of meetings be increased to three per year.
- Term of Office: The Board agreed that it would be difficult to maintain a minimum two year term of office for the Chair of the Board due to constituent authority electoral cycles and the fact the appointments to the Fire authority were made on annual basis.

The Chair also highlighted that he was keen to encourage attendance and although it was right not to allow substitutes at meetings due to the complex nature of pension matters and training requirements, it may be necessary to review permanent appointments.

Members of the Board also suggested that the oversight of reported Breaches of Law should be added to the TOR.

#### **3.3 Firefighter Pension Schemes (FPS) Update**

The Board received a report from the PA which provided an update on FPS issues being addressed by the Authority and on monthly Local Government Association/

Scheme Advisory Board (LGA/SAB) bulletin actions since September 2019. The Board discussed the following matters:

*Additional Pensions Benefit (APB):*

The PA informed the Board that work on the APBs for 1992 and 2006 scheme members had now been completed. The PA explained that since 2015 FPS members are not entitled to APBs, any work carried out as part of a temporary promotion by those members is not pensionable. As such, 2015 member records needed to be amended to separate the substantive pay amounts from the amounts paid for the temporary promotions so that any extra pension contributions which resulted from the sum of both amounts originally treated as pensionable can be refunded. Work on this had commenced and it was hoped would be completed by the end of February, prior to the data transfer to West Yorkshire Pension Fund (WYPF). This currently affected 105 people who had been made aware that this work was being undertaken.

*Part Time Workers Directive:*

It was noted that a response from the employment tribunal on whether the firefighters who had not responded to letters were struck out was still awaited. The Board agreed that if this matter had not progressed by the time it met next, it would need to look at how the matter could be escalated.

*Norman Vs Cheshire – Pensionable Pay Ruling:*

Twenty repayment agreements had now been made. The PA advised that work was ongoing to contact the remaining eight.

*Data Issues:*

The Chair expressed his concern over the lack of resources available from Orbis to resolve data quality issues. The Assistant Director for People Services reassured the Board that a scheme of improvement for Orbis, with specific deadlines, was in place. It was hoped that issues would be resolved before data transfer, however, WYPF was aware of the current issues. The PA added that WYPF had a very structured way of dealing with data correction and run reports every quarter to check for data errors. The Chair offered to formally write to Orbis to express disappointment at the progress being made. The Board agreed that a robust approach was needed where there were resources issues from a service provider.

### 3.4 Pension Policies & Guidance

The PA submitted a report which informed the Pension Board of policies that TPR required Fire Authorities and their Boards to have in place to ensure compliance with scheme rules and regulation. The Board was invited to comment on the draft Breaches of Law Policy and Guidance and the Local Pension Board Training Policy prior to submission to the Fire Authority for approval.

The PA highlighted the importance of having a policy to ensure that the Authority was compliant in identifying, assessing and reporting breaches. All breaches would be recorded and monitored in the Breaches Log which would be reported to the future Pension Board meetings.

The Panel also noted the requirement for Board members to undergo training to ensure that they could provide appropriate challenge and carry out their role fully. Board members were reminded of the need to complete the online training tool kit and forward their record of training to the PA.

