

Scrutiny & Audit Panel

22 July 2021



Membership:

Councillors: Maples (Chair), Azad, Lambert, Redstone, Scott and Theobald
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You are requested to attend this meeting to be held in the Yarrow Room, Lewes Town Hall, High Street, Lewes BN7 2QS at 10.00 am

Quorum: 3

Contact:	Ellie Simpkin, Democratic Services Officer 01323 462085, democraticservices@esfrs.org
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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 29 April 2021** **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

6.	External Audit Update Report of the Assistant Director Resources/Treasurer	11 - 18
7.	Internal Audit Annual Report and Opinion for the period 1 April 2020 to 31 March 2021 Report of the Assistant Director Resources/Treasurer	19 - 38
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ABRAHAM GEBRE-GHIORGHIS
Monitoring Officer
East Sussex Fire Authority
c/o Brighton & Hove City Council

Date of Publication: 14 July 2021

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SCRUTINY & AUDIT PANEL

Minutes of the meeting of the SCRUTINY & AUDIT PANEL held via Webex at 10.00 am on Thursday, 29 April 2021.

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

Also present: Councillor Roy Galley, D Whittaker (Chief Fire Officer & Chief Executive), M O'Brien (Deputy Chief Fire Officer), M Matthews (Assistant Chief Fire Officer), L Woodley (Deputy Monitoring Officer), D Savage (Assistant Director Resources/Treasurer), L Ridley (Assistant Director Planning & Improvement), N Cusack (Assistant Director Operational Support & Resilience), H Scott-Youlton (Assistant Director People Services), H Thompson, S Van der Merwe, N Chilcott, P Fielding, E Williams, E Simpkin, A Blanshard

46 Declarations of Interest

There were none.

47 Apologies for Absence

There were none.

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

Councillor Roy Galley, Fire Authority Chairman, joined the Panel meeting to thank Councillor Barnes, who was not standing for re-election, for his contribution to the Fire Authority adding that having served as Chairman of the Fire Authority he had been an active and engaged Member. Councillor Lambert echoed these sentiments and thanked Councillor Barnes for his balanced approach and being a generous colleague. Councillor Hamilton, on behalf of the Labour group, wished Councillor Barnes the best for the future and Councillor Scott thanked him for his sound contribution and being an amiable colleague.

Helen Thompson, from the Authority's external auditor Ernst & Young, thanked Councillor Barnes for his warm welcome and his balanced approach to matters. Nigel Chilcott, on behalf of the internal audit team at Orbis also expressed his thanks to Councillor Barnes for his support and wished him all the best for the future.

The Chief Fire Officer, on behalf of all the Principal Officers, thanked Councillor Barnes for his contribution to the Fire Authority and for carrying out his duties with dignity and honour.

Councillor Barnes thanked colleagues for their kind words and officers for all their support during his time as a Fire Authority Member.

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

49 Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 21 January 2021

RESOLVED: That the minutes of the Scrutiny & Audit Panel held on 21 January 2021 be approved as a correct record and signed by the Chairman.

50 Callover

Members reserved the following items for debate:

52. Consultations on Amendments to Local Audit Fee Setting Arrangements & on Fees Methodology
53. External Audit Plan & Scale Fee 2021/22
54. Internal Audit Strategy & Plan
55. Corporate Risk Register Review Quarter 4 2020/21
56. Assessment of the Corporate Framework and Annual Governance Statement for 2020/21

51 Redmond Review Working Group Update

The Panel received a report from the Assistant Director Resources/Treasurer (ADR/T) which provided an update following the first meeting of the Redmond Review Working Group. The Group had been established by the Panel to consider the recommendations arising from the Government commissioned independent review into the effectiveness of local audit and the transparency of local financial reporting which had been conducted by Sir Tony Redmond and published in September 2020.

The Panel noted the matters arising from the Redmond Review recommendations which had been identified by the Group and the relevant local actions which had been agreed. The Group had agreed to reconvene after the May elections to receive an update on actions and to continue to track and monitor the response to the Redmond Review recommendations.

RESOLVED: That the Panel noted the Redmond Review Working Group update and actions as listed at paragraph 2.1 of the report.

52 Consultations on Amendments to Local Audit Fee Setting Arrangements & on Fees Methodology

The Panel received a report from the ADR/T which sought the Members' views on the Ministry of Housing, Communities and Local Government (MHCLG) consultation on proposed changes to the fee setting and fee variation arrangements, as set out in the Local Audit (Appointing Person) Regulations 2015, to provide additional flexibility to the appointing person for principal bodies to reflect the changing nature of the local audit market. There

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

was also a separate consultation seeking views on the most appropriate methodology for allocating the £15 million additional funding to support increased external audit costs announced as part of the Spending Review 2020.

With regard to the consultation on fee setting and fee variation arrangements, the ADR/T explained that he did have concerns with the proposal to amend the date by which the scale fee was set from the start of the financial year to 30 November of the financial year in so far that this would cause difficulties in the budget setting process. Both Panel Members and EY as external auditor agreed with the ADR/T's concerns.

The Panel discussed the second part of the consultation relating to the methodology for the distribution of the £15 million one-off funding to support bodies affected by the anticipated rise in audit fees in 2021/22, noting that the ADR/T did not support any of the proposals set out in the consultation document as he felt that funds should be distributed proportionally according to the level of increase. The Panel agreed that the methodology needed to reflect the actual impact experienced by individual bodies rather than a strictly formulaic approach.

RESOLVED: That the Panel:

- i) noted the consultation papers; and
- ii) delegated the drafting of a response to the consultations to the Assistant Director Resources/Treasurer after consultation with the Chairman, taking into account the views expressed by the Panel.

53 External Audit Plan and Scale Fee 2021/22

The Panel received a report from the ADR/T which presented the work that the Authority's external auditors, Ernst & Young LLP (EY), intended to carry out in order to audit the Authority's 2020/21 accounts and form their judgement on the Authority's value for money arrangements. The ADR/T highlighted that EY had not identified any specific risks relating to the Authority's accounts. The Public Sector Audit Appointments (PSAA) had published its response to the consultation on 2021/22 scale fees and the scale fee for the Authority was £23,690, the same as 2020/21. The report also provided an update on the fee variations proposed by EY for the 2019/20 audit.

Helen Thompson, Associate Partner EY, addressed the Panel highlighting that the risks were largely in line with the 2019/20 audit. The most significant change for the 2020/21 audit related to the new Code of Practice which changed the approach to the value for money judgement. The assessment would still be focused on value for money arrangements as opposed to being outcome based, however, the risk assessment would now be made against the criteria of financial sustainability, governance and improving economy, efficiency and effectiveness and the Annual Audit letter would be replaced

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

with the Auditor's Annual Report to the Panel. Further detail on this were set out in the report. The Panel noted that detailed guidance on the new Code had only recently been issued and as a result EY was currently behind schedule with the value for money assessment. The Deputy Chief Fire Officer (DCFO) added that with regards to the scrutiny of value for money, this was also tested through the assessment of efficiency.

RESOLVED: That the Panel:

- (i) Approved the external audit plan for 2021/22, excepting the proposed fee scale variation of £23,690;
- (ii) Noted the change in the audit timetable; and
- (iii) Noted the update on EY's 2019/20 fee variations.

54 Internal Audit Strategy & Plan

The Panel received a report from the ADR/T which provided the Internal Audit Plan for East Sussex Fire Authority covering the period 1 April 2021 to 31 March 2022. The ADR/T introduced the report highlighting that the proposed audit plan had been subject to consultation with Senior Leadership Team (SLT) and the Chairman of the Panel and agreed by SLT who was confident that it would bring benefit and assurance. Nigel Chilcott, Audit Manager (Orbis) added that it was a risk based plan which had been devised in conjunction with senior managers and the Chairman. The plan totalled 79 days of work and included a follow-up audit of procurement cards.

The Panel welcomed the audit of the Protection and Prevention Strategy and asked whether there was a need to consider the effectiveness of business safety audits. The Assistant Chief Fire Officer (ACFO) responded that there had been 2 audits on the delivery of business safety carried out previously which had received partial and then reasonable assurance. The implementation of the Customer Relationship Management (CRM) system would help to address some of the issues identified by the audits and Her Majesty's Inspectorate (HMI). Audit reviews of the implementation of the CRM and FireWatch were also planned and the ADR/T reminded the Panel that the Assurance and Governance Group monitored outstanding internal audit recommendations. The Panel noted that an update on protection, which would include the Risk Based Inspection Programme, would be provided at a future meeting.

RESOLVED: That the Panel approved the internal plan for 2021/22.

55 Corporate Risk Register Review Quarter 4 2020/21

The Panel received a report on the fourth quarter position of Corporate Risk which detailed the business risks identified, including newly identified risks and how they had or were being mitigated. Two new risks had been agreed for addition by SLT, and these were recorded at Corporate Risk (CR) 15

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Health & Safety non-compliance and Corporate Risk (CR) 16 Workforce Planning – Operational Competence.

The Panel questioned whether Corporate Risk (CR) 14 uncertainty about the UK's transition from the EU and its short term impacts should now be amended in order to reflect the remaining risk relating to supply chain resilience. The DCFO agreed and this would be amended to remove reference to the transitional period in the next quarterly review.

RESOLVED: That Panel noted and approved the Q4 Corporate Risk Register including updates made since Quarter 3.

56 Assessment of the Corporate Framework and Annual Governance Statement for 2020/21

The Panel received a report which set out the annual assessment of the effectiveness of governance arrangements and sought approval of the Annual Governance Statement in line with the Accounts and Audit Regulations 2015. The Authority's Local Code of Corporate Governance had been reviewed and was consistent with the seven principles of good governance as identified in the CIPFA/SOLACE 2016 Framework - "Delivering Good Governance in Local Government".

The Panel noted that there were no gaps in assurance over key risks or significant governance issues, however, a range of improvements to the corporate governance framework had been identified and action plans were in place to address the necessary improvements which would be monitored during the year.

The report also provided the annual Statement of Assurance. Section 21 of the Fire and Rescue Services Act 2004 provided the statutory authority for the Fire and Rescue National Framework for England and required Fire and Rescue Authorities to have regard to the Framework in carrying out their functions. The Statement of Assurance was seen by Government as an important measure to ensure that Fire Authorities provide local scrutiny arrangements and access to a range of information to help communities influence, and be assured of the robustness of local delivery arrangements.

RESOLVED: That the Panel:

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

The meeting concluded at 11.01 am

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

Signed

Chairman

Dated this

day of

2021

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 22 July 2021

Title of Report External Audit Update

By Assistant Director Resources / Treasurer

Lead Officer *Helen Thompson / Stephan van der Merwe EY LLP*

Background Papers S&A Panel 29 April 2021 External Audit Fee & Audit Plan 2020/21

Appendices 1. Audit Plan Update year to 31 March 2021 (EY)

Implications

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

PURPOSE OF REPORT To update the Panel on the external auditor's audit planning document for the audit of the 2020/21 financial accounts.

EXECUTIVE SUMMARY The attached document (Appendix 1) from the Authority's external auditors, Ernst & Young LLP (EY), provides an update on the external audit planning process and covers two areas:

- The addition of a new risk concerning how the Authority has accounted for new grants received in relation to Covid-19 and investment in protection services
- Progress on planning work for the auditor's value for money conclusion which confirms that at this stage that no significant risks to the Authority's proper arrangement have been identified.

RECOMMENDATION

The Panel is recommended to:

- (i) Note the external audit plan update
 - (ii) Consider whether any further information or assurance is required from either officers or the external auditor
-



**East Sussex Fire
Authority**
**Update -
Audit Planning Report**
Year ended 31 March 2021

July 2021

9 July 2021



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

Dear Scrutiny & Audit Panel Members

Update - Audit Planning Report 2020/21

Please find attached an update to our Provisional Audit Planning Report which was previously issued dated 16 April 2021. This document has been prepared to address the changes in audit risks as a result of our completed planning procedures.

We have now completed our routine audit planning procedures and this update summarises the changes to our initial assessment of the key risks driving the development of an effective audit for the Authority, and outlines our planned audit strategy in response to those risks. We will update the Scrutiny & Audit Panel if our assessment changes further during the course of the audit.

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

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

Yours sincerely

Helen Thompson

For and on behalf of Ernst & Young LLP



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01 Audit Updates





Audit Updates

Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Accounting for new government grants	Inherent risk	New risk	The Authority has received government funding in relation to Covid-19 and investment support in Protection Services following the Grenfell Tower Inquiries. There is a need for the Authority to ensure that it accounts for these grants appropriately, taking into account any associated restrictions and conditions. More details on our response to this risk are reported on our next slide.

Auditing accounting estimates

In addition to the risks and areas of focus reported in our Provisional Audit Planning Report in April 2021, a revised auditing standard has been issued in respect of the audit of accounting estimates. The revised standard requires auditors to consider inherent risks associated with the production of accounting estimates. These could relate, for example, to the complexity of the method applied, subjectivity in the choice of data or assumptions or a high degree of estimation uncertainty. As part of this, auditors now consider risk on a spectrum (from low to high inherent risk) rather than a simplified classification of whether there is a significant risk or not. At the same time, we may see the number of significant risks we report in respect of accounting estimates to increase as a result of the revised guidance in this area. The changes to the standard may affect the nature and extent of information that we may request and will likely increase the level of audit work required.

Value for money conclusion

We reported in our Provisional Audit Planning Report that we had not commenced our detailed value for money planning against the new NAO Code requirements and that we would update the next Panel meeting on the outcome of our planning and our planned response to any identified risks of significant weaknesses in arrangements. We have now substantially completed our planning work and have noted the following:

- ▶ Our planning on value for money and the associated risk assessment focused on gathering sufficient evidence to enable us to document our evaluation of the Authority's arrangements, to enable us to draft a commentary under three reporting criteria.
- ▶ We have not identified any significant risks regarding the Authority's 'proper arrangements' to secure economy, efficiency and effectiveness in its use of resources.



Audit risks

Other areas of audit focus (continued)

What is the risk/area of focus?

Accounting for new government grants

The Authority has received government funding in relation to Covid-19 and investment support in Protection Services following the Grenfell Tower Inquiries.

Whilst there is no change in the CIPFA Code or accounting standard (IFRS 15) in respect of accounting for grant funding, the emergency nature of some of the grants received and in some cases the lack of clarity on any associated restrictions and conditions, means that the Authority will need to apply a greater degree of assessment and judgement to determine the appropriate accounting treatment in the 2020/21 statements.

What will we do?

We will consider the underlying restrictions and conditions of material grants received by the Authority and assess the appropriateness of the accounting treatment of these grants in the 2020/21 financial statements.

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ED None

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EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	22 July 2021
Title of Report	Internal Audit Annual Report and Opinion for the period 1 April 2020 to 31 March 2021
By	Assistant Director Resources / Treasurer
Lead Officer	Russell Banks, Orbis Chief Internal Auditor

Background Papers Scrutiny & Audit Panel 21 May 2020 - Item 40 Internal Audit Strategy and Annual Audit Plan 2020-21

Appendices 1. Annual Internal Audit Report and Opinion 2020/21

Implications

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

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 2020 to 31 March 2021.

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 2020 to 31 March 2021.

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 appear elsewhere in this agenda).
 - ⇒ Management of Operational Assets
 - ⇒ Procurement Cards – Follow Up
- No reports received a minimal assurance opinion
- A planned audit of the Service Delivery Review was not carried out with the approval of the S&A Panel and reviews of Complaints Management and Capital Programme Management were delayed until 2021/22 due to the impact of Covid-19. Advisory work on HR Processes was delayed until 2022/23 to reflect revised project timelines.
- Information on the Internal Audit Service's performance compliance with the Public Sector Internal Audit Standards (PSIAS).

All key performance indicators for the Internal Audit Service have been met or exceeded during the year.

RECOMMENDATION

The Panel is recommended to:

- (i) note the Head of Internal Audit's opinion on the Fire Authority's internal control environment for 2020/21;
 - (ii) note that the full reports on Management of Operational Assets and Procurement Cards – Follow Up are reported in full elsewhere on this agenda
 - (iii) consider whether the Fire Authority's system for internal audit has proved effective during 2020/21
-

EAST SUSSEX FIRE & RESCUE SERVICE

**INTERNAL AUDIT ANNUAL REPORT AND
OPINION 2020-2021**



1. Introduction

- 1.1 Orbis Internal Audit has provided the internal audit service to East Sussex Fire and Rescue Service (ESFRS) since 1 April 1997 and we are pleased to submit this annual report of our work for the year ended 31 March 2021. The purpose of this report is to give an opinion on the adequacy and effectiveness of the Fire Service's framework of internal control.

2. Internal Audit within East Sussex Fire & Rescue Service

- 2.1. On behalf of the Fire Service, it is a management responsibility to determine the extent of internal control in the Fire Service'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 2020/21 annual audit plan, a programme of audits, based on an assessment of risk, was carried out across the Fire Service. As a result of the Covid-19 global pandemic, several jobs from the audit plan were either postponed or cancelled in agreement with the Assistant Director, Resources and Treasurer.
- 3.2. The following adjustments were made to the annual audit plan:
- Counter Fraud Training – this was suspended because of Covid-19 and deferred to 2021/22.
 - Customer Complaints – deferred to 2021/22 and the scope increased to include all aspects of customer service management.
 - Management of Capital Programme – deferred to 2021/22 at the Service's request to reduce workload pressures on officers because of Covid-19.
 - HR Business Process Review – this has been postponed due to delays in the overall project. The latest project business plan suggests that implementation won't take place until 2022/23.
 - Service Delivery Review – this was cancelled at the Service's request following assurances received from an internal review.
 - Additional support was also provided regarding an investigation into an overpayment of a contracted member of staff.

- 3.3. While the number of audits either postponed or cancelled resulted in a reduction of audit days provided from the originally agreed 2020/21 annual audit plan, we feel that the revised audit plan provided sufficient coverage to provide an opinion without any limitations. This is due to the 2020/21 audit plan initially being agreed with additional days, over and above the standard audit plan (70 days) for the Fire Service. Despite the reduction in the number of audits, the coverage of the audit work delivered remained in line with the ESFRS standard audit plan.
- 3.4. 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 assurance¹ that East Sussex Fire & Rescue Service has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2020 to 31 March 2021.**

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 2020/21, planned and unplanned;
- Follow-up of previous audits with partial or minimal audit opinions;
- Management's response to audit findings;
- Ongoing advice and liaison with management;
- Effects of significant changes in the Fire Service's systems;
- The extent of resources available to deliver the audit plan;
- Quality of the internal audit service's performance.

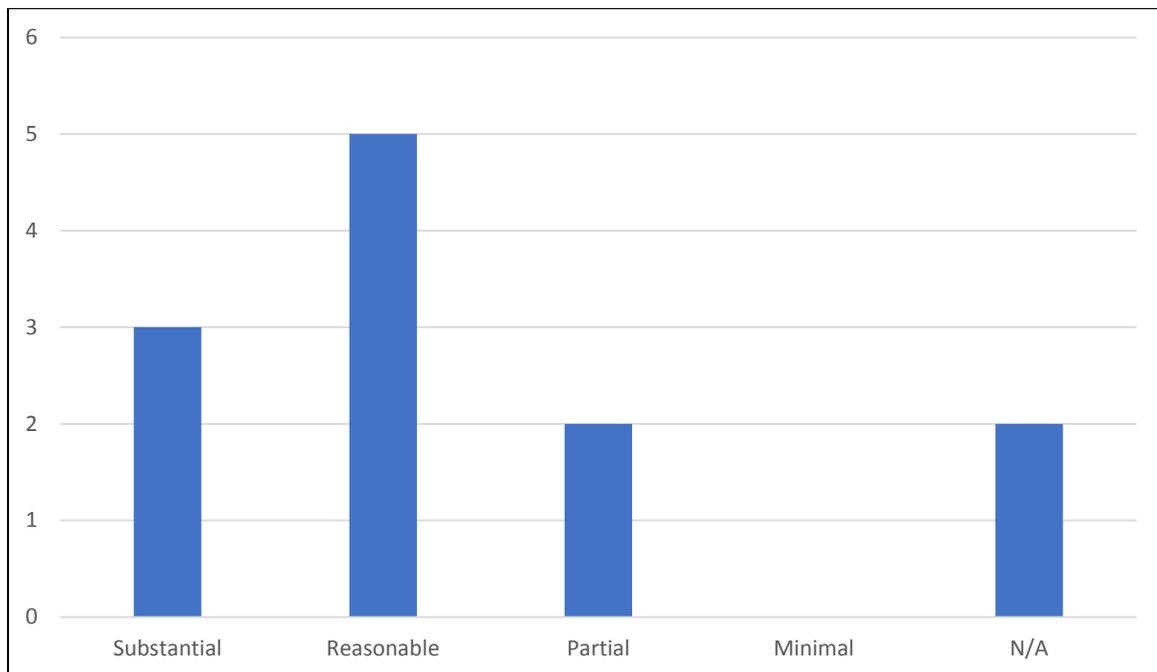
- 4.3. No limitations were placed on the scope of internal audit during 2020/21.

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 2020/21 with standard audit opinions (including key financial system work). An explanation of our assurance levels can be found in Appendix C below. Those audits in the below graph with the category 'N/A', apply to

¹ 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 Service within a single year.

audit reviews where advice/assurance has been provided, but was agreed that no opinion would be given.



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.

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

- Management of Operational Assets; and
- Procurement Cards Follow-Up.

5.4. For the two reviews listed above, we are satisfied that management will be taking appropriate action to address the findings of the reviews. A further follow-up audit of Procurement Cards will be undertaken during 2021/22 to assess the extent to which the agreed actions have been implemented. For the Management of Operational Assets audit, the agreed management actions are not due to be implemented until the end of 2021, so it is our intention to undertake a formal follow-up audit in 2022/23.

6. Performance

6.1. It is the Fire Service'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 2020/21, 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 2020:

- 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. Significantly, we were able to complete 100% of the revised 2021/22 audit plan to draft status.

SUMMARY OF INTERNAL AUDIT FINDINGS
For the period of 1 April 2020 to 31 March 2021

Reporting to Fire Service 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 Service 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 Covid-19 System Changes & Follow-Up

Since the outbreak of the Covid-19 global pandemic, and the UK being subject to lockdown measures, there was a need for officer to be able to work remotely. As a result, East Sussex Fire and Rescue Service (ESFRS) had to rapidly adapt to new ways of working that had not been previously envisioned.

The purpose of this review was to provide advice and assurance, from a risk and control perspective, in relation to the system changes made as a result of Covid-19. In addition, a focused review was undertaken to ensure that the previously agreed actions from the 2019/20 Accounts Payable (AP) audit had been implemented.

Our review found that the temporary changes made to existing processes as a result of Covid-19 were robust.

We found that the majority of actions had been fully implemented. These included:

- The introduction of prompt payment performance reporting for review by management to enable areas of improvement to be identified and appropriate action to be taken where targets are not being met; and
- Reinforcement of procedures with officers to improve compliance and performance in areas such as fully completing purchase order requisition forms and accurately recording dates of goods and invoices being received.

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

- The development and publication of a list of goods and/or services that are exempt from the purchase order process; and

- The review and utilisation of electronic purchase order approval using automated workflows. While this observation has been made in the previous two audit reviews, management are engaging with East Sussex County Council as part of SAP replacement project and have specified electronic workflow as a requirement of the new system.

Where weaknesses have been identified, a formal action plan to address these areas was agreed with management.

HR Covid-19 System Changes & Follow-Up

One of the largest expenditures for employers is the payment of employees for providing services. The Payroll Team is charged with paying employees accurately and in accordance with established policies. Since the outbreak of the Covid-19 global pandemic, and the UK being subject to lockdown measures, the need for officers to be able to work remotely has increased significantly for many organisations. As a result, ESFRS has had to rapidly adapt to new ways of working that had not been previously envisioned.

We undertook a focused review to ensure that previously agreed actions from the previous HR/Payroll audit have been implemented, and that the risks previously identified have been appropriately mitigated. Our review also aimed to provide advice and assurance, from a risk and control perspective, in relation to the temporary system changes made as a result of Covid-19.

In completing this work, we found that, where changes had been made to existing processes as a result of Covid-19, to enable officers to be able to work remotely, this had resulted in weaknesses in the control environment in relation to the independent validation of Personal Change Forms (PCFs), which are used to request changes such as pay, position and hours for members of staff. We found that there was no documentation of evidence to show that where PCFs had been received and actioned, these were subject to validation prior to being actioned. Advice has been provided to management that changes implemented during the revised processes, should be evaluated and challenged if they are not deemed appropriate.

Of the previously agreed actions from the 2019/20 audit review, we found that only two of the ten previously agreed actions had been fully implemented. The areas identified where improvement is still required, include:

- Implementing a mechanism for the recording and monitoring of overpayments to members of staff;
- Undertaking a data cleanse of existing and historical personnel files (including the conversion to electronic files) to ensure that they comply with data protection legislation; and
- The documentation of a policy for payments for Speciality Services to members of staff in order to help to ensure consistency in the payment of additional allowances.

Actions to address all of the issues raised have been agreed with management as part of a comprehensive management action plan.

Pension Administration

The Fire Service is the scheme manager for the Firefighters' Pension Scheme (FPS), the administration for which is provided by West Yorkshire Pension Fund (WYPF) on behalf of ESFRS. The Local Government Pension Scheme, of which ESFRS employees who are not firefighters are eligible to join, is administered by East Sussex County Council.

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

- Contributions due to the Fund are received in full and by the due date;
- Pension payments are made correctly; and
- The administration of the service is effective and complies with its contractual requirements.

The scope of this audit also included sample-testing of known control issues, to provide assurance that they had been satisfactorily resolved, and that controls had been strengthened to prevent their re-occurrence.

Overall, we were able to provide an opinion of **reasonable assurance**. We found that:

- Controls are in place to ensure that income due is received and coded correctly in the accounting system;
- Pensioners in both the FPS and LGPS are being paid correctly; and
- Robust arrangements are in place to manage the contract with WYPF, including the provision of regular performance reports.

In addition to the above areas of good practice, we identified some areas where improvement is required, including:

- The pension administration risk register needs strengthening to provide a robust basis to manage risks to the Fund; and
- When resolving breaches or other issues, processes and working papers need to be documented more clearly to provide assurance that the underlying issues have been fully resolved.

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

Home Fire Safety Visits

This review assessed the adequacy of arrangements for managing Home Fire Safety visits, including in relation to capturing requests for visits, scheduling, provision (including consistency and compliance with relevant legislation) and quality assurance, where a failure to conduct visits (including to the required standard) could result in the safety of residents being put at risk.

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

- Home Fire Safety visits are conducted in a timely manner when required, in line with an appropriate risk assessment, reducing the risk of preventable fires;
- Home Fire Safety visits target the most vulnerable residents, reducing the risk of preventable fires and associated injuries or loss of life;
- Home Fire Safety visits are conducted in line with appropriate legislation, ensuring that high risk areas are identified, and appropriate mitigations implemented;
- The Home Fire Safety programme is subject to appropriate scrutiny and updated in accordance with emerging risks and lessons learnt in order to ensure safety; and
- Home Fire Safety visits identify risk areas and vulnerable residents, reducing the risk of preventable fires and other harm.

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:

- Robust processes being put in place to identify where 'high' or 'very high' risk residents have had follow-up visits booked and/or undertaken within the agreed timescales to ensure that previously identified risks have been addressed and no new risks have arisen;
- A Data Protection Impact Assessment is completed to ensure that the sharing of customer information is conducted in a lawful matter and in line with appropriate legislation; and
- The quality assurance process (which is undertaken to ensure that visits take place in line with agreed process and practice) is undertaken more frequently to reduce the risk of incorrect practice that could have a negative impact on a large number of residents.

Actions to address all of the issues raised have been agreed with management as part of a comprehensive management action plan.

Estates Health & Safety Management

This review looked to assess the current health and safety management arrangements within the ESFRS Estates function, to ensure it provides a safe working environment for all staff, contractors and others affected by the services it provides. This included providing assurance that controls are in place to meet the following objectives:

- The procurement process for Contractors has regulatory requirements embedded;
- A Health & Safety policy for Estates is in place that meets all required and current legislation;
- There are clear procedures and documentation in place to support compliance with legal requirements;
- A reporting structure is in place to oversee the effectiveness of procedures;

- Health & Safety reporting and communication is effective; and
- Risks are appropriately identified, evaluated, and managed.

As part of this review we also provided assurance over progress against the Estates Health & Safety Improvement Programme.

Overall, we were able to provide an opinion of **substantial assurance**. We found that:

- A well-structured and comprehensive framework of defined roles, responsibilities, risk assessments, policies and procedures are in place, all of which help to provide a safe working environment for all staff, contractors, and visitors to ESFRS premises;
- There is a central records system in place that help ensure works are properly documented, which has also been linked to the payment process for contractors. Through this mechanism it has been possible to evidence compliance with legislative requirements. The implementation of this system has also supported progress with the Health & Safety Improvement Programme;
- The introduction of new regulations arising from the Covid-19 pandemic has had little impact on existing processes. Current procedures were well refined to accommodate the changes with updated information provided to staff, as well as contractors and visitors when being provided access the Fire Service premises; and
- Whilst progress against the Estates Health & Safety Improvement Programme may not be as advanced as initially planned, the progress being made is being well reported and appropriate actions for improvement are being taken.

Project 21 (Mobilising and Control)

Project 21 has been established to transition the Fire Service's current in-house mobilising and control arrangements to a partnership with Surrey Fire and Rescue Service.

This review looked at the project's governance and risk management arrangements, with specific regard to the following control objectives:

- There has been sufficient purpose, planning and preparation to support the project;
- An appropriate governance structure is in place;
- Effective quality and cost controls are in place;
- Risk management is appropriately addressed;
- Reporting and communication during the project is well managed;
- Implementation of the project is effective; and
- The key deliverables of the project are met.

As the project is in its early stages, we have not provided assurance over the controls that would be in place for the closure of the project.

Based on our testing, we were able to provide **substantial assurance** over the project governance and risk management arrangements with the following key findings:

- A robust business case has been developed for the transition of the mobilisation and control arrangements to a new operating model with Surrey Fire and Rescue Service. The business case contains clearly defined objectives and expected outputs of the project.
- The project documentation includes a robust and detailed delivery plan for the entire lifecycle of the project. The plan includes start and due dates at a granular level, highlighting which tasks are required for each milestone, as well as assigning responsible officers where appropriate and providing a RAG rating on its status.
- There is a well-defined governance structure in place, both internally and with the partnering Fire Service. The structure contains delivery and strategic boards, each with their own Terms of Reference outlining key roles and responsibilities. The governance structure ensures that an effective decision-making body is in place. There is regular progress reporting on the key elements of the project to individual boards, allowing effective oversight of all key aspects of the project.
- The progress reporting mechanisms are sufficiently detailed that they enable the delivery of the project to be continually monitored against the project plan.
- The project has effective finance monitoring and reporting mechanisms in place. Detailed costings for the various options have been developed and reviewed and a preferred option for the control and mobilising function chosen. The initial finances have been reforecast as part of the full business case and continue to be tracked as part of regular progress reporting.
- There is a comprehensive engagement and communication plan in place to communicate issues, events, and updates to key stakeholders and staff across the entire organisation. The plan is sufficiently detailed that it includes method of communication and due dates for meetings briefings and service dates.
- An effective risk management process is in place helping to ensure that appropriate risks and issues have been identified, evaluated, reviewed, and managed. However, we identified that two risks had not been allocated an owner to manage the appropriate mitigating actions. All risks should be allocated to an appropriate owner to prevent them from becoming realised and potentially causing harm to the implementation of the new control and mobilising function.

In completing this work, we identified a small number of medium and low priority findings, including ensuring that, as part of the risk management process, all risks should be allocated to an appropriate owner, and that a quality assurance plan is implemented to help assess whether the project achieves its proposed requirements and outcomes. Actions to address these were agreed with the Project Manager prior to the final report being shared with the Senior Leadership Team.

Occupational Health Provision

Occupational Health Provision (OHP) at ESFRS was previously provided by an outsourced provider, the contract for which ended on 30 June 2018. Since then, a collaborative arrangement between ESFRS, Surrey and Sussex Police, and Surrey Fire and Rescue Service has been developed to bring provision in-house.

This review considered the outcomes of an internal review of OHP delivery, with a particular focus on the governance, risk management and financial arrangements of the collaboration.

In providing an opinion of **reasonable assurance**, we found that there are robust processes in place to monitor the level of service provided to employees, with a clear system for recording and managing referrals. There are appropriate governance arrangements with a Collaboration Board in place to exercise strategic oversight, and there is a central budget in place for the collaboration, which is recorded within a Memorandum of Agreement and cannot be changed without prior agreement from all parties involved.

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

- The risk register includes key detail, such as mitigations for identified risks, post-mitigation scoring and risk owners. A number of risks around collaboration, such as those relating to financial implications, had not been recorded.
- KPIs and performance against KPIs are clearly communicated to the Collaboration Board, reducing oversight over performance.
- The results of budget monitoring are adequately communicated to improve oversight and the ability of ESFRS to make financial decisions or bid for funding.

Actions to address these issues were agreed with management as part of a formal management action plan.

Network Security

Information Technology (IT) systems enable the Fire Service to provide its critical services to its customers and are used to collect, process, and retain ever increasing amounts of confidential information. The vulnerabilities that exist in these IT systems, as well as the infrastructure that supports them, combined with a perceived lack of awareness regarding security issues, have led to attackers targeting public organisations and may expose the Service to the risk of a cyber-security attack. Cyber security attacks can be launched from any internet connection and can have a significant financial and reputational impact on ESFRS.

The purpose of this audit was to appraise the design and operational effectiveness of the Fire Service's procedures for identifying and protecting its information assets and for managing its cyber security risks on an ongoing basis. This included providing assurance that controls are in place to meet the following objectives:

- Policies and procedures are clearly defined with regular and effective risk assessments of the network undertaken;
- Network access controls have been enabled, with firewall and antivirus protections in place. Overall performance of the network is overseen, with reviews undertaken where necessary;

- External penetration tests and internal vulnerability assessments are undertaken with remediation, including updates and patching applied to servers, supported by management; and
- Recovery action plans are in place for manual operations, understood by key officers, regularly tested, and updated.

We were able to provide an opinion of **reasonable assurance** over the controls operating in this area as we found that high level technical controls are generally in place and operating as expected. However, some issues and risks were identified where further improvements could be made to overall network security.

For reasons of security, we are not able to share the detailed findings within this report; however, appropriate action to facilitate these improvements have been agreed with management.

Management of Operational Assets

ESFRS has a statutory duty to respond to emergencies, in which undertaking these duties, involves the use of operational assets which must be managed, maintained and be readily available 24 hours a day, 365 days a year. The management of operational assets covers the entire lifecycle of owning and using an asset including:

- The identification of need;
- Procurement;
- User acceptance testing and sign-off;
- Operational use;
- Asset tracking;
- Maintenance and repairs; and
- Disposal at end of life.

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

- There are robust plans and processes in place for replacing existing assets at end of life and identifying new assets, which considers the view and needs of all key stakeholders;
- All new assets are subject to user acceptance testing and sign-off;
- All assets are used in accordance with management instructions and training;
- All deployed assets are adequately monitored and tracked;
- Assets are maintained and repaired in accordance with legal and regulatory requirements and within agreed service levels;
- Budgets for asset management are regularly monitored and any variances are reported to management;
- The service has relevant performance indicators in place to give assurance to management that assets are being managed and maintained effectively.
- Assets are disposed of in compliance with policies and procedures at end of life.

This review assessed the adequacy of arrangements for managing operational assets from identification of needs through to disposal, apart from the procurement stage which has been covered in previous audit work. We also considered the controls and checks in place whilst the assets are managed on station, and the performance metrics and reporting options available to keep management informed.

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 ESFRS has no asset management strategy and there is no clear mechanism linking decisions on the procurement of new equipment to the Fire Service's overall strategy and to its operational needs. Policies relating to the management of assets were not always consistent or sufficiently comprehensive to provide a clear basis for the effective management of assets.

The governing body responsible for procurement decisions in relation to operational assets does not have all the appropriate representatives (e.g. Procurement) on it to ensure that relevant stakeholders are sighted on activity at a suitable early stage to maximise the value of their input. As a result, decisions to procure are sometimes made on individual bases, without reference to the organisation's overall needs and without sufficient forward planning to allow an approach that would secure value for money.

The databases used for asset management rely too heavily on manual intervention to transfer information between them. The lack of interface between these systems and others, including the accounting system, and limitations to their reporting functionality, increase the cost of obtaining management information whilst potential reducing its reliability.

Inventory checks were not always carried out in accordance with schedules, reducing the likelihood that the loss of, or damage to, assets is identified early enough for corrective action to be taken and increasing the risk that maintenance expectations are not met.

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 2022/23 audit plan to assess the extent to which the agreed actions have been implemented.

Supply Chain Management Follow-Up

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

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

A review to provide assurance that the Fire Service had appropriate arrangements in place to ensure there was sufficient awareness of the markets in which it operates and that key risks across supply chains were appropriately managed was undertaken in April 2019, with an audit opinion given of partial assurance. In undertaking a follow-up review to confirm whether the agreed actions have been implemented, we found significant areas of improvement since the previous audit, resulting in an improved opinion of **substantial assurance**. These included:

- An extensive refresh of existing guidance, procedure documentation and procurement processes. This has included the development of a new Procurement Standing Order (PSO) policy, including supplementary guidance for staff, to support the Fire Service's new procurement strategy.
- A risk matrix has been developed for utilisation by category specialists. This matrix will be used to identify risks, savings and aims to embed risk management as part of contract management activities.
- Business continuity planning arrangements to ensure the Procurement department can deliver essential services in line with agreed core business activities are now in place.

One low priority action was agreed with management in order to further improve the control environment.

Compliance with HR Policies Follow-Up

ESFRS has policies in place for managing issues relating to grievance, disciplinary action, harassment, and bullying. These policies are based upon relevant employment legislation and the Advisory, Conciliation and Arbitration Service (ACAS) code of practice.

In completing an audit reviewing the Fire Service's compliance with these HR policies in 2019/20, 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:

- HR policies being updated in order to align with the ACAS Code of Practice;
- Systematic processes have been implemented to capture any lessons learned from previous HR cases in order to reduce the risk of repeated issues or poor practice; and
- A central record has been created to track and manage disciplinary and grievance cases, thus improving oversight and reducing the risk of unnecessary delays.

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

- A lack of training provision in relation to HR policies, thus reducing awareness with the organisation and increasing the risk of non-compliance; and
- The Disciplinary Procedure and Dignity at Work Policy are yet to be formally updated and implemented; however, this is due to allowing for appropriate consultation with staff and representative bodies.

Actions to address these issues have been agreed with management.

Procurement Cards Follow-Up

Used appropriately, Procurement Cards (P-Cards) 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, low value requisition purchase orders and is particularly useful for a one-off purchase from a supplier.

