

Scrutiny & Audit Panel

19 January 2023



Membership:

Councillors: Lambert (Chair), Azad, Maples, Redstone, Scott and Theobald
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You are requested to attend this meeting to be held in the County Hall, St Anne's Crescent, Lewes, East Sussex, BN7 1UE at 10.00 am

Quorum: 3

Contact:	Rebecca Smith, Democratic Services Officer 07866 100895, democraticservices@esfrs.org
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Agenda

25. 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

26. Apologies for Absence

27. Notification of items which the Chair considers urgent and proposes to take at the end of the agenda/Chair's business items

Any Members wishing to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently

28. Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 10 November 2022

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29. 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

30. External Audit Update	13 - 20
Report of Assistant Director Resources/Treasurer	
31. Auditor's Annual Report 2021/22	21 - 50
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Report of Assistant Director Safer Communities	

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

Date of Publication: 11 January 2023

Information for the public

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SCRUTINY & AUDIT PANEL

Minutes of the meeting of the SCRUTINY & AUDIT PANEL held at County Hall, St Anne's Crescent, Lewes, East Sussex, BN7 1UE at 10.00 am on Thursday, 10 November 2022.

Present: Councillors Lambert (Chair), Azad, Maples, Redstone and Scott

Also present: D Whittaker (Chief Fire Officer & Chief Executive), L Woodley (Deputy Monitoring Officer), D Savage (Assistant Director Resources/Treasurer), L Ridley (Assistant Director Planning & Improvement), L Birch (HR & OD Manager), H Thompson (EY), A Blanshard (Democratic Services Manager), R Smith (Democratic Services Officer)

14 Declarations of Interest

Cllr Redstone declared a personal, non-prejudicial interest due to his membership of the East Sussex County Council Pensions Committee.

15 Apologies for Absence

There were none.

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

There were none.

17 Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 21 July 2022

RESOLVED – That the minutes of the meeting held on 21 July 2022 be approved and signed by the Chair.

18 Callover

Members reserved the following Agenda items for debate:

- 19 External Auditor's Audit Results Report (ISO 260) and Statement of Accounts 2021-22
- 20 Appointment of External Auditors
- 21 Internal Audit Report – HR/Payroll
- 22 Corporate Risk Register Review Quarter 2 2022-23
- 23 Performance Report for Quarter 1 2022/23
- 24 Performance Indicator Refresh 2022

19 External Auditor's Audit Results Report (ISA 260) and Statement of Accounts 2021-22

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

The Panel welcomed Helen Thompson of Ernst & Young (EY), the Authority's External Auditor, who introduced the Audit Results Report (ISA 260) and informed the Panel that the audit had been substantially completed for the year ended 31 March 2022. It was highlighted that no recommendations for improvement were made as a result of the audit and there were no issues raised which would require a response in the Letter of Representation. EY thanked Officers for producing high quality financial statements, which assisted the audit process.

The Assistant Director Resources/Treasurer (ADR/T) thanked those involved in carrying out the audit and highlighted that there had been a delay in EY receiving the assurance letter from Grant Thornton, auditors of East Sussex Pension Fund. This meant that the final Statement of Accounts would not be able to be signed off until this was received. To reflect this, the Panel Chair proposed the following additional recommendation to be agreed by the Panel:

- That the Panel would delegate authority to the Assistant Director Resources/Treasurer, following consultation with the Panel Chair, to make any minor amendments required to the 2021/22 Statement of Accounts on receipt of the final Audit Opinion from the Authority's External Auditors.

The Panel thanked EY, East Sussex County Council (ESCC) and the ESFRS Finance team for their work in completing the audit. Members queried why the focus of the report appeared to be on the impact of Covid, rather than more recent issues of Brexit and the war in Ukraine. The ADR/T advised Members that the going concern in the Notes to Accounting Statements included a statement that recognised the shift of focus from Covid to the impact of worldwide supply chain issues. EY clarified that for the purpose of this particular report, Covid would have had a larger impact than other factors.

RESOLVED – That the Panel agreed to:

- (i) note the External Auditor's Audit Results Report (ISA 260);
- (ii) authorise the Assistant Director Resources / Treasurer and the Panel Chair to sign the formal letter of representation to the External Auditor;
- (iii) approve the 2021/22 Statement of Accounts for publication; and
- (iv) delegate authority to the Assistant Director Resources/Treasurer, following consultation with the Panel Chair, to make any minor amendments required to the 2021/22 Statement of Accounts on receipt of the final Audit Opinion from the Authority's External Auditors.

20 Appointment of External Auditors

The Assistant Director Resources/Treasurer (ADR/T) presented a report which set out Public Sector Audit Appointment's (PSAA's) proposals for appointing the external auditor to the Authority for the accounts for the five-year period from 2023/24 and the subsequent impact on audit fees.

The ADR/T reminded Members that following the dissolution of the Audit Commission, local authorities were now responsible for appointing their own external auditors. PSAA was established as an appointing body to administer the national auditor appointment scheme which local authorities had the option to opt-in to. The Panel were advised that following the completion of the procurement process, PSAA proposed that Ernst & Young (EY LLP) should be appointed as the Authority's auditors from 2023/24.

The ADR/T highlighted that there was a significant increase in audit fees expected, however the importance of ensuring that high quality audits were undertaken was emphasised. The Panel expressed concern regarding the increase in audit fees. The ADR/T reminded Members that the existing Government grant, awarded under New Burdens principles to cover all additional costs flowing from the Redmond Review, was insufficient to cover the costs and that the need for an increase to the grant had been raised with the Home Office, the National Fire Chiefs Council and the local MPs.

RESOLVED – That the Panel agreed to:

- (i) note the outcome of PSAA's procurement process;
- (ii) agree the PSAA proposal to appoint EY LLP as the Authority's external auditors for a further five years;
- (iii) note the expected increase in audit fees and the resultant pressure on the Authority's revenue budget should the Government not increase the external audit grant; and
- (iv) delegate authority to the Assistant Director Resources / Treasurer to put in place any arrangements necessary to give effect to this decision.

21 Internal Audit Report - HR/Payroll

The Panel received a report from the HR & Organisational Development (OD) Manager informing them of the outcome of the Internal Audit Review of HR/Payroll. Members were informed that the audit opinion given was Partial Assurance, which meant that there were weaknesses in the system of control and/or the level of non-compliance was such as to put the achievement of the system or service objectives at risk. Orbis Internal Audit had identified eleven

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

areas which required action, with seven of these being assessed as medium risk and four as low risk. Implementation of the required actions would be tracked, and a follow up audit carried out as part of the 2022/23 Internal Audit Strategy & Plan.

Members asked whether the issues raised in the audit were mainly process based. The HR & OD Manager informed the Panel that currently a number of the HR processes were paper-based and documents were therefore handled by a variety of people in the department. Members were advised that work was being undertaken to digitise many of these.

RESOLVED – That the Panel noted the management response to the audit report.

22 Corporate Risk Register Review Quarter 2 2022-23

The Panel received a report from the Assistant Director Resources/Treasurer (ADR/T) which provided an update on the second quarter position for 2022-23. It was highlighted that the risk score for CR2 Future Financial Viability had been revised upwards as a result of the continued financial uncertainty facing the Authority. Members were also informed that the risk score associated with a major loss of staff had not been changed at this time but continued to be under review.

Members queried whether the mitigations for CR13, Financial & organisational impacts of global supply chain disruption, should include investment in renewable energy. The ADR/T advised that this was being investigated as part of the Capital Programme, specifically looking at heating controls and LED lighting, and that bid would be drawn up for either internal funding or applications for other grants that may be available.

The Panel asked how often the risk register was reviewed and acknowledged that issues did occur that were not foreseeable. The ADR/T informed Members that there was a quarterly cycle to review the risk scores, before being reported to the Senior Leadership Team (SLT) and then the Scrutiny & Audit Panel. The Chief Fire Officer (CFO) informed Members that National Risk Register was also considered when assessing the risk score, as well as sharing information with partners and through our membership of the Fire & Rescue Indemnity Company (FRIC).

RESOLVED – That the Panel agreed the Q2 Corporate Risk Register, including changes made since Q1.

23 Performance Report for Quarter 1 2022/23

The Panel received a report from the Assistant Director Planning & Improvement (ADP&I) which presented a summary of Service performance information for Quarter 1 2022/23 compared to Quarter 1 2021/22 and the projected year end results 2022/23. It was noted that ten of the 21 indicators were showing an improvement against the same quarter in the previous year

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

and highlighted that the number of home safety visits and business safety visits had increased considerably.

The ADP&I informed the Panel that 2022/23 sickness levels were projected to be above both the target and 2021/22 end of year result. Members were informed that this was in part due to the increased waiting times for treatment that staff were experiencing, that an internal audit was due to be carried out to investigate long term absences and sickness levels. The Chief Fire Officer (CFO) confirmed that there had been an increase in the number of cases that required an extension of sickness pay due to waiting for medical appointments for longer than six months. It was explained that as well as the costs incurred through extending sickness pay, there were also additional costs in terms of backfilling positions.

The Panel welcomed the update and work being reported to have been carried out so far to address the issues. Members questioned whether best practice could be shared between the District & Boroughs and County Councils to understand the measures that they had put in place to deal with absence and sickness, or whether occupational health data was compared with other organisations, and they would take this back to their own Local Authorities to find out. The CFO explained that occupational health data was shared through the collaboration with Surrey Fire and Sussex Police and that for wider comparison there was a quarterly Cleveland report that compared sickness data. Within ESFRS long term absences were increasingly due to clinical conditions rather than mental health.

Members enquired as to whether the availability of appliances was measured. The ADP&I reminded the Panel that appliance availability was monitored and that attendance standards set by the Fire Authority were being achieved. The CFO added that the critical issue was that there was strong availability where there was risk and that robust arrangements were in place within the service to monitor operational performance and availability of fire appliances. The Panel were informed that the Operational Committee and an on-call working group consider the challenges given that the availability of operational staff on on-call stations was a national issue. It was suggested that a Scrutiny Working Group of the Scrutiny & Audit Panel be considered to further examine the issues discussed.

RESOLVED – That the Panel:

- (i) considered the performance results and progress towards achieving the Service's purpose and commitments as contained in appendix 1 to the report; and
- (ii) considered the performance results and remedial actions that had been taken to address areas of under performance in the Fire Authority's priority areas.

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

The Panel received a report from the Assistant Director Planning & Improvement (ADP&I) which presented the refreshed Strategic Tier 1 performance indicators that would form future quarterly performance reports. It was proposed that these would be presented quarterly to the Senior Leadership Team (SLT) and Scrutiny & Audit Panel.

Members were informed that Appendix 1 contained the entire list of Strategic Tier 1 measures that had been considered by SLT. It was noted that a set of 35 indicators had been proposed to be reported on quarterly and targets and tolerances had been set by managers to enable clearer performance reporting. The ADP&I also informed the Panel that the Fire Authority currently had seven performance priority areas and as part of the work to refresh the Strategic Tier 1 measures, it was proposed to delete one of these, 'confining fires to the room of origin'.

The ADP&I advised that Appendix 2 contained a list of Tier 2 measures which had been considered by SLT, and that this had been included to allow the Panel to consider if they required any of these measures to be reported as Tier 1. An example of the proposed performance report was included in Appendix 3 and the ADP&I explained that this would provide a high level summary of all of the performance measures based on performance ratings. Further detail would be reported for priority areas as well as for any measures which were performing under the agreed tolerance level.

The Panel thanked the ADP&I for their report and asked whether historical data was available to compare with the measures presented. The ADP&I confirmed that some of the measures were new and would therefore need to be developed in discussions with the responsible managers.

With regards to the performance priority areas, the Panel enquired as to whether road safety should be included. The Chief Fire Officer (CFO) advised that road safety is reported on by the Sussex Road Safety Partnership, however attendance at road traffic collisions would be reported on. Members suggested that item 4, 'increasing the number of home safety visits to vulnerable members of the community', should be included as a sub-set of item 7, 'number of home safety visits'.

RESOLVED – That the Panel:

- (i) considered the set of Strategic Tier 1 measures in appendix 1 and agreed them for future performance reports;
- (ii) noted that as a part of the work to refresh the Strategic Tier 1 measures a priority area, 'confining fires to the room of origin', was proposed to be deleted. The Panel reviewed the remaining six performance priority areas in paragraph 3.2 and suggested the change detailed above; and
- (iii) noted that a new quarterly performance report will be created, however as number of the indicators were NEW, processes would

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

need to be put in place to enable capture of the data if it was not already recorded. This work would begin in Quarter 3 and as more indicators were developed, they would continue to be added into the report.

The meeting concluded at 11.41 am

Signed

Chairman

Dated this

day of

2022

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EAST SUSSEX FIRE AUTHORITY

Panel	Scrutiny & Audit Panel
Date	19 January 2023
Title of Report	External Audit Update
By	Assistant Director of Resources/Treasurer
Lead Officer	Duncan Savage – Assistant Director of Resources / Treasurer

Background Papers Scrutiny & Audit Panel meeting 10 November 2022 (Item 020) –Appointment of External Auditors

- Appendices**
1. East Sussex Fire Authority response to PSAA fee consultation September 2022
 2. PSAA Fee Scale for all Fire Authorities for 2022/23.

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 on Public Sector Audit Appointment's (PSAA's) proposals for appointing the external auditor to the Authority for the accounts for the five-year period from 2023/24 and the outcome of the fee scale consultation for 2022/23.

EXECUTIVE SUMMARY The current contract with PSAA for the appointment of the Authority's external auditors ends on 31 March 2023 (with the audit of the 2022/23 accounts).

At its meeting on 9 December 2021 the Fire Authority agreed to opt in to the PSAA scheme for the next five year period.

Following consultation with the Authority PSAA has now confirmed the appointment of Ernst & Young (EY LLP), our current auditors, as the Authority's auditors for five years from 2023/24 to 2027/28.

As previously reported PSAA has advised that the Authority's audit fee for 2023/24 is likely to rise by 150% to approximately £125,000. This will create a pressure of £42,500 on the Authority's revenue budget which has been built into our budget proposals for 2023/24. We have continued to lobby Government and Local MPs for an increase in the existing new burdens grant for the additional costs resulting from the Redmond Report accordingly.

In September 2022 PSAA consulted in its proposed fee scales for 2022/23. A copy of the Authority's response is attached at Appendix 1. A copy of PSAA's response to the consultation can be found at:

[Consultation document 2022/23 audit fee scale – PSAA](#)

The consultation on the fee scale explained the impact on audit fees of the significant tensions and pressures in the wider audit market and profession, and of evolving arrangements in the local audit system. It also set out the practical difficulties for PSAA in setting a realistic fee scale without full information on all audit requirements or any information on audits for the preceding year.

On the basis of the broadly positive response to the consultation, PSAA is setting the 2022/23 fee scale as proposed, using the scale set for 2021/22 audits as a baseline with adjustments for:

- recurrent fee variations for 2019/20 and 2020/21 audits, for audited bodies where these have been submitted to and approved by PSAA; and
- the 5.2% inflationary increase required under PSAA's current audit contracts, although this will be funded from the surplus which would otherwise be distributed to opted-in bodies.

PSAA is not adjusting the 2022/23 fee scale for the additional work required for the VFM arrangements commentary or work on some updated technical standards because they do not yet have sufficiently reliable information on the ongoing impact of these changes. The local fee variations process will continue to apply until PSAA is able to consolidate the additional requirements into a future fee scale or it is able to determine national fee variation levels. The indicative

additional rates published by PSAA for the new VFM commentary (£5,000 - £9,000 for Fire Authorities) and ISA 540 work (£1,900 for Fire Authorities) continue to provide a guide for the fee scale variation process.

The fee scale for this Authority for 2022/23 is set at £30,815, an increase of 30% on the current level of £23,690. In reality once known additional work (VFM / ISA540) is taken into account, and noting that there may be other additional requirements for the 2022/23 audit, the actual fee is likely to continue to be in the range of £40,000 - £50,000. The fee scales for all Fire Authorities are shown at Appendix 2.

RECOMMENDATION

The Panel is recommended to note:

- (i) The appointment of EY LLP as the Authority's auditors for the period 2023/24 – 2027/28
- (ii) The fee scale determined by PSAA for 2022/23

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Appendix 1**East Sussex Fire Authority response to PSAA fee consultation September 2022**

We welcome the opportunity to comment on PSAA's proposed fee scales for 2022/23.

We wish to make the following comments before considering the detail of the consultation:

- This Authority like all local authorities faces significant financial challenges both in the current year and future years due to the uncertainty regarding our funding settlement and the significant pressures on costs due to current high levels of inflation. For that reason, any increase in costs that adds to those pressures is unwelcome.
- The Government has provided, and has committed to provide until 2024/25, additional funding of £15m to the sector to reflect all new burdens resulting from the Redmond Review and the Government's response to it. However, the approved fee scale variation for 2020/21 for this Authority at £18,548 already exceeds the grant allocation of £12,212 by 52%.
- Any fee scale variations need to be proportionate to the size and complexity of the audited body and justifiable based on the additional work necessary to meet regulatory or code changes.

We are broadly supportive of the approach proposed by PSAA

Approved fee variations which relate to audit work of an ongoing nature - this proposal appears reasonable in principle but the key will be the level by which the fee is varied. We welcome the proposal that PSAA will provide the opportunity for audited bodies to challenge their fee scales for 2022/23. To ensure that this is a meaningful exercise and for reasons of transparency PSAA should publish its proposed fee scales for each audited body alongside the name of their appointed auditor. This will allow comparison of fee scales across sectors. This must not become an opportunity for appointed auditors to recover any losses resulting from their original bid price.

Changes in local audit requirements - whilst we understand why PSAA may feel unable to confirm fee variations at this stage, we would have preferred to have the certainty of these factors being included in the fee variation. If this is not possible then our view is that PSAA should continue to publish minimum additional fee ranges for vfm commentary and ISA 540, and should publish new minimum additional fee ranges for any other changes that are confirmed e.g. ISA 315.

Inflation - we welcome PSAA's proposal to fund the additional cost of inflation from its surplus. We would welcome confirmation that this will cover both the fee scale and any additional charges based on hourly fee rates.

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Audit Year	Organisation	Sector Type	Audit Firm	Fee (prior year) (£)	Recurrent additional work (£)	Fee Value (£)
2022-2023	London Fire Commissioner	Commissioner F and R Authority	Ernst & Young LLP	51,961	11,250	63,211
2022-2023	West Midlands Fire and Rescue Authority	Fire and Rescue Authority	Grant Thornton UK LLP	32,250	2,814	35,064
2022-2023	Hampshire and Isle of Wight Fire and Rescue Authority	Fire and Rescue Authority	Ernst & Young LLP	27,893	7,125	35,018
2022-2023	Dorset and Wiltshire Fire and Rescue Authority	Fire and Rescue Authority	Deloitte LLP	34,650	0	34,650
2022-2023	Derbyshire Fire Authority	Fire and Rescue Authority	Ernst & Young LLP	25,184	9,059	34,243
2022-2023	Kent and Medway Fire and Rescue Authority	Fire and Rescue Authority	Grant Thornton UK LLP	29,818	3,851	33,669
2022-2023	Northamptonshire Police Fire and Crime Commissioner	Police Fire and Crime Commissioner	Ernst & Young LLP	22,554	10,950	33,504
2022-2023	Royal Berkshire Fire Authority	Fire and Rescue Authority	Ernst & Young LLP	26,180	7,125	33,305
2022-2023	Devon and Somerset Fire Authority	Fire and Rescue Authority	Grant Thornton UK LLP	26,041	5,939	31,980
2022-2023	Buckinghamshire and Milton Keynes Fire Authority	Fire and Rescue Authority	Ernst & Young LLP	24,162	7,125	31,287
2022-2023	North Yorkshire Police Fire and Crime Commissioner	Police Fire and Crime Commissioner	Mazars LLP	24,971	6,254	31,225
2022-2023	Nottinghamshire and City of Nottingham Fire Authority	Fire and Rescue Authority	Ernst & Young LLP	23,909	7,125	31,034
2022-2023	Northamptonshire Commissioner Fire and Rescue Authority	Commissioner F and R Authority	Ernst & Young LLP	25,000	6,000	31,000
2022-2023	Tyne and Wear Fire and Rescue Authority	Fire and Rescue Authority	Mazars LLP	23,590	7,375	30,965
2022-2023	East Sussex Fire Authority	Fire and Rescue Authority	Ernst & Young LLP	23,690	7,125	30,815
2022-2023	Hereford and Worcester Fire Authority	Fire and Rescue Authority	Grant Thornton UK LLP	25,311	5,313	30,624
2022-2023	Merseyside Fire And Rescue Authority	Fire and Rescue Authority	Grant Thornton UK LLP	28,966	1,626	30,592
2022-2023	North Yorkshire Police, Fire and Crime Commissioner	Commissioner F and R Authority	Mazars LLP	24,387	6,136	30,523
2022-2023	Staffordshire Police Fire and Crime Commissioner	Police Fire and Crime Commissioner	Ernst & Young LLP	24,434	6,000	30,434
2022-2023	Bedfordshire Fire and Rescue Authority	Fire and Rescue Authority	Ernst & Young LLP	23,271	7,125	30,396
2022-2023	Cleveland Fire Authority	Fire and Rescue Authority	Mazars LLP	25,169	5,110	30,279
2022-2023	West Yorkshire Fire and Rescue Authority	Fire and Rescue Authority	Deloitte LLP	27,782	2,288	30,070
2022-2023	Humberside Fire Authority	Fire and Rescue Authority	Mazars LLP	24,561	4,966	29,527
2022-2023	Lancashire Combined Fire Authority	Fire and Rescue Authority	Grant Thornton UK LLP	26,169	3,126	29,295
2022-2023	Staffordshire Police Fire and Crime Commissioner	Commissioner F and R Authority	Grant Thornton UK LLP	26,646	2,626	29,272
2022-2023	South Yorkshire Fire and Rescue Authority	Fire and Rescue Authority	Deloitte LLP	26,523	2,665	29,188
2022-2023	County Durham and Darlington Fire and Rescue Service	Fire and Rescue Authority	Mazars LLP	23,710	4,749	28,459
2022-2023	Cheshire Fire Authority	Fire and Rescue Authority	Grant Thornton UK LLP	25,992	2,314	28,306
2022-2023	Shropshire and Wrekin Fire Authority	Fire and Rescue Authority	Grant Thornton UK LLP	24,996	2,314	27,310
2022-2023	Leicester, Leicestershire and Rutland Combined Fire Authority	Fire and Rescue Authority	Mazars LLP	22,520	4,606	27,126
2022-2023	Cambridgeshire and Peterborough Fire Authority	Fire and Rescue Authority	BDO LLP	24,536	0	24,536
2022-2023	Avon Fire Authority	Fire and Rescue Authority	Deloitte LLP	24,220	0	24,220

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EAST SUSSEX FIRE AUTHORITY

Meeting Scrutiny and Audit Panel

Date 19 January 2023

Title of Report Auditor's Annual Report 2021/22

By Assistant Director Resources / Treasurer

Lead Officer Duncan Savage, AD Resources / Treasurer

Background Papers Scrutiny & Audit Panel 10 November 2022 – 2021/22
External Auditor's Results Report and Statement of Accounts

Appendices 1. Auditor's Annual Report 2021/22

Implications (please tick ✓ and attach to report)

Any implications affecting this report should be noted within the final paragraphs of the report

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

PURPOSE OF REPORT To consider and approve, on behalf of the Fire Authority, the Auditor's Annual Report 2021/22.

EXECUTIVE SUMMARY The Authority's external auditor, Ernst & Young (EY), has submitted its Annual Report 2021/22 relating to East Sussex Fire Authority, which is attached as Appendix 1 to this report, for approval.

