

Scrutiny & Audit Panel

27 April 2023



Membership:

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

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

37. 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

38. Apologies for Absence

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

Any Members wishing to raise urgent items are asked, wherever possible, to notify the 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

40. Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 19 January 2023

5 - 12

41. Callover

The Chair 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 Chair 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

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|------------|---|-----------------|
| 42. | External Audit Planning Report and Scale Fee 2022/23 | 13 - 36 |
| | Report of the Assistant Director Resources/Treasurer | |
| 43. | Internal Audit Strategy and Plan 2023/24 | 37 - 50 |
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| 44. | Corporate Risk Register Review Quarter 4 2022-23 | 51 - 68 |
| | Report of the Assistant Director Resources/Treasurer | |
| 45. | Performance Report for Quarter 3 2022/23 | 69 - 86 |
| | Report of the Assistant Director Planning & Improvement | |
| 46. | Assessment of the Corporate Framework and Annual Governance Statement for 2022/23 | 87 - 134 |
| | Report of the Deputy Chief Fire Officer, Deputy Monitoring Officer, Assistant Director Resources/Treasurer and Assistant Chief Fire Officer | |

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

Date of Publication: 19 April 2023

Information for the public

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

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Agendas and minutes of meetings are available on the East Sussex Fire & Service website: www.esfrs.org.

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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, 19 January 2023.

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

Also present: D Whittaker (Chief Fire Officer & Chief Executive), D Norris (Deputy Chief Fire Officer), M Matthews (Assistant Chief Fire Officer), L Woodley (Deputy Monitoring Officer), D Savage (Assistant Director Resources/Treasurer), L Ridley (Assistant Director Planning & Improvement), M Lloyd (Assistant Director Safer Communities), A Avery (Finance Manager), G O'Reilly (Protection Group Manager), E Curtis (Communications & Marketing Manager), H Thompson (EY), A Blanshard (Democratic Services Manager), R Smith (Democratic Services Officer)

25 Declarations of Interest

It was noted that, in relation to matters on the agenda, no participating Member had any interest to declare under the Fire Authority's Code of Conduct for Members.

26 Apologies for Absence

Apologies had been received from Councillors Redstone and Theobald. Councillor Galley had been appointed to attend as substitute for Councillor Redstone for this meeting.

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

Councillor Scott thanked East Sussex Fire and Rescue Service (ESFRS) for their response to the recent incidents that had occurred across the county, highlighting the flooding and large fire that had occurred in Hastings. The Chief Fire Officer (CFO) and Assistant Chief Fire Officer (ACFO) emphasised the importance of partnership working when dealing with such incidents, as well as the need for both individuals and organisations to take measures to mitigate the risks before incidents occur. The ACFO assured the Panel that learning points from the incidents would be considered and that their thanks would be passed to those involved.

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

RESOLVED – That the minutes of the meeting held on 10 November 2022 be approved and signed by the Chair.

29 Callover

Members reserved the following Agenda items for debate:

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

- 30 External Audit Update
- 31 Auditor's Annual Report 2021/22
- 32 Corporate Risk Register Quarter 3 2022-23
- 33 Performance Report for Quarter 2 2022/3
- 34 Implementation Update on the 'nil response' to automatic fire alarms (AFAs) actuating in commercial premises
- 35 Integrated Risk Management Plan progress update

30 External Audit Update

The Panel considered the report of the Assistant Director Resources/Treasurer (ADR/T) which provided an update on Public Sector Audit Appointments' (PSAA) proposals for appointing the external auditor to the Authority for accounts for the five-year period from 2023/24 and the fee scale consultation for 2022/23.

Members sought clarification regarding what was meant by 'opted-in bodies'. The ADR/T informed the Panel that these were organisations that had opted-in to the PSAA scheme for the appointment of their external auditors.

RESOLVED – The Panel noted:

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

31 Auditor's Annual Report 2021/22

The Panel received a report from the Assistant Director Resources/Treasurer (ADR/T) which invited the Panel to consider and approve, on behalf of the Fire Authority, the Auditor's Annual Report 2021/22.

The Panel welcomed Helen Thompson of Ernst & Young (EY), the Authority's external auditor, to the meeting. Members noted that the report had been submitted on time and that the value for money assessment reflected that the proper arrangements that were in place. The ADR/T confirmed that the report would be published on the ESFRS website and be publicly available.

Members thanked EY and the ADR/T for their work in producing the report.

RESOLVED – That the Panel considered and approved, on behalf of the Fire Authority, the Auditor's Annual Report 2021/22.

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

32 Corporate Risk Register Review Quarter 3 2022-23

The Panel considered a report from the Assistant Director Resources/Treasurer (ADR/T) which provided a review of the Corporate Risk Register for the third quarter of 2022-23. It detailed the corporate risks identified and how they had been or were being mitigated.

The Panel thanked the ADR/T for the report and asked whether dates for actions listed in the Corporate Risk Register could be included. The Deputy Chief Fire Officer (DCFO) advised that it would be possible to include dates where appropriate and this would be investigated for future reports.

The Panel queried Corporate Risk 10 – Risk of loss of live fire training at Service Training Centre, and the potential impact this could have on the Service. It was noted that consideration had to be given to residents and businesses located nearby to the Training Centre and that the ability of training to take place could be affected by weather conditions, such as wind direction. Members were informed that significant improvement works were being planned to the Live Fire Training Units and that this was included in the Capital Programme. The Assistant Chief Fire Officer (ACFO) added that the staff at the Training Centre work closely with their partners to inform them of when live fire training is due to take place, and that this enabled these sessions to be postponed when necessary.

Members asked whether it was necessary to consider so many risks and pointed out that there appeared to be some duplication, highlighting Corporate Risk 1 – Health and Safety non-compliance and Corporate Risk 14 – Health and Safety Compliance. The DCFO informed the Panel that work was ongoing to review, and where appropriate, rationalise the risks and that for the example given it could be expected that this would be reflected in future reports.

The Panel was informed that there was flexibility to identify additional risks to be included in the Corporate Risk Register, and queried whether flooding was considered. The DCFO assured Members that for events such as flooding or wildfires a debrief would always be held to identify learning points and risks.

RESOLVED – That the Panel agreed the Q3 Corporate Risk Register, including changes made since Q2.

33 Performance Report for Quarter 2 2022/3

The Panel considered the report of the Assistant Director Planning & Improvement (ADPI) which presented 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.

Members queried why, with regards to Road Traffic Collisions (RTCs) attended by ESFRS over a five year period, the age of 33 of the fatalities was

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

not recorded. They were informed that it is not always possible to gather this information at the scene of the incident and that whilst information is shared by Sussex Police, this can be imperfect information and age ranges were not always included. The Panel were informed that suitable information sharing was however taking place as part of the work of the Sussex Safer Road Partnership in their prevention activities. The Assistant Chief Fire Officer (ACFO) assured Members that they were able to gather information that was of particular interest, such as use of seatbelts or involvement of motorcycles, which enabled targeted campaigns to take place.

The Panel noted the large increase in the number of attendees at business safety engagement events and were informed that the increase in resource available, which was granted previously by the Fire Authority, had enabled the Service to engage directly with businesses.

The Panel discussed the potential introduction of alternative healthcare provision for staff that had experienced delays for treatment from the National Health Service (NHS). Members stated that staff were an important asset to the Service and agreed that there was a need to utilise private healthcare in order to support individuals return to work whilst the NHS was experiencing pressures to the service it provided. The Deputy Chief Fire Officer (DCFO) acknowledged that staff were facing increasing challenges following periods of sickness, informing the Panel that the main causes of absence were musculoskeletal and mental health. The Panel noted that NHS waiting times had increased and that mental health support in particular was taking longer to access. The DCFO informed the Panel of measures that the Service had put in place to support staff. These included regular meetings with Occupational Health (OH) to ensure patterns and emerging trends were acted upon, moving to a new provider for physiotherapy, continued development of the wellbeing hub and investment in training mental health first aiders and wellbeing champions. It was also noted that there had been renewed provision of manual handling training which had had a positive impact on the number of injuries, quarterly complex case meetings to address blockers to progress, and an audit of the Ill Health Retirement process.