A review to provide assurance that P-Cards were only issued to appropriately authorised and trained staff and were being used only to purchase goods and services that were wholly, exclusively and necessary for the use of ESFRS was undertaken in January 2020. The audit opinion given was partial assurance.

We have provided an **unchanged opinion of partial assurance** in respect of the follow-up audit of P-Cards. The reasons for this are as a result of the agreed actions from the previous audit either not being or only being partially implemented.

It is acknowledged that the majority of agreed actions from the previous audit are reliant on the planned Procure to Pay review, in conjunction with the Finance team, to identify how the Fire Service can improve performance in this area; however, this has been delayed due to the Covid-19 pandemic. The areas still requiring improvement include:

- The reinforcement of mandatory training for all cardholder and transactional approvers;
- The establishment of a clear purchasing framework for P-Cards to ensure that all cardholders are aware of the types of goods and services that are expected to be purchased using P-Cards;
- Increased compliance by cardholders and transactional approvers for the accurate and timely reconciliation of transactions; and
- The development of a robust leaver process to ensure all P-Cards are returned and cancelled when a cardholder leaves ESFRS.

Actions to address all of the issues raised have been agreed with management as part of a comprehensive management action plan. A further follow-up review to assess the extent of implementation of the agreed actions will take place as part of the 2021/22 audit plan.

SUMMARY OF PERFORMANCE INDICATORS FOR 2020/21

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
Quality	Annual Audit Plan agreed by Scrutiny and Audit Panel	June	G	2020/21 Annual Audit Plan approved by Scrutiny and Audit Panel on 21 May 2020
	Annual Audit Report and Opinion	July	G	2019/20 Annual Report and Opinion approved by Scrutiny and Audit Panel on 23 July 2020
	Customer Satisfaction Levels	90% satisfied	G	100%
Productivity and Process Efficiency	Audit plan – completion to draft report stage by 31 March 2021	90%	G	100% of revised plan to draft report stage
Compliance with Professional Standards	Public Sector Internal Audit Standards	Conforms	G	Highest available level of conformance confirmed through independent external assessment
	Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act	Conforms	G	No evidence of non-compliance identified
Outcomes and degree of influence	Agreement to audit findings	95%	G	100%
Our staff	Professional Qualified/Accredited	80%	G	94%

Internal Audit Assurance Levels:

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

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

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

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

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 22 July 2021

Title of Report Outcome of the Internal Audit into the Management of Operational Assets – 2019/20

By Hannah Scott-Youldon - Assistant Director, Operational Support & Resilience

Lead Officer Mark Matthews, Assistant Chief Fire Officer

Background Papers N/A

Appendices Appendix 1 – Internal Audit Report

Implications

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

PURPOSE OF REPORT To apprise the Fire Authority’s Scrutiny & Audit Panel of the outcome of the recent internal audit undertaken into the Service’s management of operational assets (2019/20).

To share the improvement plan to provide assurances to the Scrutiny & Audit Panel.

RECOMMENDATION That the Scrutiny & Audit Panel note the outcome of ‘partial assurance’ of the internal audit undertaken in to the Service’s management of operational assets and be assured that an action plan for improvement has been developed.

1. **INTRODUCTION**

- 1.1 East Sussex Fire & Rescue Service has a statutory duty to respond to emergencies. Operational assets are managed and maintained and must be readily available to allow the service to respond to emergencies 24/7, 365 days a year.
- 1.2 Operational assets consist of:
- appliances;
 - equipment held on appliances;
 - service vehicles;
 - breathing apparatus;
 - non mobile stores;
 - equipment held at the training centre; and
 - health & safety equipment.
- 1.3 ESFRS maintains an asset catalogue of approximately 16,000 items.
- 1.4 Management of operational assets covers the entire life cycle of owning and using an asset including:
- the identification of need;
 - procurement;
 - user acceptance testing and sign off;
 - operational use;
 - asset tracking;
 - maintenance and repairs; and
 - disposal at end of life.
- 1.5 This review was part of the agreed Internal Audit Plan for 2019/20 with a view to feed any learnings into the Fleet and Equipment Strategy which is currently going through the approval process as part of the broader Engineering improvement journey.
- 1.6 The purpose of the audit was to provide assurance that controls are in place to meet the following objectives:
- There are robust plans and processes in place for replacing existing assets at end of life and identifying new assets which considers the views and needs of all key stakeholders.
 - All new assets are subject to user acceptance testing and sign off.
 - All assets are used in accordance with management instructions and training.
 - All deployed assets are adequately monitored and tracked.
 - Assets are maintained and repaired in accordance with legal and regulatory requirements and within agreed service levels.
 - Budgets for asset management are regularly monitored and any variances are reported to management.
 - The service has relevant performance indicators in place to give assurance to management that assets are being managed and maintained effectively.
 - Assets are disposed of in compliance with policies and procedures at end of life.

1.5 **Partial Assurance** has been provided in respect to how the Service manages its Operational Assets. 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 The audit highlighted seven areas for improvement, one of which is deemed to be a major control weakness requiring attention and therefore highlighted as a 'red risk.'

A follow-up audit will take place later this financial year.

2. **ACTION PLAN**

2.1 Page 6 onwards of the audit report (appendix 1) articulates an improvement plan and how the Engineering team are working to improve the policies, processes and systems as well as sharpening up terms of reference for particular meetings.

2.2 In relation to the one red risk, this is currently being actioned through the completion of the new Fleet & Equipment Strategy, due to be presented to the Fire Authority for formal sign off in September 2021. The Strategy identifies the requirement for a whole life asset cycle from concept design through to disposal and will enable better alignment with procurement through the existing Category Strategy and Action Plan.

2.3 Much of the work outlined in the amber sections of the action plan has already commenced, however, due to the retirements of key members of staff and on-boarding new staff (including the Joint Head of Function with West Sussex Fire) some of those timelines have slipped slightly.

2.4 It should be noted that most actions should be completed by the end of 2021 and forms part of the broader Engineering Improvement Plan that is currently being progressed.

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Internal Audit Report

Management of Operational Assets 2019/20

Final

Assignment Lead: Danny Simpson, Principal Auditor
Assignment Manager: Nigel Chilcott, Audit Manager
Prepared for: East Sussex Fire & Rescue Service
Date: March 2021

Report Distribution List

Draft and Final

Nigel Cusack, Assistant Director, Operational Support and Resilience

Duncan Savage, Assistant Director, Resources / Treasurer

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

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1. Introduction

1.1. ESFRS has a statutory duty to respond to emergencies. Operational assets are managed and maintained and must be readily available to allow the service to respond to emergencies 24/7, 365 days a year.

1.2. Operational assets consist of:

- appliances;
- equipment held on appliances;
- service vehicles;
- breathing apparatus;
- non mobile stores;
- equipment held at the training centre; and
- health & safety equipment.

1.3. ESFRS maintains an asset catalogue of approximately 16,000 items.

1.4. Management of operational assets covers the entire life cycle of owning and using an asset including:

- the identification of need;
- procurement;
- user acceptance testing and sign off;
- operational use;
- asset tracking;
- maintenance and repairs; and
- disposal at end of life.

1.5. This review is part of the agreed Internal Audit Plan for 2019/20.

1.6. This report has been issued on an exception basis whereby only weaknesses in the control environment have been highlighted within the main body of the report.

2. Scope

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

- There are robust plans and processes in place for replacing existing assets at end of life and identifying new assets which considers the views and needs of all key stakeholders.
- All new assets are subject to user acceptance testing and sign off.
- All assets are used in accordance with management instructions and training.
- All deployed assets are adequately monitored and tracked.
- Assets are maintained and repaired in accordance with legal and regulatory requirements and within agreed service levels.
- Budgets for asset management are regularly monitored and any variances are reported to management.
- The service has relevant performance indicators in place to give assurance to management that assets are being managed and maintained effectively.

Internal Audit Report – Management of Operational Assets 2019/20

- Assets are disposed of in compliance with policies and procedures at end of life.
- 2.2. This review assessed the adequacy of arrangements for managing operational assets from identification of needs through to disposal, apart from the procurement stage which has been covered in other audit work. This review also considered the controls and checks in place whilst assets are managed on station, and the performance metrics and reporting options available to keep management informed.

3. Audit Opinion

3.1. **Partial Assurance is provided in respect of Management of Operational Assets 2019/20.**

This opinion means that there are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk. *Appendix A provides a summary of the opinions and what they mean and sets out management responsibilities.*

4. Basis of Opinion

- 4.1. ESFRS has no asset management strategy and there is no clear mechanism linking decisions on the procurement of new equipment to the Authority's overall strategy and to its operational needs. Policies relating to the management of assets are not always consistent or sufficiently comprehensive to provide a clear basis for the effective management of assets.
- 4.2. Procurement decisions are made by the Appliances & Equipment Planning & Implementation Group (AEPiG), which does not have all the appropriate representatives (e.g. Procurement) on it to ensure that relevant stakeholders are sighted on activity at a suitable early stage to maximise the value of their input.
- 4.3. As a result, decisions to procure are sometimes made on individual bases, without reference to the organisation's overall needs and without sufficient forward planning to allow an approach that would secure value for money.
- 4.4. The databases used for asset management rely too heavily on manual intervention to transfer information between them. The lack of an interface between these systems and others, including the accounting system, and limitations to their reporting functionality, increase the cost of obtaining management information whilst potentially reducing its reliability.
- 4.5. Inventory checks are not always carried out in accordance with schedules, reducing the likelihood that the loss of, or damage to, assets is identified early enough for corrective action to be taken and increasing the risk that maintenance expectations are not met.
- 4.6. However, controls were found to be in place in the following areas:
- 4.7. Equipment is tested, and appropriate training provided, before new assets are deployed.
- 4.8. Performance indicators are in place, supported by a dashboard to show the progress of repairs when faults or damage is reported.
- 4.9. Budget reporting mechanisms are in place to manage expenditure.

Internal Audit Report – Management of Operational Assets 2019/20

5. Action Summary

5.1. The table below summarises the actions that have been agreed together with the risk:

Risk	Definition	No	Ref
High	This is a major control weakness requiring attention.	1	1
Medium	Existing procedures have a negative impact on internal control or the efficient use of resources.	4	2, 3, 4, 5, 6
Low	This represents good practice; implementation is not fundamental to internal control.	2	2, 7
Total number of agreed actions		7	

5.2. Full details of the audit findings and agreed actions are contained in the detailed findings section below.

6. Acknowledgement

6.1. We should like to thank all staff who provided assistance during the course of this audit.

Internal Audit Report – Management of Operational Assets 2019/20
Detailed Findings

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Ref	Finding	Potential Risk Implication	Risk	Agreed Action
1	<p>Asset Management Strategy</p> <p>The Authority does not have an overarching asset management strategy or a commissioning strategy. As a result, there is no clear mechanism linking the identifications of need, and the procurement, of new equipment to the Authority’s operational strategy or to its needs.</p> <p>This includes the ability to set specifications for equipment to match operational needs. For instance, correspondence was seen claiming that setting the specification for new thermal imaging cameras would be easy as there was a limited choice available, whereas the number of products on the market should have no bearing on the specification required to meet the Authority’s need. Only one product on the market met the chosen specification. (See also ref 3 for <i>ad hoc</i> purchasing.)</p> <p>The procurement of these cameras does not appear to have been carried out as part of an Authority-wide exercise, and</p>	<p>Without an asset management strategy, linking the procurement of new equipment to the Authority’s operational strategy or to its needs, there is an increased risk that equipment fails to meet the needs of the service and/or that increased costs are incurred.</p>	High	<p>The Authority will finalise and implement Fleet and Equipment Strategy.</p> <p>The Strategy will identify the requirement for a whole life asset cycle from concept design through to disposal and will enable better alignment with procurement through the existing Category Strategy and Action Plan.</p>

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Ref	Finding	Potential Risk Implication	Risk	Agreed Action
	<p>despite the apparent urgency of the purchases, only limited numbers of cameras have been purchased. This has meant that the threshold for quotations or tenders has not been reached and no alternative quotations were sought, although it was accepted that, to increase the numbers purchased, a more formal route to market would be required.</p> <p>It was also noted that there is no procurement forward plan (though there is a Category Strategy/Action Plan for Engineering) to enable the effective planning and resourcing of procurement exercises.</p> <p>The Authority has recognised the limitations arising from the lack of an asset management strategy and a strategy is currently being drafted.</p>			
Responsible Officer:		Assistant Director OSR	Target Implementation Date:	30 June 2021

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Ref	Finding	Potential Risk Implication	Risk	Agreed Action
2	<p>Asset Management Policies</p> <p>A number of policies are in place to support the management of the Authority’s assets. However, they are fairly disparate and do not provide a clear structure. For instance, the CFOA¹ Fleet Management Best Practice Manual is referred to as the Authority’s ‘Bible’ but there is also an ESFRS Fleet Strategy, which makes no reference to the CFOA document.</p> <p>There is a vehicle and Equipment Lifting Policy to set out the expected lifespan of its operational assets. However, whilst the policy covers vehicles, it does not contain guidance on the expected life of other assets.</p>	Where policies are not sufficiently comprehensive and clearly linked, they may become more difficult to follow, resulting in a lack of effective oversight of assets.	Medium	<p>The new Fleet & Equipment Strategy will be comprehensive and ensure a clear structure to the management of assets, ensuring fleet and asset management systems are combined to provide assurance data and enable early identification and rectification of vehicle or equipment related deficiencies.</p> <p>The engineering department review process will ensure a robust and efficient set of policies as part of the business case for shared fleet management.</p>
Responsible Officer:		Strategic Engineering Manager	Target Implementation Date:	31 October 2021

¹ Chief Fire Officers’ Association
East Sussex Fire & Rescue Service

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Ref	Finding	Potential Risk Implication	Risk	Agreed Action
3	<p>Appliances & Equipment Planning & Implementation Group</p> <p>Decisions for the procurement of equipment are made through the Appliances & Equipment Planning & Implementation Group (AEPIG). The Terms of Reference for AEPIG show that Procurement has no seat on it.</p> <p>Two instances of papers prepare for AEPIG to support business cases for the procurement of new equipment were reviewed. Neither paper contained any details of the expected costs of the proposed equipment reducing the opportunity for AEPIG to make a fully informed decision. The procurement of thermal imaging cameras (see ref 1) was also an example of an unplanned purchase.</p>	<p>Without the involvement of Procurement at an early stage in the procurement process, opportunities to ensure compliant procurement practices and to secure value for money may be missed.</p>	Medium	<p>The terms of Reference of AEPIG will be reviewed to ensure that it is clearly linked to the new Fleet & Equipment Strategy and ensures the commissioner consults with the procurement specialist at the appropriate juncture to assure best value is achieved.</p>
Responsible Officer:		Assistant Director OSR	Target Implementation Date:	31 May 2021

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Ref	Finding	Potential Risk Implication	Risk	Agreed Action
4	<p>Asset Management Systems (1)</p> <p>The Authority records its assets on two systems: TRACE ASSET and FLEET ASSET. FLEET ASSET records vehicular assets, including details of servicing, where this is carried out in-house, which are then transferred manually to TRACE ASSET.</p> <p>There is no direct interface between these two systems, or with other systems, including the accounting system.</p> <p>Furthermore, reporting functionality is limited so that obtaining management information can be labour intensive and, therefore, costly.</p> <p>The Authority has recognised the limitations of its asset management system and has funding has been allocated to its replacement.</p>	<p>Without automated interfaces, there is a risk that data held on TRACE ASSET and FLEET ASSET diverge, weakening the authority's control over its assets.</p>	Medium	<p>The Authority will review its asset management requirement as part of a project to procure a new asset management system. This forms a key part of the Fleet and Engineering department review.</p>
Responsible Officer:		Strategic Engineering Manager	Target Implementation Date:	30 September 2021

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Ref	Finding	Potential Risk Implication	Risk	Agreed Action
5	<p>Asset Management Systems (2) Data downloaded from TRACE ASSET showed that the data fields are not populated consistently. Some fields were incomplete, and, in some cases, fields were used interchangeably, with, for instance, the 'ownership' field being used to record station number for some assets but vehicle registration for others.</p>	<p>Inconsistencies in the way fields on TRACE ASSET are populated may weaken control over the management of assets.</p>	<p>Medium</p>	<p>The department will reset its full resourcing status with the Asset Co-ordinator supporting the Equipment Officer to ensure robust datasets and performance information whilst business case.</p>
<p>Responsible Officer:</p>		<p>Engineering Services Manager</p>	<p>Target Implementation Date:</p>	<p>31 May 2021</p>

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Ref	Finding	Potential Risk Implication	Risk	Agreed Action
6	<p>Inventory Checks</p> <p>Records from TRACE ASSET showed that monthly asset checks at stations are not always carried out in accordance with the expected programme.</p> <p>Separate TRACE records covering the checking of the main appliance at each station also showed gaps in testing. It should be noted that equipment checks are not carried out after incidents, including those involving multiple appliances. Reliance is placed on routine checks to identify missing equipment, or equipment that has been stowed on the wrong appliance, and returned to the wrong station, following an incident. This is important because the location of assets needs to be known to ensure their maintenance is carried out correctly.</p> <p>The asset co-ordinator would normally have a role in supporting assets checks, but it was noted that this post is currently vacant.</p>	<p>If inventory checks are not carried out in accordance with the agreed programme, the loss of essential equipment might not be identified, leading to a reduction in operational effectiveness and increased cost to the Authority.</p>	Medium	<p>The Service will issue a directive communication to reinforce the requirement for comprehensive inventory checks to be undertaken and seek assurance from exception reporting via the asset co-ordinator.</p> <p>Opportunities to streamline and digitise the inventory check process as part of the procurement of a new asset management system will be explored.</p>

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Responsible Officer:	Engineering Services Manager	Target Implementation Date:	(i) 30 April 2021 (ii) Link to date for R4
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Detailed Findings

Ref	Finding	Potential Risk Implication	Risk	Agreed Action
7	<p>Training Records</p> <p>Testing found that training was provided to support the deployment of new equipment and that records were maintained of such training. However, no consolidated training record could be found that captured details of all training of all firefighters in one place.</p>	<p>Without a consolidated record of training, it may be more difficult to identify gaps, increasing the risk that equipment is used by firefighters who have not been trained in its use, which may result in assets suffering damage or reduced lifespan. It may also present a health and safety risk to the users.</p>	Low	<p>Training records will be a requirement for completion from all end users of appliances and equipment prior to release for operational use. This will include a return and record as part of the AEIPEG review.</p>
<p>Responsible Officer:</p>		Assistant Director OSR	<p>Target Implementation Date:</p>	31 May 2021

Appendix A

Audit Opinions and Definitions

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

Management Responsibilities

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

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

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

EAST SUSSEX FIRE AUTHORITY

Meeting Scrutiny & Audit Panel

Date 22 July 2021

Title of Report : Internal Audit Report – ESFRS Procurement Cards

By Claire George, Procurement Manager

Lead Officer Duncan Savage, Assistant Director Resources / Treasurer

Background Papers None

Appendices Appendix 1: Internal Audit Report ESFRS Procurement Cards – Follow Up Audit - Final Report – 2020/21
Appendix 2: Planned Position as of 31/05/21

Implications

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

PURPOSE OF REPORT To update on the findings and assurance opinion of the Follow Up Internal Audit Report of Procurement Cards, undertaken in 2020/21.

EXECUTIVE SUMMARY This audit report is a follow up to the review undertaken in January 2020, as part of the agreed audit plan for 2019/20, to provide assurance that PCards were only issued to appropriately authorised and trained staff and were being used only to purchase goods and services that were wholly, exclusively and necessary for the use of East Sussex Fire & Rescue Service (ESFRS).

The audit opinion given at that time was Partial Assurance and contained fifteen actions, including twelve rated as medium priority.

This latest audit is part of the agreed Audit Plan for 2020/21 and its purpose was to follow-up on the previously agreed actions to ensure that these have been implemented.

Of the fifteen previously agreed actions from the 2019/20 audit report, five had been fully implemented, four actions had been partially implemented and six medium risk actions remained outstanding, at the time of audit.

The report concluded that the opinion therefore remained unchanged and that Partial Assurance would be provided in respect of PCards at that time.

Action planned by the Procurement Team has ensured that all but two recommendations had been completed by the end of May 2021, with the remaining two planned to be complete by Dec 2021. Internal Audit will carry out a follow up review in Q4 to provide assurance that this has happened.

RECOMMENDATION	To note the final audit report, its opinion and recommendations & consider whether any further information is required.
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1. INTRODUCTION

- 1.1 The PCard audit of 2019/20 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. It 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.
- 1.2 The purpose of this follow up audit was to provide assurance that controls are in place to meet the following objectives:
- Purchase cards are issued in accordance with ESFRS policy;
 - Cards are only issued to appropriately authorised and trained employees;
 - Cards are only used for goods and services wholly, exclusively and necessarily for ESFRS use; and
 - Purchases are subject to appropriate review, authorisation and reconciliation, in a timely basis.
- 1.3 Of the fifteen previously agreed actions from the 2019/20 audit report to improve controls, five of the actions have been fully implemented. Of the 10 actions remaining:
- 0 were considered high risk;
 - 6 were considered medium risk;

- 4 represent low risk.

The majority of the findings relate to outstanding actions to email staff to remind them of their obligations.

- 1.4 It is the Authority's agreed protocol that any internal audit report that gives an assurance opinion of partial or lower must be reported in full to SLT and Scrutiny & Audit Panel. In addition internal audit will carry out a follow up review to provide assurance that agreed recommendations have been implemented.

2. PROGRESS AGAINST FINDINGS

- 2.1 Appendix 2 outlines where actions had been either fully or partially implemented at the time of the audit & the actual position as at 31 May 21. The actions due for action by the end of May have been completed.

- 2.2 PCards deliver greatest value when used for high volume, low value supplies and for one-off purchases and this is an area where we are pleased to report we have seen a significant improvement.

The number of purchase orders raised for less than £250 has remained consistently below 20 per month during the previous financial year - moving from a starting point of 22 raised in April 20 to just 3 in Feb 21 and at less than £1,000, from 35 to 9 over the same period.

- 2.3 Audit are cognisant that due to the diversion of procurement resources to support the Service's response to Covid-19, the planned post implementation review of the roll out of PCards has been delayed and will now take place in 2021/22. This has contributed to several of the actions not being implemented as planned.

- 2.4 The priorities identified for immediate action, which were implemented by the end of May are summarised below:

- Approvers will be reminded of their obligation to undertake the mandatory training;
- Cardholders will be reminded of their responsibility to return their card, prior to leaving the Service;
- Cardholders will be reminded of their responsibility to retain VAT receipts for 7 years and of the necessity to wait for a VAT invoice before reviewing; Cardholders will be reminded of their responsibility in relation to Asset Marked goods & IT;
- Cardholders will be reminded of their responsibility to review & approve in a timely manner.

- 2.5 Taking immediate action to remind Cardholders and Approvers ensured that we have implemented all of the recommendations, with the exception of the development of an e-learning package to support VAT reconciliation and an update to the User Guide to detail the retention expectations.

These 2 outstanding actions which will be addressed as part of the full PCard review, which is due for completion by the end of Dec 2021

Relevant staff who have not completed the mandatory Approvers training will be required to undertake by the end of July 2021.

3. FINANCIAL

- 3.1 It is generally accepted that every transaction completed by card saves ESFRS £28.00 in purchase order and invoice processing costs we have seen a continued and consistent reduction of low value purchase orders being raised.
- 3.2 To fully realise the benefits of PCards, transactions limits will be capped at £5,000 and the revised PSOs further encourage their use for all one-off & sub £5,000 expenditure

4. POLICY IMPLICATIONS

- 4.1 Procurement will reinforce the message to all Approvers that the training is mandatory & ensure that the Policy is updated to reflect this.
- 4.2 The User Guide will be updated to include document retention requirements, which are also now reflected in the PSOs.
- 4.3. As described, it has been agreed with Treasurer that a maximum transaction limit of £5,000 will be applicable to all card applications.
- 4.4 ESFRS do not currently have a mandated Leavers Policy. In the absence of a corporate leaver's process, the return of PCards will continue to be manually coordinate via the PCF process. As this policy develops, there is scope to coordinate this as part of the wider corporate exit process, to include not only PCards but all Procurement issued items such as IT, PPE, uniform and workwear.

Internal Audit Report

ESFRS Procurement Cards - Follow-Up Audit 2020/21

Final Report

Assignment Lead: Danielle Robinson, Senior Auditor
Assignment Manager: Paul Fielding, Principal Auditor
Prepared for: East Sussex Fire & Rescue Service
Date: June 2021

Draft Report Distribution List

Duncan Savage, Assistant Director - Resources & Treasurer
Claire George, Procurement Manager
Patricia Steel, Procurement Card Administrator
Chris Watkins, Senior Financial Services Administrator

Final Report Distribution List

As per draft report circulation

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

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1. Introduction

- 1.1. 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 and is particularly useful for a one-off purchase from a supplier.
- 1.2. A review to provide assurance that PCards were only issued to appropriately authorised and trained staff and were being used only to purchase goods and services that were wholly, exclusively and necessary for the use of East Sussex Fire & Rescue Service (ESFRS) was undertaken in January 2020. The audit opinion given was Partial Assurance. The audit contained fifteen actions agreed with management, including twelve rated as medium priority.
- 1.3. The purpose of this audit was to follow-up on the previously agreed actions to ensure that these have been implemented.
- 1.4. This audit is part of the agreed Audit Plan for 2020/21.

2. Scope

- 2.1. The purpose of the audit was to provide assurance that controls are in place to meet the following objectives:
 - Purchase cards are issued in accordance with ESFRS policy;
 - Cards are only issued to appropriately authorised and trained employees;
 - Cards are only used for goods and services wholly, exclusively and necessarily for ESFRS use; and
 - Purchases are subject to appropriate review, authorisation and reconciliation, in a timely basis.

3. Audit Opinion

Partial Assurance is provided in respect of **ESFRS Procurement Cards - Follow-Up Audit 2020/21**. This opinion means that there are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.

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

4. Basis of Opinion

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

4.2. Of the fifteen previously agreed actions from the 2019/20 audit report to improve controls, only five of the actions have been addressed. Five actions have been fully implemented, four actions have been partially implemented and six medium risk actions still remain outstanding.

4.3. Due to COVID-19, the planned Procure to Pay review, in conjunction with the Finance Team, to identify how ESFRS can improve performance in this area has not been undertaken. As a result of this several of the actions from the 2019/20 audit have not been implemented as expected. The review is now due to commence in the first quarter of the 2021/22 financial year. Areas still requiring improvement as a result of the review not taking place are summarised below, further details can be found in the main body of this report:

- The reinforcement of the mandatory training for all transactional approvers;
- The establishment of a clear purchasing framework is required to ensure that the objectives of the PCard Programme are achieved;
- The development of a robust leaver process;
- Publication of clear guidance, including the reinforcement to staff on the Authority's document retention requirements;
- Increased compliance by cardholders and approvers for the accurate and timely reconciliation of transactions; and
- Training to support the accurate recording of VAT by cardholders and approvers;
- The Publication of clear guidance on purchases that could potentially contravene the PCard programme.

4.4. There following areas of compliance and good practice were identified, which ESFRS should look to maintain:

- The identification and reduction of cardholders with multiple approvers.
- Amendments to transactional limits and personnel data i.e. reviewer or approver and related cost centre information are now captured and recorded at the point of change.

Internal Audit Report - ESFRS Procurement Cards - Follow-Up Audit 2020/21

- A quarterly summary of PCard spend is now collated and circulated to the Treasurer for strategic oversight.

Audit Opinion Direction of Travel		
Improved	Unchanged	Reduced
		

5.

5. Action Summary

5.1. There are 11 findings repeated in this report from the previous audit.

Risk Priority	Definition	No	Ref
High	Major control weakness requiring immediate implementation	0	N/A
Medium	Existing procedures have a negative impact on internal control or the efficient use of resources	6	1, 2, 4, 5, 7, 9
Low	Represents good practice but its implementation is not fundamental to internal control	4	3, 6, 8, 10
Total number of agreed actions		10	

6. Implementation Action Tracking from Previous Audit

Original Agreed Action	Original Risk Rating	Implementation Status	Revised Risk Rating
<p>E-Learning for Approvers</p> <p>This is clearly stated in the user guide. Procurement will reinforce the message to all approvers that the training is mandatory & that they must successfully complete the e-learning training for Approvers prior to undertaking the activity.</p> <p>We will also ensure that any future iterations of the policy reflect this.</p>	Medium	Action not Implemented	Medium
<p>Substitute Approvers</p> <p>The RBS SDOL reconciliation software does not have the capability for substitute approvers. This ensures that only budget managers with direct responsibility for the expenditure can approve it.</p> <p>Procurement will seek to mitigate with the introduction of a second reviewer procedure, in the absence of a second approver.</p>	Low	Action Implemented	N/A
<p>Multiple Approvers</p> <p>It is the case that a small number of cardholders are required to purchase across more than one business area, e.g. Administrative Support roles to more than one Assistant Director.</p> <p>The PCA will explore if further cardholders can be identified to reduce instances.</p>	Low	Action Implemented	N/A
<p>Transactional Limits</p> <p>Agreed with Treasurer that a maximum transaction limit of £5000 will be applicable to all current cardholders and future card applications and card request documentation will be amended accordingly.</p>	Medium	Action not Implemented	Medium
<p>Leaver Process</p> <p>ESFRS do not currently have a mandated Leavers Policy. Three staff have left since PCards were launched. Upon receipt of a PCF (personnel change form), the PCA checks the PCard database & contacts the cardholder concerned where one is held, to request return of the card. In the absence of a corporate leaver's process, this is manually coordinated by the PCA.</p>	Medium	Action Partially Implemented	Low

Internal Audit Report - ESFRS Procurement Cards - Follow-Up Audit 2020/21

Cardholders will be reminded of their responsibility to return their card, prior to leaving the Service.			
<p>Document Retention Process</p> <p>Procurement will remind staff that receipts must be retained for seven years.</p>	Medium	Action not Implemented	Medium
<p>Ambiguity of document retention and review process</p> <p>Procurement will update the User Guide to include clearer guidance.</p>	Medium	Action not Implemented	Medium
<p>Transactional Limit Changes</p> <p>The PCA currently retains all change requests. The information captured at the point of change will be updated to reflect the nature of all changes made and the date processed.</p> <p>In future, the data recorded will include transaction limit amendments, change of personnel i.e. reviewer or approver and related cost centre information.</p>	Low	Action Implemented	N/A
<p>Timely Review & Approval of Transactions</p> <p>This remains an ongoing issue. Procurement continue to proactively support staff to reconcile promptly but we have seen some cultural resistance.</p> <p>Both the lesson learned review and a joint P2P review with Finance will look to identify how we can improve performance in this area. This will include assessing options for additional technological support. Staff will be reminded of the importance of regular & prompt reconciliation.</p>	Medium	Action Partially Implemented	Low
<p>Transactional Errors</p> <p>Approvers are required to check the receipt & ascertain that all associated documents are correct. The PCA undertakes dip testing and challenges any errors identified. There are legitimate occasions where requirements have been disaggregated.</p> <p>Cardholders will be reminded that they must wait for a VAT invoice before reviewing. Procurement will send out relevant communications to offer further support & training to support the accurate capture of VAT, to include guidance on the difference between a confirmation of order & a VAT receipt/invoice. The effectiveness of the e-learning package in relation to VAT capture, will also form part of the lessons learned review.</p>	Medium	Action not Implemented	Medium

Internal Audit Report - ESFRS Procurement Cards - Follow-Up Audit 2020/21

<p>Asset Marked Items</p> <p>Items that must be asset marked are clearly identified on the 'How to Buy' contracted supplier order forms, which state approval must be sought from Engineering prior to purchase.</p> <p>All cardholders will be reminded of the policy in relation to asset marked goods.</p>	Medium	Action Partially Implemented	Low
<p>Valid VAT Receipts</p> <p>Cardholders will be reminded of the importance of accurately recording and retaining VAT information and additional training/support delivered where required.</p>	Medium	Action not Implemented	Medium
<p>Adherence to PCard Policy</p> <p>The PCA has identified where transactions have been approved which were not appropriate and has challenged. ITG PCard purchases are acceptable.</p> <p>Occasionally purchase of IT equipment via PCard offers the optimum value for ESFRS as opposed to passing the order through our outsource provider.</p> <p>Cardholders and approvers will be reminded of the policy in relation to IT related purchases.</p>	Medium	Action Partially Implemented	Low
<p>Low Value Purchase Orders</p> <p>Procurement & Finance will be conducting a joint review of the Procure to Pay process, which will include objectives to reduce the number of low value invoices.</p> <p>The planned lessons learned PCard project review will also include the identification of low value invoice hotspots and seek to understand how we can further embed use of PCards in those areas. The category strategies include actions to encourage adoption of PCard payments for affected suppliers and where appropriate, ESFRS will consider switching suppliers to facilitate this.</p>	Medium	Action Implemented	N/A
<p>Quarterly Spend Report</p> <p>Procurement provide a monthly breakdown of spend to the Treasurer, to identify no. of transactions, spend by cardholder, cost centre and category.</p> <p>Reporting is in the early stages & this will be reviewed and agreed with the Treasurer, as we progress the lessons learned review. The policy will be updated to reflect monthly reporting, with KPIs fed into a Procurement Dashboard.</p>	Low	Action Implemented	N/A

7. Detailed Findings and Agreed Actions

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
1	<p>E-Learning for Approvers</p> <p>Following the 2019/20 audit, it was agreed that the Procurement Team would reinforce the message to all approvers that the e-Learning training is mandatory, and that approvers must successfully complete the e-learning training prior to undertaking the activity.</p> <p>Our current review identified that the agreed action had not been implemented as expected, and therefore, has been repeated as part of the current audit.</p>	Where training is not undertaken by transactional approvers, this increases the risk that purchases are not effectively scrutinised for adequacy or appropriateness.	Medium	<ol style="list-style-type: none"> 1. Approvers will be reminded that training is mandatory. 2. Staff who have not completed will be required to undertake by the end of July 2021.
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	<ol style="list-style-type: none"> 1. Implemented 2. Completion of E-learning 31 July 2021

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
2	<p>Transactional Limits</p> <p>The 2019/20 review identified that a specific single transaction value and a monthly maximum spend value for cardholders had not been set. Following the original review, we were advised that single purchase limit for all new cardholders would be capped to £1,000 and the monthly maximum spend value set to £5,000.</p> <p>Current analysis of cardholder transactional limits identified that as of the 9 March 2021, 37 out of 121 cardholders had single transactional limits more than £1,000, with three cardholders having a limit of £10,000. This is an increase from the original review where we identified that as of 6 January 2020, 26 out of 106 cardholders had single transaction limits in excess of £1,000.</p> <p>Furthermore, 38 cardholders had monthly transactional limits exceeding the recommended limit of £5,000, the highest being £20,000. This is a decrease from the original review where we identified that as of 6 January 2020, 39 out of 106 cardholders had maximum monthly spend limits in excess of £5,000.</p>	<p>The lack of a clear purchasing framework could result in the objectives of the PCard Programme not being achieved.</p>	<p>Medium</p>	<p>A clear framework is now in place - standard monthly and per transaction limits can be varied by the approving manager requesting an increase, which is subject to approval by the Procurement Team.</p> <p>No cards are routinely approved or issued with a limit which exceeds £5,000, unless there are evidenced, exceptional circumstances, for example, we can identify that the Department linked to the card has legitimate grounds for occasional use at a higher level (e.g. to support Operational Resilience).</p> <p>The revised Procurement Standing Orders (PSOs), was approved by SLT in April 2021. This prescribes that Procurement Cards are the preferred method of purchasing for all low value and/or one-off purchases, permissible up to a value of £5,000.</p>

Internal Audit Report - ESFRS Procurement Cards - Follow-Up Audit 2020/21

	<p>Despite maximum transactional limits on cardholders being introduced, we have continued to see an increase in those being assigned single transactional limits exceeding the agreed amounts. Furthermore, these limits have not been documented in the PCard User Guide.</p>			
Responsible Officer:	Claire George - Procurement Manager	Target Implementation Date:	Implemented	

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
3	<p>Leaver Process The 2019/20 audit identified that ESFRS do not have a robust Leaver process in place.</p> <p>Exception reporting to identify purchase inactivity, due to an officer leaving ESFRS or changing job role is not undertaken. Furthermore, the Human Resources department do not notify the PCard Administrator of staff departures or suspensions.</p> <p>On review, we identified that cardholders had not been reminded of their responsibility to return their card to the PCard Administrator (PCA), prior to leaving the Service, as agreed. Moreover, a robust leaver process has not been developed since the original review. Therefore, the agreed action from the 2019/20 audit has been repeated as part of the current audit.</p>	<p>The lack of a robust leaver process could result in an employee using their card once they are no longer employed by the ESFRS.</p>	Low	<p>All Personnel Change Forms (PCFs) are automatically received by Procurement to enable us to identify any change to the establishment, including notification of leavers. When a PCF is received, the PCA contacts the leaver to advise the PCard must be returned & follows up as necessary.</p> <p>There have been no instances of a card not being returned or any subsequent misuse.</p> <p>Cardholders will be reminded of their responsibility to return their card, prior to leaving the Service.</p>
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	Implemented

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
4	<p>Document Retention Process</p> <p>The 2019/20 review of the PCard User Guide, established that the time frame for retaining evidence of a purchase by the cardholder, or in what format, for inspection by HM Revenue & Customs (HMRC) and audit purposes is not stipulated.</p> <p>Following the audit, it was agreed that a reminder would be issued to staff advising that receipts must be retained for seven years.</p> <p>Our review identified that a reminder had not been issued to staff as expected. Therefore, the agreed action from the 2019/20 audit has been repeated as part of the current audit.</p>	<p>Failure to retain adequate proof of purchases and records may result in financial penalties by HMRC.</p>	Medium	<p>VAT Receipts are uploaded & retained within the SDOL software platform and are subject to review by the Approver.</p> <p>Cardholders will be reminded of their responsibility to retain receipts.</p> <p>The revised PSOs include reference to the mandated retention schedules for all PCard related documentation.</p>
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	Implemented

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
5	<p>Ambiguity of document retention and review process</p> <p>The 2019/20 audit highlighted that there was a lack of clarity amongst the cardholders sampled over the expected process for the retention of supporting documentation.</p> <p>It was agreed that the PCard User Guide would be updated to include clearer guidance for document retention and review process.</p> <p>Our review identified that the User Guide had not been updated as expected. Therefore, the agreed action from the 2019/20 audit has been repeated as part of the current audit.</p>	<p>Without clear guidance on the expected process for retaining receipts, there is a risk that cardholders may not retain purchase data in consistent manner.</p> <p>Failure to retain adequate proof of purchases may result in financial penalties by HMRC.</p>	Medium	The User Guide will be updated to include document retention requirements, which are also now reflected in the PSOs.
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	30 June 2021