The Report summarises the external auditor's work relating to 2021/22 part of which has already been reported to this Panel in the Audit Results Report for 2021/22. The report includes the new value for money commentary. The key issues raised in the report are as follows:

- EY has issued an unqualified opinion on the Authority's financial statements for 2021/22

- EY concluded that the Authority’s assessment of its going concern status was appropriate
- The annual governance statement was consistent with EY’s understanding of the Authority
- EY had no reason to issue a public interest report or use its other auditor powers
- EY did not identify any risks of significant weaknesses in the Authority’s value for money (VFM) arrangements for 2021/22
- The Authority has had the arrangements EY would expect to see to enable it to:
 - plan and manage its resources to ensure that it can continue to deliver its services
 - make informed decisions and properly manage its risks
 - use information about its costs and performance to improve the way it manages and delivers services

The Report will be published on the Authority’s website.

EY confirms in the Report that it expects to issue a scale fee variation in relation to the 2021/22 audit of £44,363 which would take the total audit fee to £68,073. This is broadly similar to the scale fee variation submitted for 2020/21, which Public Service Audit Appointments (PSAA) reduced to £18,548. Officer’s view is that the Authority should, in line with last year, contest the scale fee rebasing element of the variation (£34,417) but accept that the remaining elements are within the indicative ranges set out by PSAA. Ultimately the scale fee variation will be determined by PSAA.

RECOMMENDATION

The Panel is asked to:

- a) consider and approve, on behalf of the Fire Authority, the Auditor’s Annual Report 2021/22
 - b) consider whether there are any matters raised in the Auditor’s Annual Report which should be reported to the Fire Authority
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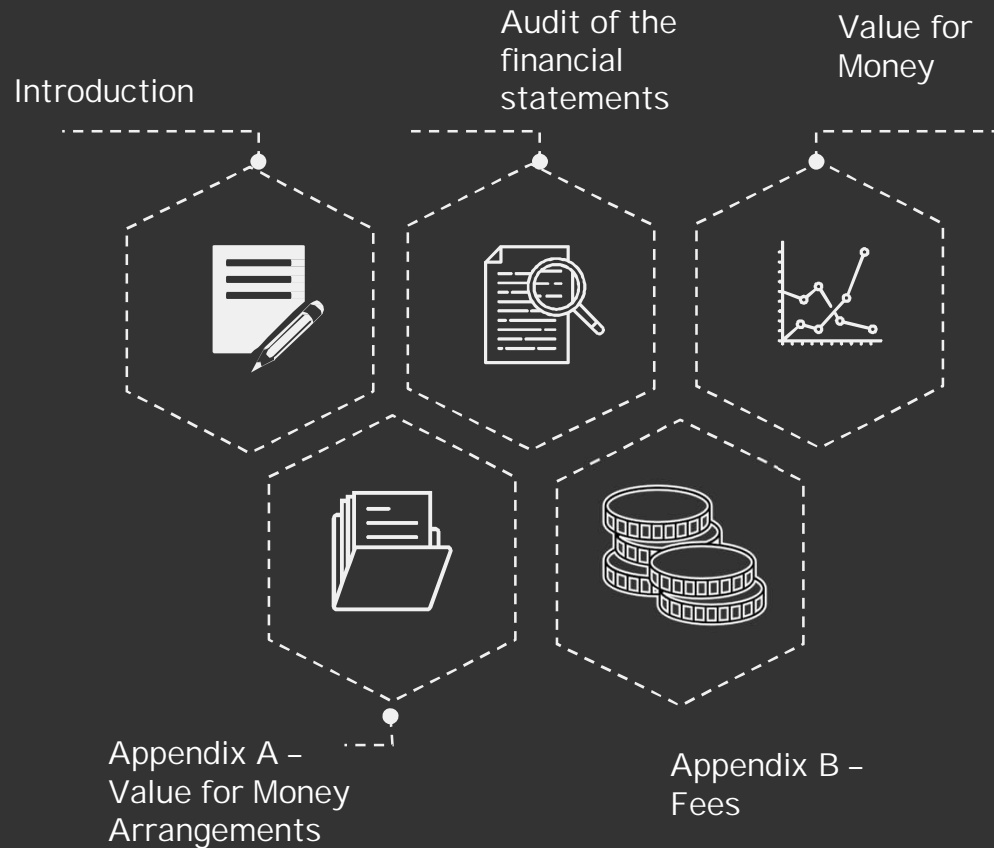
East Sussex Fire Authority Auditor's Annual Report

Year ended 31 March 2022

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Appendix 1

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Public Sector Audit Appointments Ltd (PSAA) issued the “Statement of responsibilities of auditors and audited bodies”. It is available from the PSAA website (<https://www.psa.co.uk/audit-quality/statement-of-responsibilities/>). The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The “Terms of Appointment and further guidance (updated July 2021)” issued by the PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature.

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



Introduction

Purpose

The purpose of the auditor's annual report is to bring together all the auditor's work over the year. A core element of the report is the commentary on value for money (VFM) arrangements, which aims to draw to the attention of the Authority, and the wider public, relevant issues, recommendations arising from the audit and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

Responsibilities of the appointed auditor

We have undertaken our 2021/22 audit work in accordance with the planning report and updated audit planning report presented to the 12 May 2022 and 21 July 2022 Scrutiny & Audit Panel meetings respectively. We have complied with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2021/22 financial statements;
- Conclusions relating to going concern; and
- The consistency of other information published with the financial statements, including the narrative statement.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Authority;
- If we identify a significant weakness in the Authority's arrangements in place to secure economy, efficiency and effectiveness in its use of resources; and
- Any significant matters that are in the public interest.

Responsibilities of the Authority:

The Authority is responsible for preparing and publishing its financial statements, narrative statement and annual governance statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.



Introduction (continued)

2012/22 Conclusions

Financial statements	Unqualified – the financial statements give a true and fair view of the financial position of the Authority as at 31 March 2022 and of its expenditure and income for the year then ended. We issued our auditor’s report on 30 November 2022.
Going concern	We have concluded that the Treasurer’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.
Consistency of the other information published with the financial statement	Financial information in the narrative statement and published with the financial statements was consistent with the audited accounts.
Value for money (VFM)	We had no matters to report by exception on the Authority’s VFM arrangements. We have included our VFM commentary in Section 03.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Authority.
Public interest report and other auditor powers	We had no reason to use our auditor powers.
Whole of government accounts	We have not performed the procedures required by the National Audit Office (NAO) on the Whole of Government Accounts submission. This is because guidance from HM Treasury and group audit instructions for 2021/22 on which our work is based have not yet been released.
Certificate	We have not issued our certificate for 2021/22 as we have not completed the procedures required by the National Audit Office on the Whole of Government Accounts submission as explained above.



Audit of the financial statements

Key findings

The Narrative Statement and Accounts is an important tool for the Authority to show how it has used public money and how it can demonstrate its financial management and financial health.

On 30 November 2022, we issued an unqualified opinion on the financial statements. We reported our detailed findings to the 11 November 2022 Scrutiny & Audit Panel meeting. We outline below the key issues identified as part of our audit, reported against the significant risks and other areas of audit focus we included in our Audit Plan.

Significant risk	Findings and Conclusion
<p>Misstatements due to fraud or error</p> <p>An ever present risk that management is in a unique position to commit fraud because of its ability to manipulate accounting records directly or indirectly, and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p>	<p>From our work performed, we did not identify any material evidence of material management override. Specifically:</p> <ul style="list-style-type: none"> • Our review of trends in general ledger data, and detailed consideration of unusual or unexpected journal postings, did not identify any journal entries that suggested the manipulation of accounting records or override or controls by management. • Our review of accounting estimates, including estimates with a higher level of inherent risk, identified no evidence of management bias. • There were no significant unusual transactions.
<p>Inappropriate capitalisation of revenue expenditure</p> <p>Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Authority, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. We have identified an opportunity and incentive to capitalise expenditure under the accounting framework, to remove it from the general fund</p>	<p>In response to the risk, we focused on whether expenditure was properly capitalised in its initial recognition, or whether subsequent expenditure on an asset enhances the asset or extends its useful life. Specifically, we:</p> <ul style="list-style-type: none"> • Sample tested additions to property, plant and equipment to ensure that they had been correctly classified as capital and included at the correct value. • Sample tested additions to property, plant and equipment to ensure that revenue items were not incorrectly classified. • Did not identify any journal entries that incorrectly moved expenditure into capital codes from our data analytical procedures. <p>We concluded the expenditure was properly capitalised and classified.</p>



Audit of the financial statements (continued)

Key findings (continued)

Other area of audit focus	Findings and Conclusion
<p>Valuation of land and buildings</p> <p>Land and buildings is a significant balance in the Authority's balance sheet. The valuation of land and buildings is subject to valuation changes and impairment reviews.</p> <p>Management is required to make material judgemental inputs and apply estimation techniques to calculate year-end balances recorded in the balance sheet. A small movement in these assumptions can have a material impact on the financial statements.</p>	<p>Our work in response to this risk:</p> <ul style="list-style-type: none"> • Found no issues regarding the adequacy of the valuers' scope of work, their professional capabilities and the results from their work; • Found that the valuers assumptions were accurate, based on our sample testing, i.e. correct floor plans and price per square metre used and considered potential impacts on useful economic lives; • Confirmed assets not subject to valuation were not materially misstated; • Confirmed accounting entries were processed correctly in the financial statements; <p>Consequently, we were satisfied that the valuation of property, plant and equipment was fairly stated and appropriately disclosed.</p>
<p>Pension Liability valuation</p> <p>The Pension Fund liability is a material balance in the Balance Sheet. Accounting for this scheme involves significant estimation and judgement and therefore management engages an actuary to undertake the calculations on their behalf. ISAs (UK and Ireland) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.</p>	<p>Our approach focussed on:</p> <ul style="list-style-type: none"> • Liaising with the auditors of East Sussex Pension Fund in obtaining assurances over the information supplied to the actuary in relation to East Sussex Fire Authority. • Assessing the work of the LGPS Pension Fund actuary and the Firefighters pension actuary including the assumptions they have used by relying on the work of PWC - Consulting Actuaries commissioned by the National Audit Office for all local government sector auditors, and considering any relevant reviews by the EY actuarial team. • Evaluating the reasonableness of the Pension Fund actuary's calculations by comparing them to the outputs of our own auditor's specialist's model. • Reviewing and tested the accounting entries and disclosures made within the Authority's financial statements in relation to IAS19 <p>An immaterial misstatement was identified in the pension fund assets attributable to the Authority. We were, however satisfied, that the valuation of the pension fund liability was fairly stated and appropriately disclosed.</p>



Audit of the financial statements (continued)

Key findings (continued)

Other area of audit focus	Findings and Conclusion
<p>Going concern disclosures</p> <p>The Authority is required to carry out an assessment of its ability to continue as a going concern for the foreseeable future, being at least 12 months after the date of the approval of the financial statements. There is a risk that the Authority's financial statements do not adequately disclose the assessment made, the assumptions used and the relevant risks and challenges that have impacted the going concern period.</p>	<p>Management produced a going concern assessment up to 30 November 2023. Our approach on these assessments focussed on:</p> <ul style="list-style-type: none">• Challenging management's identification of events or conditions impacting going concern.• Testing management's resulting assessment of going concern by evaluating supporting evidence, including consideration of the risk of management bias.• Reviewing the cashflow forecast covering the foreseeable future, to ensure that it has sufficient liquidity to continue to operate as a going concern.• Undertaking a 'stand back' review to consider all of the evidence obtained, whether corroborative or contradictory, in drawing our conclusions on going concern.• Challenging and reviewing disclosure made in the accounts in respect of going concern and any material uncertainties to confirm that this is sufficiently detailed, transparent and accurately reflects management's underlying assessments. <p>From this we concluded that the Authority remains a going concern based on reasonable and supportable assumptions that have been appropriately disclosed in the Authority's financial statements.</p>

We did not identify any risks of significant weaknesses in the Authority's VFM arrangements for 2021/22.

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Our VFM commentary highlights relevant issues for the Authority and the wider public.

We have no matters to report by exception in the audit report.

Scope

We are required to report on whether the Authority has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We have complied with the guidance issued to auditors in respect of their work on value for money arrangements (VFM) in the 2020 Code of Audit Practice (2020 Code) and Auditor Guidance Note 3 (AGN 03). We presented our final VFM risk assessment to the September Scrutiny & Audit Panel meeting which was based on a combination of our cumulative audit knowledge and experience, our review of Authority reports, meetings with the officers and evaluation of associated documentation through our regular engagement with senior management and the finance team.

Reporting

We fully completed our risk assessment procedures by October 2022 and did not identify any significant weaknesses in the Authority's VFM arrangements. We did not identify any risks of significant weaknesses in arrangements during the course of our audit. As a result, we had no matters to report by exception in the audit report on the financial statements.

Our commentary for 2021/22 is set out over pages 9 to 11. The commentary on these pages summarises our conclusions over the arrangements at the Authority in relation to our reporting criteria (see below) throughout 2021/22. Appendix A includes the detailed arrangements and processes underpinning the reporting criteria. These were reported in our 2020/21 Annual Auditors Report and have been updated for 2021/22.

In accordance with the NAO's 2020 Code, we are required to report a commentary against three specified reporting criteria:

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Authority plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weaknesses identified
Governance: How the Authority ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weaknesses identified
Improving economy, efficiency and effectiveness: How the Authority uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weaknesses identified



Value for Money (continued)

Financial Sustainability: How the Authority plans and manages its resources to ensure it can continue to deliver its services

The Authority's financial planning for 2021-22 was based on its Integrated Risk Management Plan (IRMP) for 2020-21 to 2024-25 and outlined its risks and service demands for the year. The Authority submitted a balanced annual budget for 2021-22 to Policy & Resources Panel (P&RP) on 21 January 2021 for recommendation and approved by the Fire Authority on 11 February 2021. This demonstrated the baseline to monitor in-year expenditure and savings. This included an overview of the anticipated revenue and capital expenditure, taxation & grant income, and risks including setting out the next steps to enable financial risk assessments.

The Authority operated in a financially constraining environment during the year as additional savings of £2.3m outlined in the budget needed to be achieved over the MTFP period 2022-23 to 2025-26. The Authority continued to actively monitor short-term financial pressures throughout the year and action mitigating strategies to address these when identified. These actions were monitored by the Senior Leadership Team (SLT) monthly at a granular level with regular reporting to the delegated P&R Panel for review and debate. The Authority continued to effectively control its in-year spending by achieving an overall underspending of £20k against an approved budget of £40.7m for 2021-22.

Page 31 The Authority also developed its 2021-22 Annual Corporate Plan which set its service priorities, identified future improvement plans and strategic collaborations within the wider system, and detailed its financial plan for the year. This corporate plan supported year-on-year monitoring in achievement of these service priorities. The Authority further incorporated its 2021-2025 People Strategy during the setting of its 2021-22 annual budget. This will ensure that it provides the highest quality service to the communities it serves across the spectrum from community-based services to highly specialised rescue services.

Conclusion: Based on the work performed, the Authority had proper arrangements in place in 2021/22 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

Governance: How the Authority ensures that it makes informed decisions and properly manages its risks


Primary oversight in relation to making decisions and managing risk lies with the Fire Authority, with some delegated responsibilities (such as financial management) to the Scrutiny & Audit (S&A) Panel and the Policy & Resources (P&R) Panel, both of which report to the Fire Authority. As set out in the constitution, the Fire Authority has the overall duty to establish and maintain the strategic direction of the Authority. It agrees the vision, strategy, and policy, and agrees a forward plan with clear objectives to deliver the organisation's purpose. It is accountable for governing the organisation and holds the executive and its members to account for the delivery of strategy. The Authority is risk-aware and receives assurance about progress against its corporate aims and objectives.

The Authority continued effective risk management during 2021-22 through its established Corporate Risk Register. This risk register is regularly reviewed by the S&A Panel which challenges the risks included and gains assurance that the right risks and mitigations are included. There were no significant risks included in the risk register for 2021/22 which we concluded needed to be considered in our value for money risk assessment. These are risks that we would expect to see for the Authority and are not an indication of a weakness in their governance arrangements.

Internal Audit issued 8 reports during 2021-22 of which 2 obtained a "substantial assurance" opinion, 4 obtained a "reasonable assurance", and 2 obtained a "partial assurance". We have not identified any weaknesses in relation to the governance of the Authority through review of these reports. We note that the partial assurance opinions relate to implemented and effective operating controls around HR/Payroll and surveillance camera system deployment in public areas. The S&A Panel ensured that appropriate focus was maintained and consequently Internal Audit issued an overall reasonable assurance opinion that the Authority had an adequate and effective framework of governance, risk management and internal control throughout 2021-22.

The National Fire Chiefs Council Code of Ethics was issued on 18 May 2021 with the aim to guide employees of the Fire and Rescue Services to act in the best way towards each other and while serving the public. The Authority's constitution was further updated during 2021-22 to include reference to the Core Code of Ethics and was approved by the Fire Authority on 9 December 2021. The SLT has also approved plans for staff surveys for the period of the 2021-2025 People Strategy which will help provide additional evidence about staff understanding and compliance with the Code of Ethics and was launched in April 2022.

Conclusion: Based on the work performed, the Authority had proper arrangements in place in 2021/22 to enable it to make informed decisions and properly manage its risks.



Value for Money (continued)

Improving economy, efficiency and effectiveness: How the Authority uses information about its costs and performance to improve the way it manages and delivers its services

The Authority's P&R Panel and S&A Panel respectively monitored financial and non-financial performance information throughout 2021-22 and challenged officers on any departures from plans or expectations. These panels held regular meetings where reports were presented detailing the Authority's financial and non-financial performance. They monitor and challenge the performance and quality of the services provided by the Authority, as well as considering recommendations and recovery plans if required.

The Authority's 2021-22 Annual Performance Outcome Report was presented to the Fire Authority on 8 September 2022. There were 21 indicators for 2021-22 but only 16 had comparable data due to limitations imposed by COVID-19 restrictions during the national pandemic in the preceding year. The Authority was able to improve or meet targets set for eight top-level indicators while eight declined against the previous year. This decline is, however, not indicative of weaknesses in the Authority's arrangements.

The Authority continued to discharge its responsibilities through collaboration with other sector-wide partners throughout the year. In November 2021 the Authority signed a joint Memorandum of Understanding with West Sussex, Kent and Surrey Fire and Rescue Services for the 4F Collaboration fire investigation function which aims to provide a standard and consistent level of fire investigation across the four fire and rescue services. This collaboration further aims to provide additional resilience across the South East as well as consistency in the approach to fire investigation and the training of all fire investigation officers. During 2021-22, the Chief Fire Officer was also elected as chair of the "National Water Safety Forum" which is a network of more than 50 organisations, who work together in order to reduce water-related deaths and associated harm in the UK. The Authority continued its collaboration with existing other sector-wide partners. An example of this is the Authority's involvement in the Sussex Resilience Forum which aims to prepare and respond to major emergencies within East and West Sussex and the City of Brighton & Hove.

The Authority's constitution and procurement policy directed the effective discharge of its statutory and non-statutory duties and functions relating to agreed contract values, and authorised resource limits. All proposals are furthermore monitored against the pre-defined and agreed framework by the programme leads and senior responsible officer with further reference where necessary through contract management processes. The Authority furthermore has implemented professional standards and policies including whistleblowing/bribery are also present.

Conclusion: Based on the work performed, the Authority had proper arrangements in place in 2021/22 to enable it to use information about its costs and performance to improve the way it manages and delivers services.

Appendices

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Appendix A – Summary of arrangements

Financial Sustainability

Reporting Sub-Criteria

How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them.

Findings

The Authority is responsible for the delivery of fire and rescue services within East Sussex and Brighton & Hove. Its main sources of funding are from central government revenue resource grants as well as business rates and council taxes that are collected on behalf of the Authority on an agency basis by the six billing authorities within its service area.

To effectively discharge these responsibilities, the Authority established a medium-term Integrated Risk Management Plan (IRMP) which covers the five-year period 2020-21 to 2024-25 and outlines the Authority's understanding of community risks and service demands, both current and future.

The Authority set an annual balanced revenue budget and related capital budget for 2021-22 that were aligned to its IRMP to ensure financial resources were allocated to address risks and demands, whilst ensuring financial stability and resilience to unplanned changes. These budgets were further linked into the Authority's medium-term financial plan (MTFP) which outlines its IRMP aligned aspirations over the medium-term.

Primary oversight of financial sustainability is the responsibility of the Authority's governing body (the "Fire Authority") with delegated authority to the Policy & Resources Panel (P&R Panel). Annual revenue budgets, related capital budgets and medium- to long-term financial strategies are reviewed by the P&R Panel and subsequently approved by the Fire Authority. Achievement of these budgets are monitored in-year with regular (at least quarterly) financial reporting against these taken to the P&R Panel for discussion and challenge. These meetings cover key issues facing the Authority and identifying financial pressures and risks are key goals.

Financial risks are included in the Authority's Corporate Risk Register along with strategies to mitigate them and are regularly updated and challenged, and reported quarterly through the Assurance Performance & Governance Group (APGG), Senior Leadership Team (SLT) and ultimately Scrutiny & Audit Panel (S&A Panel).

Appendix A – Summary of arrangements (continued)

Financial Sustainability

Reporting Sub-Criteria

How the body plans to bridge its funding gaps and identifies achievable savings.

Findings

The Authority sets a balanced annual budget and accompanying 5-year Medium Term Financial Plan (MTFP) for each financial year. A bottom-up and top-down approach is undertaken to identify any potential budget gaps and consequent savings through strategic efficiency activities required over the MTFP period.

Known and emerging service pressures, investment bids and savings proposals are also considered and quantified as part of this planning process and are supported by directorate templates, including impact assessments. Other savings are driven by strategic decisions that are taken at Authority or relevant panel level. Following this initial appraisal, funding sources, service pressures and savings are kept under continual review.

Regular reporting on financial performance and planning to the delegated P&R Panel enables the Authority to identify gaps in funding, emerging risks and monitor progress on meeting savings targets.

Reporting Sub-Criteria

How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities

Findings

The annual budget and MTFP sit alongside and facilitate the Authority's IRMP for 2020-21 to 2024-25. The IRMP is developed collaboratively with elected members, staff, partners, and residents to prioritise the Authority's most important future focus areas to achieve the Government's expectations of fire and rescue authorities, as described in the Fire and Rescue National Framework 2018. This enables the Authority to focus its limited resources on service delivery areas that meet the risks in the community.

Defining the IRMP is achieved through incorporation of the Authority's business planning, financial planning, and risk management processes. It provides the framework for the Authority's decision making and planning to ensure that it is making the best use of the resources available, thoroughly understanding the value for money delivered, and remaining focused on the service delivery priorities. The Authority also ensures year-on-year monitoring and achievements through its corporate and departmental plans and corporate strategies with oversight through quarterly performance monitoring and annual benchmarking to the S&A Panel.

The annual budget and MTFP were further aligned to the IRMP to achieve its planned and agreed service delivery priorities and outcomes. Achievement against the annual budget is monitored throughout the year with regular reporting thereof to relevant delegated panels. This also enables the Authority to identify unforeseen financial pressures and emerging risks in a timely manner and amend its financial plans where necessary.

Appendix A – Summary of arrangements (continued)

Financial Sustainability

Reporting Sub-Criteria

How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system.

Findings

The integration between the Authority's business and financial planning has been described above, including the link to its capital strategy and capital programme. The development of its annual budget and MTFP, including detailed assumptions on the operations of the Authority that underpin them, is driven by its strategic objectives outlined in its IRMP and linked to the key governance and control arrangements of the Authority, such as performance and risk management arrangements.