RESOLVED – That the Panel:

- i. considered the performance results and progress towards achieving the Service's purpose and commitments as contained in Appendix 1;
- 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; and
- iii. noted that work was ongoing to develop the new performance report that would be in place for the start of the year 2023/24.

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

34 Implementation Update on the 'nil response' to automatic fire alarms (AFAs) actuating in commercial premises

The Panel received a report from the Assistant Director Safer Communities (ADSC) which provided 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.

Members were informed that following the decision to implement a 'nil response' to Automatic Fire Alarms (AFAs) actuating in commercial premises presented to the Scrutiny and Audit Panel in July 2021, the first stage towards full implementation had been introduced in April 2022. The Panel were reminded that the first stage had been to stop responding to low-risk commercial premises during the hours of 9am-5pm Monday to Friday and had been accompanied by a comprehensive communication strategy to ensure that responsible persons understood their legal obligations. Members noted that the initial change had resulted in 269 calls during these hours which resources had not been sent to, which they would have been previously, and that outside of these hours the Service had continued to mobilise resources to AFAs which had resulted in 543 mobilisations. Of these, five of the calls were to a fire and two were a fire requiring two or more pumps.

The Panel asked what businesses were doing to prevent unwanted calls and were informed by the Group Protection Manager that the Service had undertaken community engagement events to ensure that businesses were aware of the changes and encourage them to take part in training to ensure that staff understood the need to identify fire and then notify the fire brigade. Training had also been carried out to make businesses aware of what their legal responsibilities were, as well as ensuring they were aware that their fire alarm systems were their responsibility. Members were informed that these messages were being taken into the community when staff carried out Home Safety Visits as well as Business Safety Visits.

Members queried what measures were going to put in place to ensure that staff time and capacity would be used effectively if calls reduced. They were informed that management would be investigating ways in which staff could be used differently, for example by using retained staff to crew high volume pumps. It was also highlighted that the reduction in attendance at false alarms would assist with the green agenda due to the reduction in diesel use. The Assistant Chief Fire Officer (ACFO) also highlighted that by reducing attendance to false alarms the Service would have increased capacity to assist the police and ambulance services when necessary. The Panel asked whether there would continue to be capacity to attend a major incident in a timely manner and were informed that a Logistics Officer is on-call 24/7 to advise Joint Fire Control and assist with standby moves to maximise cover in the event of an incident.

Members thanked Officers for the work they were doing to reach out to businesses and communities, highlighting a presentation that had been held at a Mosque in Bexhill as an example.

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

RESOLVED – That the Panel noted:

- i. that after successful implementation of the risk-based staged approach, the Service would move to the full implementation of the decision made by the Fire Authority in September 2020 that would result in a 'nil attendance' to Automatic Fire Alarm (AFA) calls in low risk commercial properties 24/7;
- ii. that cost recovery charging remained 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
- iii. that an appropriate communications strategy, internal and external, would be developed to ensure that affected premises had time to review their risk assessments, train their staff and inform their alarm monitoring services and maintainers. There would also be communications to staff and the public about the actual and perceived risk.

35 Integrated Risk Management Plan progress update

The Assistant Director Safer Communities (ADSC) introduced a report which provided an update on the latest position in terms of delivery of the Integrated Risk Management Plan (IRMP) and the associated revenue and capital savings. It was highlighted that there were seven workstreams which were broken down into 29 packages. Members were informed that nine of these work packages had been completed with the remaining in progress and on target to be completed.

The Panel queried the Government grant settlement and were informed by the Assistant Director Resources/Treasurer (ADR/T) that details of the provisional settlement were released in December 2022 and gave an indication of the budget for 2023/24, but the situation beyond 2024/25 remained uncertain. Members were also advised that information surrounding council tax and business rates income had not been confirmed at this stage.

RESOLVED – That the Panel noted:

- i. the status of the IRMP delivery; and
- ii. the latest forecast IRMP savings profile

36 Protection Update

The Panel received a report of the Assistant Director Safer Communities (ADSC) which provided an update on areas of work nationally and locally impacting the Protection Department. Since the Grenfell Tower Incident (GFI) in July 2017 there had been significant change that directly impacted the way

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

statutory responsibilities to enforce the Regulatory Reform (Fire Safety) Order 2005 (FSO) and provide advice under the Fire and Rescue Services Act 2004 (FRSA) continued to be delivered as required by legislation and expected by the community. To fund the changes grants had been allocated by the Government to both industry and to the Fire and Rescue Service (FRS) which were to be used to upskill staff and deliver new burdens such as the regional Building Safety Regulator team.

RESOLVED – That the Panel noted the content of the report and did not request any further information from officers.

The meeting concluded at 11.22 am

Signed

Chair

Dated this

day of

2023

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EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 27 April 2023

Title of Report External Audit Planning Report and Scale Fee 2022/23

By Assistant Director Resources / Treasurer

Lead Officer Helen Thompson / Rumana Rafiq Ullah
EY LLP

Background Papers None

Appendices 1. External Audit Planning Report (EY)

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 external auditor’s planning report for the audit of the 2022/23 financial accounts and the external audit scale fee for 2023/24.

EXECUTIVE SUMMARY The attached external audit planning report (Appendix 1) sets out the work that the Authority’s external auditors, Ernst & Young LLP (EY), intend to carry out in order to audit the Authority’s 2022/23 accounts and form their judgement on the Authority’s value for money arrangements. EY has not identified any specific risks relating to the Authority’s accounts.

The audit scale fee for the Authority is £30,815 an increase of £7,125 from the previous year in line with PSAA’s revised fee scales published in November 2022. However the Panel will be aware that the actual scale fee is likely to be higher as a result of additional work undertaken by EY in relation to the expanded VFM opinion and increased regulatory

requirements. It is difficult therefore to give an estimate of the likely final scale fee for the audit of the 2022/23 accounts, but we have budgeted for £100,000 including a further tranche of grant from DLUHC (£13,507 received in 2022/23) to reflect the increase in audit costs under the new PSAA contract. The total audit fee for the 2021/22 accounts was £40,781.

In February the Government asked for views on the deadline for category 1 authorities to make draft accounts available for public inspection (31st May), following [the Accounts and Audit \(Amendment\) Regulations 2021](#), which extended the deadline for the 20/21 and 21/22 accounts to 31st July. In the Authority's response to this consultation we highlighted the dependencies we face on information provided by third parties, for example the Authority's actuary and billing authorities to produce our draft accounts. We also noted the dependency on the auditors of East Sussex Pension Fund to provide the relevant assurances to EY to allow the external audit to be completed by the 31 September deadline.

The Government believes it is important that all category 1 authorities endeavour to return to a normal financial reporting timetable as soon as possible and consequently, has decided not to extend the deadline and expects category 1 authorities to continue to meet the existing 31 May deadline in line with their statutory requirements. The deadline will be kept under review going forward. The Authority plans to publish its draft accounts by the 31 May deadline and to bring the audited accounts to Scrutiny & Audit Panel on 28 September for approval.

RECOMMENDATION

The Panel is recommended to:

- (i) Approve the external audit planning report for 2022/23
 - (ii) Identify any further information or reassurance they require from the Authority's external auditors, or any matters which they wish to raise with them.
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East Sussex Fire Authority Audit Planning Report

Year ended 31 March 2023

April 2023

06 April 2023



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

Dear Members

2022/23 Outline Audit Planning Report

We are pleased to attach our outline Audit Planning Report for the forthcoming meeting of the Scrutiny & Audit Panel. The purpose of this report is to provide the Scrutiny & Audit Panel with an overview of our audit plans and fee for the 2022/23 audit. We have not yet completed our detailed planning procedures, and will provide a more detailed and comprehensive audit plan for the Panel at the next meeting or circulate the plan separately if Members prefer. This report sets out the areas which we consider will be a focus for our 2022/23 plan.

Our audit is undertaken in accordance with the requirements of the Local Audit and Accountability Act 2014, the National Audit Office's 2020 Code of Audit Practice, the auditing standards and other professional requirements, but also to ensure that our audit is aligned with the Committee's service expectations.