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
6	<p>Timely Review & Approval of Transactions</p> <p>Analysis of the Purchase Card Spend Report confirmed that for the 2019/20 Financial year to date, an average of 242 purchases were made per month, of these 23% of all purchases had not been either reviewed or approved on time.</p> <p>The PCA does issue reminder e-mails to individual cardholders and approvers where reconciliations have not taken place. However, all staff have not been reminded of importance of undertaking prompt transactional reconciliations as expected.</p> <p>Furthermore, the Procure to Pay review, to improve performance in this area, has not been undertaken as expected. Therefore, the agreed action from the 2019/20 audit has been repeated as part of the current audit.</p>	<p>Late authorisation of payment may result in the ESFRS' financial commitments and budgets not being fully up to date.</p> <p>If purchases are not authorised promptly this increases the risk that cards could be used inappropriately and the inappropriate use not being identified by management.</p>	Low	<p>Cardholders will be reminded of their responsibility to review & approve in a timely manner.</p> <p>The PSOs now include a specific clause to reiterate the importance of this - Section 1.5.2, Internal Customers, responsibilities include:</p> <p>q) Reviewing and approving Procurement Card transactions in a timely manner.</p>
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	Implemented

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
7	<p>Transactional Errors</p> <p>Throughout the 2019/20 audit we discovered instances where both the cardholder and reviewer had failed to adhere to ESFRS PCard Policy.</p> <p>The current review identified that cardholders have not been reminded of the requirement to wait for a VAT invoice before reviewing their transactions.</p> <p>Furthermore, the Procurement Team have not sent out relevant communications to offer further support and training to support the accurate capture of VAT, nor has the e-learning package been developed to include VAT capture, as expected.</p> <p>Therefore, the agreed action from the 2019/20 audit has been repeated as part of the current audit.</p>	<p>Without appropriate action taken at the review stage, this increases the risk that PCards are used contrary to the terms and conditions that the users and reviewers have agreed to.</p> <p>If VAT is not correctly accounted for and adequate receipts are not retained could lead to penalties by HMRC.</p>	Medium	<ol style="list-style-type: none"> Cardholders will be reminded of their responsibility to wait for a VAT invoice before reviewing transactions. Enhanced guidance will be provided via an e-learning package, with support from Finance, as part of the wider review.
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	<ol style="list-style-type: none"> Implemented E-learning 31 Dec 2021

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
8	<p>Asset Marked Items</p> <p>During the 2019/20 audit, concerns were raised over asset marked items being purchased outside of the Engineering Department. Furthermore, the PCard User Guide does not contain a comprehensive list of items that are considered as 'asset marked' which may explain the lack of compliance.</p> <p>On discussion, the Procurement Manager confirmed that items that are considered 'asset marked' are clearly identified on the 'How to Buy' contracted supplier order forms, which state approval must be sought from Engineering prior to purchase.</p> <p>Following the 2019/20 audit, it was agreed that all cardholders would be reminded of the policy in relation to asset marked goods. On review, a reminder had not been issued to staff as expected. Therefore, the agreed action from the original audit has been repeated as part of the current review.</p>	<p>Failure to adhere to the PCard policy leaves the ESFRS open to both financial and reputational risk, potentially resulting in fraud and loss of faith from the public.</p>	Low	<p>The How to Buy area includes clear guidance to the process for ordering Asset Marked goods and lists the items which require it. Staff are directed to contact Engineering for all asset and marked operational equipment. Staff are directed to the standard template ordering forms which cardholders use to order consumables & which denote which items must be asset marked.</p> <p>The revised PSOs direct staff to the Policy and the How to Buy area – Section 2.2 Using Procurement Cards</p> <p>Analysis of the examples provided and spend data has shown no examples where marked goods have been ordered inappropriately.</p> <p>Cardholders will be reminded of their responsibility in relation to Asset Marked goods.</p>
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	Implemented

Internal Audit Report - ESFRS Procurement Cards - Follow-Up Audit 2020/21

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
9	<p>Valid VAT Receipts</p> <p>Following the 2019/20 audit it was agreed that cardholders would be reminded of the importance of accurately recording and retaining VAT information and additional training/support delivered where required.</p> <p>Our current review identified that a reminder had not been issued to staff as expected. Therefore, the agreed action from the 2019/20 audit has been repeated as part of the current audit.</p>	<p>If VAT is not correctly accounted for and adequate receipts are not retained this could lead to penalties and financial loss for ESFRS.</p> <p>Where VAT is not claimed or incorrect VAT is claimed, ESFRS becomes liable.</p>	Medium	<p>Cardholders will be reminded of their responsibility to retain VAT receipts for 7 years.</p> <p>The revised PSOs include reference to the mandated retention schedules for all PCard related documentation.</p>
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	Implemented

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
10	<p>Adherence to PCard Policy As part of the 2019/20 audit, data analysis was undertaken which identified issues in contravention to Part 9 of the PCard User Guide.</p> <p>Following the 2019/20 audit, it was agreed that Cardholders and approvers would be reminded of the policy in relation to IT related purchases. Our review identified that a reminder had not been issued to staff as expected. Therefore, the agreed action from the 2019/20 audit has been repeated as part of the current review.</p>	Failure to adhere to the PCard policy leaves the ESFRS open to both financial and reputational risk, potentially resulting in fraud and loss of faith from the public.	Low	<p>Cardholders will be reminded of their responsibilities relating to the purchase of IT equipment.</p> <p>The How to Buy area includes clear guidance relating to IT equipment & is clear that P/Cards are prohibited in this area.</p> <p>The revised PSOs direct staff to the Policy and the How to Buy area – Section 2.2 Using Procurement Cards</p> <p>Analysis of the data has shown no examples of cards being used inappropriately.</p>
Responsible Officer:		Claire George - Procurement Manager	Target Implementation Date:	Implemented

Appendix A

Audit Opinions and Definitions

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

Management Responsibilities

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

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

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

Appendix 2 Planned Position as at 31/05/21

Recommendation Ref	Risk Rating 19/20	Risk Rating at Follow Up Audit	Position at Follow Up Audit	Position as at 31/05/21
1. Approvers E-Learning	Medium	Medium	Not implemented	Implemented
2. Transactional Limits	Medium	Medium	Not implemented	Implemented
3. Leavers Process	Medium	Low	Partially Implemented	Implemented
4. Document Retention	Medium	Medium	Not Implemented	Implemented
5. Ambiguity of Documentation & Review Process	Medium	Medium	Not Implemented	Due for completion by 31/12/21 – documents will be refreshed as part of the PCard review
6. Timely Review & Approval	Medium	Low	Partially Implemented	Implemented
7. Transactional Errors – VAT Reviews	Medium	Medium	Partially Implemented	i) Reminder Implemented/ ii) E-Learning as part of PCard review – complete by 31/12/21
8. Asset Marked Items	Medium	Low	Partially Implemented	Implemented
9. Valid VAT Receipts	Medium	Medium	Partially Implemented	Implemented
10. Adherence to PCard Policy	Medium	Low	Partially Implemented	Implemented

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EAST SUSSEX FIRE AND RESCUE SERVICE

Panel: Scrutiny & Audit Panel

Date: 22 July 2021

Title of Report: Corporate Risk Register Review Quarter 1 2021/22

By: Duncan Savage, Assistant Director Resources/Treasurer

Lead Officer: Parmjeet Jassal, Finance Manager and Ellen Williams Risk & Insurance Officer

Background Papers: Scrutiny and Audit Panel 29 April 2021 - 2020/21 Fourth Quarter Corporate Risk Register Review

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

Implications

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

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

EXECUTIVE SUMMARY: This report discusses the first quarter position. It details the business risks identified, including newly identified risks and how they have or are being mitigated.

No new risks have been added this quarter and no risk scores have changed. CR15 Health & Safety Non-compliance remains the only red rated risk and work is continuing under the auspices of the Health, Safety & Wellbeing Committee (HSWC) to implement the agreed mitigations and secure a reduction in the residual risk score. The number of outstanding actions from H&S Investigations has been reduced from 252 to 204. Progress is being monitored on a

monthly basis. A formal update will be reported to the next HSWC meeting, and a review of the risk scoring considered as part of the Q2 report to SLT.

CR14 has been substantially revised in line with the discussion at the last Panel meeting to reflect the narrower scope of the Financial and Operational impacts of the UK's withdrawal from the EU.

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.

RECOMMENDATION

Panel is recommended to:

- a) Note and approve the Q1 Corporate Risk Register including updates made since Quarter 4; and
 - b) Identify any further information or assurance required from Officers
-

1. INTRODUCTION

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

2. CHANGES SINCE QUARTER 3

- 2.1 All risks have been updated with further/updated actions recorded in italics and two new risks added at CR15 and CR16, however, there has been no change in risk scoring for the previously identified risks.

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CORPORATE RISK REGISTER

Scoring for all Corporate Risk and Project RAID Log

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

Corporate Risk and Project Raid Log Scoring Matrix

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

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

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Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR1	Health & Safety non-compliance	<ul style="list-style-type: none"> • Policy and practices not effective • Policies not followed • Inconsistent implementation • H&S approach is not effectively targeting the highest risk areas • Lack of proactive / preventative measures to reduce likelihood • Specific issues regarding Face fit testing and Management of Contractors • management actions not completed in accordance with safety event reports 	<ul style="list-style-type: none"> • Training programmes in place • Policies in place • Appropriate systems exist • Changes to the management and staffing structure • Governance for Health, Safety & Wellbeing in place • Revised estates policy for management of contractors • Secondment of individual into Facilities Management (FM) role to deliver improvements in processes for estates / management of contractors for 12 months • H&S peer review and implementations of findings 5 year audit plan • Acceleration of "facefit" programme for respirators using external contractor • 1st year overview of delivery of Regional H&S Audit Action Plan presented to Oct 2020 HSWC 	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> • Health and Safety (H&S) policy frame work review including the implementation of a new H&S management system planned for implementation in <i>October 2021</i> • Developing the H&S legal register • Implement the 2nd year of the 3 year action plan drawn together following the Regional H&S audit undertaken in July 2019 with • Ensure investigation recommendations are placed on CAMMS to ensure progress is visible and completion monitored 	September 2021	AD People Services

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR2	Future financial viability	<ul style="list-style-type: none"> Reducing funding stream (uncertainty) Failure to identify and deliver savings Difficult to predict future needs / resources required Changes in legislation increasing burden Impact of Covid 19 	<ul style="list-style-type: none"> 2021/22 budget agreed Medium Term Finance Plan (MTFP) refreshed including Covid 19 impacts Efficiency Strategy agreed and being progressed Business Rates Pool extended for 2021/22 Continued monitoring of BRR proposals. Delivery of savings monitored and reported to SLT and Fire Authority Resource Planning meeting to monitor operational establishment Establishment and use of general and earmarked reserves to manage financial risk Collaboration through East Sussex Finance Officers Association (ESFOA) to protect shared income streams e.g. Council Tax and Business Rates “Star Chamber” budget scrutiny as part of the budget setting process Covid costs and savings monitored monthly against grant allocation Initial high level assessment of potential financial cost of McCloud / Sargeant pension remedy IRMP financial impacts built into MTFP Lobbying in advance of Comprehensive Spending Review via National Fire Chiefs Council (NFCC) and local MPs Plans in place for use of one off Protection Surge / Grenfell Infrastructure Grant 	<p>Impact = 2 Likelihood = 3</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> Exploration of potential new areas for efficiencies as set out in the budget papers Continued review of opportunities for grant funding e.g. CIL Review of sustainability of capital programme Awaiting announcement of CSR21 timetable Monitoring implications of EU exit on costs including potential tariffs on certain goods and services 	September 2021	AD Resources / Treasurer

CR3

Ability to meet developing legislative requirements evolving from central fire safety regulatory reviews

- Policy or legislative changes that are likely to arise from reviews and investigations
- Unknown burdens on service delivery
- Likely increased funding required
- Knowledge and competence needed
- Lack of capacity and capability
- inability to adapt service delivery models

- Introduction of firefighter business safety
- Competence framework for business safety officers
- Business Safety Review to refresh structure to ensure appropriate capacity and contingency"
- Continue to monitor developments from the Hackitt and Moore Bick reviews and potential legislative / regulatory changes
- Assessment of the Grenfell Tower Phase 1 report and local ESFRS action plan in place
- Monitoring of emerging Fire safety and Housing Bill
- Fire Safety Government Consultation to strengthen the fire safety order and implement the Grenfell Tower Phase 1 report
- LFB secondment for 9 months to gain an additional external assessment of preparation for compliance against both building and fire safety bills.
- Delivery Board in place to oversee assimilation of new protection bills and related acts

Impact = 2
Likelihood = 3
Score = 6 Moderate

- Refresh and publish a new Protection Strategy to take account of the emerging issues.
- Allocate ESFRS officers to national working groups to steer and understand the implications of the proposed national changes.
- Sector is lobbying Govt. for additional funding for investment in protection services
- Investment in CRM and related mobile devices/software to enable required flexibility and mobile working to improve efficiency in work processes, ensure delivery of reviewed RBIP, BRR and respond to internal audit findings to ensure full compliance with legislation.
- Deliver the Building Risk Review
- Respond to fire safety consultation
- Utilise the Government Protection Funding to identify improvement and support for existing protection team.
- Seeking regional alignment through regional board on key matters initially such as legal/prosecutions, engineering, consultations and RBIP (Risk based inspection programme).

September 2021

ACFO

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR4	Effective workforce planning e.g. professional services	<ul style="list-style-type: none"> Increasingly difficult to recruit into professional services HR policy flexibility (grades/salaries) Recruitment pool processes Already lean workforce Cognisant of the HMICFRS findings 	<ul style="list-style-type: none"> Market supplement process for professional service jobs agreed by SLT. Continue to consider the wider recruitment market to assess salary points for specialist posts). Recruitment and selection framework Process Improvement Project to deliver efficiencies in roles and policy supporting lean workforce Redesign current talent pool process at each operational level within the Organisation 	<p>Impact = 2 Likelihood = 4</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> Strategic Workforce Plan to be signed off at Sept SLT Embed and reinforce workforce plan. To explore and introduce a Benefits Framework and embed market supplement process for professional service jobs (2021/22) To re-engineer the recruitment and selection processes for professional services To review salary structure with Hay (2022/23) 	September 2021	AD People Services
CR5	Failure to mobilise effectively	<ul style="list-style-type: none"> ESFC incident / significant system failure Software providers unable to maintain support for system over longer term. Loss of staff resulting in insufficient staff to maintain business as usual operational service 	<ul style="list-style-type: none"> Fall-back and business continuity arrangements designed, tested and operating (this includes fully functional secondary control at Maresfield. Refreshed approach to attendance management. Crewing degradation policy in place. Resilience plan in place and being managed via weekly conference calls WSFRS exit from joint control successfully achieved Interim single service model developed for period Dec 2019 to March 2021 and now operating. New trainees course complete Required additional funding identified and agreed for interim period Authority has approved future transition to partnership with Surrey and West Sussex FRS through Project 21. Project 21 now mobilised and progress on track including effective joint working across partner FRS Phase One, Two and Three Station end equipment completed Corporate WiFi roll out complete. Contract and support arrangements with Remsdaq extended to 31 March 2022 	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> Further audits and remediation plans for Mobile Data Terminals, Wi-Fi and Station End Equipment Scenario planning for future options / outcomes underway including recruitment if necessary Crewing resilience hierarchy in place. 	September 2021	DCFO

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR6	Failure to manage the effects and impacts of a major loss of staff event	<ul style="list-style-type: none"> Lack of engagement with unions / staff Poor / ineffective consultation practices Ineffective communications Lack of business continuity Pandemic Flu Major travel disruption Failure of National pay negotiation leading to action short of a strike 	<ul style="list-style-type: none"> Review outcomes of Retained Firefighters Union report Introduction of the On-call action learning set Establish a resilience group to refresh the resilience contingency plans and loss of staff protocols. Establish regional loss of staff working group to share best practice and assist in contingency planning". Introduce a revised Business Continuity Plan for major loss of staff Deliver an Emergency Management Team (EMT) exercise to test the plans and response by the key staff within the continuity plans. Close working with NFCC to determine local and regional resilience New National Security Risk Assessment for industrial action prompting Sussex Resilience Forum support IRMP proposals for Operational Response Plan (ORP) and flexible on-call contracts to improve resilience approved September 2020 IRMP Implementation team and governance in place Internal and partner (SRF) governance arrangements in place to manage Covid-19 impacts 	<p>Impact = 3 Likelihood = 3 Score = 9 Moderate</p>	<ul style="list-style-type: none"> The established continuity handbook(informed by the NFCC prioritised activities) for staff to assist in managing the early stages of a major loss of staff has been reviewed following the HMIC&FRS audit and EU Transition. Working with Sussex Resilience Forum (SRF) to assess threat and risk as part of community risk IRMP implementation team taking forward ORP and new on-call contracts. 	September 2021	ACFO

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR7	Inability to respond effectively to a cyber incident	<ul style="list-style-type: none"> Lack of effective Business Continuity Plan (BCP)in place Underestimation of risk likelihood Poor policies and procedures Human error Lack of staff awareness (e.g. phishing) Poor protection of systems leading to increased severity 	<ul style="list-style-type: none"> telent to progress IT Risk Treatment Plans Annual IT Health Checks now scheduled Information Security Management Forum meeting on a regular basis Information Security e-learning in place with mandatory annual re-test Annual review of ISO27001 gap analysis Information Security Management System in place New suite of Information Security policies in place Annual IT Health Checks implemented along with associated telent mitigation plans Information Security Project now complete and closed down 	Impact = 4 Likelihood = 2 Score = 8 Moderate	<ul style="list-style-type: none"> Telent (working with Aristi) progressing risk treatment plans following scheduled IT Health Checks. 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. IT Health Checks taking place in Jul 2021. ESFC IT Health Check risks to be remediated as part of Project 21 4i decommissioning phase, which will be completed in Mar 2022 Progress towards ESFRS achieving Cyber Essentials Plus accreditation in 2022, in line with NFCC IT Managers' agreed FRS cyber accreditation standard 	September 2021	DCFO

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR8	Failure to deliver key corporate projects	<ul style="list-style-type: none"> Lack of adherence to governance processes Lack of experienced staff managing projects Inability to recruit to vacant posts in the Programme Management Office (PMO) Over optimistic delivery plans 	<ul style="list-style-type: none"> Assignment of programme management office Set up of the PMO – team, processes, standards, PMO Manual Set up of Projects Tool Kit Intranet pages including templates, guidance and information to project managers and all staff involved in projects. Portfolio capture in place and rationalisation of clusters and sub clusters of projects. Set up of monthly reporting of projects into the PMO and quarterly / yearly PMO reporting to SLT. Strategic Change Board in place Key projects managed directly by the PMO (FireWatch, CRM, Business Intelligence, Respiratory Protective Equipment, ESMCP). Project management now in place for delivery of fleet and engineering projects Dependencies analysis and risks of extant project now complete New PMO structure, terms of reference and funding agreed by SLT to meet the business need. Additional Estates project management capacity in place (Major Capital Projects Manager) 	<p>Impact = 3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> Reports further developed for Strategic Change Board and exception reporting at SLT. Compliance against project monitoring improving Carrying out Project health checks with PMs Implement agreed actions from Internal Audit Report (reasonable assurance opinion) Most actions are complete. Reporting project finances is identified for this year PMO quarterly drop in sessions in place. 	September 2021	AD Planning & Improvement
CR9	Collaboration	<ul style="list-style-type: none"> Collaboration fails to deliver desired outcomes Resources required to support collaborative activities not justified by improvements in efficiency and / or effectiveness 	<ul style="list-style-type: none"> Collaboration Framework agreed and in place Priorities agreed for 2018-21 Regular tracking of collaboration activities through business performance system Governance in place e.g. 4F and Integrated Transport Function (ITF) Legal advice on formal collaboration agreements Update report on the agreed collaborations (as outlined in the Collaboration Framework) to SLT in May 2020 Areas of focus for 2021/22 agreed with 4F collaboration leads 	<p>Impact = 3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> Regular review of collaborative activities through SLT and Scrutiny and Audit Panel Full update report to SLT and the FA in summer 2021 to concentrate on efficiencies 	September 2021	AD People Services

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR10	Security and safety of staff and visitors on ESFRS sites	<ul style="list-style-type: none"> Damage to buildings and assets Injury to Personnel Service Delivery: Unable to deliver training and requalify personnel if interruption continues Industrialisation of areas surrounding ESFRS premises perpetually halting operational practice on sites. 	<ul style="list-style-type: none"> Safety Measures implemented in affected areas of Service Training Centre (STC) when burning i.e. PPE, Cordons. The use of Community Order prohibiting protagonist from attending Authority premises Increased safety officers Temporarily ceased some lay flat testing to Air Quality Testing Independent Air Quality Testing Report Meeting with Traveller Rep, ESCC Rep and Sussex Police to discuss concerns. Review of whole site security in conjunction with Estates. Traveller Community Engagement, education and information around work and function of STC. Project long term review of live fire training facilities Initial phase of security improvements at STC completed New security gates installed at STC 	<p>Impact =3 Likelihood = 3</p> <p>Score = 9 Moderate</p>	<ul style="list-style-type: none"> Feasibility study for enhancements to training facilities including a clean burn strategy approved at Change Board in Oct 2020 and being commissioned, <i>now</i> FBC being developed with full costings and will go to September 2021 Change Board 	September 2021	AD People Services
CR11	Workforce planning	<ul style="list-style-type: none"> Response to the McCloud and Sargeant cases lowering potential retirement ages Financial implications of reinstatement to old schemes Loss of senior level experienced officers and staff earlier than expected Failure to interpret rules or legislation correctly Immediate Detriment Cases 	<ul style="list-style-type: none"> Access professional legal advice where necessary FPS administration successfully transitioned to WYPF wef 1 April 2020 Initial high level assessment of potential financial cost of McCloud / Sargeant pension remedy. Pension Adviser contract extended to end December 2021 	<p>Impact =3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> monitoring developments through LGA / NFCC / Home Office liaising with our actuary to ensure liabilities are reflected in IAS19 reports issuing communications to staff to keep them informed Paper to P&R Panel July 2021 following joint legal advice in relation to Immediate Detriment cases with position and recommendations to approach 	September 2021	AD People Services

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR12	Spread of infectious pandemic diseases	<ul style="list-style-type: none"> Risk to workforce and service delivery over the spread of Covid – 19 (corona virus) 	<ul style="list-style-type: none"> SRF meet every week to review current issues PHE are monitoring and assessing the risk to public health in the UK and providing guidance to emergency services Guidance business service and operations on protocols for dealing with high consequence infectious diseases. Organisational update of business continuity plans reviewed to ensure fit for purpose EMT established Covid 19 Working Group and supporting cells in place and local BC plans reviewed. Regular staff updates in both service brief and by email. Access to test facilities for key workers Established PPE supply chain and key organisational working practices to prevent infection/spread of virus within service. Premises risk assessments for covid safe premises. Weekly monitoring of Sussex health system and Covid data via Sussex Monitoring Group National PPE guidance to be released. ESFRS BC plans reviewed and tested against Reasonable Worst Case Scenario SRF Pandemic Flu Plans updated and published Weekly Common Operating Picture established by SRF Balance of Covid-19 grant held to cover 2021/22 costs 	Impact =3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> Public awareness communication plan. Review of longer term impacts of mental health and well-being Return to workplace protocols and expectations being considered by SLT EMT / CWG to deescalate in line with government roadmap and SRF step-down 	September 2021	DCFO
CR13	Ageing workforce	<ul style="list-style-type: none"> Increasing ageing workforce Increasing number of age related injuries Increase in injury recovery times having a cost to recovery Increase into alternative specialist equipment causing further costs Increased number of ill health retirements 	<ul style="list-style-type: none"> Trained personnel in manual handling training Membership to Fire And Recuse Risk Group (FARRG) help discuss ongoing issues with other services may have already dealt with including issues with National Resilience Equipment Wellbeing strategy that is looking at supporting an ageing workforce Service Fitness Advisor embedded into the Complex Case Mgt review meetings Reviewing manual handling training via station assurance programme Weekly absence stats scrutinised by ADs to identify trends Complex Case Mgt Review meetings review cases specifically to assist in addressing this issue Training video for operational crews in relation to patient handling/carrying 	Impact =3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> Review of sufficient or appropriate training 2021/22 we will be scoring compliance manual handling training policy 	September 2021	AD People Services
CR14	Financial & operational impacts of UK's withdrawal from the EU	<ul style="list-style-type: none"> Economic shock and impact on funding Supply chain problems Additional tariffs and other price increases Data warehousing located in EU countries 	<ul style="list-style-type: none"> Existing Business Continuity plans have been reviewed Linking with work being carried out nationally through NFCC Risk / impact assessment of supply chain complete 	Impact = 2 Likelihood = 3 Score = 6 Moderate (increased from 4 – Tolerable)	<ul style="list-style-type: none"> On-going monitoring of supply chain / procurement issues and related financial / operational impacts 	September 2021	DCFO

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR15	Health & Safety non-compliance	<ul style="list-style-type: none"> Management actions not completed in accordance with safety event reports 	<ul style="list-style-type: none"> Ensure investigation recommendations are placed on CAMMS to ensure progress is visible and completion monitored Log of all outstanding actions from H&S Investigations provided to ADs so they can provide updated position on implementation Assistant Directors receive a quarterly report from the H&S team with outstanding actions All Outcomes to be discussed at DMTs 48 out of 252 outstanding actions identified now completed 	Impact = 4 Likelihood = 3 Score = 12 Substantial	<ul style="list-style-type: none"> Outstanding actions to be highlighted and discussed at the HSWC H&S BPs to work with the appropriate departmental managers to agree suitable timescales and priority Remaining 204 outstanding actions to be added to CAMMS Strategy monitoring system and tracked on a monthly basis 	September 2021	AD People Services
CR16	Workforce planning – Operational competence	<ul style="list-style-type: none"> Workforce modelling suggests that ½ of the operational workforce can retire over the next 5 years. Therefore, there will be a loss of operational knowledge 	<ul style="list-style-type: none"> Workforce planning group providing collective understanding of current picture and forecasting through resource management plan. Firefighter recruitment review and actions. Maintain a transfer pool approach 	Impact = 4 Likelihood = 2 Score = 8 Moderate	<ul style="list-style-type: none"> Ensure focus on development of those with potential through equitable and fair pathways Supervisory and model manager Leadership development supportive programme Mentoring/Coaching as an assistive tool Gap analysis of competencies that are at high risk of not being retained. Alternative options for securing specialist skills (sharing with other services) 	December 2021	AD Safer Communities

EAST SUSSEX FIRE & RESCUE SERVICE

Meeting	Scrutiny and Audit Panel
Date	22 July 2021
Title of Report	2019/20 Service Benchmarking Report
By	Assistant Director Planning & Improvement
Lead Officers	Sharon Milner, Planning & Intelligence Manager Marcus Whiting, Planning & intelligence Analyst

Background Papers	<p>Employee comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2019 to March 2020'</p> <p>Station and appliance comparisons from the 'CIPFA annual statistics for 2019-20'</p> <p>Health and Safety comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2019 to March 2020'</p> <p>Incident comparisons from the 'Home Office Incident Recording System, Fire Statistics: England April 2019 to March 20120' and the 'Fire Incident Response Times: England, for 2019-20'</p> <p>Sickness comparisons for the FG2 from the 'National Fire & Rescue Service Occupational Health Performance Report April 2019 – March 2020'</p> <p>Prevention and protection comparisons from 'Fire prevention & protection statistics, England, April 2019 to March 2020'</p>
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Appendices	<p>Appendix 1 - East Sussex Fire & Rescue Service Benchmarking Report 2019/20</p> <p>Appendix 2 - A summary of the key results for all fire and rescue services (as stated in the background papers listed above)</p>
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Implications

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

PURPOSE OF REPORT To present the Fire Statistics for 2019/20 and comparative benchmarking of East Sussex Fire & Rescue Service (ESFRS) against its family group in order to provide context to support the Authority's future decision making.

EXECUTIVE SUMMARY This report serves as an illustrative benchmark of East Sussex Fire and Rescue Service performance against other fire and rescue service performance. Appendix 2 provides the Scrutiny and Audit Panel with a summary of the national context across Fire & Rescue Service performance with key findings from the Fire & Rescue Incident Statistics. Appendix 1 provides a more in depth comparison against the twelve fire and rescue services that make up Family Group 2. These are Services deemed to be of similar size in terms of area and population.

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

Benchmarking performance enables the Service to make decisions based on the results and provides a spotlight to managers for further investigation. Results of previous year's benchmarking exercises has enabled the Service to prioritise a number of areas where concentrated effort has borne positive results in the 2019/20 year-end figures.

The panel is asked to note that the report contains information as at the 31 March 2020 as the national statistics are compiled a year in arrears.

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

1. **INTRODUCTION**

- 1.1 This report aims to provide the Scrutiny and Audit Panel with a summary of the performance across the fire and rescue service sector. The national context with key findings from the Fire & Rescue Incident Statistics, is summarised first (with a more detail reported in Appendix 2); followed by the Service's annual benchmarking report that compares ESFRS against the twelve fire and rescue services that make up Family Group 2. These are Services deemed to be of similar size in terms of area and population.
- 1.2 Appendix 1 provides comparator information across Family Group 2, focussing on the following areas:
- Employee comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2019 to March 2020'
 - Station and appliance comparisons from the 'CIPFA annual statistics for 2019-20'
 - Health and Safety comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2019 to March 2020'
 - Incident comparisons from the 'Home Office Incident Recording System, Fire Statistics: England April 2019 to March 20120' and the 'Fire Incident Response Times: England, for 2019-20'
 - Sickness comparisons for the FG2 from the 'National Fire & Rescue Service Occupational Health Performance Report April 2019 – March 2020'
- 1.3 The main purposes of the benchmarking report is to help us understand why we are achieving our performance levels, where our performance varies and help to investigate why variations may occur. This also provides us with an opportunity to see where other services are achieving better results than us and have conversations with them about any learnings and good practice that can be shared to improve our own situation. The results of previous benchmarking reports has enabled the Service to prioritise a number of areas where concentrated effort has borne positive results in the 2019/20 year-end figures.

2 **NATIONAL PERFORMANCE SUMMARY**

2.1 **Fire & Rescue Incident Statistics**

There was a 16% decrease in the number of fires that FRS attended in 2019/20 against 2018/19. FRS attended very similar numbers of AFA calls in 2019/20 when compared with the previous year. There was an 8% decrease in attendances at medical incidents and an 8% increase in all other special service incident types.

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

Total workforce and leavers

The number of FTE staff employed by FRS at 31st March 2020 is similar to the previous year (40,408 in 2019/20). Around 9% of the headcount left FRS in 2019/20.

Workforce diversity

Women now make up 7% of all firefighters, for the first time since 2006 this is due to an increase in female firefighters and not due to the decrease in male firefighters. 4.4% of firefighters were from an ethnic minority and 3.3% were lesbian/gay.

Firefighter health and safety

There were 7% fewer firefighter injuries in 2019/20 against the previous year and no firefighter fatalities.

Firefighter pensions

Firefighters' Pension Scheme expenditure in 2019-20 was around £908 million, a six per cent increase compared with the previous year.

2.3 **Fire prevention and protection statistics**

Fire prevention

In 2019/20, FRS and their partners completed 581,917 HFSCs. This was three per cent fewer than the previous year

Fire protection:

In 2019/20 FRS carried out 48,414 Fire Safety Audits. This was two per cent fewer than the previous year. These audits were carried out in three per cent of premises known to FRS

2.4 **Fire & Rescue service Sickness statistics**

The total shifts lost per member of staff for all staff groups equates to 9.35 shifts per member of staff (9.17 shifts lost in the previous year).

3. **CURRENT POSITION FOR EAST SUSSEX FIRE & RESCUE SERVICE**

3.1 The key areas of 2019/20 performance in *Operational Statistics* identified above for ESFRS are as follows:

- There were three fire fatalities in 2019/20, one fewer than in 2018/19, two of these fatalities occurred in deliberate fires; the remaining one was the result of an accidental dwelling fire.
- ESFRS attended 1,966 fires in 2019/20, a decrease of 8.8% on the previous year but a 23.6% reduction since 2010/11. The national trend was a 6% decrease.
- In 2019/20, ESFRS attended 4,683, false alarms an increase of 6.4% from the 4,403 false alarms recorded in 2018/19.
- ESFRS attended 3,580, non-fire incidents in 2019/20, 22.3% more than in 2018/19. This is due to an increase in Advice Only (193%, 29 more), No action (not false alarm) (105%, 46 more), Rescue or evacuation from water (100%, 10 more) Medical responder (91%, 30 more), Assist other Agencies (81%, 311 more).
- The most common types of non-fire incidents attended by ESFRS were Assist other agencies (19%) effecting entry (16%), road traffic collisions (12%), flooding (12%) and lift release (10%).
- Financial comparisons - ESFRS has the highest cost per Council Tax Band D against FG2.
- In 2019/20 ESFRS reported 10.77 shifts lost per person for WT and Control staff and 8.76 for support staff.

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

4. **OUTCOMES FROM PREVIOUS BENCHMARKING EXERCISES**

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

4.2 **Accidental dwelling fires**

4.2.1 The accidental dwelling fire working group continues to meet on a regular basis. This group includes representation from operational personnel across the service area, the Community Safety Team, the communications and marketing team and the planning and intelligence team. Together they monitor any trends in increases of ADFs to try and identify any underlying reasons for this in specific areas. One of the main campaigns run during 2019/20 was 'Look while you cook' which culminated in 1,723 hits on the look while you cook campaign over the Christmas period.

4.2.2 The number of Home Safety Visits undertaken by Crews and Community Safety Advisors decreased against the previous year with 10,098 visits undertaken against a target of 10,000. The year end result of 453 accidental dwelling fires equates to an 11% decrease on the previous year when 509 accidental dwelling fires were attended. This was the lowest number of accidental dwelling fires recorded over the last 20 years from 1999/2000. The previous lowest number being 506 in 2010/11.

4.3 **Sickness absence**

4.3.1 Sickness still remains an area where we are high in comparison to our family group. We had the highest level of sickness for WT and Control staff in FG2 for 2019/20 with 10.77 days lost to sickness per employee, which is above the 2019/20 average of 8.19. However, five FRS from FG2 did not provide data in 2019/20. ESFRS support staff had the 4th highest level of sickness (from the 11 FRS that provided data) in FG2 with 8.76 days lost to sickness per employee. This figure is above the 2019/20 average of 8.22.

4.4 **The number of high risk inspections**

4.4.1 This was introduced as a new priority area in 2017/18 and critically important following the Grenfell Tower fire on 14 June 2017. As can be seen by the 2019/20 benchmarking report ESFRS completed the lowest recorded number of high risk audits per 1,000 non-domestic properties with 13.9, whereas Durham completed the most with 102.5 per 1,000 non-domestic properties.

4.5 **False Alarm Apparatus**

4.5.1 Similarly the benchmarking report has shown that the Service is high in relation to false alarms apparatus and lift rescues in recent years. This led to the Service undertaking a demand management review which was consulted in as part of the 2020-2025 IRMP. The IRMP was agreed at the Fire Authority meeting in September 2020 and our attendance to fire alarms operating in low risk commercial premises is

currently being reviewed. A paper presenting the recommendations from this work stream forms part of this Scrutiny and Audit Panel agenda.



East Sussex Fire & Rescue Service

East Sussex **Fire & Rescue Service** **Benchmarking Report** **2019/20**

JULY 2021

Background

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

The twelve FRS that make up FG2 are:

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

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

This benchmarking report focuses on the following areas:

- Employee comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2019 to March 2020'
- Station and appliance comparisons from the 'CIPFA annual statistics for 2019-20'
- Health and Safety comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2019 to March 2020'
- Incident comparisons from the 'Home Office Incident Recording System, Fire Statistics: England April 2019 to March 2020' and the 'Fire Incident Response Times: England, for 2019-30'
- Sickness comparisons for the FG2 from the 'National Fire & Rescue Service Occupational Health Performance Report April 2019 – March 2020'
- Prevention and protection comparisons from 'Fire prevention & protection statistics, England, April 2019 to March 2020'

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

The most current Home Office datasets were released in January 2021. The figures in this report are based on the latest published figures and regional demographic information. The Appliance and Station numbers are based on data released by CIPFA (annual statistics for 2019-20) and the Employee and Health & Safety comparisons are based on 2019-20 Operational Statistics data collection returns. These returns reflect the positions within each organisation as of 31 March 2020. Sickness data is provided directly from Fire and Rescue Services in the 'National Fire and Rescue Service Occupational Health Performance Report April 2019 – March 2020'. This report is prepared by Cleveland Fire and Rescue Service.

The Home Office collate the Annual Operational Statistics data collection returns and produce Fire and Rescue Service Operational Statistics Bulletins (Fire prevention and protection statistics: England, April 2019 to March 2020). These contain data from each UK FRS on:

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

The Home Office collate the Annual Operational Statistics data collection returns and produce Fire and Rescue Service Operational Statistics Bulletins (Fire and rescue workforce and pensions statistics: England, April 2019 to March 2020). These contain data from each UK FRS on:

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

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

The Home Office also collect and collate the E-IRS data sets and produce the 'Detailed analysis of fires attended by fire and rescue services, England, April 2019 to March 2020' and the 'Response times to fires attended by fire and rescue services: England, April 2019 to March 2020'.

These contain data from each UK FRS on:

- Incident types
- Attendance times
- Fatalities and casualties

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

Population and Geographic details

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

Table 1 sets out these main comparators. It shows, with regard to population and properties, East Sussex Fire & Rescue Service (ESFRS) is comparable to Cambridgeshire and West Sussex. ESFRS has the 6th highest population (848,114), the 4th highest number of occupied dwellings (371,279) and the 3rd highest number of non-domestic properties (32,411) but it is the 3rd smallest in area among FG2.

ESFRS, with regard to full-time equivalents (FTE), has the 3rd highest number of Wholetime (WT) and 7th highest number of On-call firefighters. This is the 4th highest number of WT and On-call combined.

	Bedfordshire	Berkshire	Buckinghamshire	Cambridgeshire	Dorset & Wiltshire	Durham	East Sussex	Norfolk	Northamptonshire	Oxfordshire	Suffolk	West Sussex
Population	674,992	914,859	813,430	855,796	1,496,056	636,897	848,114	907,760	753,278	691,667	761,350	863,980
Domestic Properties (Occupied dwellings)	270,190	369,713	330,875	358,103	666,246	283,558	371,279	417,585	317,626	289,251	337,048	377,861
Non-domestic Properties (chargeable)	18,538	27,295	17,879	27,010	54,689	19,535	32,411	38,891	23,680	21,876	30,679	28,703
Wholetime (Full Time Equivalents)	284	372	240	243	403	304	356	278	254	228	195	317
On-call (Full Time Equivalents)	118	58	84	133	493	136	141	420	155	193	333	158
Total FTEs	402	430	324	376	896	440	497	698	409	421	528	475
Area Sq Km	1,235	1,264	1,874	3,396	6,138	2,429	1,795	5,382	2,367	2,606	3,802	1,991

Table 1: Sources: (i) ONS Population Mid-year estimates 2019 (iii, vi & vii) CIPFA Fire and Rescue Service Statistics 2020 Summary (ii) LG Inform/Ministry of Housing, Community & Local Government 2020 (iv & v) Home Office Incident Recording System, Fire statistics tables 1102a: Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters & 1102b Total Staff Numbers (FTE) by role and fire and rescue authority – On-call firefighters.