The Authority incorporated its People Strategy into the 2021-22 annual budget and MTFP, thereby ensuring that financial resources are allocated to strategic recruitment and training initiatives that will ensure that it has a sufficiently staffed and skilled workforce. This included an additional investment of almost £400k over 5 years.

The Authority has entered various collaborations with other sector wide partners within East Sussex and the City of Brighton & Hove to effectively discharge its responsibilities. These collaborations include crime and disorder reduction partnerships, health & wellbeing projects, a joint fire control initiative, and various shared services with East Sussex County Council including finance & treasury, legal, and occupational health services. Provisions for these collaborations have been outlined in both its "Purpose & Commitments" and corporate strategies which feed into its financial planning processes.

Reporting Sub-Criteria

How the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans.

Findings

The Authority's arrangements for identifying its significant financial pressures as part of its annual budgeting and medium-term financial planning have been described above.

Performance against these plans is monitored monthly by the SLT with regular reporting to delegated panels. This also provides an integrated assessment of the Authority's business and financial performance, enabling the Authority to detect any unplanned changes to its service activities and operations with potential to impact its financial resilience on an ongoing basis and consequently considered in its continuous budget planning. Its risk and performance management arrangements, which are considered further below, also feed into this.

The Authority has achieved and seeks to continue maintaining an adequate level of usable reserves in future that provides a contingency for unexpected changes and sustains financial resilience. Reasonable contingencies are built into the annual revenue budget, with the general reserve being used to provide a stable platform for service planning as the MTFP is developed. It is also intended to be the first call on the Authority resources to deal with any unforeseen in year expenditure if the revenue contingency budget were to be exhausted.

Appendix A – Summary of arrangements (continued)

Governance

Reporting Sub-Criteria

How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud.

Findings

Primary oversight of governance is the responsibility of the Fire Authority with delegated authority to the Scrutiny & Audit Panel (S&A Panel). The Authority's constitution sets out how it monitors and assesses risk to gain assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud. This requires the Authority to operate a risk management strategy and risk management framework that consider both strategic and operational risks and ensure that they are appropriately managed and controlled. This also supports the achievement of the Authority's strategic priorities, its decision-making processes, and protects its reputation and other assets and is compliant with statutory and regulatory obligations by:

- enabling a culture of risk awareness.
- formally identifying and managing risks.
- involving elected members in the risk management process.
- mapping risks to financial and other key internal controls.
- documenting and recording details of risks in a risk management information system.
- monitoring the progress in mitigating significant risks, and relevant reporting to Members.
- reviewing and, if required, updating its risk management process at least annually.
- considering risk within all projects.

The S&A Panel is responsible for providing independent assurance of the risk management framework and the internal control environment. It provides an independent review of the Authority's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It also oversees both internal and external audit, helping to ensure efficient and effective assurance arrangements are in place to assist in the management of risk and performance.

The Authority has an internal audit function provided by Orbis which reports regularly to the S&A Panel. The internal auditors provide feedback on work undertaken to assess the internal controls within the Authority and counter-fraud services.

The Authority's "Purpose & Commitments" are furthermore published on its website and together with its Leadership Behavioural Framework promote a strong culture based on its shared values of pride, accountability, integrity, and respect. This achieved by adopting, monitoring, and reviewing:

- A Code of Conduct for Members.
- An Officer Code of Conduct.
- A register of Members' Interests.
- A register of Officer Declarations of Conflicts of Interest and declarations of Gifts and Hospitality accepted.

Appendix A – Summary of arrangements (continued)

Governance

- Comprehensive induction programmes for both Officers and Members built on the standards of behaviour expected, supported by appropriate training.
- A Competency Framework and Appraisal Scheme used for improving organisational performance through focusing and reviewing everyone's ability and potential.
- A People Strategy which includes the Authority's approach to inclusion, equality and diversity.
- Member Panels with clear responsibilities for governance, audit, and standards.
- Effective Anti-Fraud, Bribery and Corruption policies allowing for reporting and actioning any incidents.
- A whistleblowing policy providing protection to individuals raising concerns.

Minimising any losses to fraud and corruption is an essential part of ensuring that all the Authority's resources are used for the purposes for which they are intended. To facilitate this, the Authority has a published Whistleblowing Policy which provides protection to individuals raising concerns and is periodically reviewed in line with guidance. It also has a published Anti-Fraud, Bribery and Corruption Strategy which sets out its policy and strategy for preventing and detecting fraud, bribery and other wrongdoing and participates in the National Fraud initiative.

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

Reporting Sub-Criteria

How the body approaches and carries out its annual budget setting process.

Findings

As outlined earlier, the Authority is required to set annual balanced revenue budgets that support the delivery of its key priorities outlined in its IRMP. This budgeting process including relevant responsibilities and procedures are set out in the Authority's constitution. The annual service planning and budgeting process seeks to reconcile corporate and business plans and strategies with the relevant resources including finance.

The Senior Leadership Team (SLT) has a lead role for each of the programmes and support the planning process starting with forecast outturn, adjusting for non-recurrent expenditure then adjusting for net inflation, growth, known commitments and cost pressures plus reflecting requirements of the planning guidance. This is consolidated and is supported by a confirm and challenge process known as "Star Chamber" and triangulation with the wider system.

This is presented by the Treasurer to the SLT and subsequently taken to the P&R Panel for consideration and the Fire Authority for approval.

Appendix A – Summary of arrangements (continued)

Governance

Reporting Sub-Criteria

How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed.

Findings

The Authority's constitution sets out the responsibilities of the Chief Fire Officer & Chief Executive for providing appropriate financial information to enable effective monitoring of both the revenue budget and capital programme.

The Authority's financial performance against its revenue and capital budgets, savings delivery, and business performance are monitored monthly during meetings between the Treasurer, Finance Manager, and SLT that cover budgetary variances, related issues raised, and agree remedial actions to be taken by relevant assistant directors. These feed into regular financial reporting to the P&R Panel and quarterly risk management and performance reporting to the S&A Panel that cover actual year to date results, a forecasted year-end position, and areas where performance is not meeting set targets including relevant corrective actions to ensure further monitoring and scrutiny. The Authority therefore takes an integrated approach to its financial and business performance reporting.

The Authority also acts against internal audit recommendations and the S&A Panel holds management to account for these actions.

Appendix A – Summary of arrangements (continued)

Governance

Reporting Sub-Criteria

How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee.

Findings

A key responsibility of the Fire Authority is to ensure that the Authority has made sufficient arrangements to ensure that it exercises its functions effectively, efficiently, and economically, and complies its corporate governance arrangements set out in its constitution. This implies that challenge and transparency are key to delivering robust governance. The Authority's P&R Panel and S&A Panel have certain delegated responsibilities to maintain an overview of the operation of Authority's internal control and governance. As described above, these panels also meet regularly throughout the year to discuss and address key issues raised through effective challenge from its members and the public.

There is also evidence of good arrangements in place to regarding tracking and responding to the recommendations made by internal audit and that management have been held to account throughout the year regarding progress on these issues.

The Authority further ensures effective transparency by:

- Publishing relevant information relating to salaries, business interests and performance data on its website.
 - Having a procurement team that provides advice and issues clear guidelines for procuring goods and services.
 - Having the S&A Panel operating in accordance with guidance provided by the Chartered Institute of Public Finance and Accountancy (CIPFA).
 - Publishing information to the Authority and its Panels as part of established accountability mechanisms.
 - Preparing its Annual Governance Statement, Annual Statement of Assurance and Corporate Plan.
 - Publishing transparent performance information on its website.
-

Appendix A – Summary of arrangements (continued)

Governance

Reporting Sub-Criteria

How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests).

Findings

The main responsibility for ensuring appropriate standards such as meeting legislative/regulatory requirements in terms of member behaviour has been delegated to the S&A Panel who have responsibility of monitoring and reviewing risk, control, and governance processes, and associated assurance processes to ensure that internal control systems are effective, and that policies and practices comply with statutory and other regulations and guidance.

The Authority has adopted several codes and protocols that govern the standards of behaviour expected of the Fire Authority and of the body covering public service values, openness and public responsibilities, and relations with suppliers and for staff. These include detailed HR policies which are communicated as part of the induction process, ongoing awareness training and made available via the intranet/internet. These include policies on Conflicts of Interest, Counter Fraud & Bribery, Hospitality & Gifts, the Leadership & Behavioural Framework, and Whistleblowing Policies. The latter can be used by employees to raise concerns about the Authority, including accounting, auditing, IT, or internal control issues.

The Authority has implemented systems to ensure conflicts of interest are identified, recorded, and acted upon accordingly, excluding anyone from decision-making where a conflict arises, and making public declaration of interests through its Register of Interests which is published on the Authority's website.

Appendix A – Summary of arrangements (continued)

Improving economy, efficiency and effectiveness

Reporting Sub-Criteria

How financial and performance information has been used to assess performance to identify areas for improvement.

Findings

The Authority's P&R Panel and S&A Panel monitor financial and non-financial performance information respectively, and challenge officers where there are any departures from plans or expectations. The Fire Authority monitors the reasons for movements and uses these to identify areas for improvement within the Authority.

In addition to assurance services, the Authority's Internal Auditors provide operational recommendations and controls reviews. The outcome of these and any recommendations are tracked by the S&A Panel and used in conjunction with financial and performance information to identify areas for improvement. We have noted this process in action through our inspection of the Corporate Risk Register and minute reviews, which details a governance level assessment of areas for improvement.

Several key areas of the Authority's performance and activity are reported to the S&A Panel on a quarterly basis where key areas for improvement will be identified and prioritised for improvement, with regular updates to the panel on the impact of those action plans.

The analysis of the financial information by the SLT and P&R Panel provides direction to the Authority during the year on whether it will or it will not meet its set budget. On a more detailed basis, it also shows the underspend/overspends against each expenditure category. This in turn allows the Authority to identify and implement cost saving measures against these. Performance information has been used to assess performance against its priority areas for service and prioritising its resource allocations.

Reporting Sub-Criteria

How the body evaluates the services it provides to assess performance and identify areas for improvement

Findings

The Authority's service delivery objectives are set out in its annual Corporate Plan. The P&R Panel and S&A Panel monitor the Authority's financial and non-financial performance against these objectives throughout the year through a review of the performance report. Service improvements are also informed by the feedback from internal audit and public feedback.

Appendix A – Summary of arrangements (continued)

Improving economy, efficiency and effectiveness

Reporting Sub-Criteria

How the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve.

Findings

The Authority works with various stakeholders that include a range of public bodies, local authorities, other fire & rescue services, the NHS, and Sussex Police. Other tiers of local government are important partners in many areas of service delivery, strategic planning, and community development. The arrangements in place not only ensure continued corporate direction and leadership but also secure the delivery of value for money through sustained improvements in community safety. The Authority is currently involved in various partnership arrangements with public, private, and voluntary sectors to achieve this, which includes:

➤ Local Strategic Partnerships:

To bring local councils within Authority's service area, other public sector agencies, the business sector and third sector, voluntary and community organisations together.

➤ Crime and Disorder Reduction Partnerships:

Working with other local agencies and organisations to develop and implement strategies to address crime and disorder, including anti-social behaviour, adversely affecting local environment as well as the misuse of drugs in their area. The responsible authorities are police authorities, local authorities, fire and rescue authorities, primary care trusts and the probation service.

➤ Safer Communities Partnership:

To reduce crime, disorder, anti-social behaviour and hate crime, reoffending and substance misuse. This partnership is supported by the Safer East Sussex Team which is made up of staff from the Sussex Police, East Sussex Fire & Rescue Service, Kent, Surrey and Sussex Rehabilitation Company, National Probation Service and East Sussex County Council.

➤ Health and Wellbeing Visits Project:

To arrange for older people to be visited in their own homes for a conversation with the client about their health and wellbeing needs and priorities.

One of these strategic partnerships include a collaboration agreement between the Authority and East Sussex County Council in which the County Council provides a range of shared finance support services to the Authority through resource sharing, thereby fulfilling its business requirements and legal obligations in an efficient and effective manner. Other collaboration arrangements are in place, for example: legal services from Brighton and Hove City Council and joint fire control services with Surrey and West Sussex Fire Services.

The Authority also has an approved and published Collaboration Framework in place that identifies and guides clear collaboration priorities. These partnerships, collaboration frameworks and policies are reviewed with the support of internal audit and evaluated on a regular basis to ensure they offer value and contribute towards the Authority's strategic objectives.

Appendix A – Summary of arrangements (continued)

Improving economy, efficiency and effectiveness

Reporting Sub-Criteria

Where the body commissions or procures services, how the body ensures that this is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits.

Findings

The Authority's Procurement Standing Orders and the Financial Regulations and Procedures within its Constitution and provide rules for lawful and sound processes for contract and spending decisions. These are managed by the Treasurer and supported by the subject matter experts sitting within the central procurement and finance, risk and insurance teams in consultation with the Monitoring Officer.

Furthermore, the Authority's Procurement Strategy sets the framework in which it operates to ensure that procurement delivers value for money across all services and directly contributes to the achievement of its strategic goals. The S&A Panel has delegated responsibility for the overview of procurement and contract management. It monitors the Authority's performance and seeks to identify areas where procured goods and services are not delivering expected benefits by identifying significant overspending on projects and budgets.

The Authority manages the risk around potential supply chain management and potential disruptions through the inclusion of related risks in its Corporate Risk Register and reviews by Internal Audit planned and carried out during 2021/22, which resulted in a substantial assurance opinion. Progress in addressing these risks is monitored throughout the year and reported quarterly together with applicable Internal Audit reports to the S&A Panel for monitoring and scrutiny.

Appendix B – Fees

Fees

We carried out our audit of the Authority’s financial statements in line with PSAA Ltd’s “Statement of Responsibilities of auditors and audited bodies” and “Terms of Appointment and further guidance (updated April 2018)”. We have discussed an associated additional fee with the Treasurer which remains subject to approval by PSAA Ltd.

Description	Notes *	Final Fee 2021/22 £	Planned Fee 2021/22 £	Final Fee 2020/21 £
PSAA scale fee		23,690	23,690	23,690
Scale fee rebasing	1	34,417	34,417	
Revised proposed scale fee		58,107	58,107	
In-year scale fee variation:				
• PSAA pre-approved additional fee for VFM and ISA540:				
• ISA 540 accounting estimates	2	1,943	1,900	18,548
• VFM commentary	2	5,580	5,000 to 9,000	(Determined by PSAA – Note 1)
• Additional work: Going Concern	3	694	1,825	
• Additional work: Pension Fund IAS19 valuations (Our internal pensions specialists will be engaged to undertake an auditor’s estimate of the gross liability)	3	1,749	560	
• Additional work: Other	3	Nil	Nil	
Total in-year scale fee variation		9,966	9,285 to 13,285	42,238
Total fees		68,073	67,392 to 71,392	

* Details to notes follow on next page

All fees exclude VAT

Appendix B – Fees (Continued)

Notes to the fees table

Note 1 - In order to meet regulatory and compliance audit requirements not present in the market at the time of our most recent bid to PSAA, we assessed that the recurrent cost of additional requirements to carry out our audit should increase by £34,417. This was based on the amount we shared with the Authority in 2019-20, uplifted for the 25% increase in PSAA hourly rates. We remain in discussion with PSAA about increasing the 2021-22 scale fee to reflect the additional work auditors are required to do to meet regulatory requirements. This was previously communicated in 2019-20, and in our 2020-21 Auditors Annual Report.

We also submitted a further in-year fee variation of £11,423 for the 2020-21 audit. PSAA has subsequently determined the total fee variation across both elements for 2020-21 as £18,548. We expect similar costs in nature in 2021-22 and subsequent years. However, PSAA has stated that this will need to be determined each year.

Note 2 - In August 2022, PSAA published 'Additional information for 2021-22 audit fees'. PSAA commissioned external independent technical research for setting standardised fee variations to assess the expected impact on audit work programmes of a range of new and updated audit requirements. The figures included here are the minimum additional fee ranges set out in this document.

Note 3 - During 2020-21 we undertook additional work to address specific risks identified. For 2021-22 we have included an estimate of this fee where we have carried out additional work. Detail for the additional fees (over and above VFM and ISA540 set out above) for 2021-22 has been shared with the Treasurer.

Appendix C – Fees Relationships, services and related threats and safeguards

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and the Authority, and its members and senior management and its affiliates, including all services provided by us and our network to the Authority, its members and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2021 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity. We have delivered no non-audit services. As at the date of this report, there are no future non-audit services which have been contracted and no written proposal to provide non-audit services has been submitted.

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ED None

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EAST SUSSEX FIRE AND RESCUE SERVICE

Panel: Scrutiny & Audit Panel

Date 19 January 2023

Title of Report Corporate Risk Register Review Quarter 3 2022-23

By Duncan Savage, Assistant Director Resources/Treasurer

Lead Officer Alison Avery, Finance Manager

Background Papers Corporate Risk Register Review Q2 2022-23 – Scrutiny & Audit Panel – 10 November 2022

Appendices Appendix 1 - RAID Log Scoring Matrix
Appendix 2 - Corporate Risk Register - Quarter 2

Implications (please tick ✓ and attach to report)

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

PURPOSE OF REPORT To report and review the Corporate Risk Register Quarter 3.

EXECUTIVE SUMMARY This report discusses the third quarter position for 2022-23. It details the corporate risks identified and how they have or are being mitigated.

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 (amendments since the last report are highlighted in bold).

There have been no additional risks or changes to risk scores since the last quarter report

RECOMMENDATION

The Panel is recommended to:

- a) agree the Q3 Corporate Risk Register including changes made since Q2; and
 - b) identify any further information or assurance required from Risk Owners.
-

1. INTRODUCTION

- 1.1 This report brings the third quarter for 2022- 23 Corporate Risk Register update for review and consideration by Scrutiny & Audit Panel
- 1.2 The Corporate Risk Register is considered on a quarterly basis by Assurance, Performance & Governance Group and SLT and reported thereafter to Scrutiny and Audit Panel.

2. UPDATES

- 2.1 Risk owners have updated their risks for appropriate changes, and these are highlighted in bold in Appendix 2. These include changes in causes; mitigations; actions and review dates.
- 2.2 There have been no additional risks and no changes to risk scores since Q2.
- 2.3 A review and update is required for CR11 – Spread of infectious pandemic diseases and an update regarding outstanding actions in relation to CR14 – Health & Safety compliance. These are required prior to reporting to Scrutiny & Audit Panel in January 2023.

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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Corporate Risk Register updated for Quarter 3 – 2022/23

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 	<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 (improved H&S compliance cross Estates maintained) 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 Business Partner structure has been recruited and is operational although temporarily restricted due to staff absence Developed a H&S legal register and in use 	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> Health and Safety (H&S) policy framework review including the implementation of a new H&S management system planned for implementation but delayed due to staff absence Implement the 2nd year of the 3-year action plan drawn together following the Regional H&S audit undertaken in July 2019 Development and implementation of a suite of Health & Safety standards will support compliance with H & S Management system Work on Health & Safety standards continues with a dedicated staff member H&S technological solution is in the pipeline for 23/24 which will enable current systems to be more effective 	March 2023	AD People Services
CR2	Future financial viability	<ul style="list-style-type: none"> Uncertainty over future funding Failure to identify and deliver savings Difficult to predict future needs / resources required Changes in legislation increasing burden Impact of worldwide supply chain disruption and elevated inflation levels 	<ul style="list-style-type: none"> 2022/23 budget agreed Medium Term Finance Plan (MTFP) refreshed to 2026/27 Efficiency Strategy agreed and areas of focus being progressed Business Rates Pool extended for 2022/23 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 – proposals to SLT for approval December Phase 1 of review of Estates Capital Programme completed Grant spend monitored monthly against allocation Initial high-level assessment of potential financial cost of McCloud / Sargeant pension remedy IRMP financial impacts built into MTFP Updated forecast for 2022/23 and illustrative forecast for 2023/24 including impact of higher than forecast levels of pay and price inflation reported to Fire Authority 8 September 2022 Savings proposals to meet reasonable worst case scenario of c£3m budget gap presented to Fire Authority 8 December Continue to lobby for sustainable settlement – meeting with MPs 29 November 	<p>Impact = 4 Likelihood = 3</p> <p>Score = 12 Substantial</p>	<ul style="list-style-type: none"> Further develop £3m savings proposal for decision at Fire Authority 9 February Continued review of opportunities for grant funding / additional income streams e.g. CIL Review sustainability of capital programme Phase 2 commenced, but paused awaiting outcomes of savings proposals – will now feed into 24/25 budget setting ESFOA to progress review of financial reporting and revenue protection by billing authorities Monitor implications of supply chain disruption, and resulting pay and price inflation, on revenue and capital budgets both in year (2022/23) and future years (2023/24+) and feed into forecasting/budget setting Explore options for fire sector finance benchmarking and cost driver review with NFCC FCC / FFN Continue to monitor financial and legal implications of Immediate Detriment Framework 	March 2023	AD Resources / Treasurer

Corporate Risk Register updated for Quarter 3 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR3	Ability to meet developing legislative requirements evolving from central fire safety regulatory reviews	<ul style="list-style-type: none"> Policy or legislative changes that are likely to arise from reviews and investigations Unknown burdens on service delivery Likely increased funding required Knowledge and competence needed Lack of capacity and capability Inability to adapt service delivery models 	<ul style="list-style-type: none"> Introduction of firefighter business safety Competence framework for business safety officers Business Safety Review to refresh structure to ensure appropriate capacity and contingency Continue to monitor developments from 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 (now complete). Delivery Board in place to oversee assimilation of new protection bills and related acts Prevention and Protection Strategy 2021-2026 approved by CFA CRM SSRI live and being used. This enables 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. Grant spending plan in place for Protection grants Building Risk Review completed within deadline 	<p>Impact = 2 Likelihood = 3</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> 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 Monitor resource impacts of ongoing workload from Building Risk Review Respond to fire safety consultation Seeking regional alignment through regional board on key matters initially such as legal/prosecutions, engineering, consultations and RBIP (Risk based inspection programme). Update report to SLT went in Nov 22 detailing Implications and preparations. Well positioned for introduction re changes to FSO, introduction of fire safety act and associated regulations and awaiting letter of comfort regarding funding assurances from Home Office in respect to BSR. 	March 2023	AD Safer Communities
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 Access professional legal advice where necessary FPS administration successfully transitioned to WYPF wef 1 April 2020 Strategic Workforce Plan was signed off at Dec SLT Monthly workforce planning meeting incorporates a vacancy management process to ensure critical roles are filled appropriately 	<p>Impact = 2 Likelihood = 4</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> Embed and reinforce workforce plan. Market Supplementary Policy has been written and is part of a number of manuals that have been through consultation and awaiting sign off. To re-engineer the recruitment and selection processes for professional services To consider a review of salary structure with Hay (2022/23) Support the department workforce plans with a series of workshops (early 2023) run by Organisational development 	March 2023	AD People Services