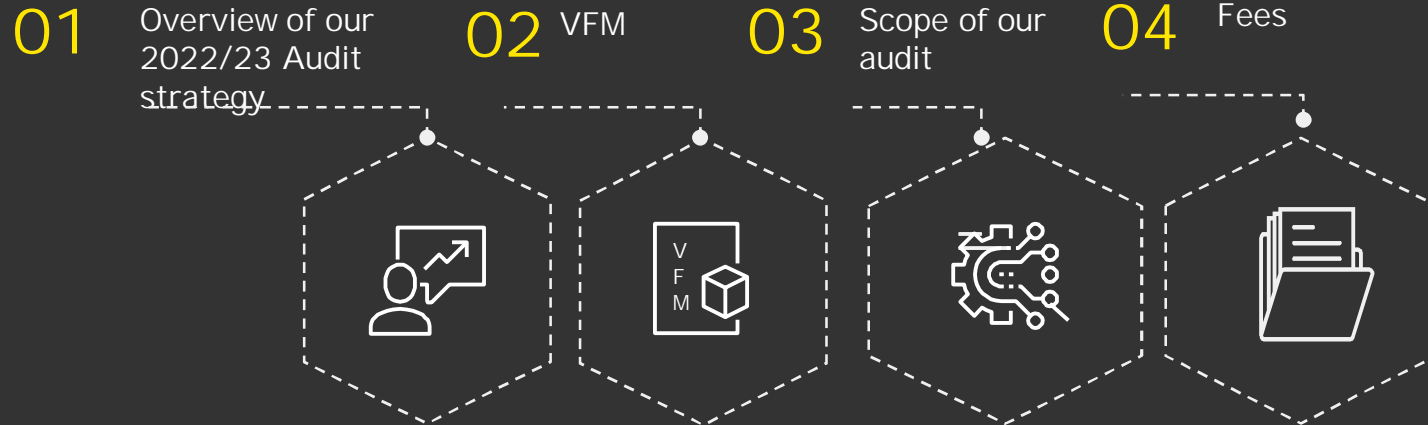
This report is intended solely for the information and use of the Scrutiny & Audit Panel and management, and is not intended to be and should not be used by anyone other than these specified parties.

We welcome the opportunity to discuss this report with you on 27 April 2023 as well as understand whether there are other matters which you consider may influence our audit.

Yours faithfully

Helen Thompson
For and on behalf of Ernst & Young LLP
Enc

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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/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/>). 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 (<https://www.psa.co.uk/managing-audit-quality/terms-of-appointment/terms-of-appointment-and-further-guidance-1-july-2021/>) 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 the 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 the 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 the 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.



01

Overview of our 2022/23 audit strategy



2022/23 financial statements audit

Planning for 2022/23

Due to the ongoing impact of later deadlines and completion of audits from 2021/22, we have not yet completed our planning for the 2022/23 audit. We set out in this report our initial considerations of the risks for the audit – these are broadly similar to those identified in 2021/22. We will update these risks as our planning progresses and take into account the risks suggested by the NAO in the Auditor Guidance Note 06 – Local Government Audit Planning, which has not yet been released for 2022/23.

In April 2023 we are planning on performing some of the walkthroughs as part of our planning work. We will communicate our audit timeline to the Treasurer and update the Scrutiny & Audit Panel at the next meeting.

Materiality

Our application of materiality

When establishing our overall audit strategy, we determine the magnitude of uncorrected misstatements that we judge would be material for the financial statements as a whole. We set our planning materiality for the Authority at £1,085,000, which is based on 2% of gross revenue expenditure reported in the 2021/22 accounts. We consider gross revenue expenditure to be one of the principal considerations for stakeholders in assessing the financial performance of the Authority.

We will report to the Panel all audit differences in excess of £54,000.

These figures will be updated upon receipt of the draft 2022/23 financial statements.

Overview of our 2022/23 audit strategy

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

Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Misstatements due to fraud or error (Management override)	Fraud risk	No change in risk or focus	As identified in ISA 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.
Risk of fraud in revenue and expenditure recognition, through inappropriate capitalisation of revenue expenditure	Fraud risk	No change in risk or focus	Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. We have assessed the risk is most likely to occur through the inappropriate capitalisation of revenue expenditure.
Valuation of Land and Buildings in Property, Plant and Equipment (PPE)	Inherent risk	No change in risk or focus	The fair value of Land and Buildings in PPE represent significant balances in the Authority's accounts and are subject to valuation changes and impairment reviews. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.
Pension Liability Valuation	Inherent risk	No change in risk or focus	<p>The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme. The triennial valuation exercise has been completed as at 31 March 2022, and we will review the key judgements and estimates as part of our audit.</p> <p>Accounting for this scheme involves significant estimation and judgement and therefore, management engages an actuary to undertake the calculations on their behalf. ISAs (UK) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.</p>
Going Concern Disclosure	Area of audit focus	No change in risk or focus	<p>There is a presumption that the Authority will continue as a going concern for the foreseeable future. However, the Authority is required to carry out a going concern assessment that is proportionate to the risks it faces. There is a need for the Authority to ensure it's going concern assessment is robust and appropriately comprehensive.</p> <p>The Authority is required to ensure that its going concern disclosure within the statement of accounts adequately reflects its going concern assessment and in particular, highlights any uncertainties it has identified.</p>

Overview of our 2022/23 audit strategy

Audit scope

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

- Our audit opinion on whether the financial statements of East Sussex Fire Authority give a true and fair view of the financial position as at 31 March 2023 and of the income and expenditure for the year then ended; and
- Our commentary on your arrangements to secure value for money in your use of resources for the relevant period. We include further details on VFM in Section 02.

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

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

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

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

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

Taking the above into account, and as articulated in this audit plan, our professional responsibilities require us to independently assess the risks associated with providing an audit opinion and undertake appropriate procedures in response to that. Our Terms of Appointment with PSAA allow them to vary the fee dependent on "the auditors assessment of risk and the work needed to meet their professional responsibilities". PSAA are aware that the setting of scale fees has not kept pace with the changing requirements of external audit with increased focus on, for example, the valuations of land and buildings, the valuation of pension obligations, the introduction of new accounting standards such as IFRS 9 and 15 in recent years as well as the expansion of factors impacting the ISA 540 (revised) and the value for money conclusion. In particular, for our 2022/23 audit we will be implementing the revised requirements of ISA 315 relating to our assessment of the risk of material misstatement for the first time. Therefore to the extent any of these or any other risks are relevant in the context of East Sussex Fire Authority's audit, we will discuss these with management as to the impact on the scale fee.

Effects of climate-related matters on financial statements and value for money arrangements

Public interest in climate change is increasing. We are mindful that climate-related risks may have a long timeframe and therefore while risks exist, the impact on the current period financial statements may not be immediately material to an entity. It is nevertheless important to understand the relevant risks to make this evaluation. In addition, understanding climate-related risks may be relevant in the context of qualitative disclosures in the notes to the financial statements and value for money arrangements.

We make inquiries regarding climate-related risks on every audit as part of understanding the entity and its environment. As we re-evaluate our risk assessments throughout the audit, we continually consider the information that we have obtained to help us assess the level of inherent risk.

Overview of our 2022/23 audit strategy

Value for money conclusion

We include details in Section 02 but in summary:

- We are required to consider whether the Authority has made 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources.
- Planning on value for money and the associated risk assessment is focused on gathering sufficient evidence to enable us to document our evaluation of the Authority's arrangements, to enable us to draft a commentary under three reporting criteria (see below). This includes identifying and reporting on any significant weaknesses in those arrangements and making appropriate recommendations.
- We will provide a commentary on the Authority's arrangements against three reporting criteria:
 - Financial sustainability - How the Authority plans and manages its resources to ensure it can continue to deliver its services;
 - Governance - How the Authority ensures that it makes informed decisions and properly manages its risks; and
 - 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 commentary on VFM arrangements will be included in the Auditor's Annual Report.

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Audit team changes

Key changes to our team:



Manager – Rumana Rafiq Ullah

Rumana joined EY UK in January 2019 as an Audit Senior. She has 4 years' experience of working with local government clients across the South and South East of England.