Employee comparisons

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

Additionally, the figures represent the 'Strength' of each FRS. This is the actual number of WT operational posts filled as per contract as at 31st March 2020. They do not include any temporary posts or posts that are fully funded by outside agencies; for example, persons seconded to the Ministry for Housing, Communities and Local Government (MHCLG), the Home Office, HMICFRS, Fire Service College or charitable organisations. Posts such as these are not included in the FRS's 'Strength' figures. However, the figures reflect temporary promotions within the organisation.

ESFRS has the 6th highest increase in WT operational staff against the numbers stated in the 2018/19 Benchmarking Report. The 1.3% increase equates to 4 WT posts and a decline of 76 WT posts since 2011. The average ratio of firefighters to Senior Managers in FG2 is 20, so with 21, ESFRS is slightly above this and has the 4th equal highest ratio.

Fire & Rescue Service	Brigade Manager	Area Manager	Group Manager	Station Manager	Watch Manager	Crew Manager	Non managerial Firefighter	Total	% change from previous year	Ratio of Firefighters to Senior Manager
Bedfordshire	3	5	7	12	40	48	169	284	1.1%	18 to 1
Berkshire	3	4	11	33	38	63	220	372	1.6%	20 to 1
Buckinghamshire	2	2	6	21	39	43	127	240	1.7%	23 to 1
Cambridgeshire	2	3	8	25	43	29	133	243	-4.0%	18 to 1
Dorset & Wiltshire	3	5	10	38	72	67	208	403	-5.0%	21 to 1
Durham	3	3	4	19	46	53	176	304	3.1%	29 to 1
East Sussex	3	4	9	29	54	58	199	356	1.3%	21 to 1
Norfolk	3	3	8	26	41	40	157	278	0.7%	19 to 1
Northamptonshire	2	4	9	18	51	30	140	254	9.0%	16 to 1
Oxfordshire	3	3	9	27	50	30	106	228	-3.0%	14 to 1
Suffolk	2	5	6	17	33	29	104	195	2.1%	14 to 1
West Sussex	3	2	9	27	59	44	173	317	-0.6%	22 to 1

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

Table 2: Source - Home Office Incident Recording System, Fire statistics table 1102a: Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters.

Table 3, shows the FG2 management structure at station level. ESFRS has the 2nd highest number of Watch and Crew Managers and WT and Day crewed (DC) stations and the 3rd lowest average number of watch and crew managers by DC and WT station with 9.33. The FG2 average is 10.49.

Fire & Rescue Service	Watch Manager	Crew Manager	Firefighter	Crew & Watch Manager total	No. of WT & DC stations	Average no. of watch & crew managers by DC & WT station	Ranking
Bedfordshire	40	48	169	88	6	14.67	12
Berkshire	38	63	220	101	12	8.42	2
Buckinghamshire	39	43	127	82	10	8.20	1
Cambridgeshire	43	29	133	72	7	10.29	7
Dorset & Wiltshire	72	67	208	139	13	10.69	9
Durham	46	53	176	99	9	11.00	10
East Sussex	54	58	199	112	12	9.33	3
Norfolk	41	40	157	81	8	10.13	5
Northamptonshire	51	30	140	81	8	10.13	5
Oxfordshire	50	30	106	80	6	13.33	11
Suffolk	33	29	104	62	6	10.33	8
West Sussex	59	44	173	103	11	9.36	4

Table 3: Source - Home Office Incident Recording System, Fire statistics table 1102a: Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters. Number of Stations: CIPFA Fire and Rescue Service Statistics 2019-20 Actuals.

Chart 1, below, shows the comparisons of WT firefighters (head count) across FG2. ESFRS is above the FG2 average of 290, with 358.

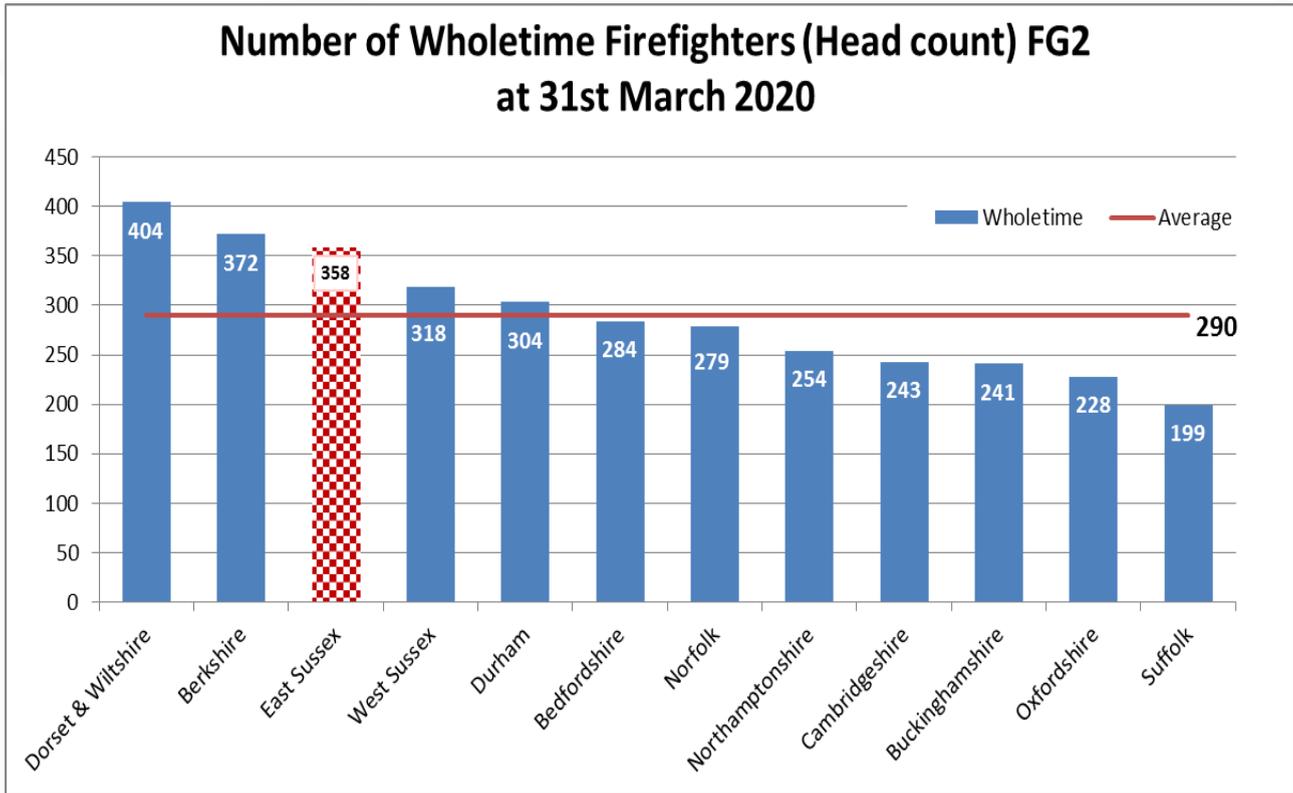


Chart 1: Number of WT Firefighters. (Source - Home Office Incident Recording System, Fire statistics table 1101: Staff in post employed by FRA by head count – Wholetime Firefighters.)

Chart 2 shows the comparisons of On-call firefighters (head count) across FG2. The average number of On-call firefighters across the group is 272, whereas for ESFRS this is 254. The On-call staffing model is often dependent on a number of factors, including geographical location, the number of incidents in an area and the levels of risk within an area.

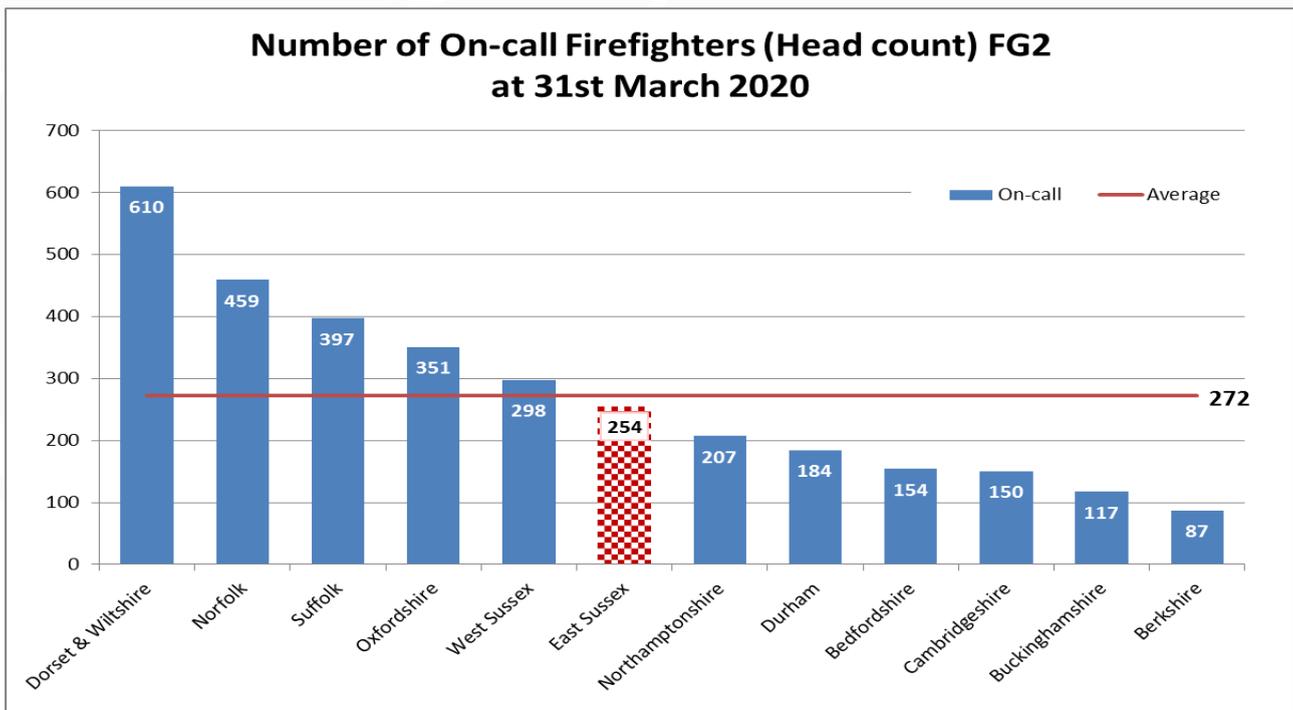


Chart 2: Number of On-call Firefighters. (Source - Home Office Incident Recording System, Fire statistics table 1101: Staff in post employed by FRA by head count – On-call Firefighters.)

Stations and Appliances comparisons

Table 4 shows number of pumping appliances across area and population. ESFRS has the 4th highest number of pumping appliances among FG2 with 41. This is above the group average of 36.9. ESFRS's population is concentrated mostly on the coast by comparison to many other FG2 members and therefore impacts on the area per pumping appliance.

Fire & Rescue Service	Pumping Appliances	Appliances per 100,000 population	Area per Pumping Appliance (km ²)	FRS Area (km ²)	Population
Bedfordshire	19	2.81	65.0	1,235	674,992
Berkshire	22	2.40	57.4	1,264	914,859
Buckinghamshire	30	3.69	62.5	1,874	813,430
Cambridgeshire	35	4.09	97.0	3,396	855,796
Dorset & Wiltshire	74	4.95	82.9	6,138	1,496,056
Durham	26	4.08	93.4	2,429	636,897
East Sussex	41	4.83	43.8	1,795	848,114
Norfolk	51	5.62	105.5	5,382	907,760
Northamptonshire	28	3.72	84.5	2,367	753,278
Oxfordshire	35	5.06	74.5	2,606	691,667
Suffolk	40	5.25	95.1	3,802	761,350
West Sussex	42	4.86	47.4	1,991	863,980

Table 4: Number of pumping appliances. (Source - CIPFA Statistics 2019/20 Actuals.)

Chart 3 presents the number of pumping appliances per 100,000 population. ESFRS has the 6th highest with 4.8, which is above the FG2 average of 4.3.

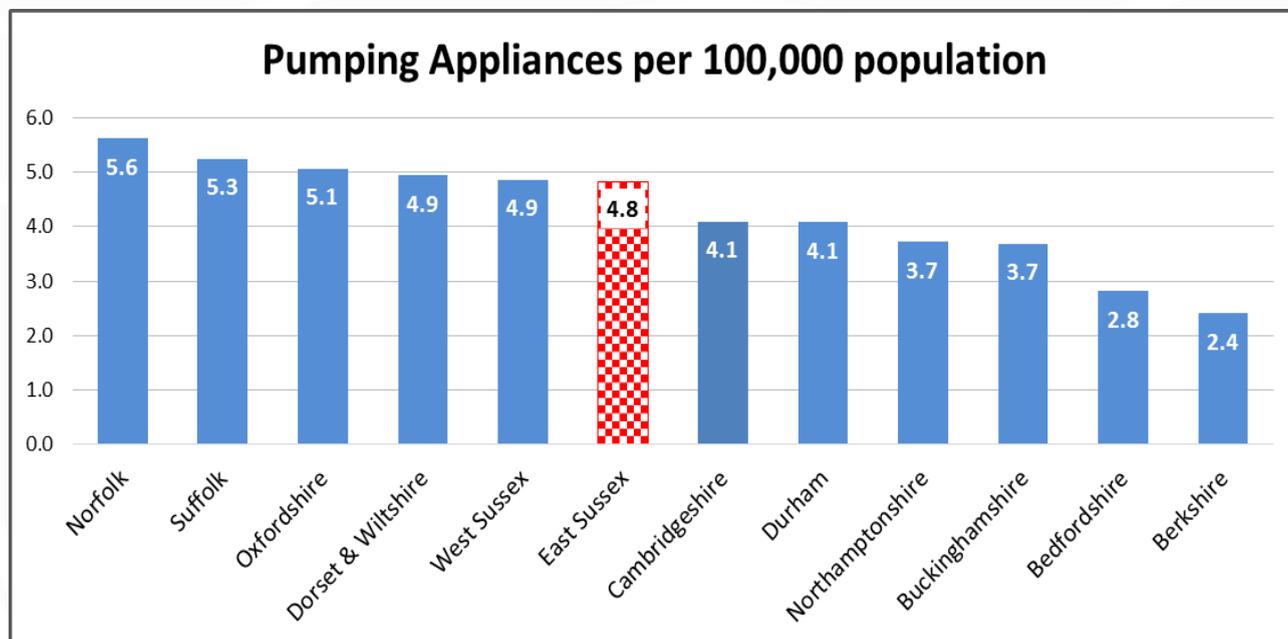


Chart 3: Pumping Appliances per 100,000 population. (Source - CIPFA Statistics 2019/20 Actuals.)

Chart 4 shows area per pumping appliance. ESFRS has the highest pumping appliance density with one to every 43.8 km². The FG2 average one to every 75.8 km².

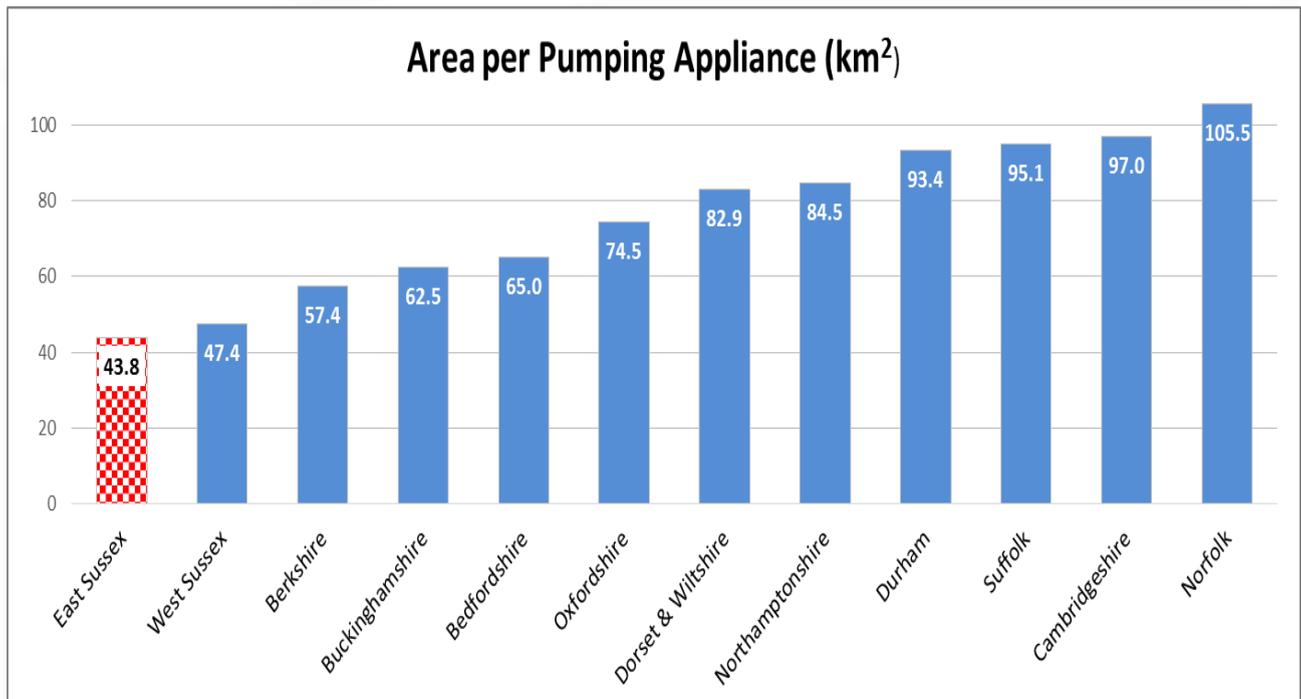


Chart 4: Square kilometers per appliance. (Source - CIPFA Statistics 2019/20 Actuals.)

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

Fire & Rescue Service	Wholetime Stations	Day crewed / Mixed Stations	On-call Stations	Total Number of Fire Stations	Stations per 100,000 population	Area per Station (km ²)
Bedfordshire	3	3	8	14	2.07	88.25
Berkshire	11	1	6	18	1.97	70.22
Buckinghamshire	6	4	10	20	2.46	93.68
Cambridgeshire*	3	4	19	26	3.04	130.61
Dorset & Wiltshire	3	10	37	50	3.34	122.76
Durham	2	7	6	15	2.36	161.93
East Sussex	6	6	12	24	2.83	74.81
Norfolk	3	5	34	42	4.63	128.13
Northamptonshire	3	5	14	22	2.92	107.59
Oxfordshire	0	6	19	25	3.61	104.24
Suffolk**	0	6	29	35	4.60	108.64
West Sussex***	2	9	14	25	2.89	79.63

Table 5: Number of Stations. (Source - CIPFA Statistics 2019/20 Actuals)

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

Chart 5 presents number of stations per 100,000 population. ESFRS has a rate of 2.83 stations per 100,000 population, this is the 5th lowest in FG2.

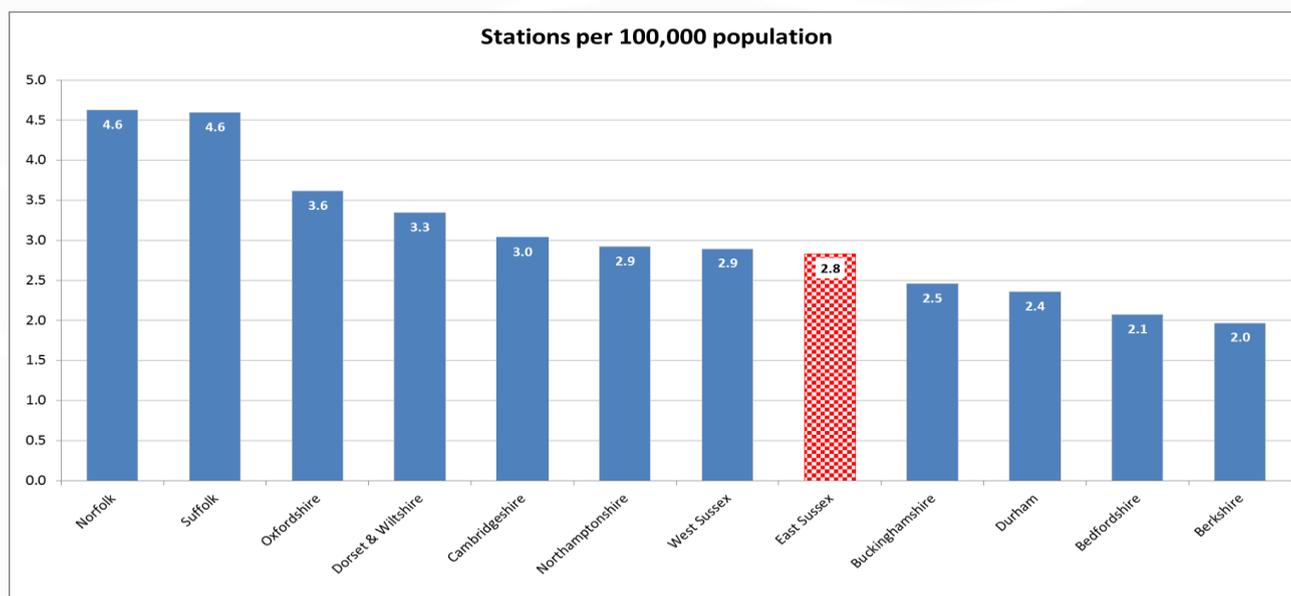


Chart 5: Stations per 100,000 population. (Source - CIPFA Statistics 2019/20 Actuals.)

Chart 6 shows area per station in km². ESFRS has one station for every 74.8 km², which is the 2nd highest density of stations per km² in FG2.

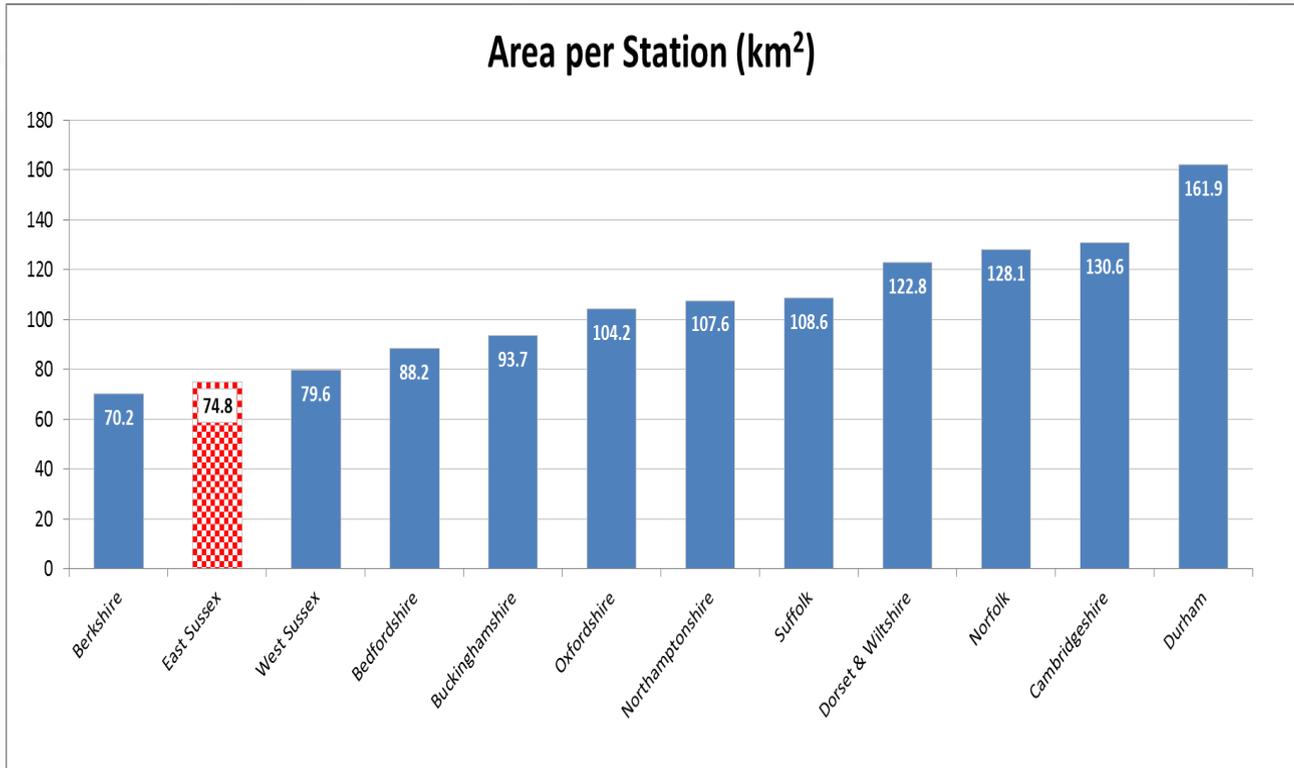


Chart 6: Stations per square km. (Source - CIPFA Statistics 2018/19 Actuals.)

Chart 7 highlights the number of WT, DC and On-call stations for each FG2 member. Berkshire has the highest number of WT stations, Dorset and Wiltshire has the highest number of Day and mixed crewed, and On-call stations. Dorset & Wiltshire (50) and Norfolk (42) have the most stations overall, whilst Bedfordshire (14) and Durham (15) have the least among FG2.

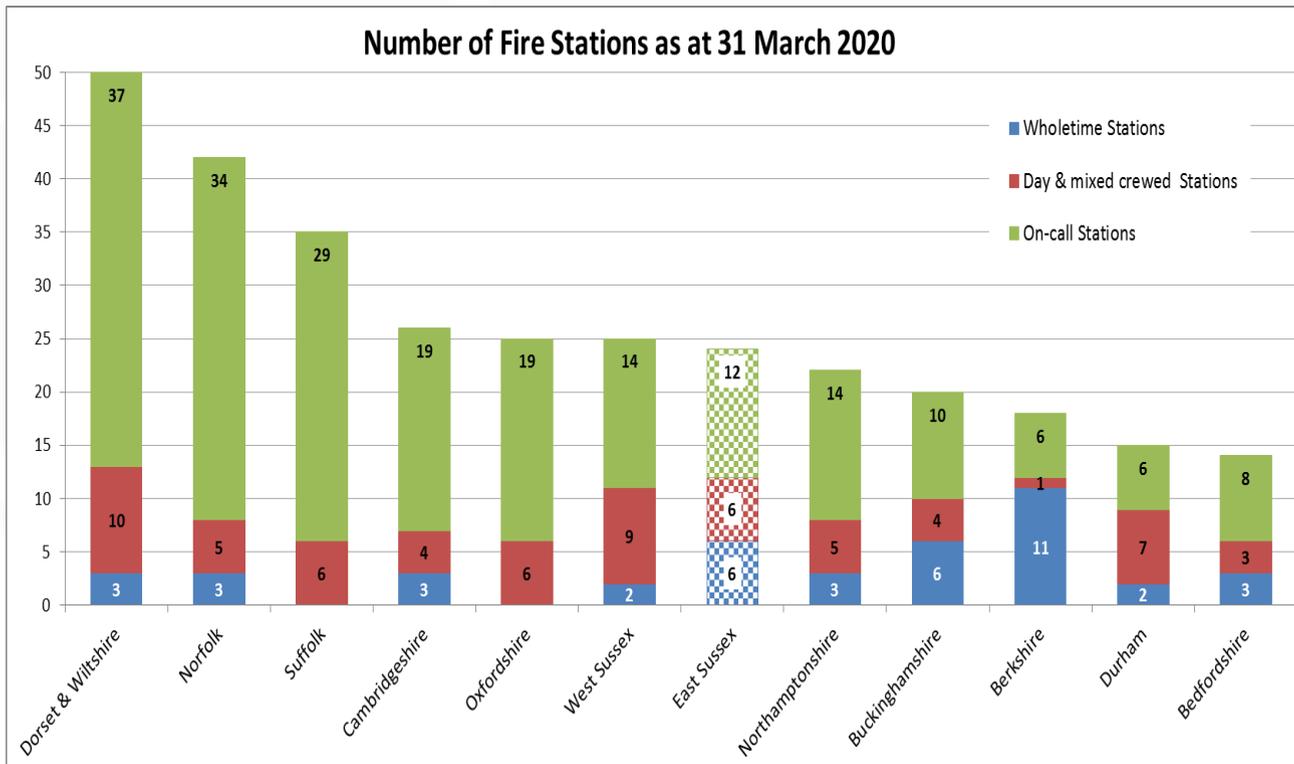


Chart 7: Number of Stations. (Source - CIPFA Statistics 2019/20 Actuals)

Financial comparisons

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

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

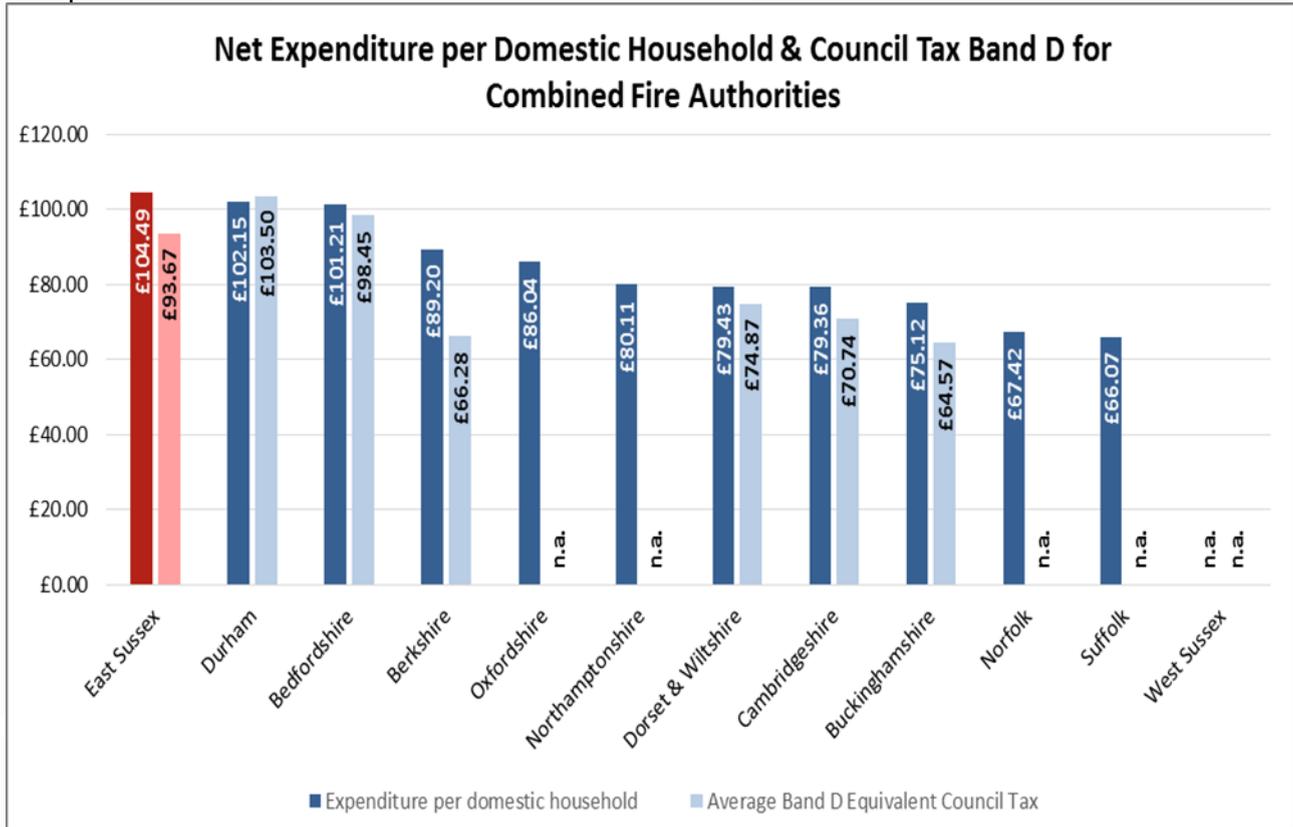


Chart 8: Average net expenditure per number of domestic properties & Council Tax Band D. (Source - CIPFA Statistics 2019/20)

Health & Safety

Chart 9, below, shows the number of injuries per 100 WT and On-call firefighters sustained during operational incidents and training for FG2. In 2019/20, ESFRS sustained 7.85 operational injuries per 100 firefighters (6.40 in 2018/19) and 3.82 training injuries per 100 firefighters (3.47 in 2018/19). The FG2 average number of operational injuries per 100 firefighters is 4.24 and the average rate for training injuries is 4.10 per 100 firefighters.

ESFRS is above the FG2 average in operational injuries, currently ranked 2nd highest (the same as in 2018/19) and below the average in training injuries, ranked 7th lowest (5th lowest in 2018/19). Cambridgeshire has the most operational injuries and Bedfordshire the most training injuries, whilst Durham has the least training and operational injuries per 100 firefighters among FG2.

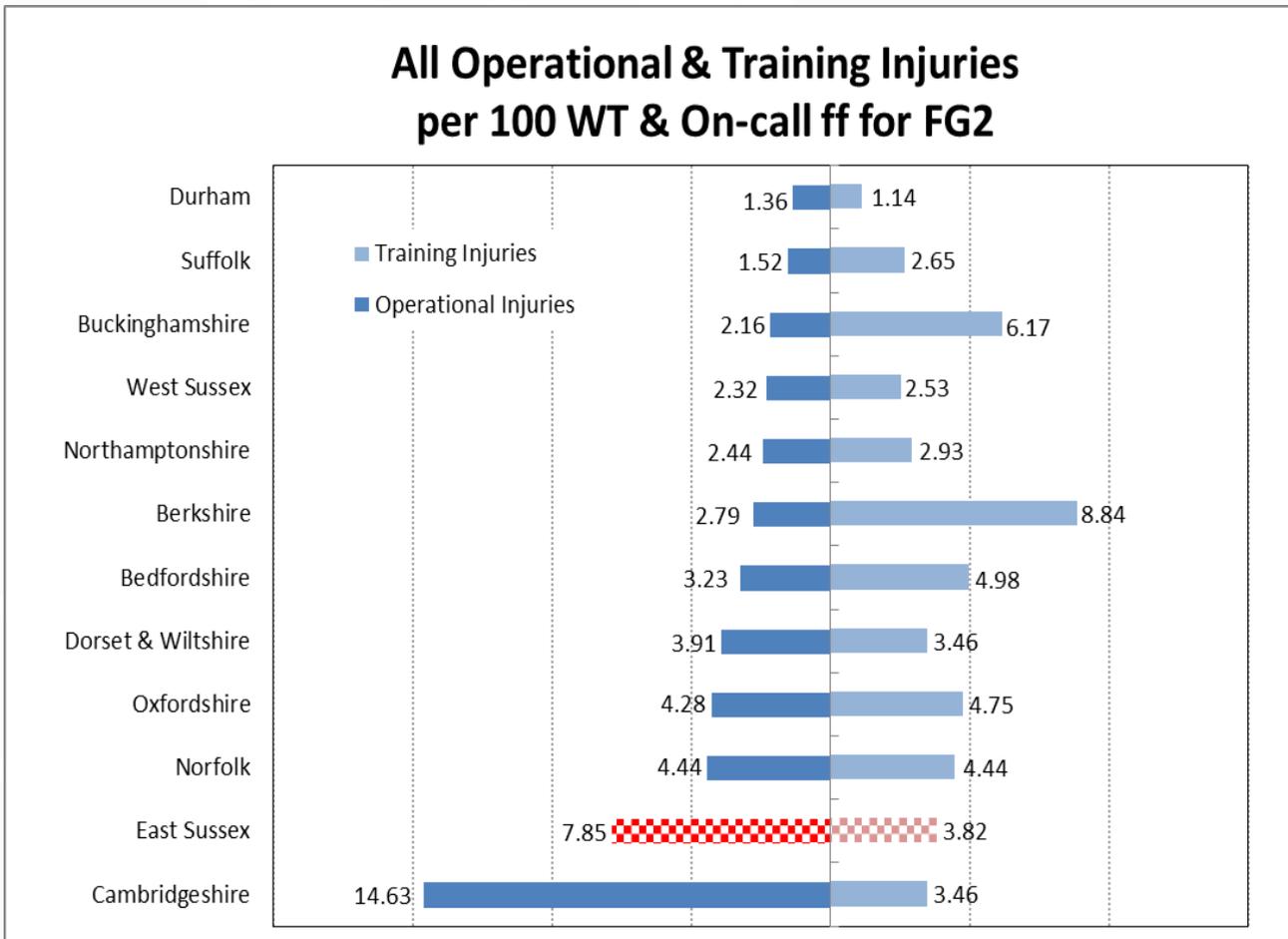


Chart 9: Operational & Training Injuries per 100 firefighters. (Source - Home Office Incident Recording System, Fire statistics tables 0508b: Injuries sustained by firefighters and firefighter fatalities, during operational incidents, by fire and rescue authority & 0508c: Injuries sustained by firefighters and firefighter fatalities, during training incidents, by fire and rescue authority.)

Firefighters by Gender and Ethnicity comparisons

Chart 10 shows the percentage of female WT firefighters for each FG2 member over the past four years. The profile of WT firefighters in England is predominantly male and white. However, the proportion of firefighters who are female has increased from a national average of 1.3% in March 2002 to 7.4% in March 2020. Notably, a significant part of this increase during this period is owing to the large decline in male firefighters (down from 31,168 to 21,100), rather than an actual increase in the numbers of female firefighters (up from 424 to 1,692).

ESFRS has the 2nd highest proportion of female firefighters across FG2 with 8.7% of WT firefighters, which is above both the national average of 7.4% and the FG2 average of 6.7%.