Corporate Risk Register updated for Quarter 3 – 2022/23

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, including through industrial action	<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 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 Full Review of Business Continuity Plan completed. Surrey provided BC arrangements for JFC Contingency crew training completed 	Impact = 3 Likelihood = 3 Score = 9 Moderate	<ul style="list-style-type: none"> 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. Resilience group to undertake annual review of response to strike action. Review to be complete by June. Action plan being worked on with two remaining important areas requiring resolution to ensure appropriate contingency. In light of increased risk of IA all elements of plan been considered through Resilience group attended by both ACFO and DCFO. Legal advice secured from legal services. Full timeline of actions populated prior to ballot through to return to BAU in place with all supporting documentation reviewed ASOS review undertaken and plan in place EMT to stand up at time of Ballot and Agenda linked to timeline established Comms strategy being reviewed and key letters to staff sent See BCP/IA plan/timeline and Resilience File for full planning arrangements. A revised pay offer of 5% has been made to the FBU through the NJC Stress test at JFC completed and learnings being actioned Meeting with FBU arranged to discuss arrangements in full 	March 2023	ACFO
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 Increased national and international cyber-security challenges, increasing the volume of attacks. International geo-political position changing the cyber-attack-vectors. 	<ul style="list-style-type: none"> Talent to progress IT Risk Treatment Plans Annual IT Health Checks now scheduled, latest undertaken in August 2021 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 Information Security Management Forum now in place, Chaired by DCFO (SIRO) Regular attendance at CPNI Leaders seminars Refresh of ISWG agenda and focus 	Impact = 4 Likelihood = 2 Score = 8 Moderate	<ul style="list-style-type: none"> The annual ITHC took place in August 2022, the report has been received and the associated remediation is being progressed by Telent with oversight from ITG. Progress towards ESFRS achieving Cyber Essentials Plus accreditation, in line with NFCC IT Managers' agreed FRS cyber accreditation standard. Cyber Essentials Plus Pre-assessment completed in July 2022, the report has been received and remediation plan being progressed in conjunction with Telent with oversight from ITG. Planning underway for a Ransomware Desktop BCP exercise during summer 2023 ESFRS ITG now participating in the new NFCC Cyber Security Sub-group Volunteered to work with Fire & Rescue Indemnity Company (FRIC) on cyber risk assessment 	March 2023	DCFO

Corporate Risk Register updated for Quarter 3 – 2022/23

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 Since the PMO established and rolled out its processes and its projects framework, that there has been an increase in projects closure. This is a sign of evolving maturity and allows for benefits realisation of projects. Including more transparency and rigor around project management that allows for better monitoring and reporting. The PMO templates have been revised to incorporate actions from the internal audit to include financial implications and sign off processes. The PMO policy has been reviewed to include an additional gateway to support decision making at the Strategic Change Board SLT agreed a temporary PMO structure in November for 2023/24 	<p>Impact = 3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> Implement remaining agreed actions from Internal Audit Report (reasonable assurance opinion) A full review of the project portfolio continues tied into the budget setting star chamber process Proposals for a substantive PMO and appropriate model will be considered at SLT in September 2023. 	March 2023	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 Regular review of collaborative activities through SLT and Scrutiny and Audit Panel Occupational Health Collaboration has been extended by 5yrs and took effect from August 2022 Further updates on OH collaboration benefits and focus for the future was presented to P&R Panel 	<p>Impact = 3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> Full update report to SLT and the CFA to concentrate on efficiencies An improvement plan for the OH collaboration will be presented to SLT in quarter 3 of 2022/23 this will then be presented to HSWC 	March 2023	AD People Services
CR10	Risk of loss of live fire training at Service Training Centre.	<ul style="list-style-type: none"> Service Delivery: Unable to deliver training and requalify personnel. 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. Independent Air Quality Testing Report Project long term review of live fire training facilities Initial phase of security improvements at STC completed Feasibility study for enhancements to training facilities including a burn strategy approved at Change Board in Oct 2020 FBC for Live Fire Training approved and additional funding agreed in Capital Asset Strategy in Feb 2022 	<p>Impact =3 Likelihood = 3</p> <p>Score = 9 Moderate</p>	<ul style="list-style-type: none"> New Security Strategy will be considered by Estates Strategy Delivery Board in Spring 2023 Project delivery of Live Fire Training Unit at service training centre with project timeline of delivery of 2024/25 which will incorporate a clean burn. 	March 2023	AD People Services

Corporate Risk Register updated for Quarter 3 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR11	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"> UKHSA 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 Premises risk assessments for covid safe premises in place Weekly monitoring of Sussex health system and Covid data via Sussex Monitoring Group via SRF 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 2022/23 costs Return to workplace protocols and expectations communicated by SLT EMT / CWG now stood down in line with government roadmap and SRF step-down 	<p>Impact =3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> Review of longer term impacts of mental health and well-being Review of workplace risk assessments to be undertaken once situation stabilises Initial organisational debrief and evaluation of response to take place Developing recommendations for post-pandemic ways of working. Report to SLT winter/spring 2023 	March 2023	DCFO
CR12	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 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 Bid for additional funding for expected pressures from Ill Health Retirements in budget proposals agreed by SLT Dec 2021 Manual handling instructor capacity has been increased with newly developed manual handling training currently being delivered Provision of additional manual handling equipment and training has now been rolled out. 	<p>Impact =3 Likelihood = 2</p> <p>Score = 6 Moderate</p>	<ul style="list-style-type: none"> L2 accident investigation to all manual handling injuries to ascertain underlying causes Bespoke work within the HS&W team has resulted in a much better understanding of the causes of manual handling injuries which was presented to HS&WC in May. There has been a reduction in the number of reported incidents and the KPI was green for the first time. This will continue to be monitored. 	March 2023	AD People Services
CR13	Financial & operational impacts of global supply chain disruption	<ul style="list-style-type: none"> Macro-economic impact on funding and costs (inflation) Supply chain problems UK withdrawal from EU Ongoing global impact of Covid-19 pandemic Impact of conflict in Ukraine 	<ul style="list-style-type: none"> Existing Business Continuity plans have been reviewed Linking with work being carried out nationally through NFCC On-going monitoring of supply chain / procurement issues and related financial / operational impacts in place (internal audit substantial assurance opinion) Additional provision in 2022/23 budget for inflation in utilities, catering and timber supply Corporate contingency and General Balances available to mitigate in year financial impacts Gold Group in place for Ukraine conflict – now stood down Inflation impact for 2022/23 and risk for 2023/24 fed into Star Chambers and built into budget proposals 	<p>Impact = 3 Likelihood = 3</p> <p>Score = 9 Moderate</p>	<ul style="list-style-type: none"> Continued monitoring of revenue budget and assessment of potential inflation risks Energy saving measures being put in place with aim to reduce consumption by 5% by 31/03/23 Monitoring of capital programme delivery and both cost inflation and potential slippage and resulting impact on service delivery and other key projects e.g. IRMP 	March 2023	DCFO

Corporate Risk Register updated for Quarter 3 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR14	Health & Safety compliance	<ul style="list-style-type: none"> Management actions not completed in accordance with safety event reports 	<ul style="list-style-type: none"> 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 As at 30/11/2022 67% (214/318) of outstanding actions identified now completed, with a further 28% having an action plan and nearing completion Regular weekly reports provided by HMI officer to Assistant Directors of actions taken to clear historical actions backlog (in mitigations) and actions CAMMS has been updated with details of the responsible officers for actions and identify priority. Regular reports obtained from CAMMS to monitor progress All outstanding actions are being reviewed for continued appropriateness/duplication and are being cleared/closed as and when required, along with clearly documented evidence for closure. Additional Resource allocated to assist in documenting actions and closures - GM lead allocated SLT approval for a SM additional resource for the H&S team with a priority on working with managers to close the outstanding actions. 	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<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 actions added to CAMMS so monitoring be undertaken on progress on a monthly basis. HMI Seconded officer to have oversight of progress HMI officer producing weekly reports of actions taken to clear historical backlog Regular reports from CAMMS to monitor progress Continue to review outstanding actions for duplication/appropriateness and to close where appropriate. Regular meetings to be held with responsible officers and H & S with on-going support provided by SM Channon to resolve Workshop completed with AD's and H&S team. Local managers are working to complete the actions. Evidence being cross referenced through HS&W team. 214 actions now completed Introduction of regular updates from SM on outstanding L2 Ais for Assistant Directors to ensure cross referencing of evidence and report closures. 	January 2023	AD People Services
CR15	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 	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<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) Internal transfer pool running Transfer between systems now in place WT firefighter pool in place – top up of external transfer pool occurring early in new year 	March 2023	AD Safer Communities
CR16	Grenfell Tower Public Inquiry – Non-compliance with Phase 1 recommendations	<ul style="list-style-type: none"> Non-compliance with recommendations arising from the Grenfell Tower Inquiry Phase 1 (2019). Failure to deliver improvements in call handling & operational response for high rise buildings with ACM cladding Insufficient resources allocated to GT1 activity 	<ul style="list-style-type: none"> A detailed gap analysis has been carried out between current positions against the 46 formal recommendations that has resulted in a detailed and defined improvement plan. ESFRS has established suitable and sufficient governance and project management processes to oversee progress against the plan including a prioritisation and tracking system. All details of delivered actions and planned activities yet to be delivered are monitored from a specific intranet page that also includes a live copy of the improvement plan. Agreement to utilise existing IRMP funding in 2021/22 to fund a project manager for both IRMP and GT1 – sufficient resources in place to deliver very high and high rated priorities by 31.09.2022 – this includes a Project Manager resource and a training resource BRR completed by 31.03.2022 Fire safety training to all frontline crews rolled out Identified and secured sufficient management support and resources (people, time, money) to enable the delivery of the actions identified and subsequent assurances that improvements are embedded across ESFRS following a paper to SLT in October 2021 	<p>Impact = 4 Likelihood = 2</p> <p>Score =8 Moderate</p>	<ul style="list-style-type: none"> Address remaining 33 medium and low rated priorities through BAU activities by building into normal business plans Gap analysis identified 62 very high priority and 86 high priority actions. Of those 62 very high priority actions 53 are complete, with 9 in progress – 5 of which will be complete by the end of the year and the other 4 by March 2023. Of the 86 highs 77 are complete with the other 9 in progress and on track to be completed by the end of December 2022 Fires in tall buildings and smoke curtain training being rolled out to all operational staff – November. December and January, following policy sign off in November 2022 	March 2023	AD Operational Support & Resilience

Corporate Risk Register updated for Quarter 3 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR17	Firefighter Pension Scheme – financial, legal, reputational and operational impacts resulting from McCloud / Sargeant case	<ul style="list-style-type: none"> • Outcome of McCloud / Sargeant legal case • Delay to implementation of Remedy until October 2023 • Withdrawal of Home Office informal guidance on Immediate Detriment • Uncertainty regarding tax and other risks for both the Authority and Scheme members • Difficulties in predicting retirement profile and recruitment requirements • Loss of specialist skills / large number of experienced operational staff in short period • Threat of legal action by FBU on behalf of affected members. 	<ul style="list-style-type: none"> • Close engagement between pension, finance and legal teams and Local Government Association, Scheme Advisory Board, National Fire Chiefs Council Pension Lead, West Yorkshire Pension Fund (FPS scheme administrators), Fire Finance Network, Home Office and tax advisers to ensure Authority is aware of latest developments and any changes in the Immediate Detriment Framework (IDF) and its supporting technical guidance • Regular reports to Fire Authority / Panels / Pension Board • Decision by P&R Panel to pause processing both Category 1 and Category 2 cases under the IDF • Additional revenue funding agreed to support additional resources within the Payroll & Pensions team although due to staff absence this has yet to be recruited to • Pensions Administration Reserve established to hold funds to offset costs arising • Communications issued to all those affected • Retirement profiles and recruitment decisions reviewed through Workforce Planning Group 	Impact = 4 Likelihood = 3 Score = 12 Substantial	<ul style="list-style-type: none"> • Seek advice from tax advisers on potential liabilities resulting from cases already processed under IDF • Monitor new legal claims issued by FBU / scheme members • Recruit additional funded support post in Payroll & Pensions team • Monitor potential changes to IDF and technical guidance • Seek advice from HO Pensions team on forecasting for statutory pension returns • Review retirement profile, assess requirement for third tranche of wholetime Firefighter trainees and budget pressures resulting from existing trainees remaining supernumerary • Monitor financial impact • SLT approved additional resource to support payroll and pensions to support ongoing work with pensions remedy preparation and other pensions priority work 	March 2023	AD People Services

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EAST SUSSEX FIRE SERVICE

Meeting Scrutiny and Audit Panel

Date 19 January 2023

Title of Report Performance Report for Quarter 2 2022/3

By Sharon Milner, Planning & Intelligence Manager
 Marcus Whiting, Performance Analyst

Lead Officer Liz Ridley, Assistant Director – Planning & Improvement

Lead Member Cllr Nuala Geary

Background Papers None

Appendices Appendix 1 – Performance report Quarter 2 2022/23

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

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

PURPOSE OF REPORT To present the results and direction of travel of quarter 2 2022/23 from quarter 2 2021/22 and the projected end of year results for 2022/23.

EXECUTIVE SUMMARY This report provides the Scrutiny and Audit Panel with a summary of service performance information for quarter 2 2022/23 compared to quarter 2 2021/22 and the projected end of year results for 2022/23.

The report contains information against the existing 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.

RECOMMENDATION

The Panel is asked to:

1. Consider the performance results and progress towards achieving the Service's purpose and commitments as contained in Appendix 1.
 2. Consider the performance results and remedial actions that have been taken to address areas of under performance in the Fire Authority's priority areas.
 3. Note that work is ongoing to develop the new performance report. This will be in place for the start of the year 2023/24.
-

1. INTRODUCTION

1.1 This report compares the performance indicator results of quarter 2 2022/23 with quarter 2 2021/22 and the projected end of year results for 2022/23. The direction of travel column is comparing the Service's performance at the quarter end in the current year against the previous quarter.

2. MAIN ISSUES

2.1 Quarter 2 results

2.2 Thirteen of the 21 indicators that are reported against are showing an improvement in performance against the same quarter in the previous year and eight are showing a decline.

2.3 Of those reporting a decline in performance, two indicators are reporting at least a 10% decline in performance against quarter 2 2021/22. These are:

- (i) Number of Injuries in primary fires (125%: 9 up from 4).
- (ii) Percentage of Automatic Fire Alarm (AFA) mobilised calls to properties covered by the Regulatory Reform Order (RRO) that were classified as a primary fire (2.5% up from 0.4%)

3. PERFORMANCE PRIORITY AREAS

3.1 The Scrutiny and Audit Panel considered the priority areas and have suggested that the number of home safety visits and those delivered to vulnerable people are combined and agreed to delete confining fires to the room of origin as a priority area.

3.2 The Fire Authority priorities as agreed by the Scrutiny and Audit Panel are as follows:

- 1. Reducing accidental dwelling fires
- 2. Reducing attendance at false alarm calls
- 3. Undertake 10,000 home safety visits of which 95% to be delivered to vulnerable members of our community
- 4. Reducing sickness
- 5. Increasing inspections in high risk premises

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

3.4 Reducing accidental dwelling fires

3.4.1 In quarter 2 2022/23, ESFRS attended 104 accidental dwelling fires (ADFs), this is a decrease of 4 against the same period in the previous year. The projected end of year result for ADFs shows a continued improvement in performance in this area with 410 against 433 in the previous year. The ADF working group continues to proactively engage with our communities and where spikes are seen in specific areas or station grounds, with relevant communication campaigns.

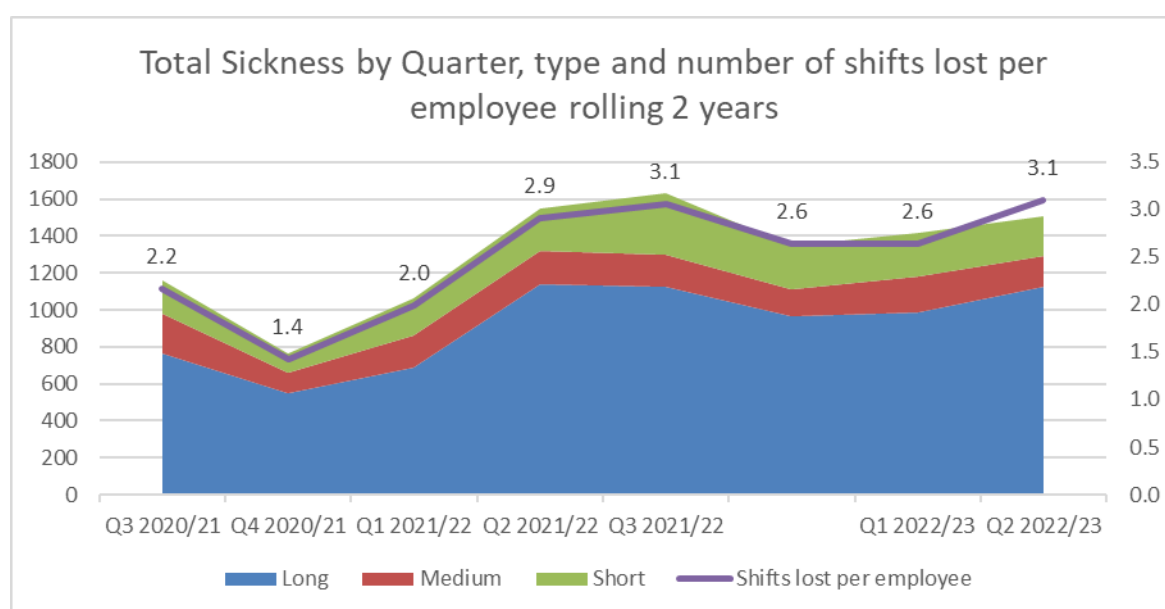
3.5 Undertake 10,000 home safety visits of which 95% to be delivered to vulnerable members of our community

3.5.1 We delivered 2,505 home safety visits (HSVs) in quarter 2 of which 91.3% were to vulnerable people within our community. This is 600 more HSVs than in quarter 2 2021/22 there has been a slight decline in the number delivered to vulnerable people as we see performance returning to pre COVID levels. All HSVs up to 18 July 2021 were completed over the phone as COVID-19 restrictions were still in place.

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

3.6.1 Figure 1 shows that in quarter 2 2022/23, ESFRS lost 3.1 shifts per person to sickness (2.9 in the previous year's quarter 2). The 2022/23 projected end of year result is currently 11.0, which is above the target of 7.5 and above the 2021/22 end of year result (10.5 shifts lost due to sickness per employee).

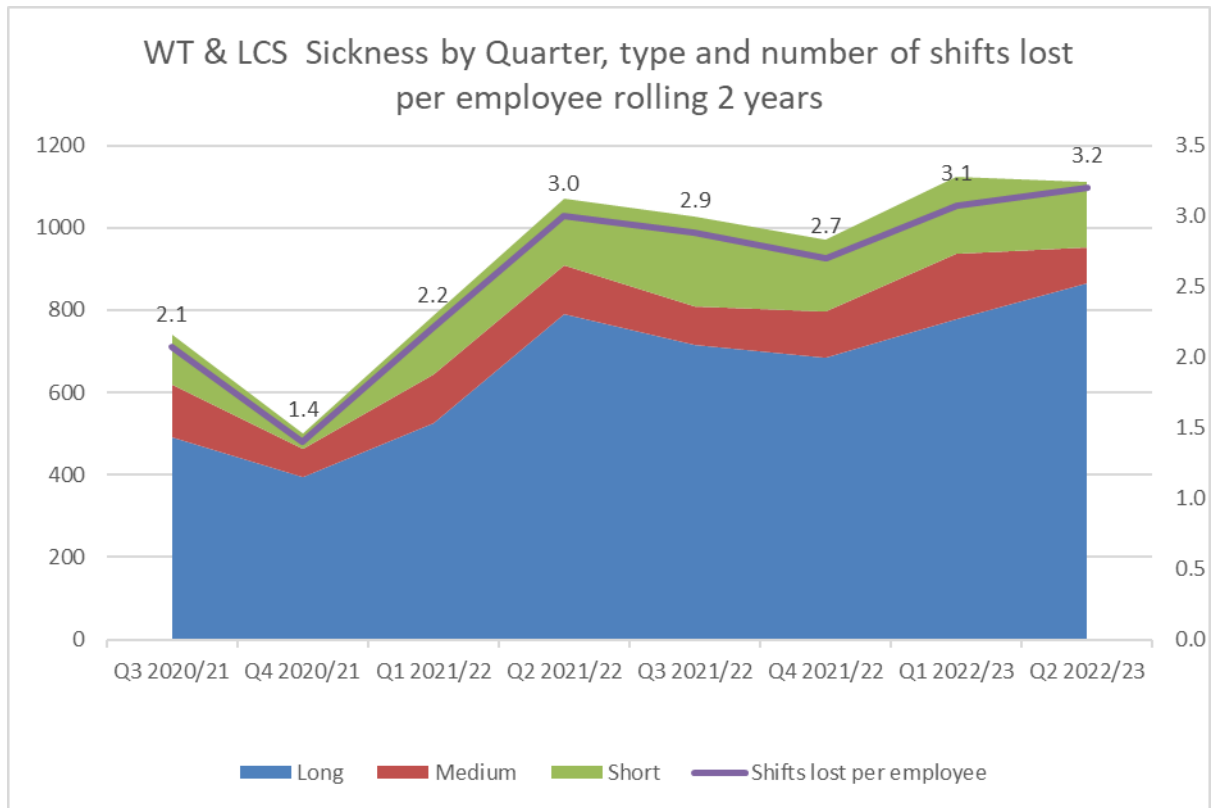
Figure 1: Total Sickness



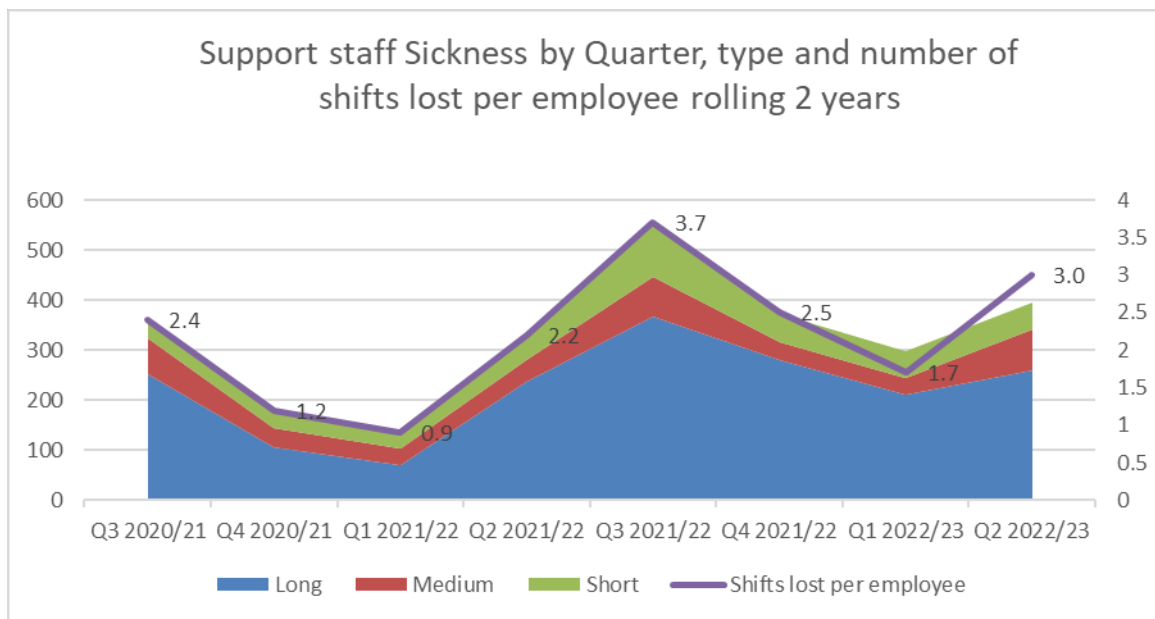
3.6.2 The majority of staff absence is due to long term sickness (more than 28 days) with the largest categories being mental health and musculoskeletal. There are an increasing number of staff who are absent from work due to more complex reasons which take longer to work through. Every quarter there is a complex case review meeting attended by the geographical group managers, HR business partners, occupational health and the service fitness advisor where every case is discussed to ensure all that can be done is being done to support staff and get them back to work where we can. There are many resources available in relation to supporting mental health and wellbeing through the wellbeing hub. There is also the employee assistance programme, although feedback suggests that the take up of these services could be higher. There is funding available to deliver training to increase the number mental health first aiders and the Wellbeing Lead will be delivering this training. Additionally, an Ill Health Retirement internal audit has been completed and the recommendations will be considered in due course.