02

Value for Money Risks





Value for Money

Authority responsibilities for value for money

The Authority is required to maintain an effective system of internal control that supports the achievement of its policies, aims and objectives while safeguarding and securing value for money from the public funds and other resources at its disposal.

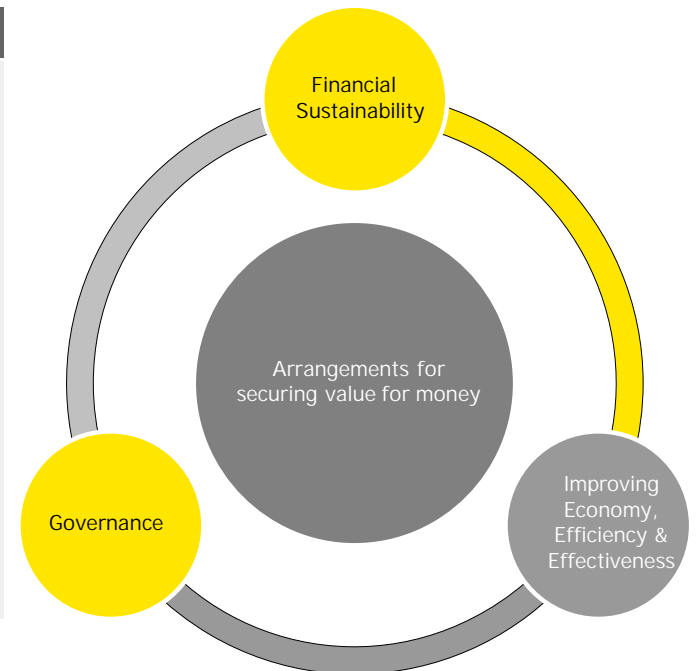
As part of the material published with the financial statements, the Authority is required to bring together commentary on the governance framework and how this has operated during the period in a governance statement. In preparing the governance statement, the Authority tailors the content to reflect its own individual circumstances, consistent with the requirements of the relevant accounting and reporting framework and having regard to any guidance issued in support of that framework. This includes a requirement to provide commentary on arrangements for securing value for money from the use of resources.

Auditor responsibilities

Under the NAO Code of Audit Practice we are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. The Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to the Authority a commentary against specified reporting criteria (see below) on the arrangements the Authority has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

The specified reporting criteria are:

- Financial sustainability - How the Authority plans and manages its resources to ensure it can continue to deliver its services.
- Governance - How the Authority ensures that it makes informed decisions and properly manages its risks.
- 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.





Planning and identifying risks of significant weakness in VFM arrangements

The NAO's guidance notes requires us to carry out a risk assessment which gathers sufficient evidence to enable us to document our evaluation of the Authority's arrangements, in order to enable us to draft a commentary under the three reporting criteria. This includes identifying and reporting on any significant weaknesses in those arrangements and making appropriate recommendations.

In considering the Authority's arrangements, we are required to consider:

- The Authority's governance statement;
- Evidence that the Authority's arrangements were in place during the reporting period;
- Evidence obtained from our work on the accounts;
- The work of inspectorates and other bodies; and
- Any other evidence source that we regard as necessary to facilitate the performance of our statutory duties.

We then consider whether there is evidence to suggest that there are significant weaknesses in arrangements. The NAO's guidance is clear that the assessment of what constitutes a significant weakness and the amount of additional audit work required to adequately respond to the risk of a significant weakness in arrangements is a matter of professional judgement. However, the NAO states that a weakness may be said to be significant if it:

- Exposes – or could reasonably be expected to expose – the Authority to significant financial loss or risk;
- Leads to – or could reasonably be expected to lead to – significant impact on the quality or effectiveness of service or on the Authority's reputation;
- Leads to – or could reasonably be expected to lead to – unlawful actions; or
- Identifies a failure to take action to address a previously identified significant weakness, such as failure to implement or achieve planned progress on action/improvement plans.

We should also be informed by a consideration of:

- The magnitude of the issue in relation to the size of the Authority;
- Financial consequences in comparison to, for example, levels of income or expenditure, levels of reserves (where applicable), or impact on budgets or cashflow forecasts;
- The impact of the weakness on the Authority's reported performance;
- Whether the issue has been identified by the Authority's own internal arrangements and what corrective action has been taken or planned;
- Whether any legal judgements have been made including judicial review;
- Whether there has been any intervention by a regulator or Secretary of State;
- Whether the weakness could be considered significant when assessed against the nature, visibility or sensitivity of the issue;
- The impact on delivery of services to local taxpayers; and
- The length of time the Authority has had to respond to the issue.



Value for Money

Responding to identified risks of significant weakness

Where our planning work has identified a risk of significant weakness, the NAO's guidance requires us to consider what additional evidence is needed to determine whether there is a significant weakness in arrangements and undertake additional procedures as necessary, including where appropriate, challenge of management's assumptions. We are required to report our planned procedures to the Scrutiny & Audit Panel.

Reporting on VFM

Where we are not satisfied that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources the Code requires that we should refer to this by exception in the audit report on the financial statements.

In addition, the Code requires us to include the commentary on arrangements in the Auditor's Annual Report. The Code states that the commentary should be clear, readily understandable and highlight any issues we wish to draw to the Authority's attention or the wider public. This should include details of any recommendations arising from the audit and follow-up of recommendations issued previously, along with our view as to whether they have been implemented satisfactorily.

Where we have sufficient evidence to determine that there is a significant weakness on VFM related arrangements we are able to report that weakness, and an associated recommendation for improvement, at that time and not wait until we issue our Audit Results Report on the audit of the statement of accounts.

Status of our 2022/23 VFM planning

We have yet to complete our detailed VFM planning. We will update the next Scrutiny & Audit Panel meeting on the outcome of our VFM planning and our planned response to any additional identified risks of significant weaknesses in arrangements.



03

Scope of our audit



Our Audit Process and Strategy

Objective and Scope of our Audit scoping

Under the Code of Audit Practice, our principal objectives are to undertake work to support the provision of our audit report to the audited body and to satisfy ourselves that the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources to the extent required by the relevant legislation and the requirements of the Code.

We issue an audit report that covers:

1. Financial statement audit

Our opinion on the financial statements:

whether the financial statements give a true and fair view of the financial position of the audited body and its expenditure and income for the period in question; and whether the financial statements have been prepared properly in accordance with the relevant accounting and reporting framework as set out in legislation, applicable accounting standards or other direction.

Our opinion on other matters:

- whether other information published together with the audited financial statements is consistent with the financial statements; and
- where required, whether the part of the remuneration report to be audited has been properly prepared in accordance with the relevant accounting and reporting framework.

Other procedures required by the Code:

- Examine and report on the consistency of the Whole of Government Accounts schedules or returns with the body's audited financial statements for the relevant reporting period in line with the instructions issued by the NAO.

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

As outlined in Section 03, we are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources and report a commentary on those arrangements.

Our Audit Process and Strategy (continued)

Audit Process Overview

Our audit involves:

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

For 2022/23 we plan to follow a substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.

Analytics:

For 2022/23, we will be building on our use of data analytics, which in previous years has focussed on reviewing general ledger transactions to assist with our work on payroll and journals. We will be using our data analysis tools more widely, to enhance our understanding of the Authority's financial processes and significant accounting entries, as a continuous process throughout the audit. This will augment our audit planning procedures, and allow us to better identify any unusual or unexpected postings or trends, to add to our overall risk assessment. This "data first" approach will supplement, rather than replace, our normal audit process, adding a further element to our overall understanding of the Authority.