#### **4. FEBRUARY 2020 PENSION BOARD MEETING**

- 4.1 The Board received a report detailing the Sergeant Employment Tribunal case and its current status. The PA informed the Board of the outcome of the case management hearing held on 18 December 2019 with a view to setting out the procedural steps to appropriately implement the Court of Appeal decision. On the day, the Employment Tribunal made an interim order on the firefighters' transitional protections claims after which an employer's circular from the National Employers was sent to Fire and Rescue Authorities (FRAs) informing them of the detail with a further clarification issued by the Home Office in the form of a factsheet.
- 4.2 The PA informed the Board that with regard to temporary promotions, work to identify those records requiring refunds had been completed and refunds were being processed. Letters to those affected were due to be sent at the end of February 2020. Refunds for 2019/2020 adjustments would be made via payroll and via accounts for all years prior. It was expected that all payments would be complete by mid-March. In response to questions from the Board, the PA explained that the refunds would not make a significant difference to the individual care pay amounts and changes would be reflected in the Annual Benefits Statement issued in August 2020. The Board thanked the PA for her work in resolving the issue.
- 4.3 The Board noted that with regard to individuals affected by the Norman 'v' Cheshire ruling on pensionable pay, another repayment agreement had been put in place since the publication of the report. Work would continue to secure the remainder.
- 4.4 The Board were informed that investigative work in relation to incorrect values used for the 2018/2019 Annual Benefit Statements (ABS) had been completed by Orbis. All affected members were being identified and work to correct the values was underway.
- 4.5 The Assistant Director Resources/Treasurer (ADR/T) updated the Board on the transfer of the Authority's FPS Administration and Pensioner Payroll from Orbis to WYPF. A number of meetings had taken place and although it was initially thought that 1<sup>st</sup> April 2020 was an ambitious target, officers were now cautiously optimistic. A 'go/no go' decision was scheduled to be made on 3<sup>rd</sup> March 2020. There had been a question over the ability of Orbis to provide monthly payroll updates to WYPF, however, Orbis had now confirmed that monthly updates could be provided as of June 2020, backdated from April 2020. The Chair asked that the Board be advised when the 'go/no go' decision had been taken.
- 4.6 The Board received a report which notified Members of Orbis Pension Administration performance and key themes. The Board was pleased to note that for Q2 2019-20 all cases were completed within target.

**5. CONCLUSION**

- 5.1 Since the last Board meeting in February 2020, the transition of the Authority's FPS Administration and Pensioner Payroll from Orbis to WYPF has completed and the Project Closure Report has been submitted to the Project Management Office (PMO) by the PA.
- 5.2 Corrective work in relation to incorrect ABS values (see 3.4) completed before the transition from Orbis to WYPF on 1<sup>st</sup> April 2020 and all affected members were written to by the Authority's PA.
- 5.3 All other FPS related work which remain open are still being dealt with and monitored by the Authority's PA.

## EAST SUSSEX FIRE AUTHORITY

**Meeting** Scrutiny & Audit Panel

**Date** 23 July 2020

**Title of Report** Member Attendance Annual Report 2019/20

**By** Ellie Simpkin, Democratic Services Officer

**Lead Officer** Abigail Blanshard, Senior Democratic Services Officer

**Background Papers** Report to Fire Authority 13 June 2019: Member Attendance 2018/19

**Appendices** Appendix 1 – Member Attendance 2019/20: Formal Meetings  
Appendix 2 – Member Attendance 2019/20: Briefings, Events & Development Opportunities

### Implications

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

**PURPOSE OF REPORT** To report Member attendance at formal Fire Authority meetings, community events and Member briefing/development events for 2019/20.

**EXECUTIVE SUMMARY** Member attendance for all formal Fire Authority meetings was first reported at the Annual Fire Authority on 13 June 2019. At this meeting it was agreed that future reporting on Member attendance would be made to the Scrutiny & Audit Panel on an annual basis for monitoring purposes.

Feedback on the format of report has been considered and information on substitutions and a summary of attendance at community engagement events and Member briefing/development opportunities have now been included.

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**RECOMMENDATION**

That the Panel notes the Member attendance for 2019/20.

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## 1. **INTRODUCTION**

1.1 Member attendance information is now publicly available on the East Sussex Fire & Rescue website through the ModGov system at:

<https://esfrs.moderngov.co.uk/mgUserAttendanceSummary.aspx>

1.2 This report covers the period from 13 June 2019 to 10 June 2020. During this time the following formal meetings have been held:

Full Fire Authority	7
Policy & Resources Panel	3
Scrutiny & Audit Panel	4
Principal Officer Appointment Panel	1
Pensions Board	3

1.3 Following feedback from Members information on attendance at seminars, events and training/development opportunities has been provided at appendix 2. These figures are based on information received and recorded by Democratic Services. Members have been reminded weekly via the Members Information email to inform the team of their attendance at any such events for monitoring purposes. Dates of forthcoming events, invitations to briefings and development/training opportunities are also included in the weekly email.