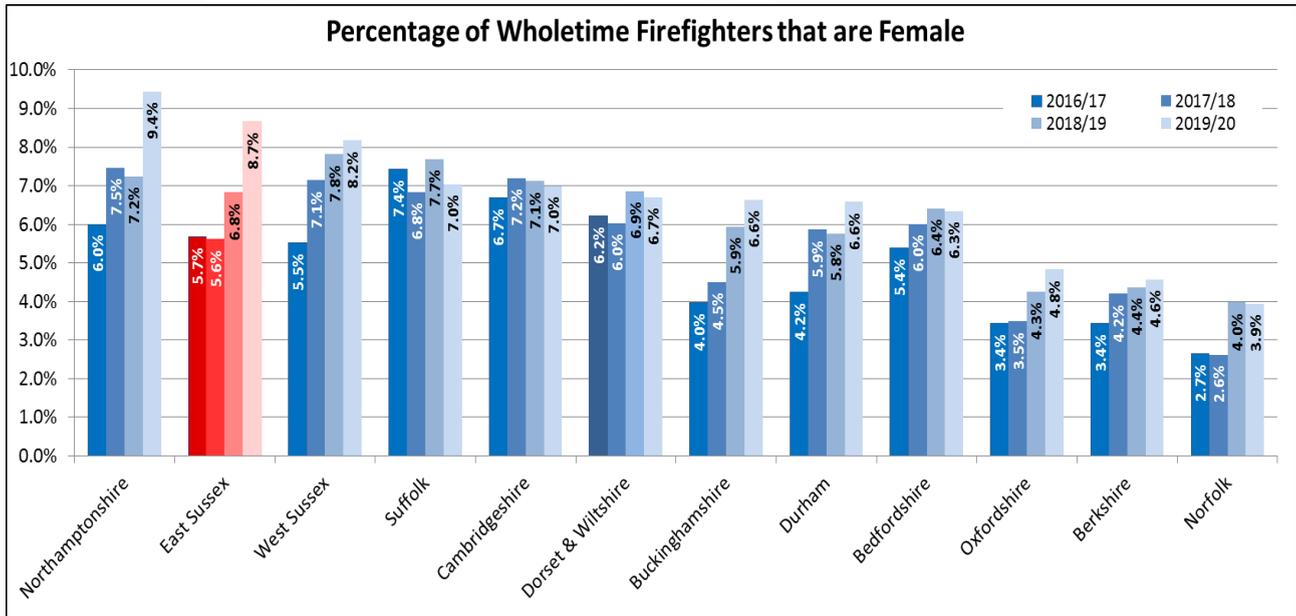


Chart 10: Percentage of WT firefighters that are female. (Source - Home Office Incident Recording System, Fire statistics table 1103: Staff headcount by gender, fire and rescue authority and role.)

Chart 11 shows the actual numbers of male and female firefighters at each FG2 FRS. In terms of raw numbers, ESFRS has the highest numbers of female firefighters with 31. The lowest number of female fighters were 11, in both Oxfordshire and Norfolk FRSs.

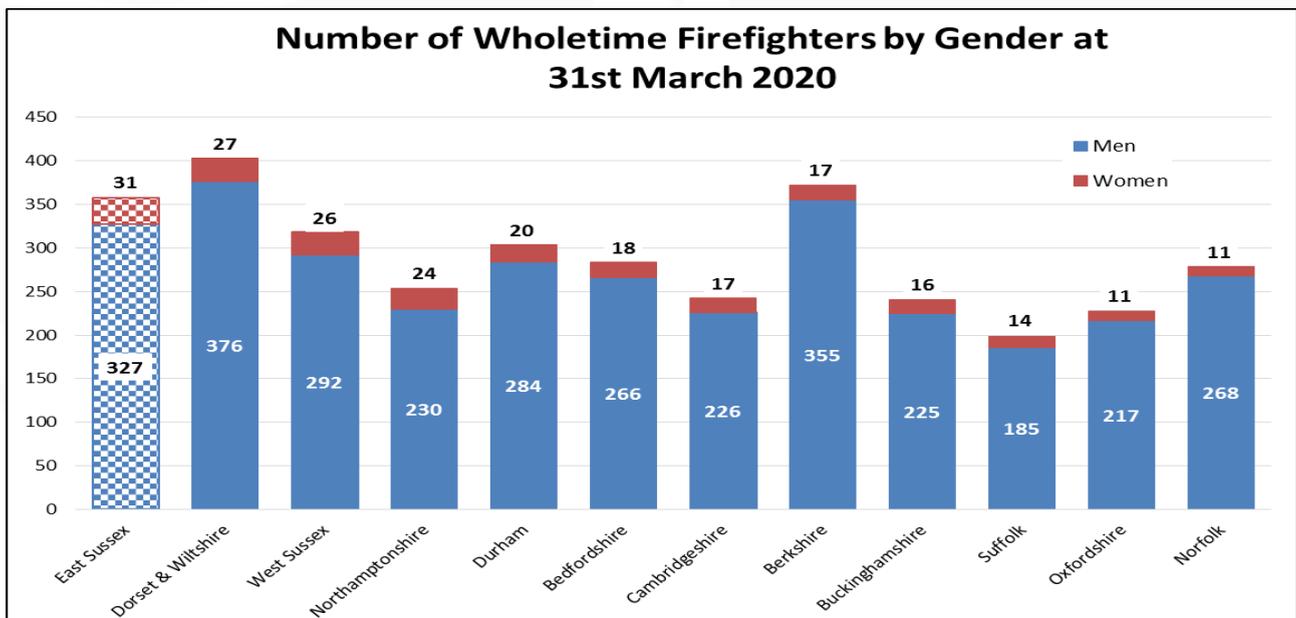


Chart 11: Numbers of WT firefighters that are female. (Source - Home Office Incident Recording System, Fire statistics table 1103: Staff headcount by gender, fire and rescue authority and role.)

Nationally, the percentage of WT firefighters from ethnic minority backgrounds has also increased: from an average across all FRs of 1.5% in 2002 to 5.9% in March 2020. ESFRS is currently below the national average with 2.7% as are all FG2. The highest is Suffolk with 4.8%.

Chart 12 illustrates the percentage of WT firefighters that are from an ethnic minority background for FG2. As of 31 March 2020, ESFRS has the 5th lowest proportion of ethnic minority WT firefighters across the FG2 members.

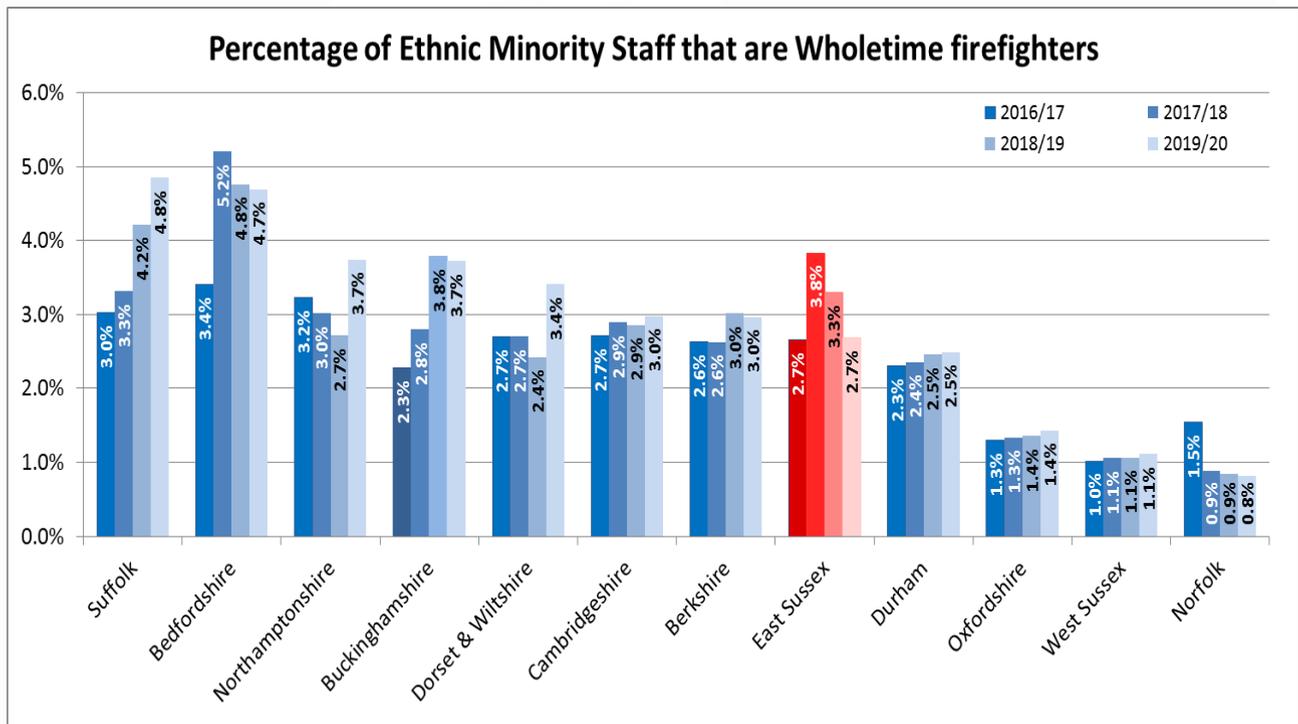


Chart 12: Percentage of WT firefighters that are from an ethnic minority. (Source - Home Office Incident Recording System, Fire statistics table 1104: Staff headcount by ethnicity, fire and rescue authority and role.)

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

Chart 13 shows the actual numbers of white and ethnic minority WT firefighters by each FG2 member. ESFRS has the equal 4th highest number of ethnic minority WT firefighters with 9. Bedfordshire was the highest with 13.

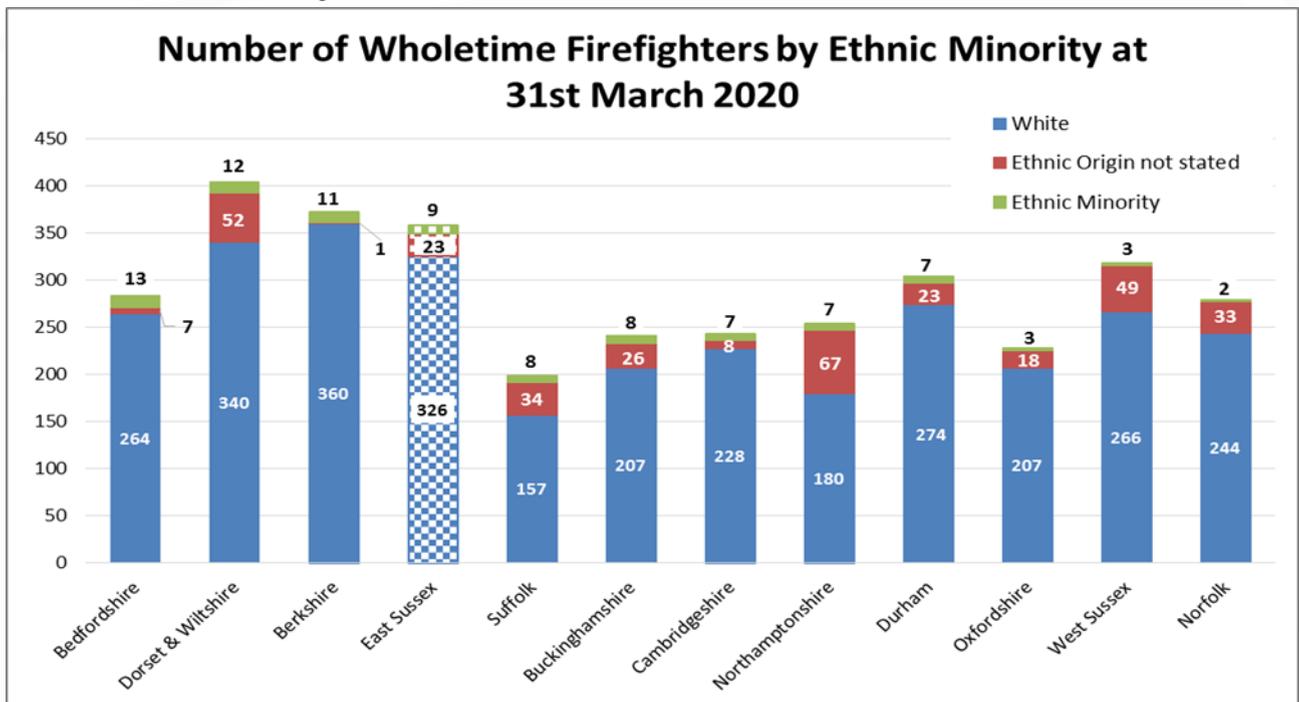


Chart 13: Number of WT firefighters that are from an ethnic minority. (Source - Home Office Incident Recording System, Fire statistics table 1104: Staff headcount by ethnicity, fire and rescue authority and role.)

Sickness

Chart 14 illustrates the number of duty days lost per person for WT and Control staff due to sickness. ESFRS has the highest level of sickness in FG2 for 2019/20 with 10.77 days lost to sickness per employee compared to the FG2 average of 8.19. However, five FRSs from FG2 did not provide data in 2019/20. These are represented as 'n.a.' (not available) in the chart below where no value was returned.

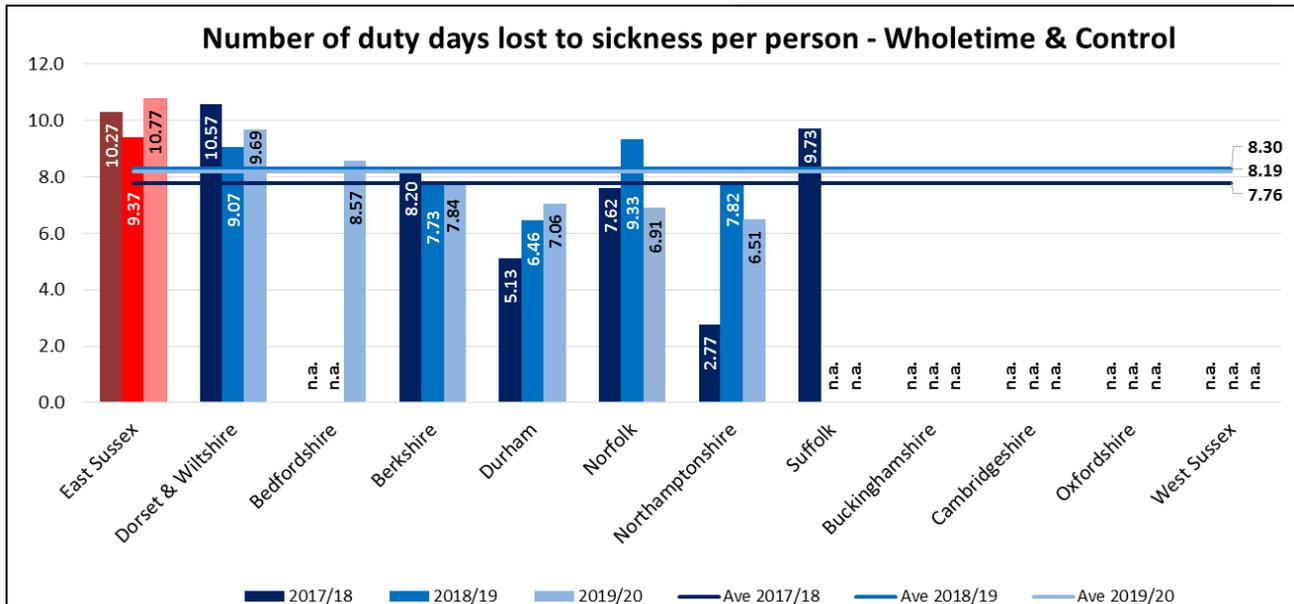


Chart 14: Number of shifts lost per person due to sickness (WT and Control). (Source - National Fire & Rescue Service Occupational Health Performance Report April 2019– March 2020)

Chart 15 illustrates the number of shifts lost per person for non-uniformed staff due to sickness. ESFRS has the 4th highest level of sickness in FG2 from the 11 FRS that provided data in 2019/20 with 8.76 days lost to sickness per employee. This figure is above the 2019/20 average of 8.22. (In the chart below, 'n.a.' represents no value being returned.)

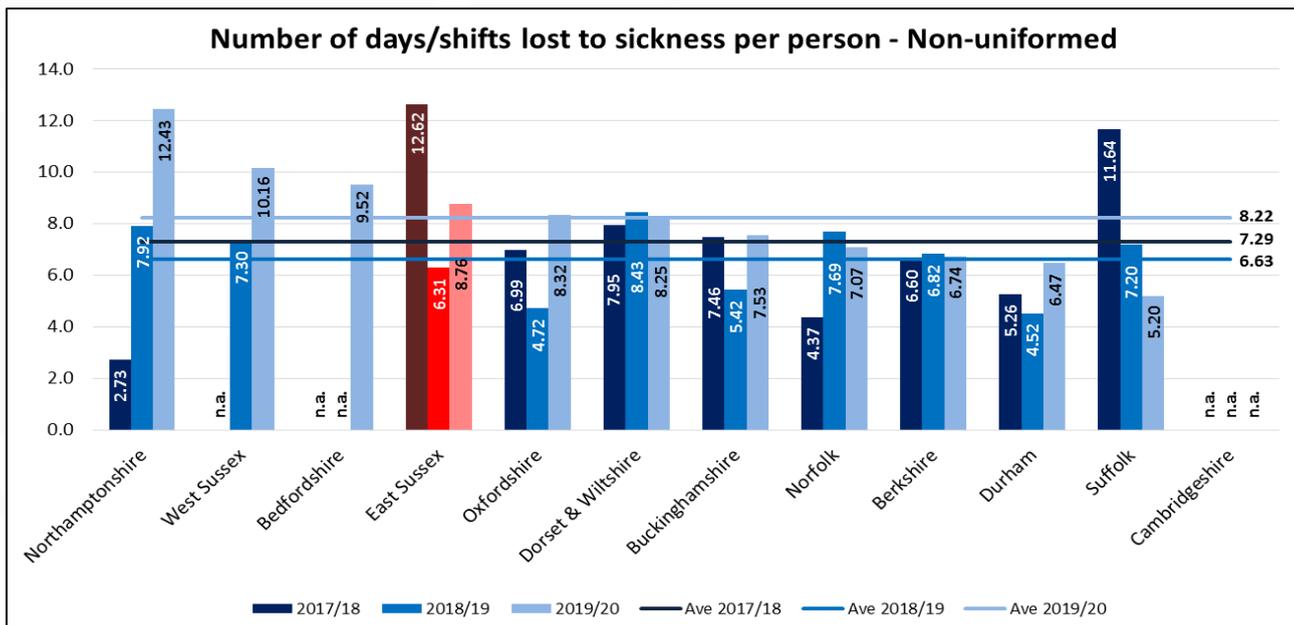


Chart 15: Number of shifts lost per person due to sickness (Support). (Source - National Fire & Rescue Service Occupational Health Performance Report April 2019 – March 2020.)

Home Safety Visits completed

Chart 16 shows the numbers of Home Safety Visits (HSVs) completed from 2010/11 to 2019/20 per 1,000 occupied dwellings for each FG2 member.

ESFRS has the 2nd highest number of HSVs completed per 1,000 occupied dwellings in 2019/20 with 27.6. Durham, with the highest number of HSVs completed 68.2 per 1,000 occupied dwellings.

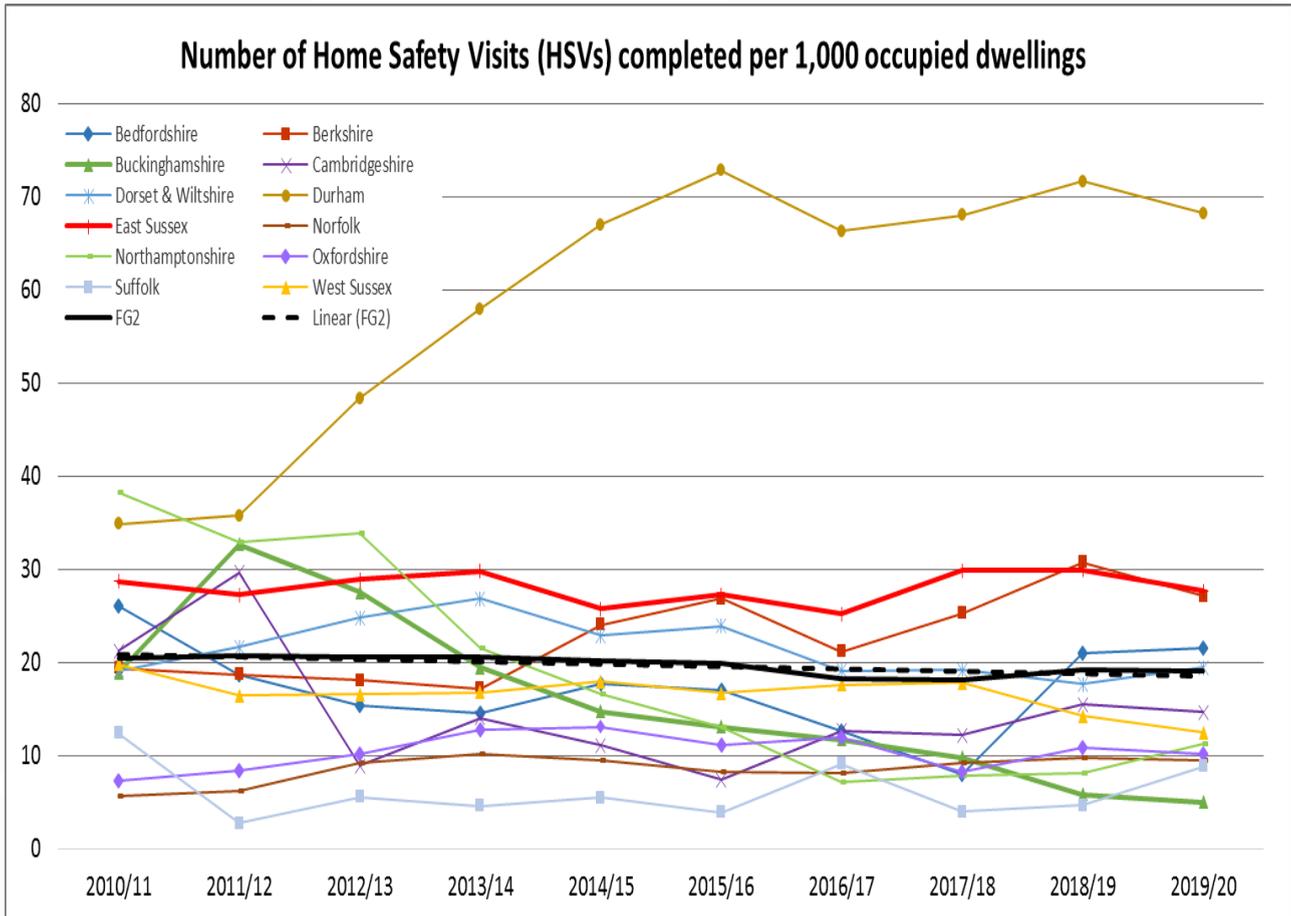


Chart 16: Number of HSVs completed per 1,000 occupied dwellings. (Source - Home Office Incident Recording System, Fire statistics table 1201: Home Fire Risk Checks carried out by fire and rescue authorities and partners, by fire and rescue authority & LG Inform/Ministry of Housing, Community & Local Government 2021.)

Number of Fire Safety Audits completed

Chart 17 shows the total number of Fire Safety Audits completed by FG2 in 2019/20. ESFRS had the 3rd lowest with 449, compared to Durham with 2,002. The FG2 average was 1,001.

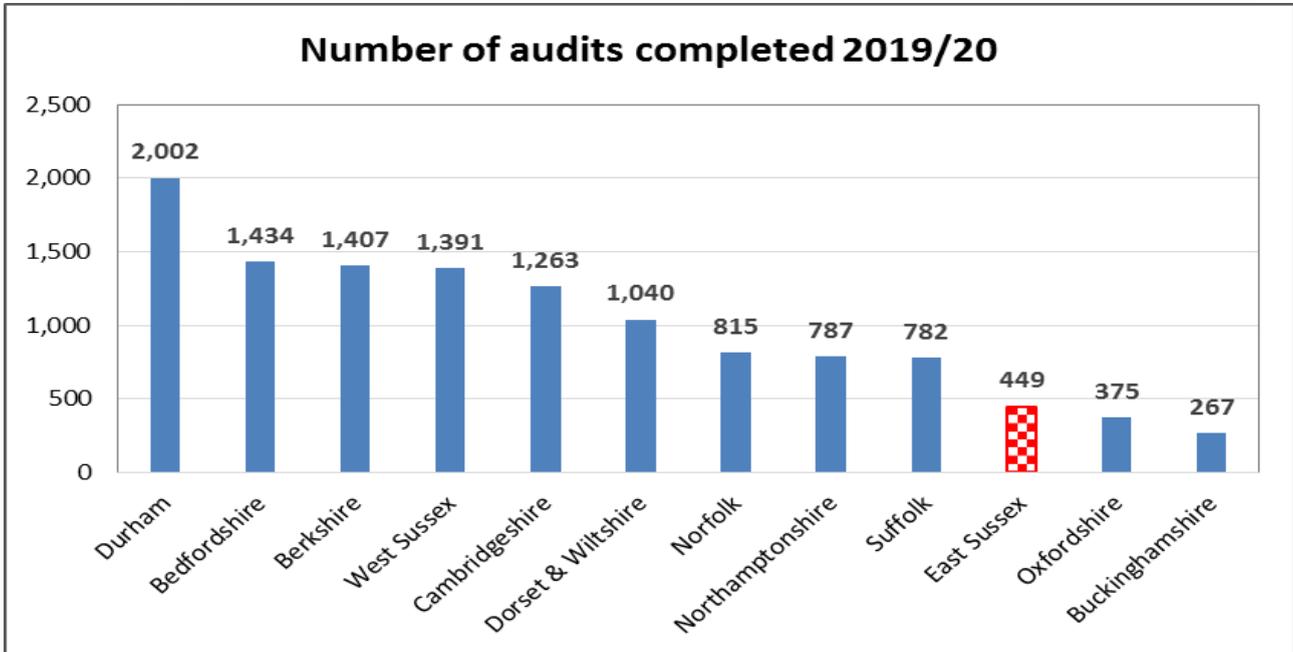
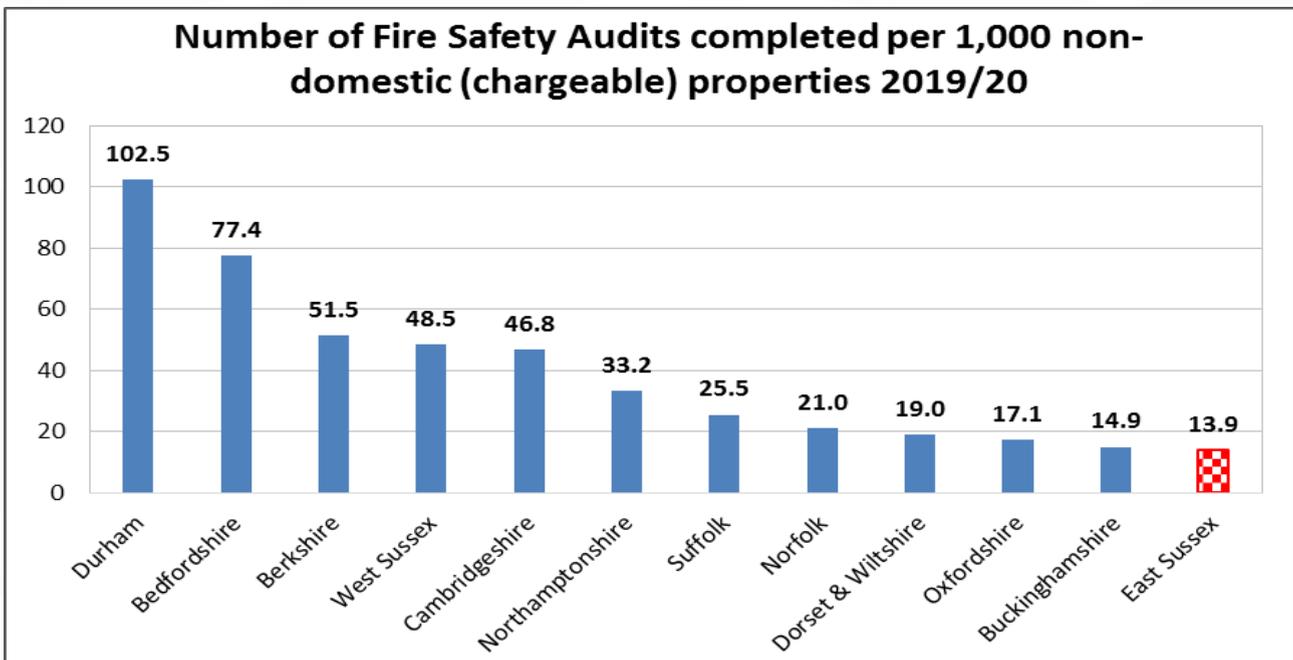


Chart 18 shows the number of Fire Safety Audits completed per 1,000 non-domestic (chargeable) properties in 2019/20. ESFRS completed the lowest recorded number of audits per 1,000 non-domestic (chargeable) properties with 13.9, whereas Durham completed the most with 102.5 per 1,000 non-domestic (chargeable) properties. The FG2 average at 39.3 was nearly treble that of ESFRS.



Charts 17 & 18: Number of Fire Safety Audits completed & Non-domestic (chargeable) properties. (Source - Home Office Incident Recording System, Fire statistics table 1202: Fire Safety Audits carried out by fire and rescue authorities, by fire authority & CIPFA FRS Statistics 2020 Summary.)

Incident comparisons - Benchmarking

Nationally, over the past decade, the number of incidents each FRS attend has reduced, demonstrating a consistent downward trend. Since 2001/02, ESFRS has attended 63.27% less fires (5,352 in 2001/02 down to 1,966 in 2019/20). Each FRS across the country has been experiencing similar reductions.

Chart 19, below, shows the reduction of Primary Fires per 1,000 population for the FG2 members from 2001/02 to 2019/20.

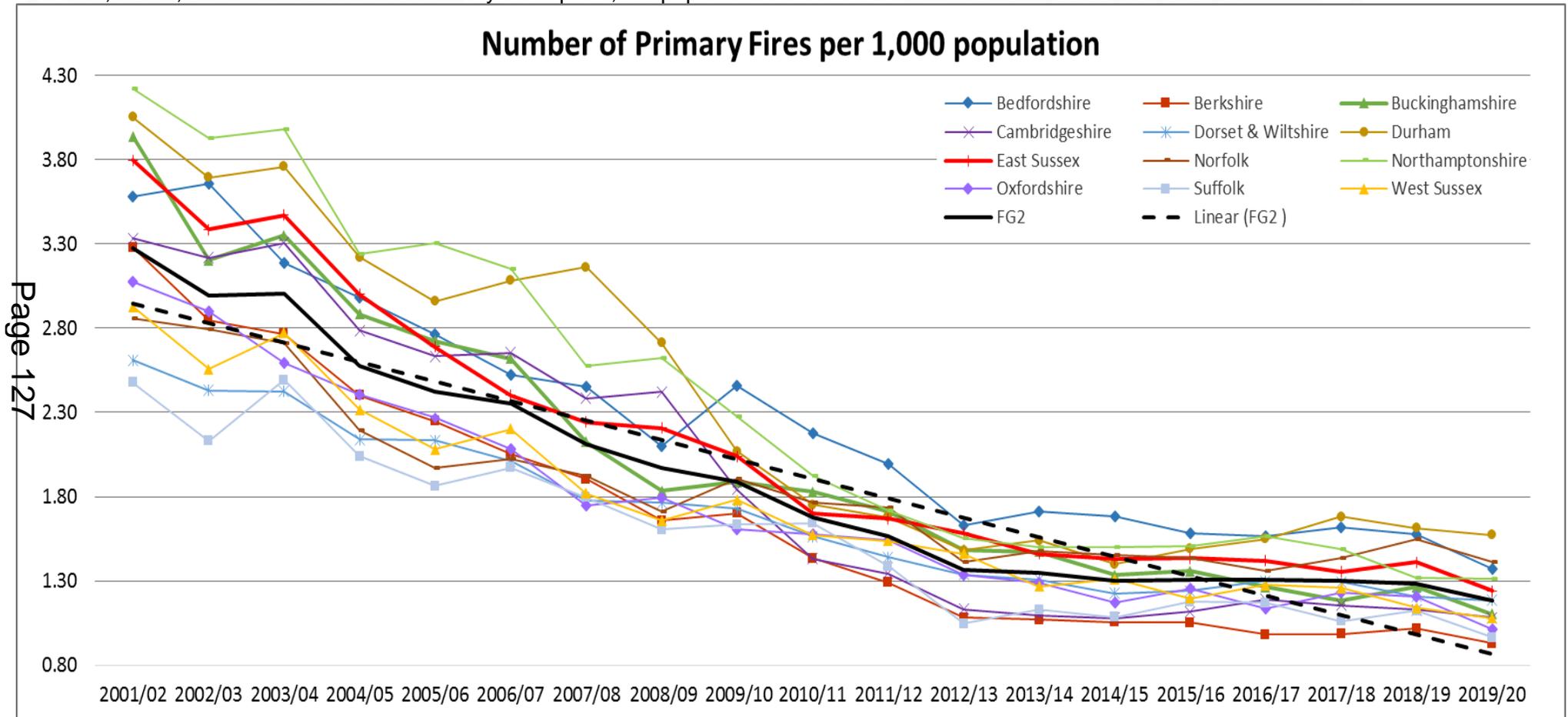


Chart 19: The number of Primary Fires per 1,000 population. (Source - Home Office Incident Recording System, Fire statistics table 0102: Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority.)

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

As with other Primary Fires, the number of Accidental Dwelling Fires has been reducing for a significant number of years. In 2018/19, ESFRS had 0.54 Accidental Dwelling Fires per 1,000 population. This was the highest rate in FG2.

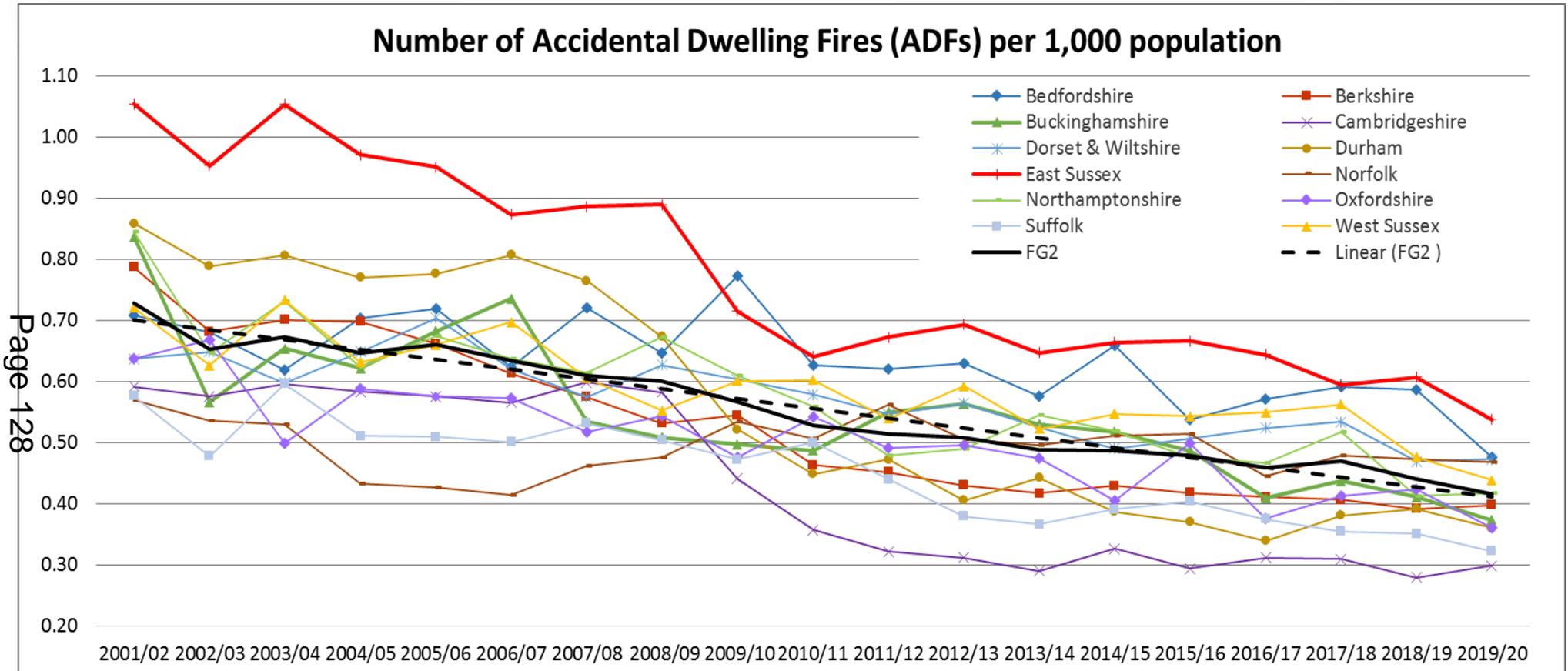


Chart 20: The number of accidental dwelling fires per 1,000 population. (Source - Home Office Incident Recording System, Fire statistics table 0202: Fires, fatalities and non-fatal casualties in dwellings by motive and fire and rescue authority, England.)

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

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

In 2019/20, ESFRS had 0.30 Deliberate Fires per 1,000 population. This was the 6th highest in the FG2 group and equal to the FG2 average.

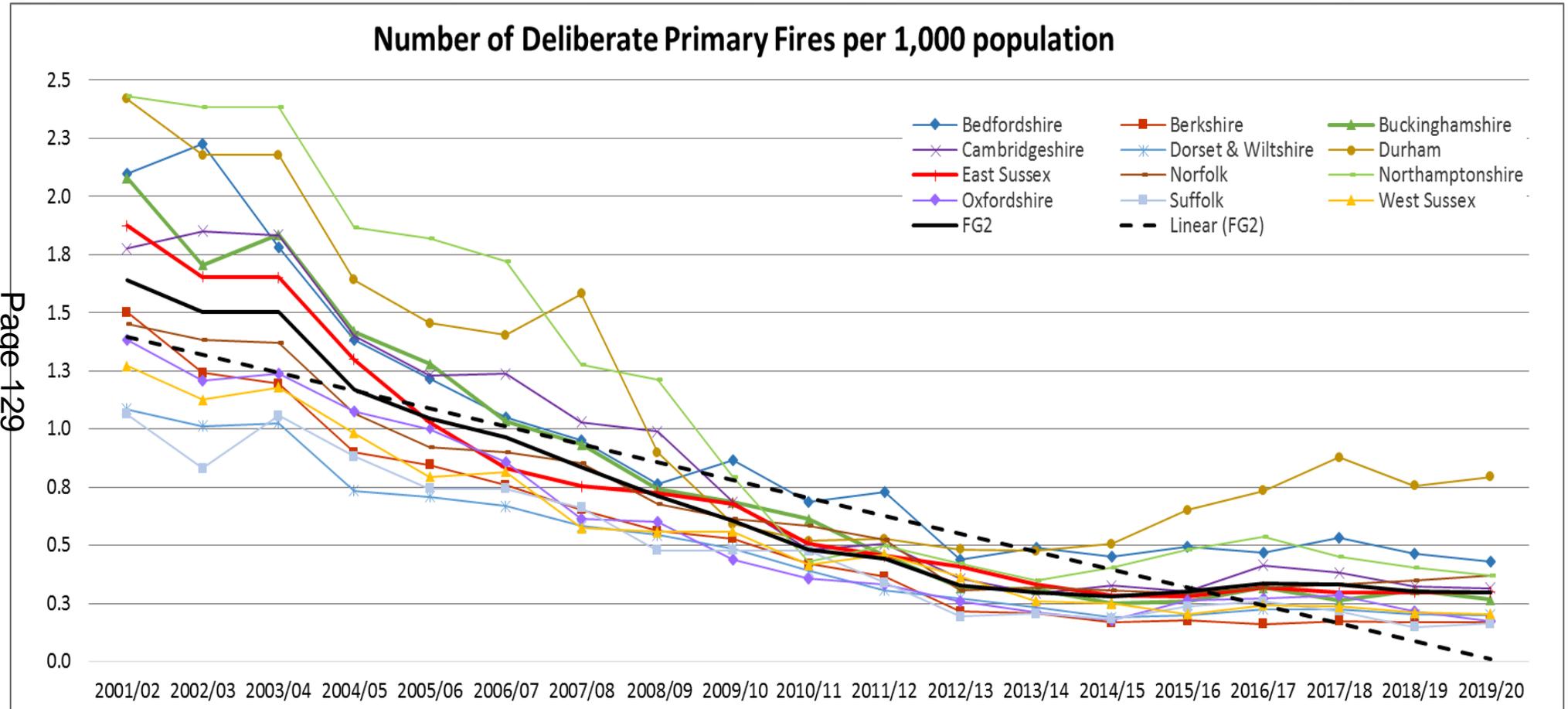


Chart 21: The number of Deliberate Primary Fires per 1,000 population. (Source - Home Office Incident Recording System, Fire statistics table 0401: Deliberate fires attended by fire and rescue services in England, by incident type and fire and rescue authority.)