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

Internal audit:

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



ISA (UK) 315 (Revised July 2020) *Identifying and Assessing the Risks of Material Misstatement*

Summary of key measures

- The revised auditing standard is effective for audits of financial statements for periods beginning on or after 15 December 2021, and adopts ISA 315 (Revised 2019) as issued by the IAASB;
 - The revised risk assessment standard sees enhancements and clarifications to: (i) Encourage a more robust risk assessment, thereby promoting more focused responses to the identified risks; (ii) Clarify current requirements to promote consistency in the application of procedures for risk identification; and (iii) Modernize the standard to keep up with the evolving environment in which entities operate, in particular in relation to the entity's use of information technology;
- The fundamentals of risk assessment have not changed, however, the changes will see additional audit procedures and considerations being made in the following areas to respond to the requirements of the revised standard:
- How we identify and assess risks based on our understanding of the entity and other risk assessment procedures;
 - How we understand the components of the system of internal control, including new evaluations which apply to each component;
 - The type of controls and process for understanding controls that are relevant to our audit relating to the preparation and posting of journal entries;
 - New requirement Understanding the effect of the Authority's use of IT, including relevant IT general controls, and the identification of IT-related risks; and
 - Evaluating, as an audit team, whether sufficient evidence has been obtained to support the identification and assessment of risks of material misstatement.

Impact on East Sussex Fire Authority

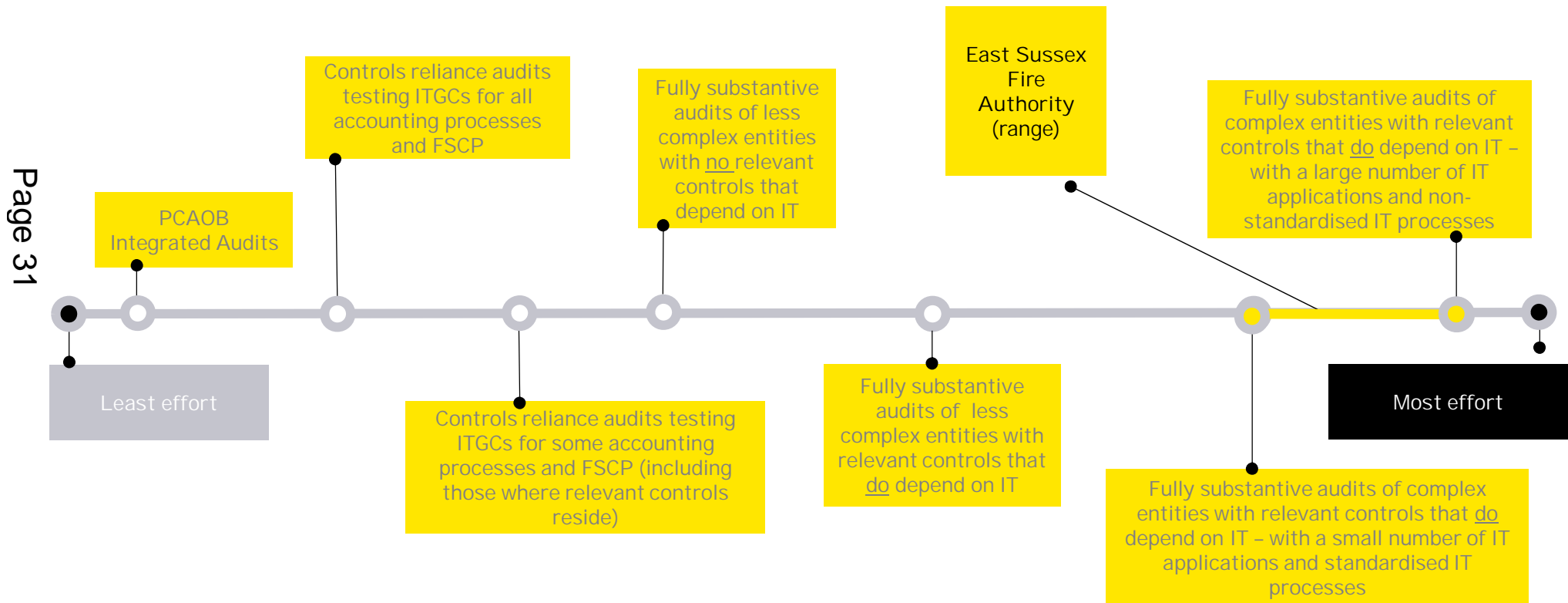
- The revised standard is for auditors and does not put any additional responsibilities or requirements on management or the Scrutiny & Audit Panel. However, management and/or the Scrutiny & Audit Panel may experience different conversations, requests or simply have more focused discussions with members of the audit team, including about risk, internal controls, audit quality and our audit strategy;
- For East Sussex Fire Authority the revised standard is effective for this audit of the financial statements for the period ended 31 March 2023;
- We will be required to perform new and additional procedures to understand [the Authority's use of IT, the IT processes related to those IT applications relevant to the audit used in the different accounting processes and, where relevant, the IT general controls (ITGCs) that address IT risks in the IT processes and evaluation of their design effectiveness and whether they have been implemented. The revised standard does not require an evaluation of the operating effectiveness of ITGCs; it continues to be a strategy decision for the auditor as to whether they intend to rely on IT processes.
- More control observations may be identified and communicated, and the additional evaluations of the components of the system of internal control may help identify deficiencies that are considered to be *significant deficiencies*;
- The new requirement relating to understanding the effect of the use of IT by an audited entity has the greatest potential for additional audit effort, involvement of team members with specialised knowledge of auditing IT, and an upward impact on audit fees;
- We have discussed on the next slides the specific impact of this new requirement on the audit of the Authority;
- The other impacts of the revised standard on our audit strategy are reflected in the relevant sections of this report.

External resources

- [FRC Feedback statement and impact assessment](#)
- [IAASB Introduction to ISA 315 \(Revised 2019\) Fact Sheet](#)

ISA (UK) 315

The graphic below indicates where we anticipate, based on our current understanding, that the audit of East Sussex Fire Authority falls on the spectrum of effort as it applies to the new requirements of the revised standard relating to understanding the effect of the use of IT. The level of effort is displayed relative to the circumstances applicable to East Sussex Fire Authority and why that level of effort may differ to that required on the audits of entities with different circumstances.





04

Fees



Appendix A

Fees

The duty to prescribe fees is a statutory function delegated to Public Sector Audit Appointments Ltd (PSAA) by the Secretary of State for Housing, Communities and Local Government.

This is defined as the fee required by auditors to meet statutory responsibilities under the Local Audit and Accountability Act 2014 in accordance with the requirements of the Code of Audit Practice and supporting guidance published by the National Audit Office, the financial reporting requirements set out in the Code of Practice on Local Authority Accounting published by CIPFA/LASAAC, and the professional standards applicable to auditors' work.

	Planned fee 2022/23	Scale fee 2021/22	Final Fee 2021/22
	£	£	
PSAA scale fee	30,815	23,690	23,690
Scale Fee Rebasing: Changes in work required to address professional and regulatory requirements and scope associated with risk	Nil	Nil	Nil
Revised proposed scale fee	30,815	23,690	23,690
Scale fee variation:			
o Additional work for Covid-19 (Note 1)	TBC	Nil	694
o Additional work for increased FRC challenge (Note 1)	TBC	Nil	1,750
o Additional work for pension valuation (Note 1)	TBC	Nil	3,791
o Additional work for PPE valuation (Note 1)	TBC	Nil	2,750
o Additional work of an internal expert (Note 1)	TBC	Nil	583
o Additional work for ISA540 (Notes 1 and 2)	1,900	Nil	1,943
o Additional work for VFM commentary (Notes 1 and 2)	5,000 to 9,000	Nil	5,580
Total in-year scale fee variation	6,900 to 10,900	Nil	17,091
Total fees	37,715 to 41,715	23,690	40,781

In addition, we are driving greater innovation in the audit through the use of technology. The significant investment costs in this global technology continue to rise as we seek to provide enhanced assurance and insight in the audit.

The agreed fee presented is based on the following assumptions:

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

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

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

Notes - Please see next page

All fees exclude VAT



Appendix A

Notes to fee table

Note 1 - PSAA determined the total fee variation for 2021/22 to be £17,091. Included in this fee variation are amounts for additional work performed in 2021/22 relating to the pension valuation performed by our internal specialists and other inherent/significant risks. These were discussed with management and approved by PSAA as part of the scale fee variation process.

Note 2 - In November 2022, PSAA published the '2022/23 audit fee scale'. 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. Any additional fees (over and above VFM and ISA540) will be discussed with the Treasurer and submitted to PSAA for approval following the completion of the audit.