- 3.6.3 As part of the 5-year Occupational Health (OH) collaboration contract, work is underway on an improvement plan which includes a focus on the key performance areas (KPIs) that are in place for the OH collaboration. There is also consideration of a proposal to introduce private health care provision for staff who are experiencing lengthy delays for routine procedures within the National Health Service. Sickness absence is monitored through the Health Safety and Wellbeing Committee and an update will be provided for the Fire Authority at the members seminar in March 2023.
- 3.6.4 Figures 2 and 3 contain information on whole-time and logistics and control support team (LCS) and support staff sickness split into long term, medium term and short term sickness respectively by quarter for the previous rolling 2 year period.

Figure 2: Whole-time and logistics control team sickness



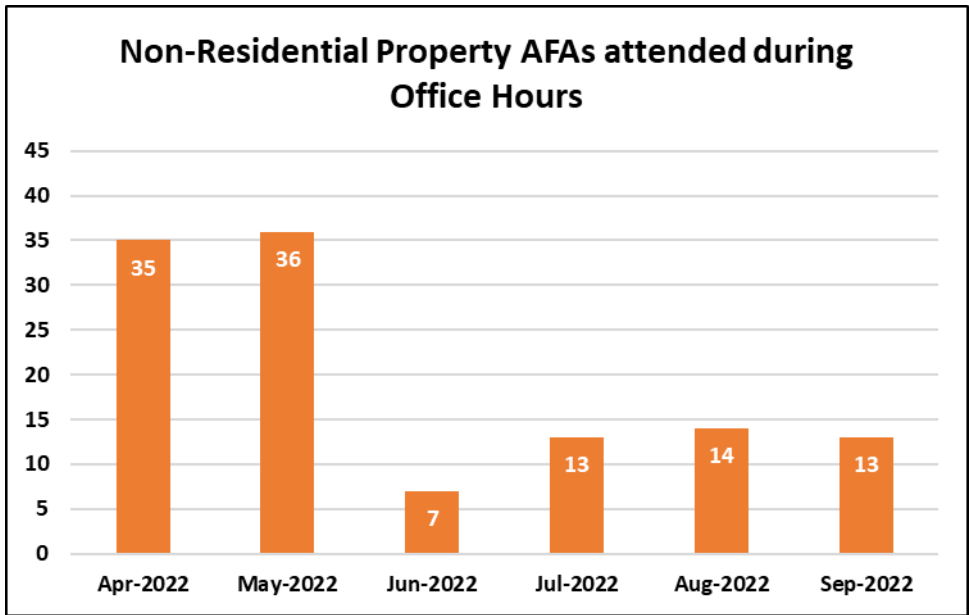
3.6.5 Figure 3: Support Staff Sickness



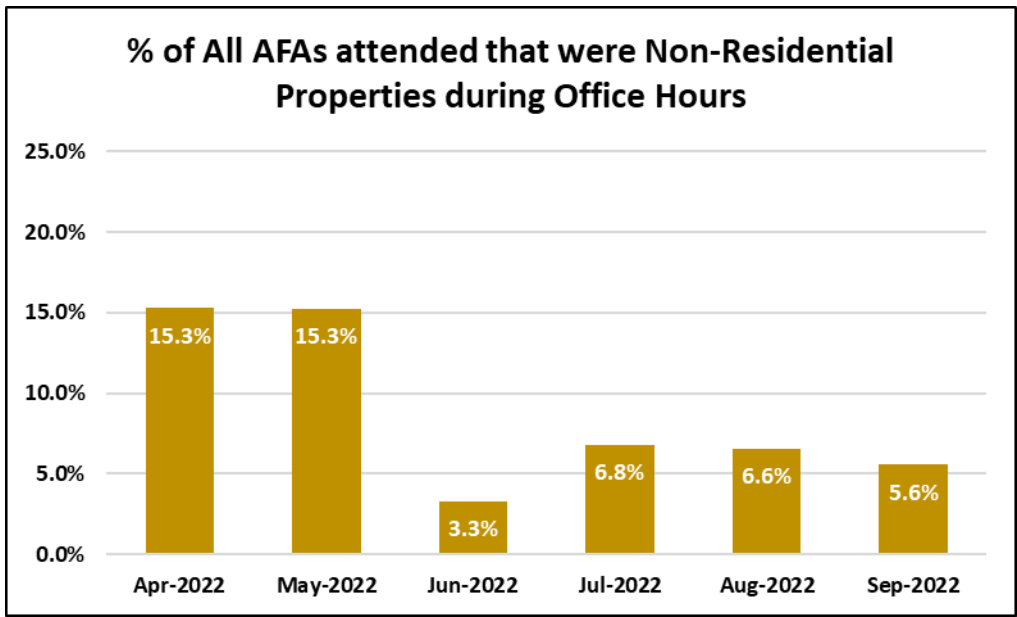
3.7 Reducing false alarm calls from the base year 2009/10

- 3.7.1 Our performance against false alarm calls attended in quarter 2 2022/23 has improved compared to quarter 2 in 2021/22. There is a 48.1% reduction against the baseline figure this quarter opposed to a 33.9% reduction the previous year. To understand this in terms of the reduction in attended false alarm calls 641 were attended in the current year quarter and 801 in the previous year.
- 3.7.2 On 1 April 2022 ESFRS introduced the unwanted fire signal policy at joint fire control. Calls to specific non-domestic property types are now challenged if a call comes in from an Automated fire alarm between the hours of 9am and 5pm Monday to Friday.
- 3.7.3 The way this is monitored is by counting the number of AFA calls in non-residential properties attended during the time period post go live of the unwanted fire signal policy.

3.7.4 Chart 1 shows the number of Non-residential Property Automatic False Alarms (AFA) attended during Office hours.



3.7.5 Chart 2 shows the percentage of all AFAs attended that were in Non-residential property types during office hours



3.8 Inspections of high risk premises completed

3.8.1 In quarter 2 there has been a small increase in the number of inspections of high risk premises compared to previous year. In quarter 2 2022/23 129 face to face high risk inspections were completed against 122 over the telephone and face to face post 19 July in 2021/22. The projected year end result is 498.

3.8.2 Table 2 below shows the breakdown of these other interactions that were completed during quarter 2 in 2022/23, in which there were 749. The majority of these were undertaken over the telephone. This compares to 608 in quarter 2 in 2021/22.

Table 2: Breakdown of Business safety interactions for Quarter 2 2022/23

Interaction	Total
Building Regulations	193
Housing	4
Licensing, New Licence	31
Licensing, Other	1
Licensing, Review of licence	1
Licensing, Variation to licence	17
Marriage Act	8
Other FS Activity	449
Planning	45
Grand Total	749

3.8.3 The operational crews also completed 363 face to face business safety visits this is an increase from the 109 telephone and face to face post 19 July in 2021/22. The projected year end result is 1,470.

4. ROAD TRAFFIC COLLISION DATA

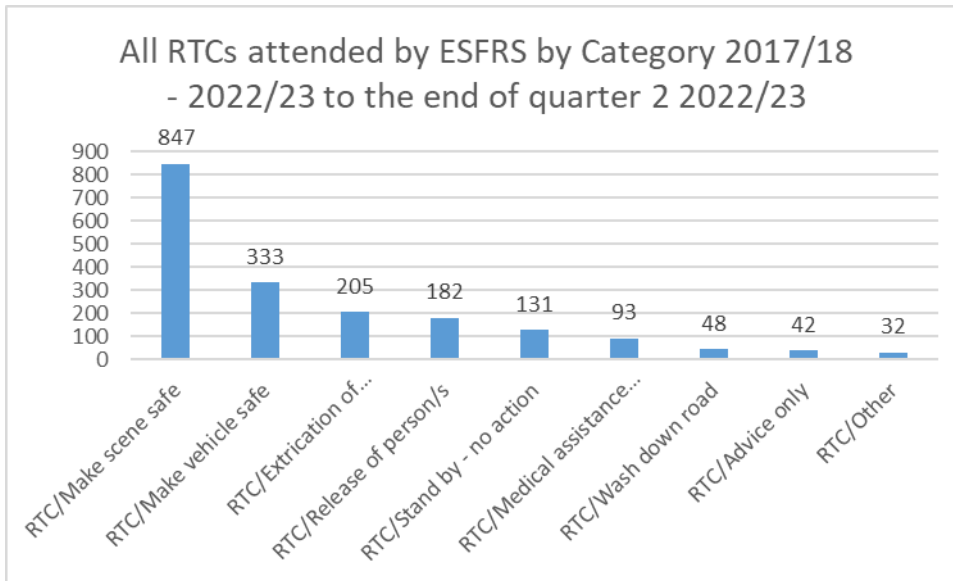
4.1 The following section contains information from the Sussex Safer Roads Partnership (SSRP) and internal data. ESFRS attend on average 18% of Road Traffic Collisions (RTCs) attended by Sussex Police. Sussex Police only report RTCs where a casualty is involved, whereas ESFRS RTCs, for example include 'Making the scene safe' and 'Making the vehicle safe'. Table 5 shows that there has been a considerable drop in the total number of RTCs across East Sussex as attended by Sussex Police in the last financial year. With regard to ESFRS attendance to RTCs, this has declined in the last few years following an increase up to 2018/19. The large drop in 2020/21 is most certainly attributable to the COVID-19 pandemic with much of the community sticking to local areas and much reduced travel across the service area during lockdown.

Table 3: Number of ESFRS attended RTCs in the past 5 years against the numbers of RTCs with casualties attended by Sussex Police in East Sussex

	2017/18	2018/19	2019/20	2020/21	2021/22	Projected 22/23
RTC ESFRS total attended	506	518	443	319	404	452
East Sussex all RTCs	2,534	2,574	2,539	1,788	2,266	N/a
% of RTCs attended by ESFRS	20%	20%	17%	18%	18%	

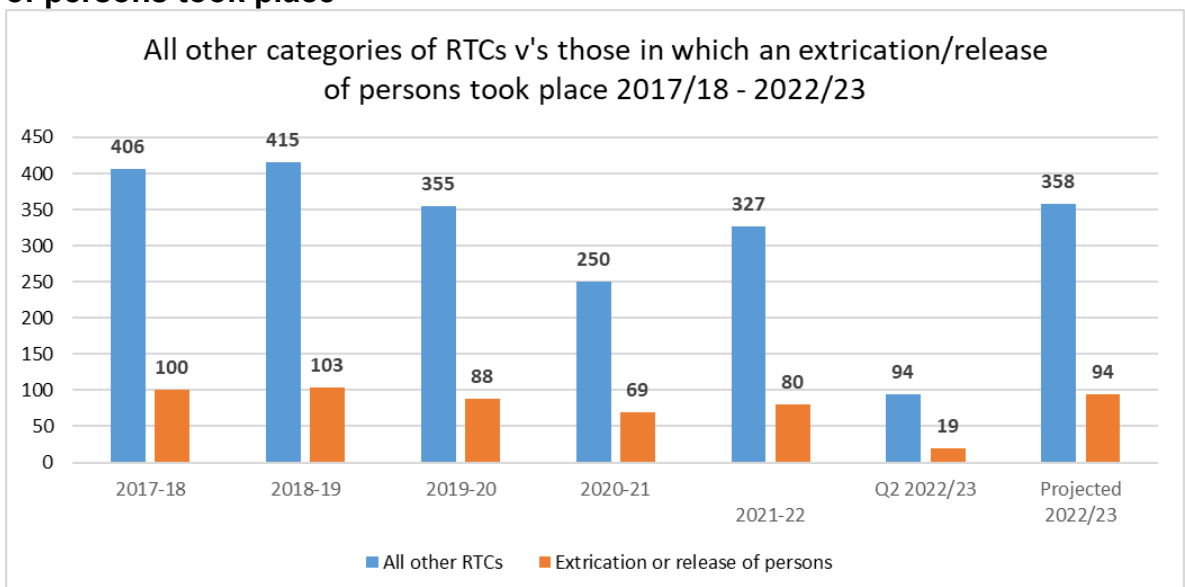
4.2 Chart 3 below shows the number of RTCs attended over a five year period by type to the end of quarter 2 2022/23. The largest category ESFRS is called to is 'making the scene safe' with 847. The total number where we have extricated and or released people is 387 over the period

Chart 3: All RTCs attended by ESFRS by Category 2017/18 to the end of Quarter 2 2022/23



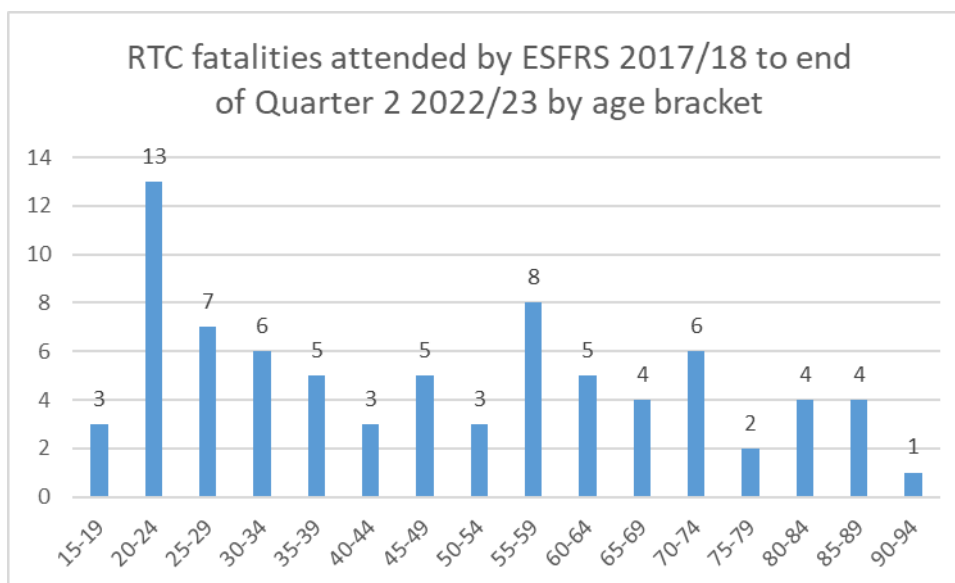
4.3 Chart 4 contains information on the number of RTCs attended against those in which an extrication or a release of persons took place. Both categories are showing a decreasing trend over the entire reported period. This chart includes a projected end of year result for 2022/23 based on current quarter 2 figures. As with all RTC data, it is important to recognise the impact that lockdowns and other restrictions due to COVID 19 have affected recent data.

Chart 4: All RTCs attended by ESFRS v's those in which an extrication/release of persons took place



- 4.4 Chart 5 shows the age range of the fatalities in RTCs attended by ESFRS over the five year period to end of quarter 2 2022/23. (NB If the age is not known these incidents have been excluded this accounts for a further 33 fatalities)

Chart 5: RTC Fatalities attended by ESFRS 2017/18 (5 years) to end of Quarter 2 2022/23 by age bracket



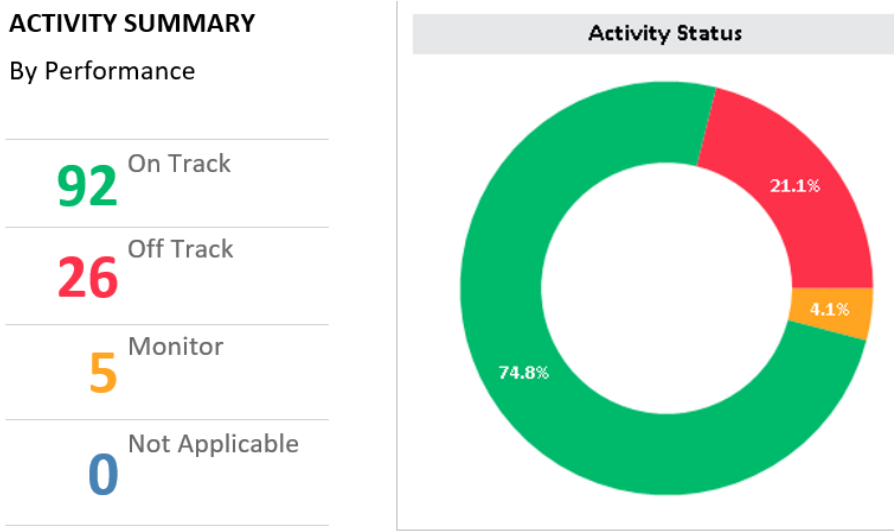
5. PERFORMANCE INDICATOR REFRESH

- 5.1 The Panel agreed the format and template of the revised performance report that will contain the 35 indicators at its last meeting. As a number of the indicators are NEW, processes will need to be put in place to enable capture of the data if it is not already recorded. This work has begun in quarter 3. It is anticipated that this work will be completed and in place for reporting for next year.

6. SUMMARY OF PROGRESS AGAINST THE CORPORATE STRATEGIES

- 6.1 The Corporate Strategies are monitored at the Assurance Performance and Governance Group (APGG). Each strategy has an annual action plan containing activities that are assigned to a responsible owner who must give a quarterly update on progress. There are currently 123 agreed corporate activities to progress the Services Strategies in 2022/23. A detailed report is presented with commentary against the actions to the APGG and SLT. Figure 4 shows the summary of progress against the Corporate Strategies.

6.2 **Figure 4: Summary of Corporate activity progress at the end of Quarter 1 2022/23**



7. **EQUALITIES IMPLICATIONS**

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

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East Sussex

Fire & Rescue Service

East Sussex Fire & Rescue

Performance Results

Quarter 2 2022/23

January 2023

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?	Q2 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q2 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q2 2021/22 result
8	Total number of incidents attended	2,884	10,554	 6,560 - 7,018 - 8,507 - 11,550	2,990	11,048	Declined
9	Number of deaths in primary fires	2	4	 2 - 3 - 4 - 7	0	2	Improved
10	Number of injuries in primary fires	4	13	 27 - 35 - 44 - 63	9	26	Declined
1 Priority	No of accidental dwelling fires	108	433	 296 - 333 - 375 - 490	104	410	Improved
11	Number of primary fires	339	967	 828 - 923 - 1,045 - 1,292	328	1,176	Improved
12	Number of deliberate fires	340	664	 484 - 601 - 1,025 - 4,780	306	1,026	Improved
13	No of Industrial and Commercial fires	64	114	This is an ESFRS indicator only, no National data is available for comparison	43	144	Improved

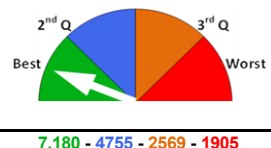
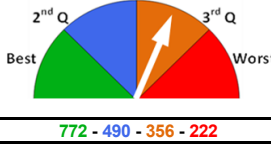
Indicator No.	How will we measure performance?	Q2 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q2 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q2 2021/22 result
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14	70% of the first arriving appliances at any incident from an 'On-Station response' within 10 minutes	78.1%	77.5%	This is an ESFRS indicator only, no National data is available for comparison	74.5%	75.8%	Declined
15	70% of the first arriving appliances at any incident from an 'On-Call response' within 15 minutes	75.4%	73.2%	This is an ESFRS indicator only, no National data is available for comparison	72.3%	75.5%	Declined

We make our communities safer

We will do this by:

Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	Q2 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q2 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q2 2021/22 result
2 Priority	% of Home Safety Visits to vulnerable people	96.1%	95.1%	This is an ESFRS indicator only, no National data is available for comparison	91.3%	91.9%	Declined Face to face resumed 19 July 2021
6 Priority	Undertake 10,000 Home Safety Visits	1,931	9,384		2,505	10,274	Improved Face to face resumed 19 July 2021
7 Priority	Inspections of high risk premises completed	122	470		129	498	Improved Face to face resumed 19 July 2021
7a Priority	Business safety audits completed by Station crews	109	998	This is an ESFRS indicator only, no National data is available for comparison	363	1,470	Improved Face to face resumed 19 July 2021
18	Number of business safety engagement events	4	27	This is an ESFRS indicator only, no National data is available for comparison	21	86	Improved Alternative delivery method / face to face resumed 19 July 2021
19	Number of attendees at business safety engagement events	24	247	This is an ESFRS indicator only, no National data is available for comparison	183	694	Improved Alternative delivery method / face to face resumed 19 July 2021

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?	Q2 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q2 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q2 2021/22 result
3 Priority	The number of working days/shifts lost due to sickness not to exceed 7.5 per employee	2.9	10.5	This is an ESFRS indicator only, no National data is available for comparison	3.1	11.0	Declined
20	Number of RIDDOR incidents	1	5	<p>4 - 5 - 7 - 11</p>	1	4	Improved
21	Number of workplace reported accidents / injuries	72	150	<p>35 - 54 - 62 - 71</p>	50	180	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?	Q2 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q2 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q2 2021/22 result
4 Priority	A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10	33.9%	-26.4%	This is an ESFRS indicator only, no National data is available for comparison	48.1%	40.9%	Improved
22	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	0.4%	1.3%	This is an ESFRS indicator only, no National data is available for comparison	2.5%	2.5%	Declined
5 Priority	% of accidental dwelling fires confined to room of origin	87.8%	90.1%	This is an ESFRS indicator only, no National data is available for comparison	87.5%	90.7%	Declined

EAST SUSSEX FIRE AUTHORITY

Meeting Scrutiny and Audit Panel

Date 19 January 2023

Title of Report Implementation Update on the 'nil response' to automatic fire alarms (AFAs) actuating in commercial premises.

By Matthew Lloyd, Assistant Director Safer Communities

Lead Officer George O'Reilly, Protection Group Manager

Background Papers [IRMP 2020-2025 - Consultation Results Report \(moderngov.co.uk\)](https://www.moderngov.co.uk)
 'The Reduction of False Alarms and Unwanted Fire Signals from Automatic Fire Detection – A Risk Based Approach Scrutiny and Audit Panel July 2021

Appendices 1. AFA data between April and September 2022

Implications (please tick ✓ and attach to report)

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

PURPOSE OF REPORT To provide the Scrutiny & Audit Panel with an update following a six-month review into the implementation and impact of the Integrated Risk Management Plan (IRMP) decision to stop responding to certain fire alarm activations.

EXECUTIVE SUMMARY Unwanted Fire Signal Reduction was highlighted as an area for improvement in East Sussex Fire and Rescue Service's Inspection Report 2019 and as a result a proposal to implement a 'nil response' to automatic fire alarms (AFAs) actuating in commercial premises was included in the 2020-25 Integrated Risk management Plan approved by the Fire Authority in September 2020.

The Service took the decision to implement a risk based staged approach towards full implementation this was presented to the Scrutiny and Audit Panel in July 2021. The first stage was to stop responding to low-risk commercial premises between the hours of 9am and 5pm Monday to Friday.

The change was introduced in April 2022 as planned. It was accompanied by a comprehensive communication strategy that helped responsible persons understand their legal obligations. The changes have resulted in 269 calls that we did not send a resource to that we would have previously.

The Service continues to mobilise resources to non-residential premises outside of the times and days of the change. This resulted in approximately 543 mobilisations to an AFA, with only five of these calls being a fire and only two of those being a fire that needed two or more pumps to deal with. After considering the implementation and progress achieved to date, this report sets out the next steps in relation to progressing a nil attendance to certain false alarm actuations.

RECOMMENDATIONS

The Panel is asked to:

1. note that after successful implementation of the risk based staged approach, the Service will move to the full implementation of the decision made by the Fire Authority in September 2020 that will result in a 'nil attendance' to Automatic Fire Alarm (AFA) calls in low risk commercial premises 24/7;
2. note that cost recovery charging remains a future option for consideration following the completion of the Government consultation on the Fire Safety Order and other legislation related to false alarm charging and any subsequent outcomes; and
3. note that an appropriate communications strategy, internal and external will be developed to ensure that affected premises have time to review their risk assessments, train their staff and inform their alarm monitoring services and maintainers. There will also be communications to staff and the public about the actual and perceived risk.