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

Chart 22, below, clearly shows that the rate of Deliberate Secondary Fires per 1,000 population has reduced since 2001/02 with the FG2 average down more than two-thirds (68%). However, three FG2 members experienced an increase last year including ESFRS, which had the highest total increase (42). ESFRS is still below the FG2 average, which is distorted by the considerable difference in numbers of deliberate secondary fires in Durham.

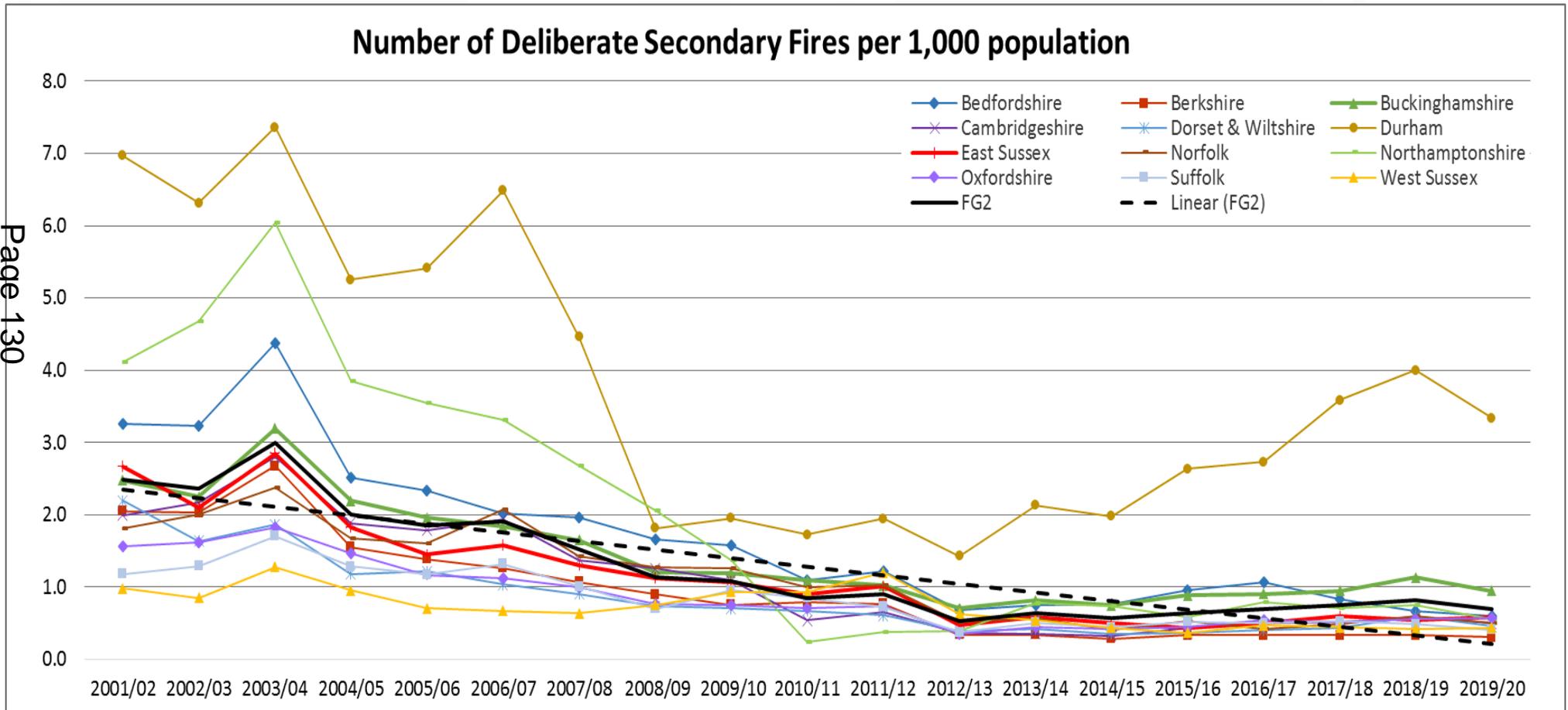


Chart 22: The number of Deliberate Secondary Fires per 1,000 population. (Source - Home Office Incident Recording System, Fire statistics table 0401: Deliberate fires attended by fire and rescue services in England, by incident type and fire and rescue authority.)

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

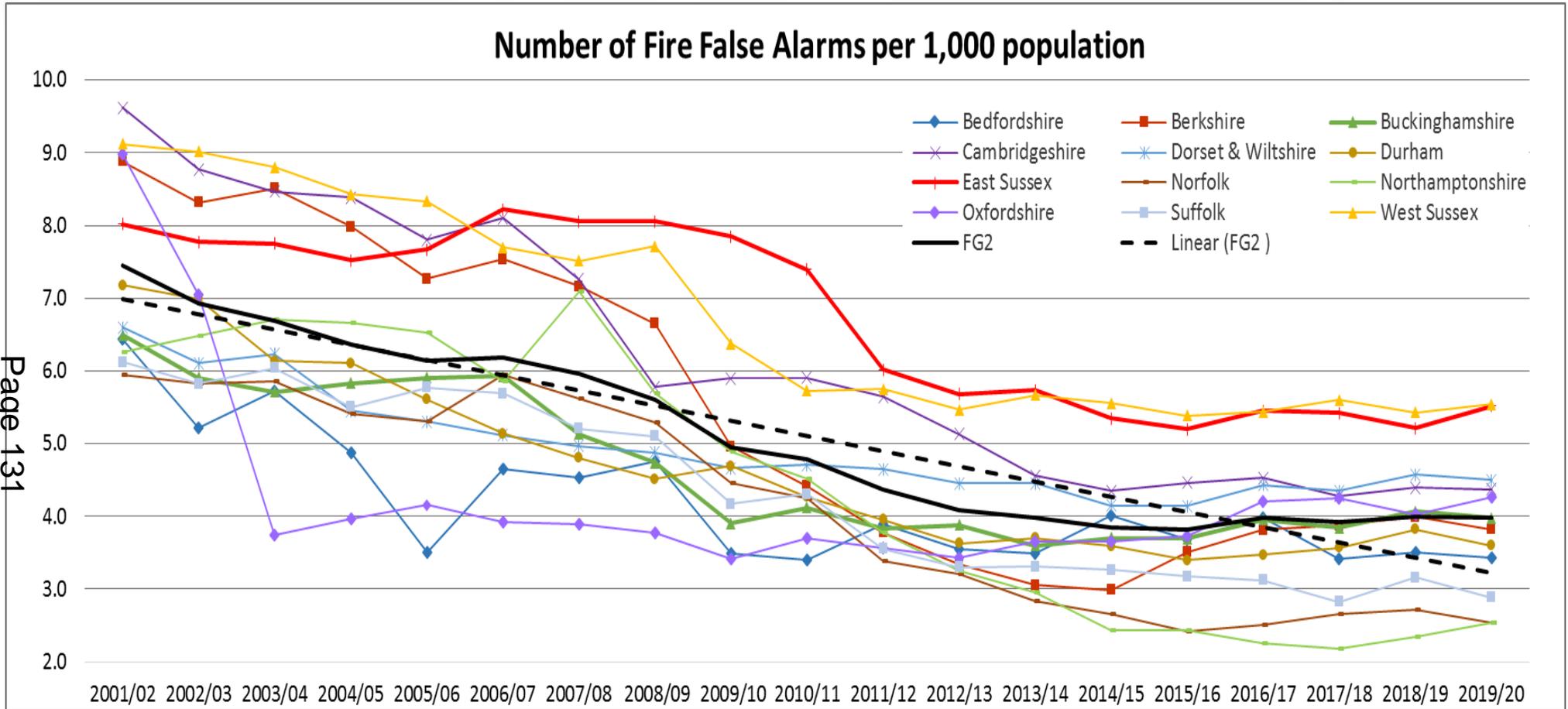


Chart 23: The number of Fire False Alarms per 1,000 population (total of false alarm good intent, false alarm malicious and false alarm due to apparatus calls). (Source - Home Office Incident Recording System, Fire statistics table 0102: Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority.)

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

In 2019/20, ESFRS attended 0.53 RTCs per 1,000 population. This was the 7th highest among the FG2 members and below the FG2 average (0.57).

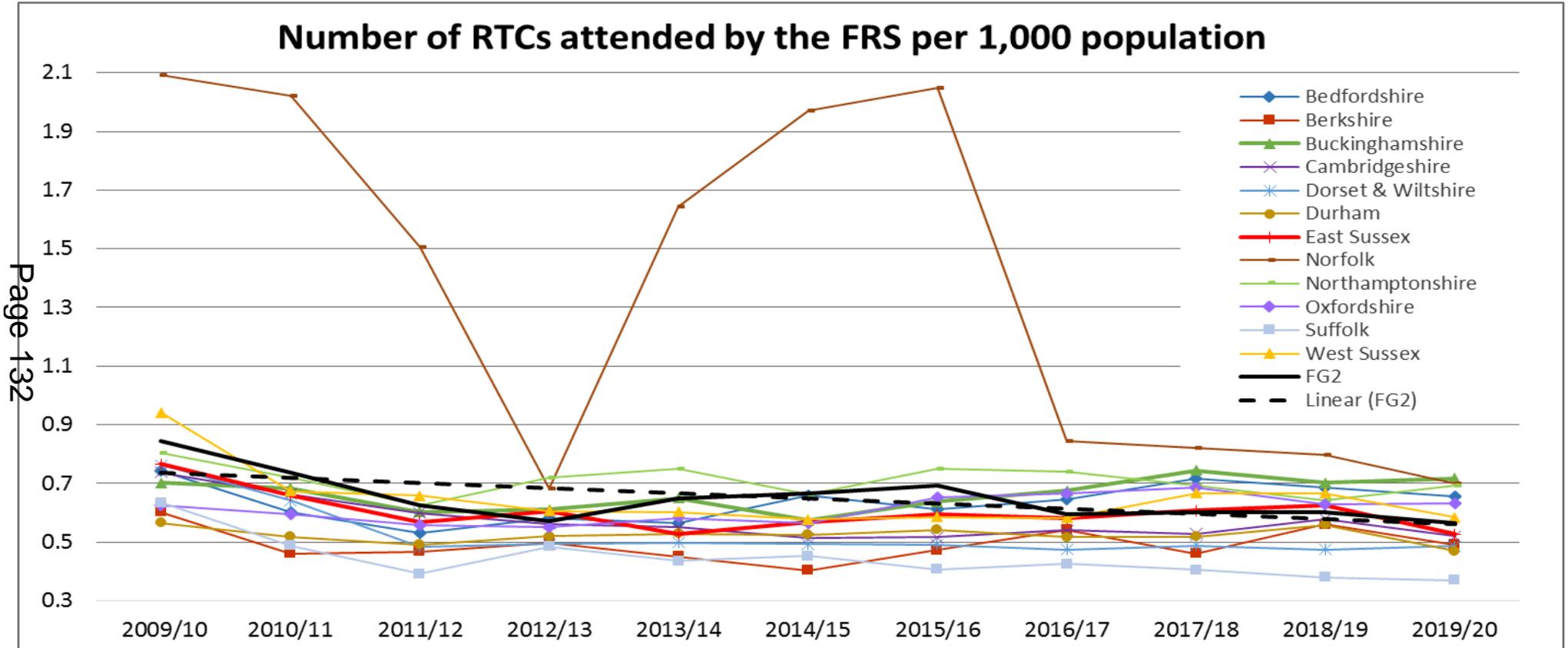


Chart 24: The number of Road Traffic Collisions (RTCs) per 1,000 population. (Source - Home Office Incident Recording System, Fire statistics table 0901: Non-fire Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority.)

Chart 25 shows the number of Rescue or evacuation from water and Flooding incidents (which include, making safe, pumping out, advice only, standby and other) combined per 1,000 population since 2009/10. 87% of all Flooding incidents occur in dwellings. Overall, this data is varied, however, West Sussex, Durham and Norfolk have experienced the greatest variation during this period.

In 2019/20, ESFRS had the highest number of incidents with 0.52 per 1,000 population. This was more than twice the FG2 average. This was also the case for the whole period shown in the chart below, where ESFRS averaged 0.49 compared to the FG2 group average of 0.24.

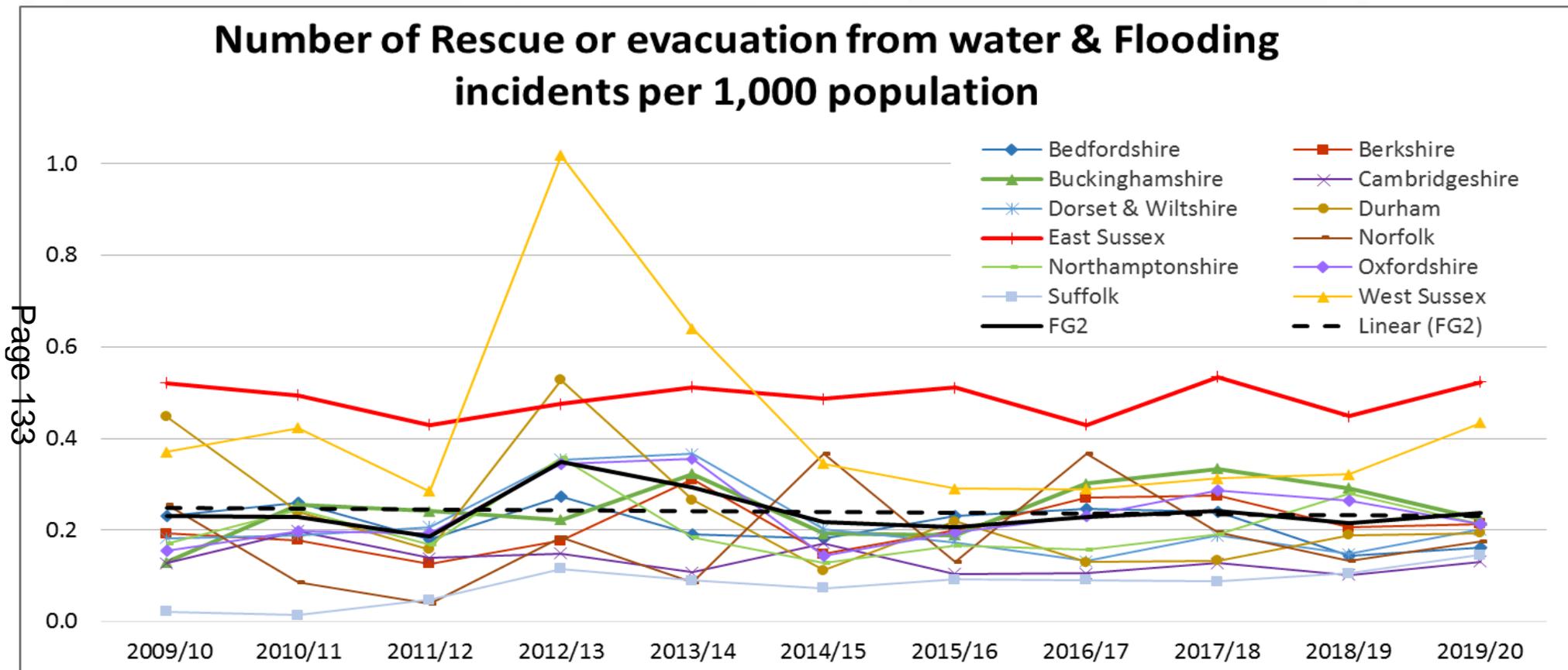


Chart 25: The number of Rescue or evacuation from water and Flooding incidents per 1,000 population. (Source - Home Office Incident Recording System, Fire statistics table 0901: Non-fire Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority.)

Actual incidents: % reduction from 2001/02 to 2019/20 and FG2 rank

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

Primary Fires by Fire and Rescue Service: 2001/02 - 2019/20		
FRS Area	% Change from 2001/02 to 2019/20	FG2 Rank 2001/02 - 2019/20
Bedfordshire	-54.5%	10
Berkshire	-67.8%	1
Buckinghamshire	-67.1%	2
Cambridgeshire	-61.0%	6
Dorset & Wiltshire	-48.1%	11
Durham	-58.2%	7
East Sussex	-62.7%	4
Norfolk	-43.9%	12
Northamptonshire	-62.9%	3
Oxfordshire	-62.5%	5
Suffolk	-55.8%	9
West Sussex	-57.9%	8

All Fire False Alarms by Fire and Rescue Service: 2001/02 - 2019/20		
FRS Area	% Change from 2001/02 to 2019/20	FG2 Rank 2001/02 - 2019/20
Bedfordshire	-36.6%	8
Berkshire	-51.0%	3
Buckinghamshire	-28.0%	10
Cambridgeshire	-45.3%	7
Dorset & Wiltshire	-21.9%	11
Durham	-46.1%	5
East Sussex	-21.5%	12
Norfolk	-51.5%	2
Northamptonshire	-51.5%	1
Oxfordshire	-45.9%	6
Suffolk	-46.4%	4
West Sussex	-30.5%	9

Accidental Dwelling Fires by Fire and Rescue Service: 2001/02 - 2019/20		
FRS Area	% Change from 2001/02 to 2019/20	FG2 Rank 2001/02 - 2019/20
Bedfordshire	-20.1%	10
Berkshire	-42.4%	3
Buckinghamshire	-47.7%	2
Cambridgeshire	-39.4%	6
Dorset & Wiltshire	-15.1%	11
Durham	-54.9%	1
East Sussex	-41.8%	4
Norfolk	-6.6%	12
Northamptonshire	-41.1%	5
Oxfordshire	-35.7%	8
Suffolk	-36.5%	7
West Sussex	-30.3%	9

Deliberate Secondary Fires by Fire and Rescue Service: 2001/02 - 2019/20		
FRS Area	% Change from 2001/02 to 2019/20	FG2 Rank 2001/02 - 2019/20
Bedfordshire	-78.0%	3
Berkshire	-82.8%	2
Buckinghamshire	-55.0%	10
Cambridgeshire	-69.8%	6
Dorset & Wiltshire	-76.0%	4
Durham	-48.4%	12
East Sussex	-74.9%	5
Norfolk	-68.8%	7
Northamptonshire	-83.8%	1
Oxfordshire	-58.3%	9
Suffolk	-60.7%	8
West Sussex	-49.1%	11

Average Response Times for all FG2 Fire and Rescue Services

Chart 26 shows the Average Response Times to dwelling fires for each FG2 member from 2009/10 to 2019/20. In 2019/20, ESFRS is ranked 3rd.

In England, the Average Response Time to fires in dwellings for 2012/13 was 7.4 minutes. ESFRS's Average Response Time for the same year was 6.9. In 2019/20, England's response rate increased to 7.8 minutes, whereas ESFRS increased to 8.0 minutes, therefore, now above the national average. The chart below shows that there is a slight increase in Average Response Times for FG2 experienced in 2019/20. ESFRS is below the FG2 average of 8.8.

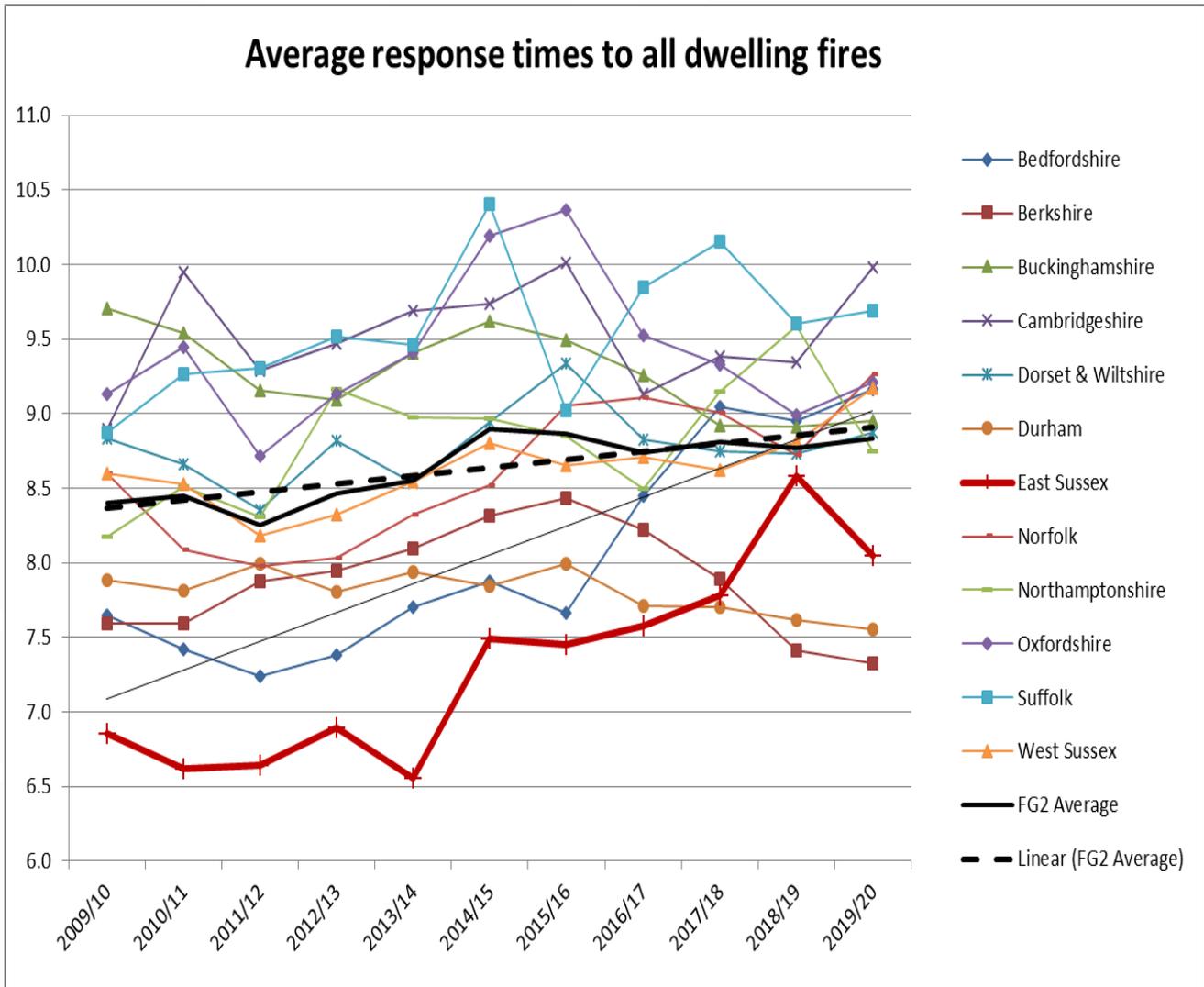


Chart 26: Average Response Times to dwelling fires. (Source - Home Office Incident Recording System, Fire statistics table 1001: Average response times for dwelling fires by fire and rescue authority, England)



Summary

- ESFRS, compared to the other FRS in FG2 in terms of population and properties, is most similar to Cambridgeshire and West Sussex.
- ESFRS covers the 3rd smallest area in FG2.
- ESFRS has a senior management structure similar in size, distribution and overall numbers to Oxfordshire and Northamptonshire.
- ESFRS has the 6th highest annual increase in WT firefighters, this 1.3% increase equates to 4 WT operational posts.
- ESFRS is 23.4% above the average number of WT firefighters with 358 (average 290) as of 31 March 2020 and has 6.6% less than the average On-call firefighters.
- ESFRS is above the FG2 average (20:1) for the ratio of firefighters to senior managers with 21:1. This is the joint 4th highest ratio of the group.
- ESFRS has a rate of 4.8 operational appliances per 100,000 population, this is above the average for FG2 with a rate of 4.3.
- ESFRS has a rate of 2.83 stations per 100,000 population this is the 5th lowest in FG2.
- ESFRS has one station for every 74.8 km², which is the 2nd highest density of stations per km² in FG2.
- ESFRS has the highest average net expenditure cost per domestic household and the 3rd highest cost per Council Tax Band D.
- ESFRS is currently (per 100 firefighters) above the FG2 average in operational injuries, currently ranked 2nd highest (same as in 2018/19) and below the average in training injuries, ranked 7th lowest (5th lowest in 2018/19).
- ESFRS has the 2nd highest proportion of female firefighters across FG2, with 8.7% of WT firefighters. This figure is above both the national average of 7.4% and the FG2 average of 6.7%. In terms of actual numbers, ESFRS has the highest number of female WT firefighters with 31 among FG2.
- ESFRS has the 5th lowest proportion of ethnic minority staff across the FG2 with 2.7%. This is below the proportion of ethnic minority residents in the ESFRS service area of 6.4%.
- ESFRS has the equal 4th highest number of ethnic minority WT firefighters with 9.
- ESFRS lost 10.77 duty days per employee among WT and Control staff due to sickness in 2019/20, up from 9.37 in 2018/19. The FG2 average for 2019/20 is 8.19 duty days lost per employee.
- ESFRS lost 8.76 shifts per employee among non-uniformed staff due to sickness in 2019/20, which is above the FG2 average of 8.22.
- ESFRS completed 27.6 Homes Safety Visits per 1,000 occupied domestic dwellings in 2019/20, the 2nd highest among FG2.
- ESFRS completed 13.9 Fire Safety Audits per 1,000 non-domestic (chargeable) properties. This is lowest among FG2.
- ESFRS has attended to 63.3% less fires (5,352 in 2001/02 down to 1,966 in 2019/20). Each FRS across the country has experienced similar reductions.
- ESFRS in 2019/20 had 0.54 Accidental Dwelling Fires per 1,000 population, which was the highest rate among FG2.
- ESFRS attends the 2nd highest numbers of incidents overall among FG2. The incidents most attended by ESFRS involve Fire False Alarms, accounting for 45.8% of all incidents (see table 6 overleaf for total incidents attended by FG2).
- ESFRS ranks 3rd for average response times to all dwellings with 8m 03s among FG2 but is above the national average of 7m 45s.

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

FRA	Primary Fires	Secondary Fires	Chimney Fires	False Alarm Apparatus	False Alarm Malicious	False Alarm Good Intent	Road Traffic Collision (RTC)	Other Transport incident	Medical Incident - First responder	Medical Incident - Co-responder	Flooding	Rescue or evacuation from water	Effecting entry / exit	Lift Release	Other rescue / release of persons
	l	l	l	l	l	l	l	l	h	h	l	l	l	l	l
Bedfordshire	926	909	36	1,446	84	788	443	13	37	7	99	10	337	89	41
Berkshire	850	855	38	2,140	96	1,259	450	13	23	113	173	22	515	195	73
Buckinghamshire	896	1,051	46	2,493	115	626	584	13	14	1,111	165	17	379	149	25
Cambridgeshire	926	1,045	35	2,478	54	1,213	445	15	30	38	88	24	135	28	64
Dorset & Wiltshire	1,773	1,317	160	4,763	182	1,791	727	53	39	22	262	39	829	215	147
Durham	1,002	2,386	61	1,036	49	1,205	299	5	47	33	104	19	124	28	21
East Sussex	1,048	831	87	3,404	105	1,174	446	36	57	63	424	20	579	345	88
Norfolk	1,280	897	124	1,327	57	921	636	18	36	6	121	38	402	58	87
Northamptonshire	989	685	41	825	85	1,015	523	15	12	200	147	13	130	56	53
Oxfordshire	701	654	80	2,249	80	619	438	22	26	196	116	31	327	97	32
Suffolk	734	734	69	1,541	55	601	282	16	31	7	83	28	83	17	55
West Sussex	931	718	64	3,270	136	1,381	504	21	36	4	343	32	530	205	107
FG2 Average	1,005	1,007	70	2,248	92	1,049	481	20	32	150	177	24	364	124	66
National results - England	68,677	82,150	3,130	157,149	6,544	67,738	31,080	1,273	4,459	13,845	15,526	1,975	26,331	11,705	4,403

FRA	Animal assistance incidents	Removal of objects from people	Hazardous Materials incident	Spills and Leaks (not RTC)	Making Safe (not RTC)	Suicide/ attempts	Evacuation (no fire)	Water provision	Assist other agencies	Advice Only	Stand By	No action (not false alarm)	Malicious False Alarm	Good Intent false alarm	Total
	l	l	l	l	l	l	l	l	l	l	l	l	l	l	l
Bedfordshire	56	42	42	35	23	29	6	1	300	18	4	26	3	70	5,920
Berkshire	54	53	58	26	63	25	1	0	144	49	0	67	1	123	7,479
Buckinghamshire	53	66	71	38	36	30	4	0	116	15	0	86	1	120	8,320
Cambridgeshire	123	62	31	20	27	37	7	1	242	13	6	56	0	1	7,244
Dorset & Wiltshire	172	122	77	84	131	61	10	1	678	62	7	110	3	190	14,027
Durham	66	85	35	36	35	29	1	0	74	4	6	57	0	69	6,916
East Sussex	182	88	33	86	194	36	4	0	693	44	1	90	0	71	10,229
Norfolk	121	52	56	74	82	62	5	1	558	20	1	24	2	64	7,130
Northamptonshire	67	63	45	37	55	31	10	0	202	22	2	35	0	84	5,442
Oxfordshire	64	52	57	22	43	23	4	0	101	8	0	93	1	63	6,199
Suffolk	97	25	28	12	23	13	0	1	252	6	3	19	0	43	4,858
West Sussex	92	94	31	76	162	26	6	1	516	67	13	122	1	131	9,620
FG2 Average	96	67	47	46	73	34	5	1	323	27	4	65	1	86	7,782
National results - England	4,714	5,278	2,957	3,213	4,746	2,035	598	30	18,324	2,520	352	9,100	229	7,218	557,299



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Appendix 2: NATIONAL/REGIONAL POSITION

Fire & Rescue Incident Statistics

Key results

- FRSs attended 153,957 fires. This was a 16 per cent decrease compared with the previous year (182,915).
- There were 68,677 primary fires (45% of the 153,957 fires attended). This was a six per cent decrease compared with the previous year (73,278).
- FRSs attended 231,431 fire false alarms. This was unchanged compared with the previous year (231,225).
- FRSs attended 18,304 medical incidents. This was an eight per cent decrease compared with the previous year (19,906).
- When excluding medical incidents, FRSs attended 153,607 other non-fire incidents, an eight per cent increase compared with the previous year (142,345).

Fire & Rescue workforce and pensions statistics

Total workforce and leavers

- 40,408 staff (FTE) were employed by Fire and Rescue Authorities (FRAs), similar to 2019 (40,424).
- 32,171 staff (FTE) were employed by FRAs as firefighters, virtually unchanged compared with the previous year (32,232 in 2019)
- 1,078 staff (FTE) were employed by FRAs as fire control. This was virtually unchanged compared with 2019 (1,063).
- 7,159 staff (FTE) were employed by FRAs as support staff again similar to 2019 (7,128).
- During the year ending March 2020, 4,194 staff left FRAs and 4,048 joined (around 9% of headcount).

Workforce diversity

- 7.0 per cent (2,461) of all firefighters employed by FRAs were women compared with 6.4 per cent (2,231) in the previous year and 4.7 per cent (1,783) five years ago. Continuing the trend identified in 2018-19, for the first time since 2006, the main reason for the increase in the proportion of firefighters who are female is due to the increase in female firefighters, as opposed to a decrease in male firefighters.
- 4.4 per cent (1,410) of firefighters employed by FRAs who stated their ethnicity were from an ethnic minority, compared with 4.3 per cent (1,368) in the previous year
- The average age of firefighters employed by FRAs was 41, the same as the previous year and five years ago.
- 3.3 per cent (872) of all staff employed by FRAs were Lesbian/Gay or Bisexual. This compared with 3.2 per cent (788) in the previous year.

Firefighter health and safety

- There was a total of 2,466 firefighter injuries, seven per cent fewer than in the previous year (2,646).
- 963 firefighter injuries were sustained during operational incidents, 15 per cent fewer than in the previous year (1,129)
- 54 were classed as major injuries, the same number as in the previous year.
- There were no firefighter fatalities recorded.

Firefighter pensions

- Firefighters' Pension Scheme expenditure in 2019-20 was around £908 million, a six per cent increase compared with the previous year (£858 million in 2018-19)
- In 2019-20, 80 per cent of expenditure was "recurring outgoing payments", 19 per cent was "commutation payments", and "transfers" and "miscellaneous expenditure" together total less than one per cent.
- Firefighters' Pension Scheme income in 2019-20 was around £387.5 million, a 51 per cent increase compared with the previous year (£257 million in 2018-19).
- Employer contributions nearly doubling from £135 million in 2018-19 to £260 million in 2019-20 as a result of changes to the discount rate set by Her Majesty's Treasury from April 2019.
- The Firefighters' Pension Scheme deficit in 2019-20 was around £520 million, a 13 per cent decrease compared with the previous year (£600 million in 2018-19).
- As at 31 March 20, the total number of pensioner members was 46,228 and of these, 94 per cent (43,473) were members who have retired and were in receipt of benefits from the 1992 Scheme, down from 95 per cent on 31 March 2019.

Fire prevention and protection statistics

Fire prevention

- In 2019/20, FRSs and their partners completed 581,917 HFSCs. This was three per cent fewer than the previous year (597,656 in 2018/19).
- In 2019/20, FRSs and their partners completed 321,437 HFSCs targeted at people aged 65 and over. This was eight per cent fewer than the previous year (349,792 in 2018/19).
- In 2019/20, FRSs and their partners completed 168,485 HFSCs targeted at disabled people. This was two per cent fewer than the previous year (172,087 in 2018/19).

Fire protection:

- In 2019/20 FRSs carried out 48,414 Fire Safety Audits. This was two per cent fewer than the previous year (49,327 in 2018/19).
- 31,978 (66%) of audits in 2019/20 were deemed satisfactory. This percentage was one percentage point fewer than the previous year 33,265 (67%) in 2018/19.
- The 48,414 audits were carried out in three per cent of premises known to FRSs. This percentage was unchanged from the previous year (3% in 2018/19)
- The most common type of premises to be audited was "shops". There were 7,880 shops audited in 2019/20, 16 per cent of all fire safety audits. In 2019/20, the second most common type of premises audited was "care homes", 13 per cent of all Fire Safety Audits.
- There were 2,295 formal notices issued in 2019/20 (compared with 2,390 in 2018/19) comprising 1,347 enforcement notices, 788 prohibition notices, 108 alteration notices and 52 prosecutions.

Fire & Rescue service Sickness statistics

- During this period (2019/20), from the Fire Services who submitted data, there have been 34,491 separate occurrences of sickness absence.
- 42 FRS' (including North West Fire Control) submitted data for the period April 2019 December 2020 and the total shifts lost per member of staff for all staff

groups equates to 9.35 shifts per member of staff (9.17 shifts lost in the previous year).

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EAST SUSSEX FIRE AUTHORITY

Meeting Scrutiny and Audit Panel

Date 22 July 2021

Title of Report Performance Report for Quarter 4 2020/21

By Liz Ridley, Assistant Director – Planning & Improvement

Lead Officer Sharon Milner, Planning & Intelligence Manager

Lead Member Cllr Paul Redstone

Background Papers None

Appendices Appendix 1 – Quarter 4 report

Implications

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

PURPOSE OF REPORT To present the fourth quarter and year end results for 2020/21.

EXECUTIVE SUMMARY This report provides the Scrutiny and Audit Panel with a summary of service performance information for the 4th quarter of 2020/21 and year end results.

The report contains information against 21 indicators.

Additional information on sickness and East Sussex Fire & Rescue Service (ESFRS) road traffic collision data is also contained in the report as requested by Members at previous meetings.

Due to the national pandemic, the Service has adapted new models of service delivery including telephone home safety visits and business safety audits. The direction of travel indicators in these areas are not comparable therefore have not been included.

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.
-

1. INTRODUCTION

- 1.1 This report contains the quarter 4 and year end performance indicator results for 21 performance indicators for 2020/21, against the results for the same period in 2019/20 where comparable. The direction of travel column is comparing the Service's 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 Due to the limitations imposed by the COVID-19 restrictions ESFRS has continued to find other ways of undertaking home safety visits, business safety audits and engagements. Hence, as per the previous performance reports this year, the standard PIs do not reflect this additional work and the direction of travel has not been reported against these areas. Therefore this report includes all indicator results, but only shows the previous year comparison against 16 of the total 21.
- 1.4 The additional information about the numbers of telephone home safety visits and other business safety work has been included in Appendix 1 to show the level of extra work that has been undertaken during the pandemic. As previously reported there is again more information in the main body of this report covering a range of other activities that ESFRS community safety and business safety teams have been doing to support the local community during this time.

2. MAIN ISSUES

2.1 Quarter 4 results

- 2.2 Eleven of the 16 indicators that are reported against are showing an improvement in performance against the same quarter in the previous year, two are the same and three are showing a decline.
- 2.3 Of those reporting a decline in performance; three indicators are reporting at least a 10% decline in performance against quarter 4 2019/20. These are:
- (i) Number of workplace reported accidents / injuries
 - (ii) The percentage of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire

2.4 Year end results

- 2.5 Fourteen of the 16 indicators that are reported against are showing an improvement in performance against the previous year and two are showing a decline.
- 2.6 Only one indicator is showing a decline in performance of greater than 10% in the year end results against the previous year:
- (i) The percentage of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire

3. PERFORMANCE PRIORITY AREAS

3.1 The Fire Authority priorities as agreed by the Scrutiny and Audit Panel remain unchanged as below:

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

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

3.3 **Reducing accidental dwelling fires**

3.3.1 In quarter 4 2020/21 ESFRS attended 98 accidental dwelling fires (ADFs), this is a decrease of 32 against the same period in the previous year. The year end result in ADFs shows a further improvement in performance in this area with 443 against 453 in the previous year. This is the lowest number of ADFs ever recorded by ESFRS. The ADF working group continues to proactively engage with our communities and where spikes are seen in specific areas or station grounds, detailed analysis is carried out to try and identify trends.