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ED None

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EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 27 April 2023

Title of Report Internal Audit Strategy and Plan 2023/24

By Assistant Director Resources / Treasurer

Lead Officer Russell Banks, Chief internal Auditor, Orbis & Paul Fielding, Audit Manager

Background Papers None

Appendices 1. Internal Audit Plan 2023/24

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 provide an Internal Audit Plan for East Sussex Fire Authority covering the period 1 April 2023 to 31 March 2024.

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

The Internal Audit Strategy and Plan for 2022/23 is set out as Appendix 1. This Strategy and Plan has been produced on a risk basis, following consultation with senior officers and the Authority's external auditor, Ernst and Young (EY LLP) and the Chair of this Panel. The Strategy seeks to achieve a balance between ensuring that existing controls are maintained and that assurance can be given on key projects within the Authority's transformation programme.

This Strategy proposes an 80 day programme. The Panel needs to consider whether this coverage is appropriate to meet the level of risk and the requirement for assurance.

The Panel should also recognise that senior management, the Fire Authority and the Head of Internal Audit can draw assurance from other independent sources, for example:

- The work of the external auditors reported in the Annual Audit Report and Annual Audit Letter
- The work of HMICFRS and its inspection reports
- The work of Aristi through their IT Healthchecks and reporting on information security.

In preparing the draft plan we have been conscious that the Service has recently undergone its second round HMI inspection. In addition the Service continues to progress both Cyber Essentials and Cyber Essentials Plus certification with support from Telent / Aristi. The primary reason for expanding the plan from 70 to 80 days is the continued focus on the MBOS project which will replace the Service's existing SAP ERP system with Oracle Fusion towards the end of 2023/24.

If the plan is agreed at 80 days it can be funded from within the existing finance budget.

The Annual Internal Audit Report and Opinion for 2022/23 will be presented to the Panel at its next meeting in July 2023 when we expect all remaining audits to be completed and have agreed action plans in place. If any changes to the Strategy are necessary, then they can also be addressed at that meeting.

RECOMMENDATION

The Panel is recommended to approve the proposed internal audit plan for 2023/24.

EAST SUSSEX FIRE & RESCUE SERVICE

INTERNAL AUDIT STRATEGY AND

ANNUAL AUDIT PLAN 2023/24



East Sussex
Fire & Rescue Service

1. Role of Internal Audit

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

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

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

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

2. Risk Assessment and Audit Planning

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

2.2 The update of the plan for 2023/24 has involved consultation with senior officers and the Chair of the Scrutiny and Audit Panel to ensure that their views on risks and current issues are identified and considered. The Fire Authority is subject to audit and inspection by other bodies, in addition to internal audit, including the external audit of the accounts. These additional sources of assurance have been considered as part of the planning process, primarily through discussion with the Assistant Director of Resources and Treasurer. As in previous years, we have also consulted with the Fire Authority's external auditor, Ernst & Young, which has included clarifying their approach to reliance on the work of internal audit.

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

- A programme of key financial systems reviews is conducted annually based on a risk assessment.
- Previous reviews which resulted in 'partial' or 'minimal assurance' audit opinions will be subject to a specific follow up review to assess the effective implementation by

management of agreed actions. This will also include any previous reviews of high-risk areas which received a 'partial assurance' opinion.

2.4 The overall aim of the Internal Audit Strategy and Annual Audit Plan is to allocate the agreed level of internal audit resources to focus on the highest risk areas and to enable an annual opinion to be given on the adequacy and effectiveness of the Fire Authority's framework of governance, risk management and control.

3. Audit Approach

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

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

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

4. Annual Internal Audit Plan 2023/24

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

4.2 As a result, and following consultation with senior management, we are proposing to deliver a programme of work for 2023/24 amounting to 80 days. Details of all the planned work is set out in the following table:

2023/24 Audit Plan

Area	Outline Objective	Planned Days
Key Financial Systems	<p>East Sussex Fire Authority use the main financial systems of East Sussex County Council, specifically:</p> <ul style="list-style-type: none"> • HR/Payroll • Accounts Payable • Accounts Receivable • Treasury Management • Pensions • General Ledger <p>On a cyclical basis, dependent on perceived risk and the results of previous year’s internal audit activity, we review these systems to ensure that key controls remain in place and operate effectively.</p>	13
MBOS Support	<p>Modernising Back Office Systems (MBOS) relates to the implementation of Oracle as the replacement for the current SAP Enterprise Resource Planning system (ERP).</p> <p>The current SAP ERP system was implemented in 2004 and will no longer be supported beyond 2025. SAP contains a significant amount of Fire Authority Finance, Procurement and HR data for the authority, which will need to be reviewed and decisions made with regards to what, if any, data needs to be migrated into the replacement system.</p> <p>We will continue to provide independent advice, support and challenge on risk, control, probity and governance issues in respect of this programme.</p> <p>We also intend to provide support through several audits in the lead up to and during go-live; including, a gap analysis/controls assurance piece of work in relation to the key processes within the new system and assurance in relation to the payroll interface with Firewatch.</p>	20
People Strategy	<p>This audit will review the implementation of the Fire Service’s People Strategy, with a specific focus on workforce planning and recruitment and retention of staff. This will include how the authority looks to allocate resources efficiently and effectively, achieve workforce priorities to</p>	8

Area	Outline Objective	Planned Days
	support and develop the workforce and continue to measure the success of the strategy.	
Pension Fund External Control Assurance	To undertake a review external assurance received by the Fire Authority in relation to the administration of the Pension Fund by West Yorkshire Pension Fund. This audit will include ensuring that the Fire Authority receive appropriate information to allow for performance to be monitored.	5
Implementation of Savings Plans	<p>Since 2010/11 and to the end of this current Medium Term Financial Plan (MTFP), the Fire Authority has made, and has planned to make, savings totalling £13.046m of which £10.751m will have been delivered by the end of 2022/23. For 2023/24 there are planned savings of £1.295m with total savings of £2.295m over the duration of the MTFP.</p> <p>This audit will review the implementation of the Fire Authority's saving plan, with a focus on the delivery of the additional savings proposals for April 2024 and assess the adequacy of processes in ensuring that options being presented within the plan are viable and subject to appropriate monitoring arrangements.</p>	8
Joint Control Centre Contract Management	In 2021, East Sussex Fire & Rescue Service entered a collaboration agreement with Surrey and West Sussex Fire & Rescue Services to have a shared Control Centre managed by Surrey Fire & Rescue Service. This audit will assess the adequacy and effectiveness of contract management arrangements in place in relation the Control Centre, to ensure that outputs received by the Fire Authority are in line with service level agreements.	8
Office 365 – Cloud Data Governance & Migration	This audit will review the implementation of Office 365 across the Fire Authority, with a specific focus on the governance and migration arrangements for data within the cloud environment.	8
Management and Advice	This includes the preparation of the Internal Audit Strategy and Plan, production of the Annual Internal Audit Report and Opinion, advice and ongoing liaison with management.	10
Total Planned Days		80

5. Potential Future Reviews

5.1 The following areas have been identified during the audit plan consultation process and risk assessment but have not been incorporated within the 2023/24 audit plan. These will be subject to consideration as the year progresses and when planning audit work for future years:

- Insurance arrangements
- Corporate Health & Safety
- Fire safety legislation changes
- Climate change – carbon reduction

6. Quality and Performance

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

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

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

Aspect of Service	Orbis IA Performance Indicator	Target
Quality	<ul style="list-style-type: none"> • Annual Audit Plan agreed by Scrutiny and Audit Panel • Annual Audit Report and Opinion • Satisfaction levels 	<ul style="list-style-type: none"> • April • July • 90% satisfied
Productivity and Process Efficiency	<ul style="list-style-type: none"> • Audit plan – completion to draft report stage by 31 March 2023 	<ul style="list-style-type: none"> • 90%
Compliance with Professional Standards	<ul style="list-style-type: none"> • Public Sector Internal Audit Standards • Relevant legislation such as the Police and Criminal Evidence Act, Criminal 	<ul style="list-style-type: none"> • Conforms • Conforms

Aspect of Service	Orbis IA Performance Indicator	Target
	Procedures and Investigations Act	
Outcomes and Degree of influence	<ul style="list-style-type: none"> • Agreement to audit findings 	<ul style="list-style-type: none"> • 95%
Our staff	<ul style="list-style-type: none"> • Professional Qualified/Accredited 	<ul style="list-style-type: none"> • 80%

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

Russell Banks CMIIA

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

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ANNEX A

INTERNAL AUDIT CHARTER

1. Introduction

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

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

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

2. Internal Audit Purpose

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

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

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

3. Statutory Requirement

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

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

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

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

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

as are considered necessary by those conducting the audit.