1. INTRODUCTION

- 1.1 Following on from the decision by the Fire Authority to adopt the Integrated Risk Management Plan - Planning for a Safer Future 2020-25, the Senior Leadership Team, agreed to implement a risk based staged approach, which in time would lead to the full implementation of a nil response to Automatic Fire Alarm (AFA) calls in low risk commercial premises. A project team was established to introduce the first step in the approach of not attending AFA calls to non-sleeping or non-residential risk premises between the hours of 9am - 5pm Monday to Friday (excluding bank holidays).

- 1.2 The team identified a raft of work needed to enable these changes to take place. They included risk assessment reviews, equality impact assessment reviews and a review of any training needs. The outcome of this initial gap analysis work was a clear action plan with action owners and contributors. As a result of the work done by the team members, a new policy was introduced along with training materials for all staff, including joint control room staff. A very clear and comprehensive communication strategy was produced that enabled the service to inform and keep informed all stakeholders, both internal and external.
- 1.3 The new policy went live on the 1 April 2022. The data used in this report runs from this date up to the end of September 2022 (6 months).

2. ISSUES WITH IMPLEMENTATION

- 2.1 There were some issues with regards to providing Joint Fire Control (JFC) with enough clarity to enable them to implement the new policy. There was some confusion around the application of incident types and which property type fitted into the non-attendances. This was due to differing information provided by East and West Sussex feeding into JFC. Due to differing processes, it took a little more time to call challenge to those properties with no sleeping risk where the cause of the alarm was not confirmed.
- 2.2 This resulted in the first two months not seeing the level of expected reduction in the number of Unwanted Fire Signal (UwFS) calls attended. The issue was rectified by amending policy appendices and control room scripts and referring to and applying national definitions of incident types. From June onwards there has started to be a reduction that is more reflective of the forecasted levels.
- 2.3 There continues to be challenges with regards to being able to comply with three different policies for the same incident type, with further differences dependant on the time of day, day of the week and geographical location.

3. DATA COMPARISON ISSUE

- 3.1 What must be noted is that at the end of 2021 the control room function was outsourced to Surrey Fire and Rescue Service. This has seen a change in mobilising system and processes within the control room. The data is coming from multiple sources, including three mobilising systems (3TC Mobs 2009 – 2017, 4i 2018 - 2021 and Vision providing 2022). Data is also taken from eIRS (our incident recording system) across the 2009 – 2022 period. When we look at the number of overall fires for 2021 this is taken from eIRS only and not from the previous 4i mobilising data due to this not being available, though can have an impact in the eIRS system. It is inevitable that there may be some minor variations in the data for these reasons.

4. OUTCOME OF IMPLEMENTATION

- 4.1 Joint Fire Control, on the most part have been challenging the calls as per the defined policy, between 1 April and 30 September 2022, **269 reports of AFAs that fall into the commercial categories were not mobilised by JFC.** A full breakdown of this can be seen at Appendix 1.

- 4.2 Despite the above, we can compare month by month data since we went live at JFC in November '21. Using December 21 – March 22 data we can see that the average monthly number of reported fires was 11. In the period of April 22 – Sept 22 since the change in policy this figure is 10.2 average calls per month to fires at these property types. Therefore, it has been shown through incident data that the policy change implemented in April has resulted in 269 less mobilisations in 6 months, which brings with it released capacity to carry out other risk reduction activities. It has also been shown that this policy change has not resulted in an increase in fires in the affected premises types. Indeed there has been a slight reduction.
- 4.3 The increased capacity created by not attending 269 calls would have been utilised by staff on the stations concerned to carry out risk reduction activities such as Home Safety Visits (HSV), Fire Safety Checks (FSCs) and firefighting risk gathering using our Site Specific Risk Information (SSRI) process. As this was a new policy that was to be assessed over 6 months, targets for stations were not changed in anticipation of any reduction in calls. Now that we can confirm that calls have reduced and the number of fires has not increased, it would be expected that station targets will be amended to reflect the increased capacity. As the policy is further amended it is expected that station targets and activities would be amended to reflect the total increased capacity for each station. The suggested percentage changes should reflect the percentage of AFA calls that would have been attended by each station. Details can be found in table 10 in the Appendix.
- 4.4 The reduction in emergency calls has resulted in a reduction in road risk and a reduction in environmental pollution.

5. ONGOING MOBILISATIONS

- 5.1 Joint Fire Control have been challenging the calls as per the defined policy, between 1 April and 30 September 2022, **269 reports of AFAs that fall into the commercial categories were not mobilised by JFC**. A full breakdown of this can be seen in the Appendix.
- 5.2 Within the six months since implementation of the initial change in policy, there was still 543 mobilisations to non-residential AFAs. Of these, 83% received an attendance due to being outside the time parameters of Monday – Friday 9am - 5pm as per the current policy. The other 17% were due to human error and the challenges caused by the introduction of a new policy that does not align with the other Service policies being managed by JFC.
- 5.3 Of the 543 mobilisations:
- 91.5% were confirmed as false alarms by attending crews.
 - 7.2% were stood down after mobilisation but before arrival of crews. This is due to repeat calls and further information confirming a false alarm.
 - 1.3% were discovered to be fires. A full breakdown of the times and incident details can be found in the appendices.
 - None of the 543 mobilisations had any victims involved.
- 5.4 Focusing on the 1.3%, 7 in number, of AFAs that were discovered to be fires:

- 1 would be excluded as this was a Hotel so therefore would have not come under the criteria and an alternative incident type should have been used.
- 1 had conflicting information from the stop message and the eIRS report. The Officer in Command confirmed that this was a false alarm and not a fire. Therefore, was it removed from the figures.

5.5 The real number is 5 AFAs that were found to be fires, 0.92%. Of these:

- 2 were made up on arrival of crews to 2 pumps.
- 3 were out on arrival.

5.6 There were an additional two incidents where initial information received from the caller was that there had been an alarm activation and that on both occasions, further information was then taken by Fire Control that indicated a fire was present shortly after mobilising but before the crews arrived. Both incidents were changed to a fire with the full fire pre determined attendance mobilised.

5.7 Had ESFRS not attended the five AFAs that turned out to be fires, three would have caused no escalation as they were out on arrival. The other two would have resulted in the management investigating the cause of the alarm (even out of hours) and calling us to a fire rather than to an AFA. There is also a chance that the public would call us to a smell of smoke or smoke visible. We would then send the appropriate resources to deal with a fire and not to respond to an AFA.

5.8 Our crews are trained to assess the situation on arrival and the incident commander would have made up for additional resources if required and implemented a safe system of work to deal with the fire.

5.9 The small number of fires that we may get in these types of buildings is far outweighed by the increased capacity we will have to reduce risk in the built environment and to train and gather risk information.

6. OTHER RELEVANT MOBILISATIONS

6.1 In addition to the AFA figures, we also had 63 reports of fires to the non-residential properties in this same period of April – September 2022. Though the initial call reported a fire, the final classification was a false alarm on just over 26% of occasions.

7. REGIONAL POSITION

7.1 Our immediate neighbours all carry out slightly different responses to AFA calls, however all have a form of call challenge and all are committed to reducing unjustified mobilisations to unwanted fire signals (UwFS).

7.2 West Sussex and Surrey Fire & Rescue Services have historically had different policies with regards to responding to AFA calls. These differences have caused challenges as mentioned above in the control room with regards to consistent compliance with each of the Service's policies.

7.3 To resolve this, West Sussex and Surrey have agreed to align their policies with that of Kent Fire and Rescue Service. They will not respond to AFA calls from non-residential premises at any time, with exceptions made for heritage, schools and high risk industrial premises such as Control of Major Accident Hazard (COMAH) sites.

8. NEXT STEPS

8.1 We have had initial discussions with both West Sussex Fire & Rescue Service (WSFRS) and Surrey Fire & Rescue Service (SFRS) to establish if the appetite is there to align our response policy to AFA systems. SFRS and WSFRS are committed to implementing a policy that would mean they would not respond to any non-sleeping risk at any time. It is this change that would implement the Fire Authority's decision made in the IRMP. This will provide the clarity of policy across all three Fire & Rescue Services using the Joint Fire Control, which will reduce the likelihood of error in our mobilising response. The next stage in the risk based approach is to align our policy with that of our neighbours in that we stop mobilising to non-residential premises, with exceptions made for heritage, schools and COMAH sites. This policy change would reduce our calls by approximately **90 mobilisations per month, more than 1000 per year.**

8.2 It is also a natural progression from the existing policy change. We stated that we would not attend non-sleeping risks during the day as these businesses would have trained staff on duty as required by current fire safety legislation. We have set out clearly our expectation that Responsible Persons (RPs) must have procedures in place to respond to their fire alarm system activating and to train their staff to investigate their alarm system to establish if there is a fire before calling the emergency services.

8.3 We would also stipulate that we could continue to attend AFAs at high risk sites that include COMAH sites and heritage sites. Work can be completed to add these to the mobilising system to indicate that a response is always required and that the AFA policy of non attendance does not apply.

8.4 We will also continue to attend schools and colleges when they are closed over the evenings, weekends and school holiday periods.

8.5 As this change is implemented, a thorough communication strategy that builds on the one used to implement the changes in April 2022 will be developed. This will require engagement with businesses to explain their responsibilities and to reassure them that should a fire be found we will respond with the appropriate resources without delay.

9. BENEFIT OF IMPLEMENTING THE IRMP PROPOSAL

9.1 Carrying out a further change in policy will align policy across the three Services using JFC. This will make it much easier for JFC staff to comply with policy and will reduce human error.

9.2 Not responding to AFAs in non-residential premises will reduce calls by approximately 90 calls per month. This time can be used by crews to educate the

business community through Fire Safety Checks on how they should be managing their own fire alarm systems and how they should respond to activations in a way that enables any fire to be identified quickly and safely and a call placed to control that will enable the correct resources to be mobilised immediately.

- 9.3 The resulting capacity can also be used to carry out risk visits to familiarise crews with these non-residential premises and to carry out training that enables them to better prepare and respond to any actual fires in these types of premises.

10. FINANCIAL

- 10.1 Every response to an AFA call costs £282 per hour (based on our chargeable rates for special services). This covers the salaries and fuel costs. A reduction in over 1000 calls will be spread across all of our station areas. The percentage reductions are shown in table 10 in Appendix 1. Reducing calls on whole time stations will not result in significant cost savings as staff are already paid for 24/7 coverage. Reductions on day crewed and on call stations however will reduce the number of turn out claims. Using the percentages shown in table 10, on average the number of call out from these 1000 calls attended by retained crews would be 220. The potential savings as a result of this policy change could be approximately £62,040 per year.

11. ROAD RISK AND ENVIRONMENTAL RISK

- 11.1 Approximately 1000 less calls will result in a reduction in road risk due to less blue light runs and less environmental pollution due to less exhaust fumes and use of fuel. This needs to be tempered with a likely increase in risk reduction activities that will require vehicle movements.

12. OTHER RISKS

- 12.1 It is worth pointing out that the potential reduction in calls at on call stations because of further policy changes may reduce moral and make recruitment and retention more difficult. It is suggested that this needs to be monitored by management, with consideration given to using staff in these areas for risk reduction activities.

13. REMAINING WORK TO BE COMPLETED

- 13.1 We still await the Government's report on charging for responding to Unwanted Fire Signals (UwFS) from AFA systems. Once this report is received it is recommended that we review the policy to determine if charging is an option that we would want to consider.
- 13.2 We will review what data we collect from UwFS and why. A national data project is ongoing, and it is recommended that once we have clarity on what data Government will require from us, we will need to consider this together with whatever data we feel we need to inform current and future policy reviews.

14. SUMMARY

- 14.1 The changes introduced in April 2022 have resulted in 269 less mobilisations (to September 2022) and has freed up crews to carry out more effective risk reduction activities in this time. However, some erroneous mobilisations have occurred due to the complexity caused by JFC staff having to implement multiply policies for the same risks.
- 14.2 The data from our systems have shown that the new policy has not resulted in any increase in the number of fires in the premises affected by the policy change.
- 14.3 The data shows that during this same period we have mobilised to over 540 UwFS in non-residential premises outside of normal office hours or in error due to multiply policies with JFC. These non-residential premises may have staff present outside of normal office hours. When they are occupied, they will have trained staff available to respond to their fire alarm activations. When not occupied, they must also have the ability to respond to an activation of an alarm in their buildings.
- 14.4 There is a chance that a fire may develop in these buildings when not occupied and may present a greater risk to our crews by the time we are notified and respond. From the data provided and explained in section 5 above, it is shown that on two occasions in six months did we attend an AFA that turned out to be a fire that needed additional resources to resolve.
- 14.5 All incident commanders are trained to assess the situation and implement a safe system of work in line with policy to safely deal with a fire in a premise. This includes when additional resources are required to implement the required tactics.
- 14.6 The risk posed by not responding to any AFA in a non-residential premises (with some exceptions) is low based on the evidence gathered to date. It is therefore recommended that ESFRS amend our policy to align with our neighbouring Service. This will simplify policy compliance for JFC and will reduce our calls by approximately 90 calls per month. This additional time can be used to carry out risk reduction measures, educate businesses around their responsibilities to respond to their fire alarm systems and to enable crews to gather and check risk information and train more to reduce risk to them should they respond to a fire in these types of buildings.
- 14.7 The risk posed by not responding to any AFA in a non-residential premises (with some exceptions) is low based on the evidence gathered to date. The decrease in calls will likely result in a reduction in road risk and a reduction in environmental damage. The increased capacity will be used to drive down risk in the community by way of risk reduction activities such as HSVs. We will also use this time to further educate businesses around their responsibilities to respond to their fire alarm systems and to ensure that fire safety measures are maintained to protect members of our community. The additional capacity will enable crews to gather and check risk information and train more to reduce risk to them should they respond to a fire in these types of buildings.
- 14.8 It is therefore the intention to amend our policy to align with our neighbouring Services. This will simplify policy compliance for JFC and will reduce our calls by approximately 90 calls per month.

Impact of changes

1. Number of AFAs received but not mobilised

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
AFAs received but not mobilised (non-residential properties)	28	33	54	48	40	71	269
• of which were industrial and commercial properties	8	14	32	19	17	26	116
• of which were retail and public assembly properties	20	19	22	21	26	45	153

2. Total of non-residential AFAs mobilised

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
Total non-residential AFAs mobilised	93	105	85	79	92	89	543
• of which were industrial and commercial properties	33	45	30	31	32	40	211
• of which were retail and public assembly properties	60	60	55	48	60	49	332
• <i>Number of which were outside current 9-5, M-F policy</i>	62	79	83	72	77	80	453

3. Number of AFA mobilised but stood down after further call / information

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
AFAs mobilised but stood down after initial call (non-residential properties)	9	6	4	6	8	6	39
• of which were industrial and commercial properties	7	2	1	1	4	1	16
• of which were retail and public assembly properties	2	4	3	5	4	5	23

4. Number of AFAs mobilised and confirmed as false alarm by attending crews

AFAs mobilised (to non-residential properties) but confirmed as false alarms by attending crews	83	96	79	72	83	83	496
• of which were industrial and commercial properties	26	43	29	30	28	39	195
• <i>Number of which were outside current 9-5, M-F policy</i>	22	43	29	29	25	34	182
• of which were retail and public assembly properties	57	53	50	42	55	44	301
• <i>Number of which were outside current 9-5, M-F policy</i>	34	30	46	35	47	41	233

5. Number of AFAs mobilised and confirmed as fires

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
AFAs mobilised (to non-residential properties) confirmed as fires on arrival	1	3	2	1	1	0	6
• of which were industrial and commercial properties	0	0	0	0	0	0	0
• of which were retail and public assembly properties	1	2	2	1	1	0	6

6. Incident breakdown of 5 AFAs that became Fires

TOC	Call Source	Premises Type	Cause	Notes
Monday 19:14	Alarm Monitoring Company	Car Park	Deliberate	Out on arrival
Sunday 03:10	Alarm Monitoring Company	Fish and Chip Shop	Accidental	Make Pumps 2
Sunday 16:51	Alarm Monitoring Company	Pub / Restaurant	Accidental	Out on arrival
Friday 04:58	Alarm Monitoring Company	Industrial Manufacturing	Accidental	Make Pumps 2
Wednesday 21:04	Caller from nearby property	Shop	Accidental	Out on arrival

7. Reports of Fire on initial call since change in policy

Reports of fires on initial call	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
Industrial Building Fire	3	3	4	4	5	1	20
• Of which were found to be false alarms	0	0	0	1	2	0	3
Agricultural Building Fire	0	2	0	0	3	0	5
• Of which were found to be false alarms	0	0			0		0
Schools and Colleges Fire	0	1	0	2	0	0	3
• Of which were found to be false alarms	0	1		0			1
Commercial High Rise	0	0	0	0	0	0	0
• Of which were found to be false alarms	0						
Public Assembly Fire	3	2	3	8	3	10	29
• Of which were found to be false alarms	1	1	0	2	1	4	9
Electrical Installation Fire (non-residential)	0	1	0	0	3	0	4
• Of which were found to be false alarms		1			2		3
Total	6	9	7	14	14	11	61
Of which were found to be false alarms	1	3	0	0	5	4	13

8. Reports of Fire on initial call before change in policy

Reports of fires on initial call	Dec-21	Jan-22	Feb-22	Mar-22	Total
Industrial Building Fire	3	3	3	1	10
• Of which were found to be false alarms	1	3	1	1	6
Agricultural Building Fire	0	1	0	1	2
• Of which were found to be false alarms		0		0	0
Schools and Colleges Fire	2	0	0	0	2
• Of which were found to be false alarms	1				1
Commercial High Rise	0	0	0	0	0
• Of which were found to be false alarms					0
Public Assembly Fire	6	4	9	7	26
• Of which were found to be false alarms	4	2	3	3	12
Electrical Installation Fire (non-residential)	0	1	2	1	4
• Of which were found to be false alarms		0	0	0	0
Total	11	9	14	10	44
Of which were found to be false alarms	6	5	4	4	19

9. Number of AFAs mobilised with final classification of Fire 2009 - 2017

Inc type at Control	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
Alarms - AFA	17	6	6	8	3	8	5	9	5	67
Alarms - Smoke alarm	3	0	0	0	0	0	0	0	1	4
Total	20	6	6	8	3	8	5	9	6	71

10. Percentage of AFA calls to non-sleeping commercial premises per station between June and November 2022

Station	% of AFA calls
Barcombe	0
Battle	2
Bexhill	5
Broad Oak	<1
Burwash	<1
Crowborough	4
Eastbourne	15
Forest Row	<1
Hailsham	1
Hastings Bohemia Road	4
Hastings The Ridge	3
Heathfield	<1
Hove	10
Lewes	6
Newhaven	4
Pevensey	1
Preston Circus	25
Roedean	12
Rye	2
Seaford	2
Uckfield	3
Wadhurst	<1

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EAST SUSSEX FIRE AUTHORITY

Meeting	Scrutiny and Audit Panel
Date	19 th January 2023
Title of Report	Integrated Risk Management Plan progress update
By	Assistant Chief Fire Officer Mark Mathews
Lead Officers	Matt Lloyd, Assistant Director Safer Communities Chris Baker, Group Manager

Background Papers	<p>Planning for a Safer Future – Integrated Risk Management Plan 2020 – 2025.</p> <p>Fire Authority Service Planning processes for 2021/22 and beyond – Revenue Budget 2021/22 and Capital Asset Strategy 2021/22 to 2025/26</p> <p>Draft Integrated Risk Management Plan (IRMP) 2020-2025 ‘Planning for a Safer Future’ – Consultation Results and Modified Proposals</p> <p>Integrated Risk Management Plan – Timeline Review for 16/12/21 SLT</p>
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Appendices	1 - Detailed workstream tracker
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Implications (please tick ✓ and attach to report)

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

PURPOSE OF REPORT: This paper provides members of the Scrutiny & Audit panel with an update on the latest position in terms of delivery of the Integrated Risk Management Plan (IRMP) and the associated revenue and capital savings.

EXECUTIVE SUMMARY: In September 2020 the Fire Authority approved the Service's IRMP, including timescales for delivery over a six-year period.

Due to a number of factors, including in particular the Covid 19 pandemic, associated impact on supply chains, competing Service pressures, changes in timelines of interdependent projects such as P21 and uncertainties around the retirement profile within the service, the original delivery timelines and revenue savings profile for the IRMP were re-baselined in late 2021. Those changes were set out and approved in full in a January 2022 update to the Fire Authority.

Since January 2022 the original project team has been strengthened, a considerable amount of more detailed planning has taken place, and significant progress has been made on implementation of all seven workstreams. As of December 2022, 9 of the 29 individual work packages are now complete, and all others are in progress.

Further details on progress at an individual work package level are provided within the body of the report below.

RECOMMENDATION: That the Scrutiny and Audit Panel;

- a) note the status of IRMP delivery;
- b) note the latest forecast IRMP savings profile.

1. INTRODUCTION

- 1.1 The workstreams that make up the Integrated Risk Management Plan (IRMP) were an outcome of the Operational Resilience Review (ORR). The ORR was a detailed analysis of the Service risk profile and the resources that were needed to ensure the most appropriate and proportionate prevention, protection and emergency response capability. The ORR was completed and closed down on 28/9/20.
- 1.2 The Service's IRMP is the mechanism that will deliver the improvements that were identified following the ORR. The implementation of the plan over the period (2020-2028) will see that Service resources are aligned to risk. The outcome of the ambitious plan will be improved efficiency and effectiveness.
- 1.3 The IRMP is comprised of seven workstreams, as follows:
1. Operational Resilience Plan
 2. Day Crewed Duty System
 3. Changes to the operational fleet (Low activity P4's)
 4. New P2 @ Bohemia Rd. & Day Crewed Duty System @ The Ridge
 5. Specialist appliance review & shared crewing policy
 6. Robust demand management plans
 7. Group crewing in the City

For the purposes of delivery these seven workstreams are broken down into a total of twenty-nine individual work packages, each with their individual implementation plans.

2. DELIVERY PROGRESS AND CURRENT STATUS

- 2.1 Implementation progress is governed, managed, and monitored via the IRMP Delivery and Strategic Boards, which both meet monthly.
- 2.2 As of December 2022, 9 of the 29 individual work packages are now complete. These are:
- Command Pod Removal
 - Combined Crewing policy
 - Logistics & Control Support team
 - Move HVP from Hove to Seaford
 - New P2 at Eastbourne
 - Birds Trapped in Netting
 - Reclassification of Maxi Cabs to P1
 - Unwanted Fire Signals
 - Flexible Resource Pool

2.3 All other work packages are in progress, and the latest timelines for these are as follows:

			Key: ■ = under development ■ = consultation & notice where required ■ = ready (awaiting implementation) ■ = complete & in place																				
No.	Work package	WBS	Workstream	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	
1	Operational Resilience Plan	1.1	Operational Resilience Plan																				
		1.2	Flexible Resource Pool																				
		1.3	Enhancements to on-call																				
		1.4	Enhancements to on-call (Overtime policy)																				
		1.5	Combined crewing policy																				
		1.6	Logistics and Control Support team																				
2	Day Crewed Duty System	2.7	Day Crewed Duty System @ Battle																				
		2.8	Day Crewed Duty System @ a further 5 stations																				
3	Low activity P4's	3.9	Replace / re-categorise 3 no. P4 appliances																				
		3.10	Reallocate 4 no. appliances as spares																				
		3.11	Reclassify 2 Maxi Cab stations to 1 pump on-call P1's																				
4	New P2 @ Bohemia Rd. & DCDS @ The Ridge	4.12	Introduce P2 @ Bohemia Road																				
		4.13	24/7 shift to day crewed @ The Ridge																				
		5.14	Reduce Wiltshire from 5 to 4																				
		5.15	Reduce 2 no. Rope Rescue vehicles to 1																				
		5.16	Move High Volume Pump from Hove to Seaford																				
		5.17	Withdrawn Command Pod (Hove) from service																				
		5.18	Replace Technical Rescue Units (1 with Rope Rescue)																				
5	Specialist appliance review & shared crewing policy	5.19	Replace Foam Tender with Operational Support Unit (@ Newhaven)																				
		5.20	Swift Water Rescue replaced on Technical Rescue vehicle(s)																				
		5.21	New HazMat vehicle @ Heathfield																				
		5.22	New Fire Investigation vehicle @ Eastbourne																				
		5.23	Replace Aerial Rescue Platform with Aerial Ladder Platform																				
		5.24	Shared crewing policy for Special appliances																				
		5.25	New P2 @ Eastbourne																				
6	Robust demand management plans	6.26	Fire alarms in low risk commercial - don't attend																				
		6.27	Lift releases - continue to attend																				
		6.28	Birds trapped in netting - continue to attend																				
7	Group crewing	7.29	Implement Group Crewing in Brighton & Hove																				

A more detailed status tracker is provided in appendix 1 for reference.