3.3.2 In order to understand how the service can have seen large reductions of ADFs in quarter 4 2020/21, but only decreased by 10 over the year the data has been tabulated by quarter below. It can now be seen that quarter 2 in the current year was significantly higher than in 2019/20.

Table 1: Accidental dwelling fires by Quarter 2019/20 v's 2020/21

Accidental Dwelling fires	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2019/20	106	100	117	130	453
2020/21	105	123	118	97	443
Percentage difference	-1%	23%	1%	-25%	-2%

3.3.3 There have also been a number of social media campaigns. In February 2021 'Heads Up' was launched. This is the rebranded Black Museum and 'contains a catalogue of case studies ranging from chip pan fires through to fires caused by wheat bags. The case studies say how the fire started, what effect it had and if known, the cause of the fire.

<https://www.esfrs.org/news/2021-news/introducing-heads-up/>

3.3.4 There have also been a number of press releases reflecting recently attended incidents, for example 'Check your chimney' offering chimney fire prevention tips following a chimney fire in Hailsham in March.

<https://www.esfrs.org/news/2021-news/check-your-chimney/>

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 96.6% of our home safety visits to vulnerable people within our community by the end of quarter 4 2020/21, this is an increase against the previous year (91.6%). This contributes to a year end result of 95.8% against 92.2% in 2019/20. The vast majority of this work was undertaken over the telephone due to the COVID-19 pandemic.

3.5 Reducing the number of absences of our employees due to sickness

3.5.1 In quarter 4 2020/21 ESFRS lost 1.4 shifts per person to sickness (2.6 in the previous year quarter). The 2020/21 year end result came in at 6.6 shifts lost due to sickness, this is below the target of 7.5 shifts lost and greatly reduced against the 2019/20 result of 10.0. Levels of sickness remain low, although they have been increasing over the year. An element of this is due to COVID-19 and the fact that many employees are working from home and operational crews have changed their ways of working on station to minimise unnecessary contact and contamination. Also there has been a change in the way that COVID-19 symptom related illnesses are recorded, so currently these go under an 'other absence' code.

3.5.2 Since the pandemic began in March 2020 a further 1,404.5 shifts have been lost by employees for COVID-19 related reasons this equates to 2.6 shifts per person. However the majority of this relates to periods of self-isolation due to COVID-19 related symptoms and not because of a positive test to the disease.

3.5.3 Medically confirmed COVID-19 absence was responsible for 292.5 shifts lost, or 0.5 shifts per person. Medically confirmed cases are only reported from October 2020 due to the lack of tests available particularly in quarter 1 2020/21. The first medically confirmed test that were reported for ESFRS were in October.

3.5.4 Table 1 shows the breakdown of absence due to COVID-19 by the absence codes, calendar days and shifts lost

Table 1 COVID related absence for 2020/21

COVID-19 Absence code	Total calendar days lost	Total Shifts lost
COVID-19 (medically confirmed)	527	292.5
SELF-ISOLATION (at risk)	421	224.8
SELF-ISOLATION (household showing symptoms)	646	376.7
SELF-ISOLATION (individual showing symptoms)	245	151.5
SELF-ISOLATION (instructed by ESFRS)	434	224.5
SELF-ISOLATION (quarantining post holiday)	219	134.5
Grand Total	2492	1404.5

3.5.5 Figures 1, 2 and 3 contain information on whole-time, East Sussex fire control (ESFC) and support staff sickness split into long term, medium term and short term sickness respectively by quarter for the previous three years.

Figure 1 – Whole-time sickness

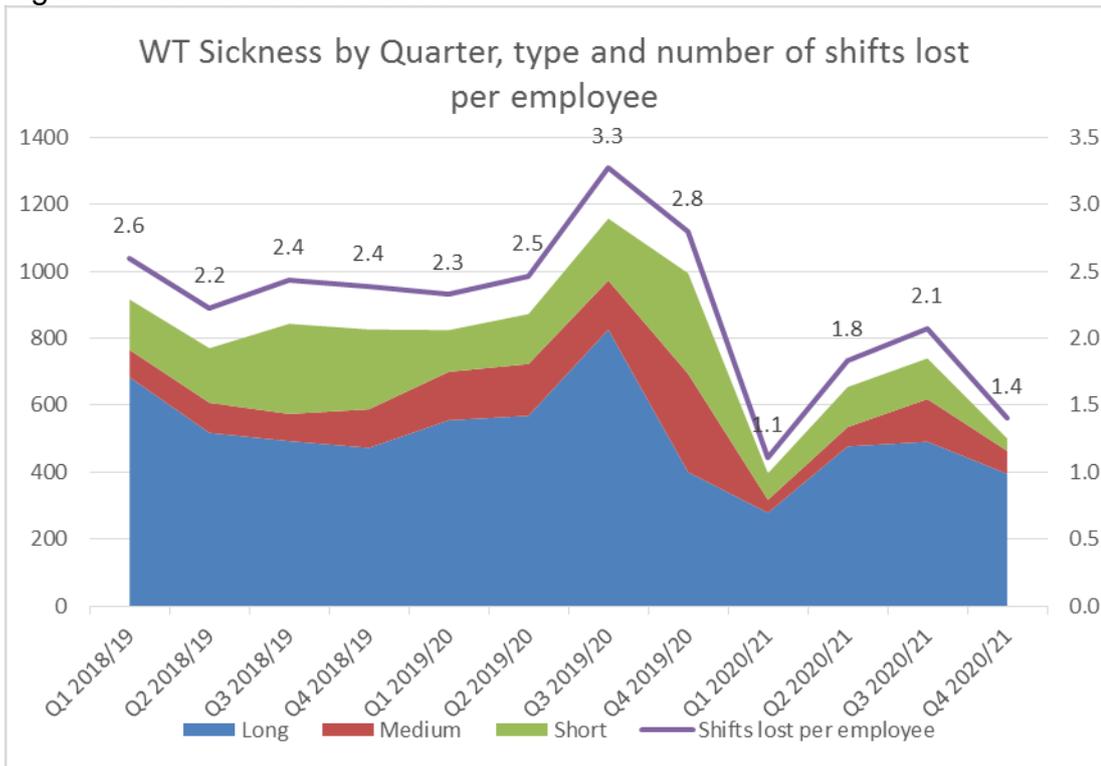


Figure 2 – East Sussex Fire Control Sickness

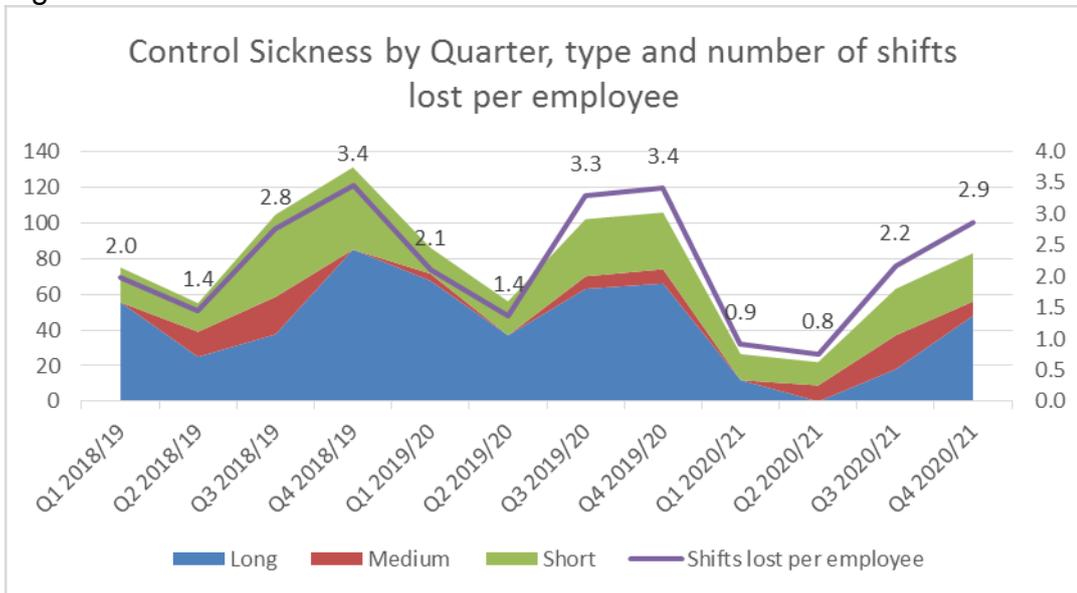
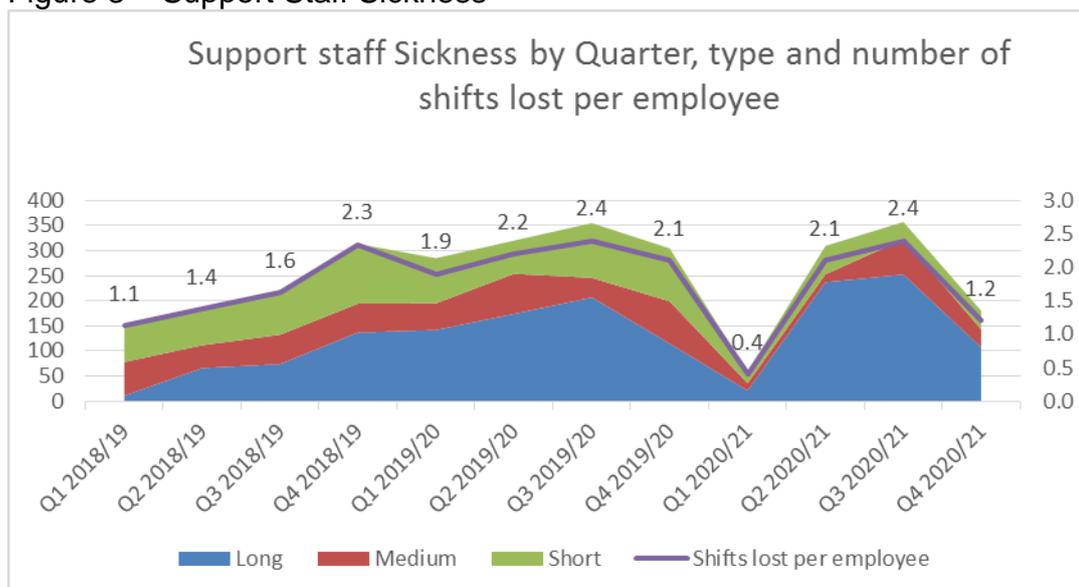


Figure 3 – Support Staff Sickness



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

3.6.1 False alarm calls attended decreased throughout quarter 4 2020/21 with a decrease of attendances against the base year of 31.6%, this was 23.0% in the same quarter in the previous year. The year end result for this indicator saw an overall decrease in attendance at false alarm calls of 36.3% against 30.4% in 2010/20.

3.6.2 Again this shift in performance can be attributed to the first COVID-19 lockdown from 19th March 2020 to 1 June 2020; a 4 week government imposed lockdown (end of October 2020) and the ensuing 4 tier system introduced after this in December; followed by a third national lockdown from 6 January 2021 until 8 March 2021 when schools started reopening. During these periods the majority of businesses were closed / unattended for long periods of time.

3.7 Percentage of accidental fires confined to the room origin.

3.7.1 91.8% of ADFs were confined to room of origin at the end of quarter 4 2020/21, a decrease in performance against the previous year quarter when the result was 92.3%. The year end result shows a further slight decline to 90.5% against 92.7% in 2019/20.

3.8 Inspections of high risk premises completed

3.8.1 There has been a big decrease in the number of inspections of high risk premises due to the COVID-19 pandemic and national lockdown on the same quarter in the previous year with 55 audits being completed against 107 in the previous year. At the end of 2020/21 330 high risk audits had been completed, in 2019/20 449 were undertaken. There was also a reduction in the business safety visits completed by crews with 82 at the end of 2020/21 against 388 in 2019/20.

3.8.2 However the business safety team have been engaging with the business community in a number of other ways and have completed a further 612 interactions, involving building regulation work, planning work and other fire safety activities.

3.8.3 Table 2 below shows the breakdown of the other interactions that were completed during **quarter 4 2020/21**. The majority of these were undertaken over the telephone.

Table 2 Breakdown of Business safety interactions for quarter 4 2020/21

Interaction	Total
Building Regulations	218
Housing	3
Licensing	75
Marriage Act	6
Other FS Activity	283
Planning	27
Grand Total	612

3.8.4 Table 3 below shows the breakdown of the other interactions that were completed during **2020/21**. The majority of these were undertaken over the telephone.

Table 3 Breakdown of Business safety interactions for 2020/21

Interaction	Total
Building Regulations	689
Housing	29
Licensing	262
Marriage Act	24
Other Consultation	2
Other FS Activity	1455
Planning	102
Grand Total	2563

3.9 Numbers of Home Safety Visits completed

3.9.1 In the fourth quarter of 2020/21, 581 properties were visited. Community Safety teams and operational crews are not able to undertake home safety visits in the normal manner due to the ongoing COVID-19 pandemic. Telephone home safety visits are being conducted and in quarter 4 2,076 of these types of home safety visits were undertaken by community safety staff and operational crews.

3.9.2 Table 4 details the range of community safety work that has been carried out either on the telephone or face to face during quarter 4 2020/21.

Table 4 Breakdown of community safety interactions during quarter 4 2020/21

Over all total (January - March 2021) HSV Telephone Assessments/ Faulty Alarm/ Interactions	
Total No of Enhanced HSV Telephone Assessments	32
Total HSV Telephone Assessments (SWA)	787
Total HSV Telephone Assessments (Crews)	1257
Number of Faulty Alarms - Standard & Specialist (Gone into properties)	157
Smoke & CO Fitted (gone into properties)	346
Specialist alarms Fitted (gone into properties)	35
Blanking Plates (gone into properties)	2
Bedding & Lap Blankets (dropped off/gone into properties)	41
Smoke Alarm (Posted)	210
CO Alarm (Posted)	62
No of Info Packs sent (email)	22
No of Info Packs sent (posted)	1399

3.9.3 Table 5 details the range of community safety work that has been carried out either on the telephone or face to face during 2020/21.

Table 5 Breakdown of community safety interactions during 2020/21

Over all total (April 2020 - March 2021) HSV Telephone Assessments/ Faulty Alarm/ Interactions	
Total No of Enhanced HSV Telephone Assessments	176
Total HSV Telephone Assessments (SWA)	3263
Total HSV Telephone Assessments (Crews)	3716
Number of Faulty Alarms - Standard & Specialist (Gone into properties)	726
Smoke & CO Fitted (gone into properties)	1083
Specialist alarms Fitted (gone into properties)	111
Blanking Plates (gone into properties)	37
Bedding & Lap Blankets (dropped off/gone into properties)	112
Smoke Alarm (Posted)	1016
CO Alarm (Posted)	384
No of Info Packs sent (email)	320
No of Info Packs sent (posted)	4128

3.9.4 The community safety team are also offering a vulnerable call scheme which includes a befriending service, arranging referrals to other agencies for assistance with shopping and GP assistance for example.

Table 6 Breakdown of the befriending calls made to vulnerable members of the community during quarter 4 2020/21

Over all total (January - March 2021) Vulnerable Call Scheme	
Number of calls made	554
Requires a befriending call	5
Referred to other agencies for help with shopping	0
Referrals made for HSV including Faulty Alarms	66
Required GP	0

Table 7 Breakdown of the befriending calls made to vulnerable members of the community during 2020/21

Over all total (April 2020 - March 2021) Vulnerable Call Scheme	
Number of calls made	2828
Requires a befriending call	97
Referred to other agencies for help with shopping	35
Referrals made for HSV including Faulty Alarms	515
Required GP	4

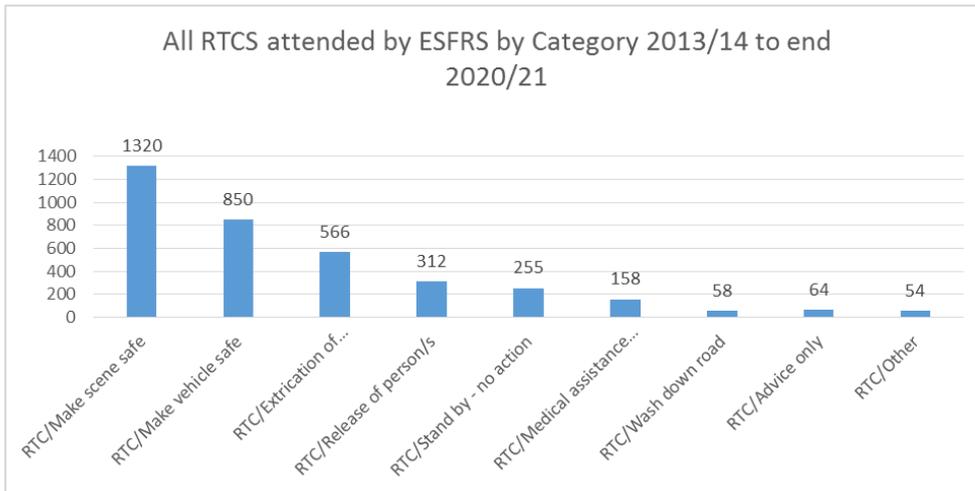
4. **ROAD TRAFFIC COLLISION DATA**

- 4.1 The following section contains information from the Sussex Safer Roads Partnership (SSRP) and internal data. The data from the SSRP is reported a year behind so the figures are for 2019/20 only. ESFRS attend approximately 18% 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 7 there has been a drop in the total number of RTCs across East Sussex as attended by Sussex Police, but an increase to 2018/19, followed by decreases in the next two years by those attended by ESFRS. The large drop in 2020/21 is probably attributable to the COVID-19 pandemic with much of the community sticking to local areas and reduced travel across the service area.

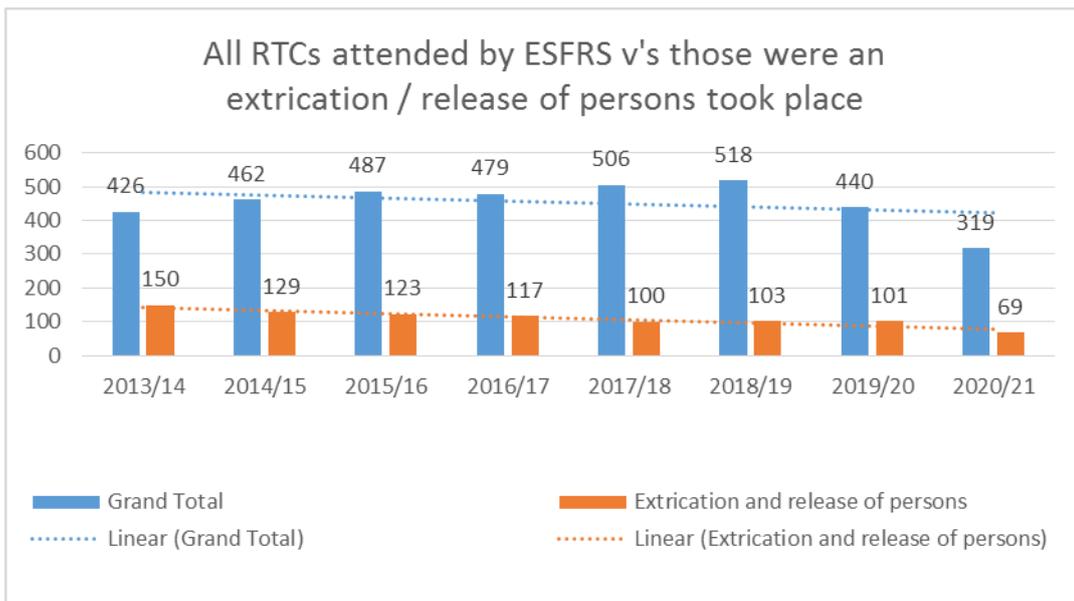
Table 7 number of ESFRS attended RTCs against the numbers of RTCs with casualties attended by Sussex Police in East Sussex

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
RTC ESFRS total attended	426	462	487	479	506	518	440	319
East Sussex All RTCs	2740	3027	3013	2823	2528	2697	2530	N/A
% of RTCs attended by ESFRS	16%	15%	16%	17%	20%	19%	17%	

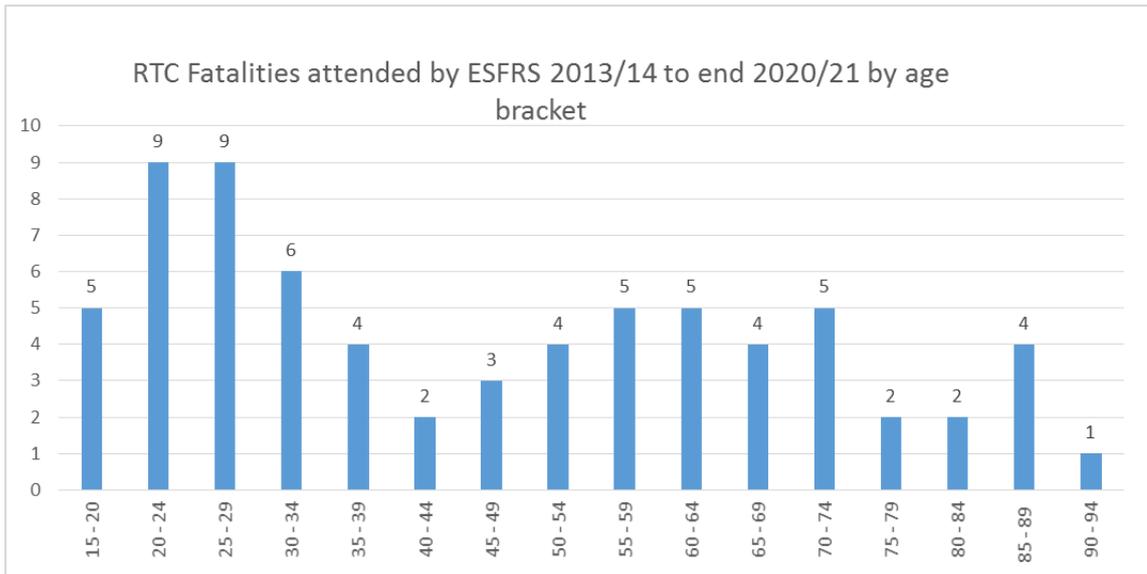
- 4.2 The graph below shows the number of RTCs attended over a seven year period by type to end of 2020/21. The largest category ESFRS is called to is making the scene safe. The total number where we have extricated and or released people is 878 over the period.



4.3 The following chart contains information on the number of RTCs attended against those where an extrication took place. RTC attendances are in the most recent two years showing a decrease. Extricated / release of persons trapped incidents are showing a decreasing trend over the entire reported period. This chart includes a year end result for 2020/21.



4.4 The following chart show that age range of the fatalities in RTCs attended by ESFRS over the seven year period to end of 2020/21. If the age is not known these incidents have been excluded.



5. EQUALITIES IMPLICATIONS

5.1 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**

East Sussex Fire & Rescue Performance Results Quarter 4 2020/21

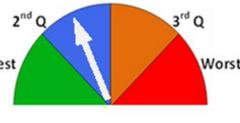
JULY 2021

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?	2019/20 Q4 result	2019/20 Year end result	National Quartile Position 2019/20	2020/21 Q4 result	End of year result 2020/21	Direction of travel from 2019/20 result
8	Total number of incidents attended	2,441	10,128		2,049	9,635	Improved
9	Number of deaths in primary fires	1	3		1	2	Improved
10	Number of injuries in primary fires	10	34		3	31	Improved
1 Priority	No of accidental dwelling fires	130	453		98	443	Improved
11	Number of primary fires	247	1,041		196	996	Improved
12	Number of deliberate fires	142	742		98	739	Improved
13	No of Industrial and Commercial fires	33	137	This is an ESFRS indicator only, no National data is available for comparison	22	123	Improved

Indicator No.	How will we measure performance?	2019/20 Q4 result	2019/20 Year end result	National Quartile Position 2019/20	2020/21 Q4 result	End of year result 2020/21	Direction of travel from 2019/20 result
14	70% of the first arriving appliances at any incident from an 'On-Station response' within 10 minutes	78.0%	76.0%	This is an ESFRS indicator only, no National data is available for comparison	79.7%	77.9%	Improved
15	70% of the first arriving appliances at any incident from an 'On-Call response' within 15 minutes	70.0%	73.0%	This is an ESFRS indicator only, no National data is available for comparison	78.3%	77.5%	Improved

We make our communities safer

We will do this by:

Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	2019/20 Q4 result	2019/20 Year end result	National Quartile Position 2019/20	2020/21 Q4 result	End of year result 2020/21	Direction of travel from 2019/20 result
2 Priority	% of Home Safety Visits to vulnerable people	91.6%	92.2%	This is an ESFRS indicator only, no National data is available for comparison	96.6%	95.8%	Improved Alternative delivery method
6 Priority	Undertake 10,000 Home Safety Visits	2,360	10,098		N/a	N/a	N/a due to COVID-19 pandemic
	Number of telephone HSVs completed (due to COVID-19 Pandemic)	181	181	This is an ESFRS indicator only, no National data is available for comparison	2,076	7,155	Alternative delivery method
	Number of properties visited for faulty / smoke alarm fitting etc	N/a	N/a	This is an ESFRS indicator only, no National data is available for comparison	581	2,069*	Alternative delivery method
7 Priority	Inspections of high risk premises completed	107	449		55	330	N/a due to COVID-19 pandemic
7a Priority	Business safety audits completed by Station crews	111	388	This is an ESFRS indicator only, no National data is available for comparison	38	82	N/a due to COVID-19 pandemic
	Other Business Safety telephone activities and interactions	628	2,700	This is an ESFRS indicator only, no National data is available for comparison	612	2,563	Alternative delivery method
18	Number of business safety engagement events	4	30	This is an ESFRS indicator only, no National data is available for comparison	3	6	N/a due to COVID-19 pandemic
19	Number of attendees at business safety engagement events	218	557	This is an ESFRS indicator only, no National data is available for comparison	60	730	N/a due to COVID-19 pandemic

* May have been fitted as a result of a telephone assessment so cannot be totaled with the figure above

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?	2019/20 Q4 result	2019/20 Year end result	National Quartile Position 2019/20	2020/21 Q4 result	End of year result 2020/21	Direction of travel from 2019/20 result
3 Priority	The number of working days/shifts lost due to sickness not to exceed 7.5 per employee	2.6	10	This is an ESFRS indicator only, no National data is available for comparison	1.4	6.6	Improved
20	Number of RIDDOR incidents	3	12		3	6	Improved
21	Number of workplace reported accidents / injuries	40	236		50	195	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?	2019/20 Q4 result	2019/20 Year end result	National Quartile Position 2019/20	2020/21 Q4 result	End of year result 2020/21	Direction of travel from Q3 2019/20 result
4 Priority	A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10	-23.0%	-30.4%	This is an ESFRS indicator only, no National data is available for comparison	-36.1%	-36.3%	Improved
22	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	1.2%	1.4%	This is an ESFRS indicator only, no National data is available for comparison	1.4%	2.3%	Declined
5 Priority	% of accidental dwelling fires confined to room of origin	92.3%	92.7%	This is an ESFRS indicator only, no National data is available for comparison	91.8%	90.5%	Declined

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	21 July 2021
Title of Report	Protection Update
By	Assistant Chief Fire Officer Mark Matthews
Lead Officer	Group Manager Business Safety George O'Reilly

Background Papers	<p>Fire Safety Consultation, 20th July 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919566/20200717_FINAL_Fire_Safety_Consultation_Document.pdf</p> <p>Home Office Fire Safety Consultation Response, 17th March 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970325/UPDATED_FINAL_Government_Response_to_Fire_Safety_Consultation.pdf</p>
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Appendices	None
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Implications

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

PURPOSE OF REPORT	To provide an update to the Panel on areas of work nationally and locally impacting our Business Safety Department.
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EXECUTIVE SUMMARY	As a direct result of the Grenfell Tower Tragedy, the Government and fire safety industry including East Sussex Fire & Rescue Service (ESFRS) are in the process of identifying and implementing significant learning from this incident to ensure it does not happen again. The various inquiries and reviews have already released many findings and recommendations that the Government and industry now need to consider and implement.
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This includes the new 'Fire Safety Act', a new 'Building Safety Bill' currently going through Parliament and many guidance and procedural changes that will directly impact our Protection delivery. Many of these changes will be informed and shaped by the industry and as such many consultations have taken place and continue to take place, with the Fire Service response often being led by the National Fire Chiefs Council (NFCC).

One of the more significant consultations is the Fire Safety Consultation run by the Home Office (HO). It contained 139 questions aimed at identifying what, if any, policy and legislative changes are needed to improve fire safety. It outlined proposals designed to strengthen legislation and improve compliance, Implement the Grenfell Tower Inquiry Phase 1 Report (GTIP1) recommendations and Improve the effectiveness of the building consultation process. The Business Safety department within ESFRS have contributed to this and many other consultations. Our commitment to implementing the Grenfell Tower Inquiry's (GTI) recommendations remains undimmed. Our Business Safety department has been working tirelessly to assess and embed new guidance and legislation, such as the new Fire Safety Act, whilst at the same time still delivering our statutory responsibilities to enforce the Fire Safety Order and provide Fire Safety Advice. All of this at a time when interactions have been challenging due to the COVID Pandemic. We have also restructured our Department and used Government Grant funding to resource our Business Safety Department to better prepare ourselves for further changes and work streams that will be released over the coming months and years. This includes the new Building Safety Bill, further recommendations from the GTI, new guidance from the NFCC directly and indirectly linked to these national work streams, such as a new 'Competency Framework' and Building Consultation and Planning procedures.

RECOMMENDATIONS

That the members of the Scrutiny & Audit Panel:

- a) notes the content of the report;
 - b) notes the update on current work streams and progress in response to the emerging detail contained in the Fire Safety and Building Safety bills as a result of the Home Office responses to the Fire Safety consultation, and
 - c) considers whether any further information or assurance is required from officers.
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1. INTRODUCTION

- 1.1. In the early hours of 14th June 2017, a fire took hold in Grenfell Tower, which was so severe that it has resulted in a root and branch review of how we deliver safe buildings within the UK. The review is being fed by a formal inquiry chaired by Sir Martin Moore-Bick as well as the “Independent Review of Building Regulations and Fire Safety” led by Dame Judith Hackitt which has been completed. These national work streams have led to both national changes as well as resultant local work streams to embed these changes within ESFRS.

2. THE HOME OFFICE CONSULTATION

- 2.1. To help inform how the industry will learn from and implement changes recommended by the above inquiries and reviews, the Home Office held a Fire Safety Consultation. It was published on 20 July 2020 and sought to further deliver the Government’s objective to improve building and fire safety in all regulated premises where people live, stay or work. It outlined proposals designed to:

- **Strengthen the Regulatory Reform (Fire Safety) Order 2005** (The FSO) and improve compliance in all regulated premises (section 1),
- **Implement the Grenfell Tower Inquiry Phase 1 Report (GTIP1) recommendations** that require a change in the law (section 2),
- **Improve the effectiveness of consultation between Building Control Bodies (BCBs) and Fire and Rescue Authorities (FRAs)** on planning for building work and the arrangements for the handover of fire safety information (section 3).

- 2.2. ESFRS responded to this consultation in great detail before the consultation closed on 12 October 2020. Many of the areas covered within the consultation have led to the changes and actions detailed in this paper.

3. THE REGULATORY REFORM (FIRE SAFETY) ORDER 2005

- 3.1. The FSO was introduced in October 2006 and covers the ongoing fire safety management of a premises while occupied. The FSO requires a responsible person (RP) to undertake, and review regularly, a fire risk assessment of the premises, to remove or reduce any significant risk and to put in place and maintain fire precautions that are adequate and proportionate to manage the remaining risk to life from fire. The FSO covers all premises other than single private dwellings.

4. THE FIRE SAFETY ACT

- 4.1. The Fire Safety Act has now passed through Parliament and is awaiting a commencement date. It clarifies that the scope of the FSO applies to the structure, external walls and individual flat entrance doors of multi-occupied residential buildings.
- 4.2. The clarification provided by the Fire Safety Act also allows Government to take forward the Grenfell Tower Inquiry Phase 1 (GTIP1) recommendations in relation to creating explicit duties for the RP in relation to sharing information on external walls

and flat entrance doors. We will need to be able to accept this information and make it available to our employees when required. This work is ongoing within the Service.

4.3. The Act will also provide a foundation for secondary legislation to take forward recommendations from the Grenfell Tower Inquiry phase one report, which stated that building owners and managers of high-rise and multi-occupied residential buildings should be responsible for a number of areas including:

- Regular inspections of lifts and the reporting of results to the local fire and rescue services
- Ensuring evacuation plans are reviewed and regularly updated and personal evacuation plans are in place for residents whose ability to evacuate may be compromised. These plans should be available on the premises by way of a 'Premises Information Box' (PIB).
- Ensuring fire safety instructions are provided to residents in a form that they can reasonably be expected to understand
- Ensuring individual flat entrance doors, where the external walls of the building have unsafe cladding, comply with current standards

5. THE BUILDING SAFETY BILL

5.1. The Government is due to introduce the Building Safety Bill. The Bill was published in draft on 20 July 2020 and will put in place an enhanced safety framework for high-rise residential buildings, taking forward the relevant recommendations from Dame Judith Hackitt's Independent Review of Building Regulations and Fire Safety. In the first instance, it is proposed that the new building safety regime applies to high-rise residential buildings of 18 metres and above or more than six storeys (whichever is reached first).

5.2. The main elements of the draft building safety legislation are:

- A new system to oversee the performance of building control functions,
- Clearer accountability for, and stronger duties on, those responsible for the safety of higher-risk buildings throughout design, construction and occupation.
- Giving residents a stronger voice in the system,
- Stronger enforcement and sanctions
- A new stronger and clearer framework to provide national oversight of construction products, to ensure all products meet high performance standards.

5.3. The FSO and the Housing Act 2004 (where appropriate) will continue to apply alongside the Building Safety Bill and the Government intends to address the interaction between the different regimes within buildings in scope through operational guidance.

6. REVIEW OF FSO SUPPORTING GUIDANCE

6.1. The Fire Safety Consultation included a commitment to overhaul the existing guidance under the FSO. The Government established a Guidance Steering Group to provide direction and expertise on the overhaul of FSO guidance in recognition that

new and revised guides will be needed to reflect changes coming out of the Fire Safety Act and any other legislation affecting the FSO. This work has been split into three tranches to align with these potential amendments and will make sure that the guidance supports RPs, enforcing authorities, fire risk assessors and anyone else affected by the changes to understand their new duties. Responses from the consultation indicate that revised guidance will be an important part in delivering the outcomes of the consultation. The findings of the consultation will also be used to support this work.

7. IMPLICATIONS FOR THE SERVICE

- 7.1. The Business Safety Support Team continue to monitor outcomes of the above inquiry and national reviews and ensure the Service is proactive in responding to the findings and the significant additional work streams as they are identified. A Business Safety Legislation Delivery Board has been stood up to ensure all aspects of the Fire Safety Act and Building Safety Bills are monitored and the implications and impact for ESFRS's Business Safety function are considered in a timely manner. This will include the potential financial and other resource impacts of additional statutory duties placed upon the Service.

8. SERVICE DELIVERY AND PROTECTION WORK STREAMS

8.1. Risk Based Inspection Programme

A wholesale review and evaluation of the current Risk Based Inspection Program (RBIP) has been undertaken. The aim of the RBIP is to develop over time an accurate understanding of the risk of fire in a premises and those that occupy them. This impact will be measured on individual risk, societal risk, fire-fighter risk and community risk also including heritage and the environmental risks. In this way we can direct ESFRS resources to where they are most needed to reduce the potential for loss of life, serious injury, commercial, economic and social costs and meet ESFRS statutory obligations. This has been developed in consultation and cognisance of proposals and current work streams of the NFCC Prevention Policy and Reform Unit (PPRU) through National and Regional forums. A reviewed Prevention and Protection Strategy and RBIP policy will be presented to SLT for consideration.

- 8.2 To support the above holistic risk reduction strategy, the Fire Authority has agreed to provide £2m funding to enable an electronic database known as 'Customer Relationship Management' (CRM) to be developed and enhanced so that it will complement and support the exchange of risk information to ensure it gets to the right resource in a timely manner to enable risk reduction activities to be carried out by appropriately trained members of staff and volunteers..

9. BUILDING RISK REVIEW (BRR)

- 9.1. On 5th September 2019, the Secretary of State for MHCLG stated 'I expect all high rise buildings to have been inspected or assured by the time the new building safety regime is in place, or no later than 2021'.
- 9.2. A key piece of work for the Business Safety Department is the Building Risk Review (BRR) which is designed to increase the pace of inspection activity across high rise

residential buildings of which 345 initial buildings in scope have been reduced down to 286 in scope buildings within the Authority area.

- 9.3. Supporting this programme, Government allocated grant funding, which the Senior Leadership Team agreed would be used to establish the BRR team overseen and directed by the BRR Strategic Board. This Board have determined that the BRR team will as a minimum triage all buildings in scope and will gather the relevant information required to justify the grant. They will also, however, endeavour to carry out an initial audit (desk top/short/full) for each premises by the end of December 2021. This will be over and above the requirements of the grant as detailed by government and repeated in the NFCC BRR guidance repeated above.

10. GRENFELL TOWER TASK AND FINISH GROUP UPDATE

- 10.1. The Grenfell Tower task & finish group first met in December 2020. At that time, the Service had an existing plan of 138 separate action points collated into 22 work streams. A report to the Fire Authority's Scrutiny and Audit Panel in July 2020 reported that of these 22 work streams, 17 were outstanding and 5 had been completed including:

- 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.
- A new Fire Survival Guidance Policy
- New Fire Ground Digital Radios, repeaters and ancillary equipment has been purchased to improve incident ground communications
- Improvements to our Site Specific Risk Information (SSRI) process to require crews to gather and record effective operational information around building risk and operational tactics

11. SPRINKLERS

11.1. Sprinkler Update

There has been a significant step forward in recent months with the publication of the latest revision of Approved Document B (supporting guidance for meeting the Fire Safety requirements of the Building Regulations in England), which now requires sprinklers to be fitted in all new (and existing blocks undergoing material alterations) over 11m. There is still a major push to extend the scope further in England, who are still somewhat behind Wales and Scotland regarding the scope of buildings requiring sprinkler protection.