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

4. Internal Audit Responsibilities and Scope

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

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

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

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

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

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

5. Independence

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

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

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

ANNEX A

6. Reporting Lines

Regardless of line management arrangements, the Chief Internal Auditor has free and unfettered access to report to the S151 Officer; the Monitoring Officer; the Chief Executive; the Audit Committee Chairman; the Chairman of the Fire Authority and the Fire Authority's External Auditor.

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

7. Fraud & Corruption

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

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

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

8. Consultancy Work

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

9. Resources

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

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

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

ANNEX A

10. Due Professional Care

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

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

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

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

11. Quality Assurance

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

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

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

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

April 2023

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting: Scrutiny and Audit Panel

Date: 27 April 2023

Title of Report: Corporate Risk Register Review Quarter 4 2022-23

By: Duncan Savage, Assistant Director Resources/Treasurer

Lead Officer: Alison Avery, Finance Manager

Background Papers: Corporate Risk Register Review Q3 2022-23 – Scrutiny & Audit Panel – 19 January 2023

Appendices: Appendix 1 - RAID Log Scoring Matrix
Appendix 2 - Corporate Risk Register - Quarter 4

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 report and review the Corporate Risk Register Quarter 4

EXECUTIVE SUMMARY: This report discusses the fourth 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).

CR1 Health and Safety Compliance – this risk has been updated to amalgamate the two previous health and safety risks.

CR6 Failure to Manage the effects and impacts of a major loss of staff event, including through industrial action - the risk score has been revised down to 4 Tolerable following the agreement of a two year pay deal for Grey Book staff.

CR11 Spread of infectious pandemic diseases – this risk has been removed to reflect the post Covid pandemic position.

RECOMMENDATION

The Panel is recommended to:

- a) Agree the Q4 Corporate Risk Register including changes made since Q3;
- b) Identify any further information or assurance required from Risk Owners.

1. **INTRODUCTION**

- 1.1 This report brings the fourth 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 B. These include changes in causes; mitigations; actions and review dates.
- 2.2 **CR1 Health and Safety Compliance** – this risk amalgamates CR1 Health and Safety Compliance (previously named Health and Safety Non-Compliance) and CR14 Health and Safety Compliance to form one risk.
- 2.3 **CR6 Failure to manage the effects of a major loss of staff event, including through industrial action** – this risk has been reviewed following the two year pay settlement for grey book staff and the risk score reduced to 4 Tolerable from 9 Moderate.
- 2.4 **CR11 Spread of infectious pandemic diseases** – this risk has been removed from the risk register to reflect the post Covid pandemic position.

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CORPORATE RISK REGISTER

Scoring for all Corporate Risk and Project RAID Log

Appendix A

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

Corporate Risk and Project Raid Log Scoring Matrix

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

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

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Corporate Risk Register updated for Quarter 4 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR1	Health & Safety 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 Management actions not completed in accordance with safety event reports 	<ul style="list-style-type: none"> Training programmes in place Policies in place and regularly reviewed Appropriate systems exist to ensure policies remain current Changes to the management and staffing structure to ensure necessary capacity to complete workload 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 Business Partner structure has been adopted and is operational Developed a H&S legal register and in use All outstanding actions are being reviewed for appropriateness/duplication and are being cleared/closed as and when required, along with clearly documented evidence for closure. Progress monitored at quarterly Health Safety and Wellbeing committee 	<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 Continue to implement the 5-year action plan drawn together following the Regional H&S audit undertaken in July 2019 Work on Health & Safety standards continues with a dedicated staff member, completion expected June 2023. Following the completion there will be a period of implementation and embedding H&S technological solution will follow when the standards have been embedded. This will enable current systems to be more effective Workshop completed with ADs and HS&W team. Local managers are working to complete the actions. Evidence being cross referenced through HS&W team. Introduction of regular updates on outstanding L2 Ais for Assistant Directors to ensure cross referencing of evidence and report closures 	June 2023	AD People Services

Corporate Risk Register updated for Quarter 4 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
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"> 2023/24 budget agreed Medium Term Finance Plan (MTFP) refreshed to 2027/28 Additional savings proposals necessary to balance the 2024/25 budget gap of £0.721m approved for implementation/development Business Rates Pool extended for 2023/24 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 Continue to lobby for sustainable settlement 	Impact = 4 Likelihood = 3 Score = 12 Substantial	<ul style="list-style-type: none"> Deliver additional savings proposals (Tranches 1-3) Further development of Tranche 4 savings for presentation to CFA (June 2023) Continued review of opportunities for grant funding / additional income streams e.g. CIL (ongoing) Review sustainability of capital programme Phase 2 commenced, but paused awaiting outcomes of savings proposals (Q3 2023/24) ESFOA to progress review of financial reporting and revenue protection by billing authorities (Q 2023/24) Assess the financial impact of the revised grey book pay offer (7% 2022/23 & 5% 2023/24) and green book pay offer for 2023/24 (£1,925 flat rate) and revise savings targets/MTFP accordingly (Q1 2023/24) Monitor implications of supply chain disruption, on revenue and capital budgets and feed into forecasting/budget setting (ongoing) Explore options for fire sector finance benchmarking and cost driver review with NFCC FCC / FFN (to be presented to FFN Q1 2023/24) Continue to monitor financial and legal implications of Immediate Detriment Framework 	June 2023	AD Resources / Treasurer

Corporate Risk Register updated for Quarter 4 – 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 Fire Safety Checks • Competence framework for Fire Safety officers • Protection 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 legislation and the outcome of the GTI Phase 2 report • 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 (however follow up work is still taking place) • Report to SLT Nov 22 detailing implications and preparations. Well positioned for introduction re changes to FSO introduction of fire safety act and associated regulations. 	<p style="text-align: center;">Impact = 2 Likelihood = 3 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 (complete, but ongoing) • Sector is lobbying Govt. for additional and continued funding for investment in protection services (ongoing) • Monitor resource impacts of ongoing workload from Building Risk Review (ongoing) • Respond to fire safety consultation using the new consultation process (ongoing) • Seeking regional alignment through regional board on key matters initially such as legal/prosecutions, engineering, consultations and RBIP (Risk based inspection programme). (target for completion September 2024) • BSR Funding confirmed and recruitment now completed within ESFRS. Regional recruitment continues over the next few months (completed by September 2023) • CRM update close to completion including the update of the premises database using the blue light gazetteer and the automatic linking of information provided in compliance with the Fire Safety England Regulation requirements with our SSRI module and MDTs (All complete other than gazetteer which will be completed by end of May 2023) • All protection staff being trained as per the competence framework (ongoing due to ongoing staff recruitment) • Department restructured to meet tactical needs, however a strategic review is needed to support tactical delivery (to complete by end May 2023) 	June 2023	AD Safer Communities

Corporate Risk Register updated for Quarter 4 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
					<ul style="list-style-type: none"> Legal process being streamlined to reduce pressure on the department caused by increased legal activity (to complete by end September 2023) 		
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 HMICFRS report highlighting challenges within People Services 	<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 an external review of salary structure including Principal Officer pay review (last carried out in 2017) during 2022/23 Support the department workforce plans with a series of workshops (early 2023) run by Organisational development Service structural review commencing April 2023, addressing financial challenges of MTFP 2023-2027 	June 2023	AD People Services