2.4 Many of these work packages require amendment to existing policies or contracts, or in some cases brand new policy to support the changes in working practice required by the IRMP. Equality Impact Assessments are produced to support all policy changes. The following policies have now been written or are being updated:

- Shared Crewing
- Combined Crewing
- Group Crewing
- Overtime and Allowances
- Day Crewed Duty System
- Request to Support National Incidents
- Automatic Fire Alarms
- Flexible Duty System (42 Hour)
- Retained Duty System Personnel
- Removal of Additional Availability Allowances
- Management and Use of Operational Spares and Special Vehicles

2.5 A significant amount of communication and staff engagement has taken place during the latter half of 2022. This is an essential part of effective change management associated with various work packages progressing to a point that they are now much more visible to staff - for example removal of low activity P4 appliances, and various elements of crewing duty systems and policies moving into formal consultation.

This communication has used many different channels and platforms, including multiple Service Brief articles, individual station visits, Senior Leadership Team (SLT) Briefing documents and quarterly evening staff engagement sessions by area (of which there have now been two rounds) with associated frequently

asked questions (FAQ's) published on the intranet. Further station and 1:1 visits are planned to support individual elements of consultation.

3. LATEST IRMP FINANCIAL FORECASTS

3.1 The following table (Table 1) shows the latest forecast revenue savings profile versus the re-baselined profile previously approved by the FA in January 2022.

Table 1 – IRMP Revenue Savings – Approved v current forecast:

	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Forecast	54	43	151	(197)	(586)	(595)	(605)	(615)
CFA Approved	54	43	(84)	(222)	(372)	(430)	(561)	(573)
Difference	0	0	235	25	(214)	(165)	(44)	(42)

3.2 There is some pressure identified, principally in 22/23, that is explained further below, but the forecast over the rest of the lifespan of the current IRMP represents an accelerated savings profile versus the target profile previously approved in January 2022. The factors driving this change are as follows:

- all Day Crewed Duty System savings now taken from Oct. '23 (rather than previously being profiled in line with expected retirement dates)
- changes at The Ridge/Bohemia Road (24/7 shift to Day Crewed at The Ridge) delayed by a year
- extension of the implementation team throughout 23/24 (previously only proposed to be in place for part of 23/24)
- increasing pay inflation to 5% in 22/23 and 4% in 23/24 (versus the previous assumption of 2% year on year)

3.3 The 22/23 forecast can be broken down further as follows:

Component	22/23 FA approved	Latest 22/23 forecast	Previous assumptions v latest position
Enhancements to On Call	+ £2k	+£2k	10% vacancy factor now agreed. £40k On Call held separately – not offered as a saving yet but currently forecasting an underspend in the budget monitoring report.
Flexible Resource Pool	+ £377k	+£31k	Previously assumed 8 no. Posts in place from June '22. Now propose to implement in line with the introduction of DCDS, but with a trial of 2 posts from Jan. '23 (£31k). This should not create an additional pressure on the revenue budget.
DCDS	- £396k	£0k	Previously assumed that vacancies created from predicted retirements (9 x FF and 3 x WM) would not be replaced from Aug. '22. This will not be achieved in 22/23 due to over-establishment, but offset by delaying FRP above.
Maxicab policy – remove P2 and new ALP	- £7k	-£7k	Appliance inventory and maintenance savings associated with the removal of 5 no. P4's.
Group Crewing in the City	- £184k	£0	Previously assumed net loss of 4FF from the City for full year based on new shift duty system in place from Jan. '22. Currently unable to take vacancies due to over establishment and delay in retirements. New shift duty system in the City now Apr. '23.
Service Lead Policy & Contract Changes (App. A)	- £50k	-£50k	Saving already taken in 22/23 budget.
Implementation costs & LCS	+ £175 k	+£175k	Previously based on LCS allowances and project resource of 1 x PM, 1 x HR and 1 x GM. CS & CP now assisting, but cost impact the same as previously forecast.
Net total	- £83k	+£151k	If forecast On Call savings taken this position improves by £40k to +£111k. The planned reduction in establishment through IRMP proposals can be taken on paper, but paid headcount will determine overall grey book pay and therefore the ongoing pressure.

- 3.4 The table below (Table 2) shows the latest forecast capital savings profile versus the re-baselined January 2022 CFA approved capital savings profile. This remains fully in line with the previously approved savings profile at present.

Table 2 – IRMP Capital Savings – Approved v current forecast:

	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
	£'000	£'000	£'000	£'000	£'000	£'000
Forecast	(120)	45	(453)	0	0	0
CFA Approved	(120)	45	(453)	0	0	0

4. **CONCLUSION**

- 4.1 Since the re-baselining of the IRMP delivery timelines and savings profiles in January 2022, the original project team has been strengthened, a considerable amount of more detailed planning has taken place, and significant progress has been made on implementation of all seven workstreams. As of December 2022, 9 of the 29 individual work packages are now complete, and all others are progress. Other workstreams remain broadly on target versus revised timelines.

APPENDIX 1:

The latest IRMP detailed workstream tracker is as follows:

No.	Workpackage	WBS	Workstream	Scope drafted	Scope agreed	Options & proposal	Proposal approved	Consult. complete	Notice complete	Implement	
1	Operational Resilience Plan	1.1	Operational Resilience Plan	-	-	-	14/11/2022	06/02/2023	-	27/03/2023	
		1.2	Flexible Resource Pool (FRP)	C	C	C	C	C	-	30/01/2023	
		1.3	Enhancements to on-call (combined salary contracts)	C	C	30/01/2023	13/02/2023	15/05/2023	26/06/2023	03/07/2023	
		1.4	Enhancements to on-call (flexible on-call contracts - O/T policy)	-	C	-	C	C	-	31/01/2023	
		1.5	Combined crewing policy	-	C	-	C	-	-	C	
		1.6	Resource management team (now LCS)	-	-	-	-	-	-	C	
2	Day Crewed Duty System	2.7	DCDS (7FTE) @ Battle	C	C	C	C	26/12/2022	27/03/2023	03/04/2023	
		2.8	DCDS (9FTE) @ further 5 stations	C	C	C	C	26/12/2022	27/03/2023	03/04/2023	
3	Low activity P4's	3.9	Replace / re-categorise 3 no. P4 appliances	C	C	C	C	-	C	C	
		3.10	Reallocate 4 no. appliances as spares	C	C	C	C	-	-	31/03/2023	
		3.11	Reclassify 2 Maxi-Cab stations to 1 pump on-call P1's	-	-	-	-	-	-	C	
4	New P2 @ Bohemia Rd. & DCDS @ The Ridge	4.12	Introduce P2 @ Bohemia Road	-	-	C	-	-	01/05/2023	29/05/2023	
		4.13	24/7 shift to day crewed (28 to 9 FTE) @ The Ridge	18/07/2022	22/08/2022	24/10/2022	02/01/2023	27/02/2023	29/05/2023	29/05/2023	
5	Specialist appliance review & shared crewing policy	5.14	Reduce Wildfire from 5 to 4	-	-	-	-	-	-	09/10/2023	
		5.15	Reduce 2 Rope Rescue vehicles to 1 (@ Bexhill)	-	-	-	10/07/2023	-	-	04/03/2024	
		5.16	Move HVP from Hove to Seaford	C	C	C	C	C	C	C	
		5.17	Withdrawn Command Pod (Hove) from service	-	-	-	-	-	-	-	C
		5.18	Replace 2 existing TRU's with 2 no. TRU (1 with RRV cap.)	C	C	-	-	-	-	-	02/10/2023
		5.19	Replace Foam Tender with OSU @ Newhaven	-	C	-	-	-	-	-	02/10/2023
		5.20	SWR withdrawn and replaced on TR vehicle(s)	C	C	-	-	03/10/2022	09/01/2023	23/01/2023	
		5.21	New HazMat vehicle @ Heathfield	-	C	-	-	-	-	-	25/09/2023
		5.22	New Fire Investigation vehicle @ Eastbourne	-	C	-	-	-	-	-	25/09/2023
		5.23	Replace ARP with dedicated ALP	-	-	-	-	-	-	C	31/12/2022
6	Robust demand management plans	5.24	Shared crewing policy for Special appliances	C	C	C	C	C	-	20/02/2023	
		5.25	New P2 @ Eastbourne	-	-	-	-	-	-	-	C
		6.26	Fire alarms in low risk commercial - don't attend	-	-	-	-	-	-	-	C
6	Robust demand management plans	6.27	Lift releases - continue to attend	C	C	-	05/12/2022	27/02/2023	-	20/03/2023	
		6.28	Birds trapped in netting - continue to attend	-	-	-	-	-	-	-	C
7	Group crewing	7.29	Implement Group Crewing in the City of B&H	C	C	C	05/12/2022	27/03/2023	27/03/2023	03/04/2023	

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EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 19 January 2023

Title of Report Protection Update

By Matthew Lloyd, Assistant Director Safer Communities

Lead Officer George O'Reilly, Group Manager Protection

Background Papers S&A Protection Update - July 2021

Appendices None

Implications (please tick ✓ and attach to report)

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 Scrutiny & Audit Panel on areas of work nationally and locally impacting our Protection Department.

EXECUTIVE SUMMARY Since the Grenfell Tower Incident (GTI) in July 2017, there has been significant change that directly impacts the way we deliver our statutory responsibilities to enforce the Regulatory Reform (Fire Safety) Order 2005 (FSO) and provide advice under the Fire Rescue Services Act 2004 (FRSA). We have reacted appropriately to these changes and positioned ourselves well to respond to further changes to ensure we continue to deliver our Service as required by legislation and as expected by our communities.

Following the Grenfell Tower Incident (GTI), the Government initiated a review of Building Regulations and Fire Safety. It was carried out by Dame Judith Hackett and resulted in a detailed report that the Government responded to in their plan entitled 'A Reform of the Building Safety Regulatory System' in April 2020.

The plan included the introduction of a new regulatory regime to oversee the changes needed to make our buildings safer from fire. This is to be achieved via the '**Building Safety Act 2022**', a piece of primary legislation that was finally given Royal Assent in April 2022. This Act covers all buildings to some degree via changes to the Building Act and Regulations, however the most significant part is how new and proposed 'high rise residential' buildings will be enforced by a new body known as the Building Safety Regulator (BSR) that sits within the HSE. They will be responsible for enforcing

the requirements of the Act, however, we as a Fire and Rescue Service will be expected to work jointly with this regulator to both inspect in-scope buildings and provide advice to the regulator on any proposed 'high rise' new buildings. This new burden is being fully funded by the Government and will be delivered via a new regional team of eleven competent staff employed by Services across the region. Of these eleven members of staff, *ESFRS has a commitment to employ two fire safety inspecting officers and one fire engineer. In addition, the team will be managed by a new station manager post from within our Service.* The resources in this team are proportionately allocated based on the number of high-rise buildings within our area. This new team needs to be ready to deliver by September 2023 when the relevant parts of the BSA are fully in force.

This partnership with the new Regulator has already started during the Building Risk Review (BRR) project. The project was designed to firstly inspect all HRRB with ACM cladding to make sure they are safe or made safe. The second part of this project then required us to inspect all HRRB over 18m to ensure they are all safe from fire and to start the process of making sure they are fully compliant. This work was initially completed on time in December 2021, however the follow up work needed to achieve full compliance is still ongoing and will be for some time. It is likely that the ongoing BRR work will lead to formal notices and likely prosecution, which in turn will generate political interest.

A second piece of legislation has been introduced that was designed to clarify how the external parts of a building should be included in a fire risk assessment. This legislation, known as the '**Fire Safety Act 2021**' is now in force. It has had the effect of clarifying that any building with two or more residential units comes under the **Regulatory Reform (Fire Safety) Order 2005 (FSO)** and will need to be considered by the Services Risk Based Inspection Program (RBIP). This legislation has therefore added thousands more properties to our RBIP list. It has also introduced a burden to the community by requiring the Responsible Persons (RPs) at these premises to carry out fire risk assessments which consider the risk of fire from the structure and external wall, etc. *This increase in the number of premises that need to comply with the FSO, together with the likely fall out from our BRR work and the general requirement for us to carry out appropriate prosecutions, is likely to increase the amount of legal activity we carry out. In response to this we have moved a watch manager post from operations into protection as well as a crew manager post being moved within protection to this area of work.*

Each new piece of legislation will result in new guidance that our staff will need to be conversant with and this will therefore result in a significant training burden for the department on top of the existing training burden needed to ensure all our staff comply with the competence framework for Fire Safety and separately for Fire Investigation. *We have therefore moved a watch manager post into the Protection training department.* The FSA also allows the Secretary of State to make further regulations to help implement change.

The ability to introduce further regulations is critical when we consider the second main source of change, namely the GTI phase 1 report that was released in October 2019. This report highlighted, amongst other things, the various operational issues faced by the responding fire crews. It resulted in recommendations around providing risk information, floor plans, way finding signage, lifts testing and door testing regimes and many more. These recommendations are contained within another legislative change known as the '**Fire Safety (England) Regulations 2022**'. This legislation goes live on the 23 January 2023 and will result in a great deal more risk information being provided by the Responsible Person (RPs) and Appointed Person for certain building types, such as High Rise Residential Blocks (HRRB) over 18m high. However, the guidance is likely to result in more risk information being provided by all RPs for their buildings. We need to be able to receive this information in a format that is useable for us and is as current as possible for our responding crews. *We have therefore introduced a new web portal* that allows the submission of risk information in a prescribed format. This risk information is being provided for our benefit and therefore we are working hard to make sure that our CRM database facilitates this risk information exchange in the most user-friendly way possible.

As with all legislation, consultations took place to gain feedback from the industry on the details proposed. ESFRS contributed to the current and proposed changes to our national fire safety legislative framework by responding to all these consultations and we will continue to do so.

There are many changes yet to come, not least of which is the GTI phase 2 report that we will have sight of this year. This will create more operational learning as well as more failings that will need to be addressed by way of primary and/or secondary legislation. These inevitable new pieces of legislation will need to be considered and embedded in our BAU ways of working and our staff will need to be trained on these changes and their impacts.

To fund these changes, the Government has allocated various grants to both the industry and to the Fire and Rescue Service (FRS). The grants are to be used to upskill staff and enhance delivery of our Protection services and to deliver new burdens such as the regional Building Safety Regulator team. There is no doubt that this funding will need to continue and will need to be blended (but ringfenced) into our base budgets to enable the Service to plan effectively for the future. Should this funding not continue, we have created options to enable us to be as effective as possible with the resources we have available.

RECOMMENDATIONS

It is recommended that the Scrutiny and Audit Panel:

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

1. INTRODUCTION

- 1.1 The significant array of changes that we have been presented with within the Protection department over the last few years, mainly as a direct result of the devastating Grenfell Tower fire, have challenged our ability to function effectively and maintain delivery of our core functions. We have however managed to cope with these changes, and we have placed ourselves in a good position to continue to deliver what is required of us over the coming years when even more changes will inevitably come our way.
- 1.2 It is expected that the Grenfell Tower Inquiry Phase 2 report, national reviews such as the review of the Risk Based Inspection Program, the long awaited update of the Building Regulations and Approved Documents, the Government white paper, as well as the expected legislative changes, will continue to challenge our resources and effectiveness.
- 1.3 Through effective forward planning we have restructured our department to create the capacity needed to face these challenges. However, this has only been possible through the Governments Grant funding and it is a risk that we need to acknowledge that this funding in today's climate may not be maintained. Therefore, we also need an effective fallback position should the grant funding dry up after the current agreed funding period.
- 1.4 This paper details the pressures we have faced and what we have done to meet those pressures. It also details, as best as possible, the future threats and risks and proposes a way of being able to meet these future challenges.

2. MAIN SOURCES OF LEARNING AND CHANGE POST GRENFELL

2.1 Hackett review of BR and FS

- 2.2 Dame Judith Hackett was tasked by Government to review the various fire safety and building regulation issues that had led to the Grenfell tower fire. The initial report was produced in Dec 2017 to enable changes and improvements to take place without undue delay. A full report entitled 'Building a Safer Future' was then issued in May 2018. It included the following areas that required improvements:

- Parameters and principles of a new regulatory framework
- Design, construction and refurbishment
- Occupation and maintenance
- Residents' voice
- Competence
- Guidance and monitoring to support building safety
- Products
- Golden thread of building
- information
- Procurement and supply

- 2.3 In June 2019, the Government consulted on their response to the report in a document entitled 'Proposals for Reform of the Building Safety Regulatory System' and in April 2020 they released the Government response to the consultation, entitled 'A Reformed Building Safety Regulatory System'. This Government report highlight the following areas that they would focus on improving through future change:

- A more effective regulatory framework – The Building Safety Regulator, empowered by the Building Safety Act.
- Promoting competence across the Fire Service, Building Control and the building industry.

- The new Gateway process with fire statements, safety cases, registration certificates and golden thread of information.
- A new dutyholder regime.
- Residents at the heart of a new regulatory system.
- Improving the safety of construction products – construction products regulator.
- Enforcement, compliance and sanctions.
- Improving the whole system by introducing the Fire Safety Bill, updating ADB and changes to the Building Act.

2.4 You can see from the above that the majority of changes recommended by Dame Judith Hackett within her report have been adopted or even expanded by the workstreams identified within the Governments improvement plan.

2.5 A key area of work to facilitate many of these changes would be through legislation. The Government let it be known that it would be introducing the Building Safety Act to create the legislative framework for the Building Safety Regulator and the Fire Safety Act to confirm the scope of the Fire Safety Order and to introduce the ability to create new guidance and to introduce further regulations that would be required to deliver on actions from both this area of learning and the separate but connected areas of learning being developed by the Grenfell Tower Inquiry.

2.6 **The Building Safety Act 2022**

2.7 This is a massive piece of legislation that was enacted in April 2022. However, many of the details that will inform how the Act is enforced and complied with will slowly come in over the next 2 years by way of secondary legislation. This secondary legislation will confirm details such as what types of buildings are in scope, how the charging will work, what will be required with regards to risk information sharing and the 'golden thread' data provision, how enforcement will work and how buildings will register for certification. Other significant parts of the Act include:

- Introduces 'stop/go' gateways. Gateway 1 is the planning stage and it went live in Aug 2021, Gateway 2 is the Building Consultation phase and Gateway 3 is the pre occupation completion phase. Both Gateways 2 and 3 will go live in October 2023.
- Clarifies who is responsible in these types of buildings (Principle).
- Provides new powers of enforcement and prosecution. However, it is proposed that the FSO will still be used for non-compliance in occupied buildings.
- Introduces the requirement to involve residents and the need to set up bodies made up of residents that must be listened to.
- Introduces a new constructions product regulator and a new homes ombudsman.
- Gives courts powers to allow 'shell' companies to be sued.
- Allows legal action against manufacturers of defective products. This can go back up to 30 years.
- The Government can block planning and BC sign off for companies that are not doing their bit to foot the bill from historic cladding issues.

2.8 This Act will take years to be fully in force, with the regulation of existing buildings not coming into force until April 2024. There will be many more pieces of secondary legislation that are already being drafted and others that will no doubt be influenced by the expected Grenfell Tower Inquiry Phase 2 report due at the end of this year. As new legislation comes out, new guidance will accompany it. This will create a need to train our staff and update or create new policies.

2.9 **The Fire Safety Act 2021 (FSA)**

- 2.10 The FSA confirmed that the structure, the external walls, balconies and flat front doors are in scope of the FSO.
- 2.11 This legislation also allowed guidance to be produced to assist in compliance and it enabled the Secretary of State to introduce new regulations in the future to improve compliance and safety.
- 2.12 The effect of clarifying what was in scope, meant that thousands more premises now came under the FSO and therefore our risk based inspection program. The Responsible Person (RP) needs to carry out a fire risk assessment or review their existing fire risk assessment to ensure these areas were covered.
- 2.13 To assist the public in complying with the clarified requirement, the Government used its powers contained within the FSA to produce guidance. It therefore produced a fire risk assessment prioritisation tool (FRAPT). This tool allowed the Responsible Person to enter the details of their buildings, such as height, structure, occupancy, etc, and the tool would provide them with a priority rating and a recommended timescale to carry out the fire risk assessment. Fire and Rescue Services need to be mindful of this tool as we need to mirror the timescale provided by the tool in any notices we are issuing. This tool allows for large organisations that have many residential premises to prioritise which ones they will risk assess first.
- 2.14 Our staff need to be trained on this legislation, how it impacts our RBIP and how we need to be aware of and mindful of the new Article 50 guidance produced to assist RPs in prioritising their risk assessment work.
- 2.15 **The Grenfell Tower Inquiry**
- 2.16 The GTI phase 1 started hearings in May 2018. The Phase 1 report was released in October 2019. It contained a raft of recommendations that we are working through carefully led by the GTI Delivery Board. These recommendations include actions such as:
- Need for risk information to be provided to the FRS and for it to be communicated within the Service to ensure it is available to the right people at the right time.
 - Need for way finding signage.
 - Floor plans.
 - Information on vulnerable people.
 - Need to test front doors.
 - Need to report to the FRS any defects in Protection measures provided to enable them to amend response plans.
 - PEEPs for all vulnerable people in the building – This led to the PEEP and EEIS consultations that are still ongoing.
 - Need for escape hoods.
 - Need to provide FSG procedures and policy.
 - Need to introduce better comms solutions both within the building, within the FRS and between agencies.
 - Need to train staff on how to move from a stay put to simultaneous evac.
 - Need to train staff on how to use Active FS measures provided in buildings, including lifts and ventilation.
 - Need to train staff on Building Construction, the risk of cladding fires, external fire spread and operation tactics on dealing with these types of fires.
- 2.17 Many of the above actions are being progressed within the FRS such as the training requirements and the FSG procedures, etc. However, many are still to be implemented nationally as they require legislation. This legislation, known as the FS (England)

Regulations has now been published and is working its way through parliament. It will be accompanied with much guidance and will result in a significant training requirement for our staff.

2.18 The Fire Safety (England) Regulations

2.19 These regulations have been drafted in response to the finding and recommendations of the Grenfell Tower Inquiry Phase 1 report. They are more operationally focused and they address the various operational issues that caused so many problems for the Fire Service or could have assisted the Fire Service during the incident.

2.20 The regulations have been published and are making their way through parliament now. There was some delay in publishing the regulations as the Government was trying to resolve the ongoing issue around the recommendation made in Phase 1 to ensure that PEEPs are provided to all resident who need them.