11.2. Sprinkler Saves

There have been 2 significant sprinkler saves in recent months, one in a commercial premises and one in a domestic premises.

11.3. Match Funding

Progress for the final 2 blocks with Brighton & Hove City Council (St James House and Essex Place) has been halted since the COVID pandemic hit in March 2020.

During this time, it has become apparent that the impending Building Safety Bill [BSB] is likely to have a significant impact on existing high rise residential blocks and Brighton & Hove City Council's aspirations to retro-fit sprinklers all their existing high rise blocks may have to be revisited once the priorities from the BSB are known. This appears to be a common concern among other block owners, who are loath to commit to funding until the impact of the BSB is known.

ESFRS were involved in a joint project with the Guinness Partnership following a significant fire in a block of flats owned by them in Brighton. They identified 2 further social housing blocks in the Brighton area that they felt would benefit from sprinkler protection. ESFRS provided advice regarding the design of the system and attended on-line meetings with the residents to address any queries and concerns they had, as well as regular project meetings during the installation itself. Both blocks have now been completed.

12. PRIMARY AUTHORITY PARTNERSHIPS

The Business Safety support team currently delivers Primary Authority Partnership support via two flexi Station Managers within the support team with support provided by an external specialist.

12.1. Current Active Partnerships

There are currently 11 direct Primary Authority Partnerships and three co-ordinated partnerships.

13. RECENT ENGAGEMENTS

13.1. A project in-conjunction with the Eastbourne Hospitality Association, Trading Standards, Food Standards and Licensing successfully rolled out a webinar aimed at sleeping accommodation and restaurants within the Eastbourne area. The webinars were split into three groups – Bed & Breakfast's and small hotels, large hotels and restaurants. The association members selected the areas they wanted our Officers to cover in the sessions. The webinars were followed up with a questions and answer session for each group, this was an open forum where they were free to ask questions in relation to fire safety and enforcement. Members of the association booked onto these sessions via their association and the sessions were delivered via Microsoft teams.

13.2. The group also engaged with local college students, studying film and media, who filmed, directed and edited the webinars which they were able to use as part of their practical assessment for their examinations. The webinars and Q&A sessions will be used within the association to share amongst its members.

14. COVID RECOVERY PATHWAY AND PROTECTION

14.1. With regards to Business Safety, an amended risk assessment has been agreed that enables our inspecting officers not only to continue to carry out our statutory enforcement duties in person but also enables our proactive audit activity to be carried out face to face.

- 14.2. It also introduces a return to carrying out non-statutory activities such as carrying out site visits to provide goodwill advice to businesses such as those opening as we return to a form of normality, Primary Authority Partnership visits to premises outside of county where we have previously placed requests on hold.

15. COMPETENCY AND ASSURANCE FRAMEWORK

- 15.1. All current Inspecting Officer cadre have now been booked on L4 Certificate and L4 Diploma accredited learning to bring them in line with the requirements of the National Competency Framework
- 15.2. Work is on-going to deliver training for Non Fire Safety Specialist Personnel. A wide range of staff (Grey and Green book) are to receive an internal e-learn package in Business Safety covering:
- Fire Safety Checks: introduction
 - Fire Safety Checks: in Simple Commercial Premises
 - Fire Safety Checks: in shops and restaurants with dwellings above
 - Fire Safety Checks: in purpose built blocks of flats
- 15.3. An Introduction to Fire Safety Advisor training (accredited to L3 certificate aimed at Crew and Watch Manager roles) will be rolled out across the Service for whole-time and On-Call staff.
- 15.4. Third party accreditation for all Inspecting Officers will be progressed in line with the new National agreement reached with the Institute of Fire Engineers (IFE).

16. BUSINESS SAFETY ASSURANCE FRAMEWORK

- 16.1. The assurance framework now sets out how the Service will routinely review the delivery of the Business Safety function at a local level, with assurance provided through programmed formal audits of the individual offices.

17. MISCELLANEOUS

- 17.1. The Service has formally responded to the consultation on the following:
1. The proposed National Prevention and Protection Standards presented and proposed by the Fire Standards Board
 2. The Local Authorities Coordinators of Regulatory Services (LACoRS) guide consultation from the NFCC.
 3. NFCC surveys on Risk Based Inspection Programmes and Ways of Working
- 17.2. New consultations in progress:
1. Building Bulletin 100
 2. Personal Emergency Evacuation Plans (PEEPs) in High Rise Residential Buildings (HRRBs)
- 17.3. The NFCC have released 'Inspecting and Enforcing Fire Safety in High Rise Residential Buildings. *A toolkit for Fire Safety Regulators*'. This Toolkit is intended to support Fire Safety Regulators undertaking inspections of high rise residential

buildings which aligns with the current BRR programme but the general principles may be relevant to other premises.

- 17.4. The NFCC has partnered with the Local Authority Building Control (LABC) to enable fire safety regulators and fire engineers to access training materials through the new learning portal. This will be a central part of our ongoing maintenance of competence and Continuous Personal Development (CPD) regime.

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EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 22 July 2021

Title of Report The Reduction of False Alarms and Unwanted Fire Signals from Automatic Fire Detection – A Risk Based Approach

By Assistant Chief Fire Officer Mark Matthews

Lead Officer Group Manager Business Safety George O'Reilly

Background Papers None

Appendices None

Implications

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

PURPOSE OF REPORT

The purpose of this report is to set out the strategy to reduce Service resource commitment to Unwanted Fire Signals (UwFS) from automatic fire alarm systems. This report results from the Integrated Risk Management Plan (IRMP) decision to implement a 'nil response to automatic fire alarms from commercial premises'. The adoption of this strategy will achieve a step reduction in this type of call, whilst minimising risk and in turn address the improvement needed in this area highlighted by HMICFRS and the specific commitment in the Service IRMP to adopt a 'nil attendance' to Automatic Fire Alarm (AFA) calls from certain premises.

EXECUTIVE SUMMARY

Unwanted Fire Signal (UwFS) Reduction was highlighted specifically as an area for improvement in the Service Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) report (2019) and as a result ESFRS committed to implement a 'nil response' to AFA's actuating in commercial premises through the IRMP.

This strategy seeks to address the HMIFRS concern and considers the current data*, recent trends and progress of the current reduction initiatives. In addition it provides clear actions to support further reductions and, in particular, explores the opportunity for a step reduction in UwFS using a risk based approach to the adoption of 'nil attendance' to calls to AFA's actuating in commercial premises between set times to which the Service committed to in its IRMP.

The resource commitment and, specifically, the opportunity and financial cost to East Sussex Fire & Rescue Service (ESFRS) through On-call and Wholetime fire crews attending UwFS is considerable. It is estimated that although each UwFS response and investigation is estimated to take approximately 20 mins the impact of each UwFS is nearer 1 hour per crew when the return journey, administration and other activity disruption is taken into account. That equates to more than 3,500 hours of crew time and 14,000 hours of disruption or opportunity cost to the individual firefighter's working day per year. If ESFRS were to apply a financial impact based on the chargeable amount for ESFRS special services per crew this equates to more than £1,050,000 per year to ESFRS. In addition the impact on the environment through vehicle emissions, fuel costs and the risk of accident costs and resultant firefighter injuries are also substantial. The unnecessary impact of On-call crews being called away from their families and workplaces should also be considered. Any reduction in UwFS would therefore reduce these impacts and release capacity within the operational workforce that could refocussed on other activity e.g. prevention and protection. Further analysis is required to establish the scale of any cashable savings.

Ultimately ESFRS the Service is committed to supporting the development of a culture in commercial and managed residential premises. This will ensure that when a premises is occupied the fire alarm is managed by the Responsible Person for the safety of the occupants and business continuity and the fire service is called only if a fire is confirmed. When the premises is unoccupied the fire alarm is monitored remotely to protect the premises and business and to give early warning of fire. This limits property and business losses, contributes to firefighter safety and protects the environment through early detection of fire and alerting of the fire service. This report describes a holistic approach to the reduction of false alarms but also recognises the unique risks associated with the built environment in the Service.

RECOMMENDATIONS

That the Scrutiny & Audit Panel:

- a) note the content of the report and
 - b) considers whether any further information or assurance is required from officers.
-

1. INTRODUCTION

- 1.1 Between 1st January 2018 and the 31st December 2019* an operational response was mobilised to 7,123 calls to fire which were passed to the Service as an automatic fire alarm actuating that the vast majority of which subsequently turned out not to be fires and were therefore UwFS. The calls were passed through a number of mechanisms including building occupiers with AFA Systems, Fire Alarm Monitoring Organisations or members of the public.
- 1.2 The Service has long recognised the demands placed on its service by attendance to UwFS from automatic fire detection and alarm systems, in cost, time and absorption of resource. The Service further believes that UwFS create an increased risk to the public and firefighters through the generation of an emergency response and recognises the concern expressed in the HMICFRS report, State of Fire and Rescue: The Annual Assessment of Fire and Rescue Services in England 2019.
- 1.3 Between 2011 and 2016 there were year on year reductions in the number of UwFS attended by the Service however since then there has been a gradual increase for a number of reasons not least from the high, and increasing, fire detection coverage in the built environment and changing cultures regarding fire safety and risk perception. In addition the profile of UwFS has changed considerably with the highest call premises no longer being the main focus of the issue. Over a two year period only 18 commercial premises had more than 10 repeat AFA calls whereas 798 premises produced only one AFA call each. If significant reductions are to be made, any strategy will have to target the high number of premises producing a low number of AFA per year in addition to the high repeat call premises.
- 1.4 In order to further reduce the number of UwFS it requires the Responsible Person (RP) and the fire alarm stakeholders (alarm designers, installers, maintainers and alarm receiving centres) to adopt a cultural change in fire alarm management and procedures to prevent a false alarm being passed to the Service as an UwFS. To support this cultural change more robust call filtering and supportive guidance is required by Control Operators to prevent known false alarms receiving an operational response.
- 1.5 It should be noted that the reduction of UwFS will not necessarily reduce the number of false alarms being created at the premises and therefore there could still be an occupant complacency issue even if fire crews never attend the premises.
- 1.6 The strategy, therefore, has two distinct parts:
 - Promoting the prevention of a false alarm occurring at a premises and being sent to ESFRS as an UwFS (Pro-active) and
 - Minimising the impact of an UwFS on Service resources (Reactive).

2. OBJECTIVES AND EXPECTED OUTCOMES

- 2.1 This report details the ways in which we can support and encourage businesses to manage their fire detection and alarm systems more effectively and to reduce the impact of and attendance to UwFS caused by false alarms being forwarded to the Service when premises are occupied and local investigation by onsite staff is possible.
- 2.2 The profile of the number of premises and how many UwFS each produce is significant in the choice of strategy and this profile has changed over the years. Over a two year period only 18 commercial premises had more than 10 repeat AFA calls. The number of properties generating between 6 - 10 UwFS just 24. The number of properties generating between 1 - 5 UwFS is 1131 accounting for 1756 of the 2314 calls from low risk commercial premises. There is no deterrent currently for these low call premises and the scale of the number of premises mean that individual targeting for improvement is virtually impossible. The only realistic options for the large number of low volume premises UwFS is through a 'nil attendance' policy, robust call filtering or a change to the charging legislation as a deterrent to premises occupiers and alarm maintainers creating these type of calls. Both these options should be considered as a way of encouraging and supporting a change in the culture of fire alarm management rather than as a punitive or income generation measure.

3. POLICY CHANGE IN DETAIL

- 3.1 **Following approval by the Fire Authority in September 2020, ESFRS will adopt a 'nil attendance policy' for AFA calls from non- residential properties (with exceptions) between 0900hrs and 1700hrs Monday to Friday. (To be reviewed after 6 months).**
- 3.2 With increasing rates of UwFS in ESFRS and the need to reduce the impact on resources, particularly to the large number of low volume call premises, it is now appropriate to introduce a risk based 'nil attendance' policy to calls generated by AFA systems in commercial premises, unless a fire is confirmed, between the hours of 0900hrs and 1700hrs Monday to Friday. We have chosen not to extend this to weekend days as the number of AFA calls during the weekend is less and therefore the impact on the Service is less. However this is a first step and if successful it is likely that this policy will extend both in hours and in the days it applies. The basis of this policy decision is the business is likely to be operating 'normally' during the hours of 0900hrs-1700hrs from Monday to Friday, with staff present to implement all required fire safety management and emergency plans. There are also less likely to be lone working situations and people sleeping.
- 3.3 In addition the application of the nil attendance should be flexible enough, by exception, to remove premises from the nil attendance protocol due to the potential risks i.e. nil attendance applies to all industrial sites but a COMAH site is exempt from the nil attendance protocol due to potential for Firefighter and Community risk.
- 3.4 It is reasonable to suggest that as data quality improves and the Service and its staff become more comfortable with the call filtering improvements a review of the need

to extend the 'nil attendance' into Saturday and Sunday should take place after 6 months and be implemented if deemed appropriate.

- 3.5 **By implementing this change the Service aligns its UWFS policy and specifically our 'nil attendance' with Surrey and West Sussex in advance of and as part of the P21 project.**
- 3.6 **We will ensure training is provided for all staff groups including Business Safety Inspection staff, Control Staff, and Operational managers so that UwFS reduction becomes a responsibility for all staff.**
- 3.7 The reduction of UwFS has primarily been the role of Business Safety Inspecting Officers. The role includes the application of fire safety expertise to reducing UwFS through investigating the circumstances of AFA/UwFS events at premises that are deemed to be the highest call generators (those producing 10 or more calls per year). The number of properties generating 10 or more UwFS in each of the past 4 years has been approximately 18, and these account for approximately 319 calls per year. The Business Safety team will continue to work with these occupiers and affect reduction through driving improvements in their local response to the alarm and alarm management practices.
- 3.8 Inspecting officers will be developed in how to use the legislation and guidance to achieve change in the built environment. In turn they will upskill other officers to enable them to carry out reduction and education activities directly with the premises.
- 3.9 We will also review our call challenging process and implement any upskilling and training required for Control room staff in how to deal with the event of an AFA actuation, the associated risks and the risk perception in order to give them confidence in call challenge and call filtering processes.
- 3.10 **Cost recovery charging will remain a possible future option for reconsideration following the completion of the Government consultation on the Fire Safety Order and other legislation related to false alarm charging and the subsequent outcomes.**
- 3.11 A cost recovery option for AFA unwanted alarms was made available following amendments to the Fire and Rescue Services Act 2004 which came into force in 2012. This was intended to give Fire and Rescue Services the power to charge for attendance at calls generated by Automatic Fire Alarm systems (in non domestic premises only) when very limited circumstances and criteria applied.
- 3.12 There were considerable limitations to the circumstances and criteria for charging to apply and it would be difficult to accurately identify or evidence these to make a case for individual charging. It is apparent that few if any FRS have successfully applied a charging policy.
- 3.13 The Service look forward to the forthcoming Home Office consultation on revisions to the legislation to remove the barriers imposed by the current wording.

- 3.14 **We will review our current operational policy and resultant training material to ensure it is reflective of the new policy and provides our crews with the information and training required to assist in driving down UwFS.**
- 3.15 **We will also review the recording and reporting methodology for AFAs to enhance our understanding of the production of false alarms and UwFS (including human behaviour and the risks associated with them in addition to gathering evidence for the anticipated changes to charging legislation.**
- 3.16 **We will produce an appropriate communications strategy that will ensure affected premises have time to review their risk assessments, train their staff and inform their alarm monitoring services and maintainers. This in addition to general communication to the public about actual and perceived risk.**
- 3.17 A communications strategy and the accompanying messages needs to reflect the different elements of this strategy including but not limited to:
- Businesses and Business representative forums
 - Alarm receiving centres
 - General public
 - ESFRS staff
 - Media
 - Fire Industry trade bodies
 - ARC Trade bodies SSAIB, NSI etc.
- 3.18 We will closely monitor and review the process to be set up to measure the key deliverables in addition to any downside risks such as an increase in fires, fire severity etc.

4. FINANCIAL ASSESSMENT

- 4.1 The resource commitment and, specifically the opportunity and financial cost to the Service through On-call and Wholetime fire crews attending UwFS is considerable. It is estimated that although each UwFS response and investigation is estimated to take approximately 20 mins the impact of each UwFS is nearer 1 hour per crew when the return journey, administration and other activity disruption is taken into account. That equates to more than 3,500 hours of crew time and 14,000 hours of disruption or opportunity cost to the individual firefighter's working day per year. If the Service were to apply a financial impact based on the chargeable amount for special services per crew this equates to more than £1,050,000 per year to the Service (clearly this does not represent a cost that could be recovered through charging under the current legislation nor will it necessarily result in a financial saving as the bulk of the response is provided by shift and day crewed stations).
- 4.2 In addition the impact on the environment through vehicle emissions, fuel costs and the risk of accident costs and resultant firefighter injuries are also substantial. The unnecessary impact of On-call crews being called away from their families and workplaces should also be considered. Any reduction in UwFS would therefore reduce these impacts and release capacity within the operational workforce that

could refocussed on other activity e.g. prevention and protection. Further analysis is required to establish the scale of any cashable savings and this will be carried out as the project progresses.

- 4.3 The actual impact of these changes will be monitored by the Service to ensure that any released capacity is utilised quickly and effectively to achieve our Strategic aims and objectives. The monitoring will take place by the local management teams utilising our end of month reporting processes. This will then be overseen and holistically assessed by the Assistant Director Safer Communities during the established governance meetings. This will allow a timely response to any freed up capacity and an appropriate redirection of resources to priorities determined at that time.

5. CORPORATE RISK

- 5.1 The implementation of 'nil attendance' and improved call filtering and challenge procedures brings a small but not insignificant risk to the Service corporately as it has to all FRS who have adopted similar methodology. It is important that as various elements of this strategy are put in place a monitoring and review process is in place to measure the key deliverables i.e. a reduction in commercial AFAs becoming UwFS but also any downside risks such as increase in fires and severity of fires, decrease in fires i.e. not getting called to fires all out for recording purposes, confidence in filtering, AFA 'near misses' etc.

6. TIMESCALES FOR DELIVERY AND DEPENDENCIES

- 6.1 Several of the changes detailed in this report support a cultural change in the expectation of the way that the RPs of commercial premises manage their fire detection and alarm systems and call the Service.
- 6.2 It is anticipated that the communication strategy for commercial (and domestic) fire alarm management and training of staff to support the communications in this area can start immediately and be progressed over the next six months to promote the change in culture the Service desires and in addition explain the 'nil attendance' changes. The communication strategy will encourage RPs to alter their emergency plans and encourage them, where necessary, to contact their risk assessors, fire alarm engineers and alarm receiving centres to advise on the appropriate actions to take in anticipation of the 'nil attendance' changes. It is expected that this will lead to a reduction in UwFS in advance of the adoption of the nil attendance policy.
- 6.3 The implementation of a 'nil attendance' policy and more robust call filtering by fire control operators have a number of dependencies including the implementation of the joint fire control, the alignment of the AFA reduction policies across ESFRS, SFRS and WSFRS and the capacity for control staff training in addition to the joint fire control implementation training.
- 6.4 It is therefore anticipated that the implementation of these actions will happen progressively over the next 9 months with full implementation and benefit realisation by the 31st March 2022.

7. SUMMARY

- 7.1 The above changes represent a specific package of measures underpinned by the holistic approach outlined in the NFCC Guidance for the Reduction of False Alarms & Unwanted Fire Signal to achieve a significant reduction in the Service resource commitment to UwFS. NFCC and Fire and Rescue Services continue to strive to develop improvements in fire detection and alarm system standards and fire alarm monitoring standards to raise the profile of the false alarm problem within the industry and encourage a partnership and collaborative approach to continuous improvement through representation on various national forums and British Standards. The strategy and changes above aim to encourage the improvement in the culture of fire alarm management by RP's and fire alarm designers, installers and maintainers, and to take a risk based approach to the mobilisation of Service resources to calls from these systems. There is a small Corporate risk if fires in commercial premises effected by this policy increase. This will be mitigated by way of engagement and education as well as by monitoring the impact of this policy for the first 6 months.

EAST SUSSEX FIRE AND RESCUE SERVICE

Panel: Scrutiny & Audit Panel

Date 22 July 2021

Title of Report Emergency Services Mobile Communications Programme Update

By Assistant Chief Fire Officer

Lead Officer *Area Manager Nigel Cusack T/Assistant Director Operational Support and Resilience*

Background Papers Local Government Association Fire Service Management Committee update Mar 21 V1

Appendices Appendix A. National Indicative Timelines – June 2021

Implications

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

PURPOSE OF REPORT To provide the Panel with the latest information in relation to the Emergency Services Mobile Communication Programme (ESMCP)

EXECUTIVE SUMMARY The Emergency Service Mobile Communications Programme (ESMCP) will provide the next generation of mission critical communications for the emergency services in Great Britain.

ESMCP is a cross Government Programme involving the Home Office, Department for Health and Social Care, Scottish Government and Welsh Government, but run by the Home Office as the lead Government Department.

The Service has both strategic and delivery boards set up to provide the assurance and governance of the ESN/ ESMCP programme, these boards provide an oversight of the national, regional and local impacts, risks, required outcomes

and deliverables to enable successful transition from Airwave to Emergency Services Network (ESN).

Despite the publication of the Full Business Case there remain a number of uncertainties and risks, including delivery timescale and cost / funding.

This report seeks to advise the Panel of the latest position of the National programme.

RECOMMENDATION

The Scrutiny & Audit Panel is recommended to:

- (i) Note the contents of the report.
 - (ii) Consider whether there is any additional assurance or information required from officers.
-

1 **INTRODUCTION**

- 1.1 The Emergency Service Mobile Communications Programme (ESMCP) will provide the next generation of mission critical communications for the emergency services in Great Britain. This will in part replace the current Firelink [Airwave] provision, as well as providing secure and resilient mobile broadband capability with near universal coverage across the country. ESMCP is a cross Government Programme involving the Home Office, Department for Health and Social Care, Scottish Government and Welsh Government, but run by the Home Office as the lead Government Department.
- 1.2 The product of ESMCP, the Emergency Services Network (ESN), uses, in the main, the EE mobile network, along with other provision in areas where there is no EE coverage. Motorola provide the application that users will interface with, along with the data centres that process the information.
- 1.3 Contracts for EE and Motorola were awarded in 2015 with subsequent contracts for supporting components such as handheld and vehicle devices, connections to control rooms etc. awarded subsequently.

2. **BACKGROUND**

- 2.1 The National Fire Chiefs Council (NFCC) has a full time ESMCP Business Change Lead (BCL) / Senior User leading a small team of Fire Service secondees working full time at the centre on ESN on behalf of the Fire sector. Separate, but complimentary, arrangements exist for Wales and Scotland. Each English FRS region has a Regional Programme Manager working solely on ESMCP, providing co-ordination between FRSs in regions and the NFCC's ESN central team, as well as reporting into a regional lead, who is an FRS senior officer.
- 2.2 Regional leads, along with representation from Wales and Scotland, in the main form the NFCC's ESMCP Fire Customer Group (FCG) which is chaired by the NFCC's lead for Operational Communications, Chief Fire Officer Darryl Keen from Hertfordshire. The LGA is represented on FCG by Cllr David Norman, from Gloucestershire. There is currently a vacancy on FCG for a second LGA member.
- 2.3 FCG is the Fire Sector's strategic body singularly focussed on ESN and provides the link into wider NFCC governance through the FCG Chair and NFCC Operations Coordination Committee.
- 2.4 Locally, arrangements are in place for ESMCP governance that vary according to circumstance and need but include leadership within FRSs by means of a sponsor or senior responsible owner (SRO).

3. CHANGE IN LEADERSHIP

- 3.1 Since March 2020 there have been some significant changes in the ESMCP Programme leadership. The previous Programme Director left the Programme in March 2020 and his successor, John Black, was appointed in August 2020. Stephen Webb, the Home Office Senior Responsible Owner (SRO), who had overseen the Programme from its inception in 2011 stood down in October 2020.
- 3.2 In addition to the direct leadership changes, ESMCP changed its reporting line in the autumn of 2020 and now comes under the remit of the Crime, Police and Fire Group of the Home Office. This move is designed to better enable closer working and engagement between the Programme, Home Office and a larger number of key stakeholders within the user communities.
- 3.3 As part of internal Government scrutiny and control of major programmes, ESMCP was the subject of a Project Assurance Review (PAR) and a review by the Major Projects Review Group (MPRG) in October 2020. Both reviews made a number of similar recommendations, which included:
- Appointing a full time SRO as ESN takes greater prominence
 - Revising the Full Business Case (FBC) to provide better clarity in a number of areas
- 3.4 Simon Parr was appointed as the new full time SRO in early to mid-March. Simon was formerly Chief Constable of Cambridgeshire Constabulary between 2010 and 2015 and has been involved with Policing technology Programmes at a national level since.
- 3.5 As the current NFCC strategic lead for operational communications Daryll Keen is due to retire from Hertfordshire Fire and Rescue Service on 31st July 2021, following the advert published in March, Ben Norman from Lancashire FRS has agreed to take on the role. Ian Taylor in his main role as Business Change Lead for the ESMCP has agreed to continue as Ben's nominated deputy.

4. FULL BUSINESS CASE (FBC) REVIEW

- 4.1 The FBC agreed in 2015 had a value of £5.1 Billion over a 15-year life of ESN. Work to revise the FBC has continued, including the need to factor significant changes in technical delivery. This FBC review draft is recognised as work in progress and portrays greater realism and pragmatism towards the overall achievement of ESN than has previously been delivered, this new FBC seeks to realign the project and reduce the previous challenges the Programme has faced to date.
- 4.2 One of the biggest challenges for Fire Authorities and Services is having sight of realistic and credible delivery dates for ESN and clear financial information with which to plan and budget against. Senior Users have held workshops and maintained a constant dialogue with Programme leaders providing relevant

information on user led activities, risks and finance which all have a bearing on the overall plan and FBC.

- 4.3 The NFCC ESMCP team have been working with Programme finance colleagues to aid in the production of a tool with which individual organisations can better estimate and predict ESN costs over its lifetime covering both implementation and in life costs.
- 4.4 This tool is reliant upon financial information from the FBC. It has been impressed upon the Programme that the release of such a tool alongside each iteration of the FBC is an imperative for the Fire sector and will influence the progress of the FBC through governance channels.
- 4.5 The Programme's ambition is that the FBC will proceed through the various streams of governance within the three emergency services (3ES), Devolved Administrations and Funding Sponsor Bodies (FSB) by the end of May. From here the FBC should go formally into the Government's approval processes in June.
- 4.6 NFCC's Fire Customer Group, has historically provided technical and operational assurance of the FBC, with formal sign off being a matter for Government Departments. It is not anticipated that this will change, however the project moves closer to ESN delivery, the aspect of cost and finance as it impacts at local level will take greater prominence and the Fire Authority as part of the LGA may wish to consider a position.
- 4.7 The timeline for FBC governance and approval in the Government Major Project Review Group approval cycle is late July 2021. An NFCC response aligned to the views of the LGA in response to the FBC will be provided to the Home Office on completion of the final draft. The NFCC is firmly of the view that ESN represents the right technology and direction of travel for next generation and future emergency services communications, and that it is achievable.
- 4.8 The FBC identifies 3 Options for consideration:
1. Stop ESN and continue with Airwave indefinitely (do minimum)
 2. Stop ESN, extend Airwave and start a new programme to replace it from April 2022.
 3. Deliver ESN incrementally, with risk-based expected Airwave Shut Down (ASD) date December 2026.

Option 3 has been selected as the preferred option following review by the ESMCP Independent Assurance Panel into alternative methods of critical communications.

- 4.9 The programme have identified the lower and upper range spread for delivery of ESN within the FBC. P50, 50% confidence to deliver ESN nationally and P90, 90% confidence to deliver ESN Nationally. This spread within the FBC provides the programme with the approximate earliest and latest achievement

of ASD whilst ensuring the delivery of the network and the realisation of published benefits.

Programme confidence level P50 identifies an ASD of December 2026, however the P90 level of confidence would move the ASD into the first half of 2027.

4.10 The Service's ESMCP Strategic Board identified 2 areas of concern arising from the FBC.

1. ESFRS costs for operating ESN are not clearly set out and actual costs may exceed current Airwave annual expenditure. (Airwave grant will cease once all 3ES transition to ESN.)
2. ESN Coverage may not be acceptable across the county, especially in P50. (an additional £100m for coverage has been identified as necessary to achieve P90)

The Service has raised these areas of concern when responding to the FCG regarding User acceptance of the FBC and progression through the governance process.

5. ESMCP NATIONAL PROGRESS

5.1 The adoption of early ESN products by FRS assists learning and aids the Programme develop products and support packages. In doing so it demonstrates that the Fire sector is well engaged and willing to take ESN products once they are fit for purpose, and consequently the national fire sector is considered to be fully engaging.

5.2 Progress is being made with early products and versions of ESN along with supporting components and early Fire Service users in 2019 having commenced with ESN Connect, a very early system tool which provides a data only based communication product on their frontline appliances. Other Services have adopted a later product (2020) and implemented it as a fall back for any mobilisation of fire stations. ESN connect has offered FRS' the ability to utilise a product and undertake the background trials to support the introduction of ESN.

5.3 Merseyside and West Yorkshire FRS's have formally become Assurance Partners of the Programme to assist with the development, testing and assurance of ESN products ahead of mainstream roll out. In both instances they are the only emergency services organisations that have so far implemented ESN Direct 2, an early iteration of the product that will deliver mission critical voice communications.

5.4 The adoption of early ESN products by FRS assists learning and aids the Programme develop products and support packages. In doing show it demonstrates that the Fire sector is well engaged and willing to take ESN products once they are fit for purpose, and consequently the fire sector is considered to be fully engaged. FRS's involved in early adoption ensures the Programme identify early lessons from which others can learn from and improvements can be applied ahead of mainstream transition. A number of

Police and Ambulance Services have also committed to being Assurance Partners and will implement ESN products in the future.

- 5.5 SLT were advised that dates were not included within the FBC, it is unlikely that transition onto the new ESN will commence in earnest until 2023 at the earliest. This is as a consequence of a number of challenges and delays within the technical delivery arena.
- 5.6 Assurance around coverage for ESN is a high priority for users as most people are inherently aware of coverage from their own experiences as users of mobile phone technology. A product to aid coverage assurance, ESN Assure 1.1, was rolled out in 2020 and is now being used by the 3ES to assess all aspect relating to coverage. This is a fundamental cornerstone of the ESFRS delivery board actions.

6. FUNDING

- 6.1 The Fire Sector's core costs for ESMCP, which represent current spend for upfront and development costs, are being paid by the Home Office.
- 6.2 At the very outset of the ESMCP journey the FRSs, through Fire Customer Group, agreed a set of funding principles with Government Department, (DCLG), to ensure that Fire Authorities would not be disadvantaged in the transition from Airwave to the new ESN technology. With the change of Government Department to the Home Office in 2016 the policy towards these has not changed, and the principles are:
- Funding will be available for equipment to be replaced on a like for like basis
 - No additional costs to be borne by FRSs for dual running
 - Reasonable costs for transition will be provided by Government Department
- 6.3 ESFRS was awarded £1.467m Section 31 grant funding specifically determined for infrastructure expenditure (approximately half allocated to control room costs of SCC and half to East Sussex internal system connectivity) of which £1.425m remains unspent. The team have reviewed the requirements post SCC and P21 and identified a revised requirement of approximately £0.730m. A meeting between East Sussex, West Sussex and Surrey Fire & Rescue Service is being organised including the finance officers to agree funding position. It is proposed, subject to HO approval, that a case should be submitted that reflects the costs of ESMCP implementation for the tri-partite control and the local costs to each Service, against the grant held by each Service. All ESMCP expenditure requires approval of a business case submitted to the HO programme finance team.
- 6.4 A model for English Local Transition Resource (LTR) has been agreed with the HO for some time to enable staffing for transition to ESN and any necessary preparation funding in line with the above principles. This was revised in early 2020 to provide for £21.6m for resourcing at local and regional

level up to and including the 2024/25 financial year. Funding previously issued by Government for ESMCP work has been by means of S31 grant.

- 6.5 From April 2021 the Home Office introduced changes to the finance monitoring returns and have asked that future LTR grant monitoring returns are sent directly by Section 151 Officers of each individual Fire and Rescue Authority instead of from the Regional Programme Managers.
- 6.6 Financial implications should be noted that the Local Transition Resource (LTR) model will require greater accountability to the Home Office via Section 151 Officers and FSMC members should be aware that this may raise the profile of ESMCP funding through Fire Authority and FRS governance. A broad concern exists across the sector that, in the absence of grant support going forward, ESN may cost Fire Authorities more than they currently pay for Airwave.
- 6.7 The In Life Cost Model tool has been used to identify a range of costs for ESFRS as an average of an 11 year period from 2026/27. If ESFRS were to use equipment number directly in line with the Airwave devices currently used the average cost per annum would be approximately £0.214m.

To maximise the potential offered by the new technology and also increase firefighter and public safety the operating annual costs for additional equipment would rise from £0.214m to an average of £0.230m over 11 years. All costs will be borne by the FRS, the Airwave grant will cease. The current average cost of airwave to ESFRS is approximately £0.240m, however it can fluctuate depending on usage. Accepting that nationally concerns have been raised from the sector regarding the forecasted costs over the life of the ESN programme, initial estimates conclude that the costs will be broadly similar for ESFRS (airwave versus ESN). It should be noted that additional clarification from the Home Office regarding the forecasted costs will be needed before the required assurance is secured. The risk therefore remains that ESMCP implementation could result in an ongoing revenue budget pressure.

- 6.8 NFCC representatives have responded to the ESMCP full business case following the June FCG meeting.

The NFCC identified 11 key points within the technical requirement which must be addressed prior to Transition to ESN. Also, concern was raised regarding: Network Coverage and Resilience of the Network, In-Life Cost may exceed those identified in June 2021, the sharing of the cost of remaining on Airwave as emergency service transition to ESN, and some of the P50 percentage confidence funding envelopes have already been exceeded.

7. REGIONAL PROJECT MANAGEMENT

- 7.1 Kent, West Sussex, East Sussex and Surrey Fire and Rescues services make up the south eastern region with Area Manager Chris Else (KFRS) designated as the SE Regional FRS Lead. Chris reports directly into the Fire Customer Group.

- 7.2 At present each FRS provides a senior responsible officer along with a service strategic project lead, within ESFRS this is reflected with the ACFO as the SRO and the Assistant Director OSR as the strategic lead. With each service supporting the RPM and the Regional Lead Officer at both regional and Fire Customer Group meetings.
- 7.3 The Regional Programme Manager (RPM) role is currently vacant (previously directly employed by ESFRS). Opportunities are being explored to improve efficiency and reduce duplication of effort across the region prior to recruiting a replacement RPM. A real opportunity exists to review our combined shared resource, consider much closer and efficient practice to ensure the introduction of ESN into the region is fully supported.
- 7.4 The complexities that have been overcome with shared P21 project objectives, 4F operational alignment and the regional approach to national operational guidance, can be used as the basis for a smaller yet more efficient team across the region and JFC in considering the transition to ESN.

8. ESFRS CURRENT PROJECT MANAGEMENT

- 8.1 ESFRS and WSFRS currently share 50/50 the role of service project manager. This is not replicated across the region in the remaining two services who have a single dedicated contact, as previously discussed a review of the resourcing for the whole region will seek to design an efficient team.
- 8.2 The Service has two governance boards in order to assure the relevant phases of the project and ensure the project and team objectives compliment that of the central programme. The boards are set up as Tactical Delivery Board and the Strategic Board for oversight and assurance. The ACFO chairs the Strategic Board with the Assistant Director OSR chairing the tactical level. The Assistant Director OSR also attends the regional ESMCP meetings.
- 8.3 Both Strategic and Delivery Boards review Local and National risk logs. Currently this Service's risk is rated low overall. Highest level of Risk relates to ensuring that the Service takes full advantage of the technology and enhances Operational Ways of Working where possible.
- 8.4 The Service currently supports the programme with a number of staff as additional roles to their day jobs with a proportion of their time afforded to the project which is reconciled from draw down of grant funding.
- 8.5 The Joint Fire Control partnership is currently reviewing governance and project management structure which will ensure alignment across the 3 FRS (including East Sussex) and reduce duplication of effort.
- 8.6 The scope of the current Service project team is to:

Move away from Airwave to the Emergency Services Network (ESN), in doing so we seek to replace all Airwave devices with ESN, vehicle, control room and handheld devices, whilst considering any potential change to current ways of working, for example the increase of handheld device use.

- 8.7 Surrey Fire & Rescue through the JFC partnership with support from the Service Station Manager Control will deliver ESN v1 into the Joint Fire Control.
- 8.8 As part of our regional commitment and 4F collaboration, alignment is sought wherever possible. The project will deliver a replacement for Airwave, therefore ESFRS will collaborate across the South East region with all partner emergency services.
- 8.9 As part of the transition and adoption the project seeks to ensure device and user profile management capability within ESFRS working with ITG and partners.
- 8.10 A primary enabler to assure that the adoption of a new network is feasible is the wholesale review of ESN coverage provision across the county and neighbours to ensure that sufficient network coverage is in place.
- 8.11 In order to achieve this project scope the delivery team have adopted and number of work streams as follows:
- Coverage – this group analyses and assures the provision of network attributed to the area.
 - Devices and IT – this work is supported by ITG (Information Technology Governance Team) and seeks to provide the IT functionality along with the oversight of the compatibility of equipment to enable ESMCP.
 - Fleet – Engineering Manager supports the introduction and design to integrate our current and future fleet of vehicles.
 - Control rooms – Station Manager at Control supports the workload to enable full transition to ESN on a regional and local level as required by the P21 project.
 - Operations – this is supported by the Group Manager for Ops with the remit of reviewing and specifying the end-user design and policy for introduction into service.
 - Finance – supported by the Finance Manager and the AD Resources / Treasurer as the S151 officer supported by RPM to ensure the robust compliance with draw down from the grant.
 - Training – to be stood up to encompass the introduction, and delivery of training to end users.

These areas are the basis for performance management and exception reporting to the Strategic Board.

National Indicative Timelines June 2021.

Activity	Description	2021				2022				2023				2024				2025				2026				2027			
		2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
Tech Delivery - ESN Beta	Release required to start final phase of testing	█	█	█	█																								
Tech Delivery - ESN 1.	Full function release required for transition from Airwave to ESN.	█	█	█	█	█	█	█	█																				
Operational Validation	National Testing of release in scripted operational scenarios	█																											
Operational Evaluation	National final phase of testing - real world operational trials									█	█	█	█																
Service Acceptance and Pilot start.	First Use of ESN instead of Airwave by User Organisations.													█															
Mobilisation of 3ES	Preparation for Transition	█																											
Transition period	User moving to ESN																												
Post transition period	All users transitioned to ESN																												
Airwave Shut Down	3ES move away from Airwave (commercial service will remain).																												

6 months assumed post transition before Airwave Shut Down

Deployment plans not fully developed.