1.4 During 2019/20 5 Member Seminars' have been held at locations across the East Sussex and Brighton with the seminar moving to an online event in May 2020. As well as the programmed seminars, Members have had the opportunity to attend community events such as Station Open days, a Rider Skills Day, Safe Drive Stay Alive, Pass Out Parades and staff award ceremonies. Members have also been provided with training and development opportunities through the LGA and the Service's Gender Inclusion Network.

1.5 It should be noted that since mid-March 2020 open days/community events have been suspended due to Covid-19.

## 2. **LEGAL IMPLICATIONS**

2.1 The Localism Act 2011 introduced new arrangements to govern the Standards of Conduct for local authority members and co-optees which set out the seven guiding principles of conduct: selflessness; integrity; objectivity; accountability; openness; honesty and leadership. The information in this report supports these guiding principles and, in particular, enhancing openness and accountability.

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**Member Attendance: Formal Fire Authority Meetings 2019/20**

	Meetings due to attend	Number attended	Apologies received	Substitute appointed	Meetings attended as a substitute	Total (%)
Cllr John Barnes	12	11	1	0	2	13 (108%)
Cllr Chris Dowling	7	5	2	2	0	5 (71%)
Cllr Deirdre Earl-Williams*	4	2	2	0	0	2 (50%)
Cllr Marianna Ebel	10	10	0	n/a	0	10 (100%)
Cllr Amanda Evans	11	10	1	0	0	10 (91%)
Cllr Roy Galley	11	10	1	1	1	11 (100%)
Cllr Les Hamilton	14	12	1	1	1	13 (93%)
Cllr Carolyn Lambert	12	11	1	1	0	11 (92%)
Cllr Ruth O'Keeffe*	3	3	0	n/a	0	3 (100%)
Cllr Sarah Osborne	11	10	1	1	0	10 (91%)
Cllr Garry Peltzer Dunn	10	8	2	1	0	8 (80%)
Cllr Steph Powell	11	11	0	n/a	0	11 (100%)
Cllr Peter Pragnell	10	7	3	2	0	7 (70%)
Cllr Phil Scott	11	9	2	1	0	9 (82%)
Cllr Jim Sheppard**	9	4	3	3	0	4 (44%)
Cllr Andy Smith	11	8	3	3	0	8 (73%)
Cllr Barry Taylor	11	11	0	n/a	0	11 (100%)
Cllr Carol Theobald	10	8	1	1	0	8 (80%)
Cllr David Tutt	13	12	1	0	0	12 (92%)

\* Councillor Earl-Williams resigned from the Fire Authority on 01/12/19 and was replaced by Cllr O'Keeffe.

\*\* Returned from long-term absence on 31/07/19.

NB: Substitutes for full Fire Authority meetings are appointed from constituent authority members.

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### Member Attendance: Briefings, Events & Development Opportunities 2019/20

	Member Seminars	Staff Events	Community Events	All Member Briefings	Development/ Training
Cllr John Barnes	4	1		2	
Cllr Chris Dowling	1	1			
Cllr Deirdre Earl-Williams*	1				
Cllr Marianna Ebel					1
Cllr Amanda Evans			1		
Cllr Roy Galley	3	3		2	
Cllr Les Hamilton	3			1	1
Cllr Carolyn Lambert	4	1	1	2	
Cllr Ruth O'Keeffe*	1				
Cllr Sarah Osborne	3				1
Cllr Garry Peltzer Dunn	4				
Cllr Steph Powell	1			2	
Cllr Peter Pragnell	2			1	
Cllr Phil Scott	2	2	1		
Cllr Jim Sheppard**	3			1	
Cllr Andy Smith	1				
Cllr Barry Taylor	5	1		1	
Cllr Carol Theobald	1			2	1
Cllr David Tutt	2				2

\* Councillor Earl-Williams resigned from the Fire Authority on 01/12/19 and was replaced by Cllr O'Keeffe.

\*\* Returned from long-term absence on 31/07/19.

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