2.21 The PEEP consultant like all others, was responded to by us as a Service. Our response mirrored to a large degree the response sent by the NFCC and other Services. We pointed out that trying to implement a PEEP in a domestic setting was dangerous, impractical and costly. As a result of this consultation the Government withdrew the proposal and moved to a new proposal that focussed identifying information about the vulnerable resident that could be useful to the emergency services during an emergency. This is known as 'Emergency Evacuation Information Sharing' (EEIS). ESFRS has responded to this consultation and pointed out that it needs to be considered for all vulnerable people in this setting and not just those in HRRBs that have a temporary simultaneous evacuation strategy due to fire safety failings. We encouraged through our response to need to ensure that all vulnerable people receive a 'Person Centred Risk Assessment' that we could assist with via our Prevention department. We are currently awaiting the outcome of this consultation and will likely see further legislation or guidance that will provide the agreed solution to this risk.

2.22 The other recommendations from the GTI Phase 1 report that are delivered by this legislation are:

- Meaning of high-rise residential building – confirmed to be 7 floors and above or 18m and above to tie in with other definitions previously used during the BRR project and within other legislation such as the BSA.
- Secure information box – These boxes will be located on site and will contain specific risk information such as the floor plans and location of facilities and vulnerable people. It will mirror and complement the electronic information to be required by the 'golden thread' detailed within the BSA.
- Design and materials of external walls – this will usually be confirmed by way of an external wall survey. However, the government expects common sense to prevail and if there is no reason to suspect a high risk external wall, a survey should not be needed.
- Floor plans and building plan – to be provided in a set format for use by the Fire Service. They will be available in hard copy within the information box on site and electronically.
- Lifts and essential fire-fighting equipment – details of the lifts and facilities provided will be made available to the Fire Service to enable them to consider them within their response plans. Any defects lasting over 24 hours will need to be communicated to the local Fire and Rescue Service to enable them to update their plans.
- Wayfinding signage – Already required by the undated Building Regulations, but now also contained within this legislation specifically for HRRBs.

- Information to residents – This is a key part of the Hackett Report and the Phase 1 report. It is very clear that the Government wants to make sure that residents are listened to and have a voice with regards to risk in HRRBs.
- Fire doors – Clarify is provided on when fire doors are required and how fire doors should be tested and maintained. This compliments the Fire Safety Act that clarifies that flat front doors are a part of the FSO.
- Provision of documents to local fire and rescue authority – It will be a requirement for the Responsible Person to provide the local Fire and Rescue Service with the above details to enable them to better prepare for an emergency response. This complements the ‘golden thread’ requirements of the BSA.
- Duty to review – Just like any risk information, there is a requirement to review this information regularly and when the risk changes.

2.23 It is this legislation that will result in a large amount of data and information being passed by the Responsible Person to us on a regular basis. We will need to be able to receive this information and process it, to ensure it is available to those who need it when they need it.

2.24 We are creating a solution that will enable the standard proforma drafted by Government and the NFCC to be available on our webpage, with links from this webpage to the relevant parts of our CRM database. This will ensure that the risk information is then made available to our crews operationally via our mobile data terminals in a timely manner, utilising our existing risk information process.

2.25 **The ESFRS Grenfell Tower Inquiry Delivery Board (GTIDB)**

2.26 The Grenfell Tower Inquiry Phase 1 recommendations are being managed on behalf of the Service by the GTI Delivery Board. The board is chaired by the Ops P&P department and it is attended by representatives from all parts of the Service that can contribute to delivering the varies recommendations. The Protection department have allocated a specific station manager to work on this group and to help deliver the recommendations that are relevant to protection.

2.27 A comprehensive action plan has been created and progress is reported regularly to the Operations Committee chaired by the Assistant Chief Fire Officer.

2.28 Many of the recommendations have been completed, however, many more lower risk items are still to be fully delivered. As such the protection department will continue to support this workstream until the actions are completed or the group is closed with the work blended into each departments business as usual.

2.29 Some of these actions will migrate over to the GTI Phase 2 Delivery Board that will need to be set up to deliver on the actions recommended by the Phase 2 report that is due to be released towards the end of this year. It is likely that the recommendations in this second phase will be more technical and will sit more within the protection department. Therefore, the chairing of this board will likely pass to a manager within the protection department.

3. **OTHER CHANGES OF NOTE POST-GRENFELL**

3.1 The Government took the decision to ban all cladding in HRRBs over 18m. The Building Regulations at that time stated that non-combustible cladding could be used above 18m, therefore this decision resulted in a change to the Building Regulations.

3.2 The Government took the decision following consultation to require Sprinklers in residential new builds over 18m they then extended this to include all residential new buildings over 11m. Again this required a change to the Building Regulations. At the

same time, they included within these amended regulations the need for 'way finding signage' within all HRRBs.

- 3.3 The Government introduced the need for external walls to be surveyed to ensure they were not dangerous. This was to both reassure residents but also to reassure the housing market and lenders. External Wall Survey 1 forms (EWS1) became the norm and ended up being required for all HRRBs and most medium rise residential blocks (MRRBs).
- 3.4 A new Building Safety Regulator was to be set up by Dame Judith Hackett. It evolved into a new Board that she chaired to allow transition to the Building Safety Regulator. This board focussed on 2 priorities, appointment of the 'Chief Inspector of Buildings' and introducing the BSR within the HSE. A shadow BSR was established to help with the Gateway 1 proposals and to prepare for the move to full BSR.
- 3.5 The Government set up the Building Safety Fund to help fund cladding removal (£1bn), this is on top of the £600m allocated to the private sector cladding fund. Responsible Persons could apply for this funding to help remove dangerous cladding.
- 3.6 The Government Independent Expert Advisory Panel introduced the Consolidated Advisory Note (CAN) which provide early advice on how RPs could deal with the cladding risk and the risk from other measures such as fire doors and smoke control. This CAN was replaced more recently by the BS9980 – This standard now explains how to do an external wall survey and how to consider it as part of a holistic assessment of the building, it will inform the Fire Risk Assessment for the building and will eventually replace EWS1s.
- 3.7 A Waking Watch Relief Fund was set up (£35m) – The fund is open to those who have had to implement a waking watch in their buildings whilst waiting to install a fire alarm system. It was to fund the alarm system costs NOT the costs of the waking watch. The fund opened and closed at various times when funding was running out. More recently it has been replaced by the WW Replacement Fund, which has been set up to reduce the burden on the leaseholders who were having to pay a large price to fund a waking watch. This fund was allocated an additional £27m.
- 3.8 A new construction products regulator has been set up within the Office for Products Safety and Standards (OPSS) using £10m of government funding. This regulator will deliver on one of the main findings of the Hackett review. It will test products and will issue certification that will then be inspected by the BSR during construction works.
- 3.9 The Government also made available a cladding grant from a £5bn funding pool. Much of this was in the form of a loan with strict repayment terms. This would obviously be paid by ultimately by the leaseholders.
- 3.10 As a result of feedback from the public and industry, the Sec of State Michael Gove announced a reset of its approach to the post Grenfell improvements. It is now focussing on 4 key points:
 - Opening up the BS fund to enable it to target the highest risk buildings using £5.1bn that will now be funded from industry. £2bn from Tax on developers who earn more than £25m profit each year, plus £3bn to be gained from a levy to be applied at Gateway 2.
 - Creation of a team to pursue and expose companies who are at fault and refusing to contribute.
 - Restoring common sense to the industry and making sure that solutions are proportionate to risk.

- Introduce a statutory protection for all leaseholders to ensure they do not pay for others failings.
- 3.11 The above demonstrates that the Government has moved from a position of waiting for the industry to resolve these issues themselves, to actually creating policy that will resolve the issue and make the industry pay the price.
- 4. MAIN CHANGES TO COME**
- 4.1 Many of the changes detailed in the section above are yet to materialise. They are still progressing either through parliament or are awaiting detailed solutions.
- 4.2 This includes the Building Safety Regulator. We await to see what the final sub regulations will look like to inform how the BSR will operate and what the funding solution will be from Government. Only then can we start to full deliver on this new requirement. This has not stopped us planning for the most likely outcome with partners at the NFCC PPRU. We have developed a regional model that will enable us to support the BSR whilst at the same time not strip all of our experience out of the Service and thus reduce our ability to deliver on our RBIP. The regional model will involve 11 new staff members managed by a Station Manager, supported by administrative staff. These new staff members will be employed by each Service and allocated to a regional team that will be managed by the SM. As ESFRS has the highest number of BSA in scope buildings, we will take on the management role and therefore employ the SM as well as 2 x L4 Dip qualified inspecting officers and a Fire Engineer. The administrative staff and processes will be delivered by LFB for the whole country. This will promote consistency and standardisation of process.
- 4.3 So the regional solution will require each Service to recruit and then allocate staff to the regional team to work for our SM. The SM will link directly with the BSR to ensure that the work loads are managed and delivered as required. This workload will include inspecting existing HRRB to ensure they are maintaining the requirements of the BSA and the FSO. It will also require assessments of new building gateway submissions, together with their 'golden thread' information. The volume of work for new buildings is unknown, however the predicted volume of work for existing and new builds was analysed to establish the resource requirements moving forward. This will need to be monitored to ensure we have the resources needed to deliver this new demand.
- 4.4 Recruiting these new staff members will be challenging. To assist the NFCC has engaged with REED recruitment Agency and contracted them to lead on a national recruitment drive. We have been involved in the planning of this national drive, and we will lead in the interviewing and selection of the final candidates. It is hoped that using REED will increase exposure and therefore applicants.
- 4.5 An additional part of the work REED will be doing, involves identifying recruitment and retention challenges. It is an unavoidable fact that staff trained to the highest level will be 'head hunted' by the private sector who will pay more money. We will never compete with the money on offer, however, we can improve our success if we promote the other benefits of working in the public sector.
- 4.6 We also await the final enacted Fire Safety (England) Regulations that are currently progressing through Parliament. This legislation is tabled to be given Royal Assent in January 2023. With some of the guidance material released in late 2022 to enable Services and the Public to have time to understand the requirements and to them comply with them. Further specific guidance around fire doors and enforcement will be released in early 2023.

4.7 We are expecting a great many new pieces of secondary legislation on top of those mentioned above. All of which will have accompanying guides and other material. All of this will need to be explained to our staff, not just our Protection staff. This will require a great deal of training delivery, which will inevitably require the resources needed to deliver on time.

5. ACTIONS TAKEN BY ESFRS TO DATE

5.1 Building Risk Review

5.2 In order to prepare for the incoming new Regulator, the national Protection Board tasked each Service to initially check on all HRRB that had ACM cladding to ensure they were safe from fire or take action if problems were found. This was known as the BRR Phase 1 workstream. Once this phase was completed the board extended the remit to task each Service to assess or audit all HRRBs in their area before the end of 2021. This was known as the Phase 2 workstream. ESFRS has the 5th highest number of HRRB in the country and therefore we needed a specific project team to deliver this tasking. Using the Government BRR funding we set up this project team and to their credit the tasking was completed within the timescales provided.

5.3 This BRR project only carried out an initial assessment, the team did not carry out full audits and did not follow up all the interactions carried out to ensure the work was completed. This work has now been allocated to appropriately qualified inspectors based in the geographical offices. This will be done as business as usual and will inevitably result in an increase in formal enforcement and prosecutions as we are finding a large percentage of Responsible Persons have not progressed the actions detailed informally by the BRR project team. This more formal enforcement will result in issues being raised politically and we will need to respond to any questions appropriately when received. To reassure the Panel, a BRR follow up lead has been appointed in each office and they are actively engaging with RPs to explain the next steps and the likelihood of formal action. Some of these RPs and Managing Agents are welcoming the formal approach as it will enable them to collect the funding and push through the changes.

5.4 Restructure

5.5 Historically the protection department was split, with the policy team managed directly by the GM Protection, but the inspecting officers delivering in the Groups being managed by the Geographical Group Managers. This made it more difficult to utilise our trained staff more flexibly and dynamically. To enable us to better react and prepare to change, SLT decided to bring all Protection staff back under the management of one Group Manager. This has enabled the department to be restructured to better respond to new demands.

5.6 We have created a specific training section that we have bolstered with a watch manager. We have also created a specific legislative section that we have bolstered by creating a new watch manager post and by moving in an existing crew manager. Finally, we have bolstered our policy team by creating a new way of working that requires all staff to assist in developing and reviewing policies, risk assessments and equality impact assessments. We have done this as we know that these are the three areas that we will have the greatest demand moving forward.

5.7 Spend Plan

5.8 We have produced a clear spend plan showing how we would spend the allocated Government Protection Grants together with £300k allocated by the Fire Authority from

the Business Rate Funding Pool. This enabled us to create new watch manager posts within our newly created training and legislative sections as mentioned above.

- 5.9 We have also funded a new Protection Support Officer role that is at Station Manager level. This post holder will assist the Group Manager in coordinating and delivering on the workstreams mentioned within this briefing paper.
- 5.10 We have also used this funding to recruit 6 trainees, which will enable us to develop fully competent fire safety inspecting officers that we will be able to use to fill posts created by retirements or leavers as well as using them to fill posts that may become vacant once the BSR function goes live in late 2023.
- 5.11 We know that our risk database needs to be updated to prepare for the new risk information demands and to enable us to produce more accurate risk based inspection programmes. We therefore allocated a portion of our grants to help fund this project.
- 5.12 To make the most of this new database we need to ensure all of our data is transferred from paper records to digital. We have therefore used grant funding to recruit two new administrative posts for 12 months. These additional admin posts will also be used to support our enhanced legislative team.
- 5.13 A large area of national improvement identified by both the Inquiry and the 'Building a Safer Future' report involves competence in role. We have therefore invested heavily in developing our staff to ensure they fully meet the requirements of the 'Fire Safety Competence Framework', the 'Protection Framework', the 'Fire Investigation Competence Framework' and finally the 'Fire Investigation National Framework'. This has required us to send all of our staff on courses to enable them to be L4 Dip qualified. Only with this qualification can they carry out audits and consultations in complex buildings. Our fire investigators are now able to be accredited to enable them to contribute more effectively to identifying the causes of fire and fire spread, which in turn makes our prevention and protection risk reduction activities more effective.
- 5.14 We have also decided to train all of our staff to enable them to carry out fire safety checks. With our supervisory managers being trained to level 3i to enable them to quality assure the work of their crews.
- 5.15 Finally, we have determined to send one of our most experienced members of staff on a Fire Engineering course. This will create resilience in this area and will help us continue to comply with the 'Competence Framework' that requires each Service to have access to this level of competence.
- 5.16 All of this training will enhance our protection delivery and as we are now working to our new 'Risk Reduction Process' it will also help reduce many types of risk in our community. It will also inevitably result in more non-compliance being identified that will result in formal action being taken by our Protection staff. This will increase the number of formal notices we issue and the number of legal cases and prosecutions we take. This is also why we have enhanced our legislative section as explained above.
- 5.17 **CRM**
- 5.18 As mentioned above we have used a large portion of the grants to upgrade our protection database known as CRM. This is a vital area of work that will not only enable us to have a more accurate database to produce our RBIP from, but it will also enable us to develop a way to receive risk information from the public and make it available to our staff when they need it. This is one of the key recommendations from the GTI Phase 1 report as well as the new Building Safety Act that is enabling the implementation of recommendations from the 'Building a Safer Future' report produced by Dame Judith

Hackett. These include the ability to receive the 'golden thread' data for in-scope buildings such as HRRB.

5.19 **Virtual Consultation Process**

5.20 Our partners have a legal obligation to consult with us with regards to building consultations, licensing consultations and housing consultations, to name a few. They also chose to consult with us and ask for advice in areas such as planning.

5.21 Our 'consultation' process historically was paper based, and each office dealt with their own consultations. This created an imbalance between the offices in both workloads and experience.

5.22 To resolve this, we have created an electronic consultation process that is Service wide and not focused geographically. This process requires consultations to be submitted electronically by partners and allows for a timelier response within the timescales set.

5.23 It also has the added benefit of positioning us well for the future BSR consultations. We will be able to receive these consultations electronically and process them using our BSR staff without the need to implement too many new procedures or processes.

5.24 **Admin Pool**

5.25 We have created an administrative pool that provides us with the resilience we need to be able to deal with fluctuation in demand and loss of resources due to sickness and leave, etc.

5.26 This admin pool processes the consultation and audit work as a single Service rather than as geographical offices as was the case previously.

5.27 This allows us to utilise all our administrative staff to their fullest extent and has created more flexibility. It also prepares us for our move to full digitalisation within the department and the use of tablets to complete interactions.

6. **ACTIONS NEEDED BY ESFRS TO MEET REMAINING CHALLENGES**

6.1 **Grenfell Tower Inquiry Phase 1 actions**

6.2 We still need to deliver on the remaining GTI Phase 1 actions. These include creating and delivering training packages to crews to enable them to meet the requirements of their role map, specifically unit FF8. This includes the following:

- Updating our existing FSC packages to ensure they reflect the latest learning.
- A new package on fires in the built environment.
- An updated building construction package.
- Many other packages to upskill our staff on other fixed installations such as lifts and smoke control and how to gather information about them during SSRI visits that can then be included within our response plans to assist in our effective operational response.

6.3 We will also need to ensure that all prevention paperwork is updated to ensure we are advising and checking that vulnerable people in flats are able to escape in an emergency.

6.4 **Grenfell Tower Inquiry Phase 2 report**

6.5 We will need to set up and run the delivery board that will be needed to deliver on whatever the actions are going to be from the GTI Phase 2 report. This is likely to be incorporated within the existing legislative change board, however this will be confirmed once we know the scale of the task. Our newly funded Protection Support Officer post will support this workstream.

6.6 **BSR recruitment and set up**

6.7 We have started the recruitment process to fill our posts within the regional BSR team. We will also support our regional partners to enable them to recruit to their allocated posts. Once we have a manager in post, we can start to work with the NFCC and the Regulator to develop the specific details and processes to enable us to deliver our legal requirements by September 2023.

6.8 **Training delivery**

6.9 We have enhanced our training section to ensure we are able to plan and deliver the significant volume of training that will be required of us. This includes the following:

- Training on the Fire Safety Act and resultant Article 50 guidance known as the 'Fire Risk Assessment Prioritisation Tool' (FRAPT).
- Training on the Building Safety Act and sub regulations. This legislation is wide ranging and will require significant training input for all our protection staff, not just those who will be working as part of the Regulators joint inspection team.
- Training on the incoming Fire Safety (England) Regulations. This will be mainly focussed around how our staff will identify, record and process risk information.
- Training on the use of our new CRM database that has been amended to facilitate many of the above changes.
- Training on the new guidance that will accompany the various legislative changes.
- Training on the updated Building Act, Building Regulations and accompanying 'Approved Documents'.

6.10 There will inevitably be more changes that will require further training input, not least of which from the GTI Phase 2 report. We will need to be agile enough to respond with resources to deal with these demands in a timescale that is acceptable.

6.11 **Policy Development**

6.12 Every new piece of legislation and resultant guidance will need to be assessed and appropriately added to our suite of policy documents or manuals.

6.13 This will be a significant piece of work that will require resources from across our department and beyond.

6.14 **Cross border working**

6.15 We recognise that all the challenges we are facing are also being faced by our neighbouring Fire and Rescue Services. Therefore, we are reaching out as part of the 4F work, to our colleagues to ensure we are sharing resources and jointly delivering on some of these areas of work where appropriate.

6.16 An example of this joint working will be the production of policies to deal with the new joint working with the BSR. We also plan to design and deliver joint training to reduce the burden significantly.

6.17 **Legislative Change Board**

6.18 To help coordinate and deliver on the above workstreams, we have created a new board known as the 'Legislative Change Board' (LCB). It is chaired by an experienced member of the protection department and will be attended and supported by staff from both within the protection department and from other departments, such as training and Ops Policy and Procedure (Ops P&P).

6.19 The work of this board is overseen by the 'Protection Forum' and is then upwardly reported to the 'Safer Communities Strategic Board'.

6.20 **Our contingency plan**

6.21 We have a significant risk of the additional funding currently being provided to Protection departments drying up. We have a clear funding plan for the next 2 years, however after this period the picture is unclear. We therefore need to have a contingency plan that is able to flex in response to a shortfall in funding.

6.22 This contingency plan has been produced and is based on the principle that we must prioritise our statutory obligations. All audit and consultation work will therefore be prioritised, with trainee posts and posts in Fire Investigation being either removed from the establishment or moved into audit work. In addition, the new WM posts created in training and legislation will be removed or moved. Finally, a reduction in the number of officers carrying out protection activity will result in a review of the administrative hours required. The number of reductions will be dynamic and will be led by the comprehensive spending review and resultant grant allocated by Government. We are confident that our structure is flexible enough to deal with either an increase or a decrease in financial resources.

7. **Funding provided and needed to allow change**

7.1 The Government has provided the following grants that have all had their own strict spending rules:

- Building Risk Review Grant – £195,811, to be used in delivering the BRR project (Triage or audit all HRRBs by December 2021).
- Accredited Prior Learning Grant – £22,737, to be used to fund the initial cost to 3rd party accredit our Inspecting Officers.
- Grenfell Infrastructure Grant – £67,945, to be used to provide new equipment such as smoke hoods that are recommended by the GTI phase 1 report.
- Protection Uplift Grant – £314,425 + £421,366, to be used to upskill protection staff and enhance protection delivery.

7.2 The above funding was calculated based primarily on the number of in scope HRRBs within our area. As mentioned previously we have the 5th highest number of these buildings in the country and therefore our grants reflect the amount of work we need to carry out in this area.

7.3 In addition to the above funding provided by Government, the Fire Authority agreed to use £300k of its business rates reserve pool, to help fund our protection plan.

7.4 These grants have been used to fund 6 trainees who will develop into fully qualified inspecting officers within the next 12 months. It has been used to help update our database to prepare it for future digital working and to enable to receive and make available risk information. It has been used to enhance our training and legislative sections to enable them to deliver the workloads we are being presented with. And it has been provided to enhance our administrative staff so that our efforts are being recorded and processed effectively. Full details of how this money was and continues

to be spent is contained within the relevant SLT paper submitted in August 2022 entitled 'Protection Spend Plan'.

7.5 The only grant that continues to be provided is the 'Protection Uplift Grant' and we only have confirmation in writing of the allocation for this year. We do not have any written confirmation that a grant will continue after this period or how much it is likely to be.

7.6 We continue to lobby Government together with the NFCC and all other Services to try to get this grant added and ringfenced to our future base budget allocation. Government has accepted this request in principle and has indicated that they will meet our requests in future years. However, until we get this confirmed in writing we will need to provide a flexible plan that can either expand or contract as required. This is the contingency plan mentioned in paragraph 6.20 above.

8. Summary

8.1 ESFRS are in a strong position to face the challenges coming our way. We have planned and restructured the Protection department to enable it to better meet these new challenges. We have created 6 trainee posts that will feed our protection needs in the years to come and will enable us to deliver our obligations under the Building Safety Act. We have also started the process of recruiting to the new regional BSR team that will be managed by a new post within our department. We have added resources to our training team and our legal teams, bolstered our policy team and created a new management post to help with project work. To support all of this we have enhanced our administrative team by two posts for up to 12 months after which time our new CRM database will be fully operational and we will be able to carry out a review of our department to determine what resources are needed.

8.2 We also recognise that our partners in other FRS are facing these same challenges and will often have identical solutions. Therefore, our Protection team is actively reaching out to other FRS to facilitate joint working and sharing of resources.

8.3 We recognise the vulnerability of our funding positions and we have plans in place to enable us to flex and adapt as required to ensure we continue to deliver the outstanding service we have always delivered to the community of East Sussex and Brighton and Hove.