Corporate Risk Register updated for Quarter 4 – 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"> Resilience group undertaken 12 month review and updated all IA processes and associated paperwork ensuring resilience contingency plans and loss of staff protocols are updated and fit for purpose. Effective JFC Stress tests undertaken with ESFRS oversight and involvement. Effective arrangements concluded. Surrey provided BC arrangements for JFC. EMT exercise performed in 22/23 to support IA planning delivering a good level of reassurance with learning implemented Reviewed in 2022/23 the Business Continuity Plan for major loss of staff Arrangements for close working with NFCC and region to determine local and regional resilience – working well as demonstrated in 2022/23 National Security Risk Assessment for industrial action prompting Sussex Resilience Forum support in place Quarterly resilience board meet to evaluate any emerging risks and ensure planning and contingencies remain appropriate IRMP proposals for Operational Response Plan (ORP) and flexible on-call contracts to improve resilience being implemented 2023/24 Internal and partner (SRF) governance arrangements in place to manage Covid-19 impacts as demonstrated 2020/21. Reviews undertaken and learnings actioned 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 Contingency crew training completed and maintenance of competence planned 	Impact = 2 Likelihood = 2 Score = 4 Tolerable	<ul style="list-style-type: none"> Working with Sussex Resilience Forum (SRF) to assess threat and risk as part of community risk Covid review undertaken, and quick wins implemented and wider ways of working being considered through structure review. LGA Flu pandemic plan reviewed following learnings from Covid. Resilience group completed review of IUA and improvements made. IRMP implementation team taking forward ORP and new on-call contracts providing additional resilience. Decreased risk of IA occurring and plan been tested comprehensively. Legal advice on IA secured from legal services. ASOS review undertaken and plan in place Comms strategy reviewed for IA Meeting with FBU arranged to discuss IA arrangements in full and expectations conveyed 	June 2023	ACFO

Corporate Risk Register updated for Quarter 4 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR7	Inability to respond effectively to a cyber incident	<ul style="list-style-type: none"> Underestimation of risk likelihood and proximity Inadequate policies and procedures Human error resulting in cyber breach Lack of staff awareness of threat and attack vectors (e.g. phishing) Poor protection of systems leading to increased vulnerability Ineffective Business Continuity Plan in place 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"> 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 remediation action plans Information Security Project now complete and closed down Information Security Management Forum now in place. These are held on a quarterly basis and the DCFO is the Senior Responsible Officer Regular attendance at NFCC IT Managers' Cyber Security sub-group 	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> The annual ITHC took place in August 2022, the remediation actions were signed off by the SIRO and are now being progressed with Telent, with oversight from ITG. Next annual ITHC due summer 2023 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 remediation plan being progressed in conjunction with Telent with oversight from ITG. A Ransomware Desktop BCP exercise is planned for summer 2023. ITG are awaiting costed proposal from Telent/Aristi which is due Spring 2023 ESFRS ITG now participating in the new NFCC Cyber Security Sub-group E-learning packages regularly updated and mandatory completion for staff Volunteered to work with Fire & Rescue Indemnity Company (FRIC) on cyber risk assessment Quarterly reports to APGG 	June 2023	DCFO

Corporate Risk Register updated for Quarter 4 – 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"> Formation of the Programme Management Office (PMO) team, processes, standards and intranet pages Creation of project portfolio and project pipeline Monthly reporting of project status to SCB and quarterly reporting of the same to SLT Set up of monthly reporting of projects into the PMO and quarterly / yearly PMO reporting to SLT. Since the PMO and associated governance and processes were established there has been an improvement in successful project delivery. This is a sign of evolving maturity. The project management policy, lifecycle and associated stage gate approval templates have been updated recently (as at November 2022) -these address actions from the internal audit including those associated with project financial control. In order to cover vacancies in the PMO team SLT agreed a temporary PMO structure in November for 2023/24 A full review of the project portfolio has taken place. 	Impact = 3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> Implement remaining agreed actions from Internal Audit Report (reasonable assurance opinion) Prioritisation of projects continues to ensure deliverability of portfolio following approval of the savings options at February CFA. Proposals for a substantive PMO and appropriate model will be considered at SLT in September 2023. 	June 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"> Regular tracking of collaboration activities through business performance system Governance in place e.g. 4F Legal advice on formal collaboration agreements Update report on the agreed collaborations Areas of focus 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 	Impact = 3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> An improvement plan for the OH collaboration was presented to SLT in quarter 3 of 2022/23 this will then be presented to HSWC in April 2023 Annual OH collaboration report will be presented to SLT in July 2023 	June 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 	Impact =3 Likelihood = 3 Score = 9 Moderate	<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. 	June 2023	AD People Services

Corporate Risk Register updated for Quarter 4 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
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 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. 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. L2 accident investigation to all manual handling injuries to ascertain underlying causes 	Impact =3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> Continued monitoring of manual handling incidents to ensure improved performance is maintained Ill health retirement audit has been completed and draft action plan developed for delivery by 30 September 2023 	June 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 forecast for 2023/24 built into MTFP 	Impact = 3 Likelihood = 3 Score = 9 Moderate	<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 	June 2023	DCFO

Corporate Risk Register updated for Quarter 4 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
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 	Impact = 4 Likelihood = 2 Score = 8 Moderate	Actions to be completed during Q1 2023/24 <ul style="list-style-type: none"> Ensure focus on development of those with potential through equitable and fair pathways Adoption of the NFCC tools including Supervisory Managers Leadership Programme, Middle Managers Leadership Programme. Using the NFCC Coaching and Mentoring portal as an assistive tool Gap analysis of competencies that are at high risk of not being retained through workforce planning across all departments. Alternative options for securing specialist skills (sharing with other services) Internal transfer pool running WT firefighter pool in place – top up of external transfer pool occurring early in new year One of the early adopters for the NFCC Direct Entry Scheme 	June 2023	AD Safer Communities & AD People Services

Corporate Risk Register updated for Quarter 4 – 2022/23

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
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 Fires in tall buildings and smoke curtain training being rolled out to all operational staff, following policy sign off in November 2022 	<p>Impact = 4 Likelihood = 2</p> <p>Score =8 Moderate</p>	<ul style="list-style-type: none"> Address remaining 131 medium and low rated priorities through BAU activities by building into normal business plans (target date for completion September 2024) Gap analysis identified 62 very high priority and 86 high priority actions. Of those 62 very high priority actions 85% are complete, with the other 15% in progress. Of the 86 highs 93% are complete with the other 7% in progress and on track. 	June 2023	AD Operational Support & Resilience

Corporate Risk Register updated for Quarter 4 – 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 • 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 remains in place • 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 • SLT approved additional resource to support payroll and pensions to support ongoing work with pensions remedy preparation and other pensions priority work 	<p>Impact = 4 Likelihood = 3</p> <p>Score = 12 Substantial</p>	<ul style="list-style-type: none"> • Monitor new legal claims issued by FBU / scheme members • Seek advice from HO Pensions team on forecasting for statutory pension returns • Ongoing review of retirement profile, assess requirement for third tranche of wholetime Firefighter trainees and budget pressures resulting from existing trainees remaining supernumerary • Monitor financial impact • Complete preparatory work in advance of Remedy on 1 October 2023 • Consider resourcing requirements through 2023/24 – report to SLT April 2023 • Continue to monitor requirements to implement Remedy through Home Office, West Yorkshire Pension Fund and LGA / SAB 	June 2023	AD People Services

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EAST SUSSEX FIRE AUTHORITY

Meeting	Scrutiny and Audit
Date	27 April 2023
Title of Report	Performance Report for Quarter 3 2022/23
By	Liz Ridley, Assistant Director – Planning & Improvement
Lead Officer	Sharon Milner, Planning & Intelligence Manager Marcus Whiting, Performance Analyst
Lead Member	Cllr Nuala Geary

Background Papers None

Appendices Appendix 1 – Quarter 3 report

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 of quarter 3 2022/23 against quarter 3 2021/22 and the projected year end results for 2022/23.

EXECUTIVE SUMMARY This report provides the Scrutiny and Audit Panel with a summary of service performance information for quarter 3 2022/23 compared to quarter 3 2021/22 and the projected end of year results for 2022/23.

The report contains information against 21 indicators. Additional information on East Sussex Fire & Rescue Service (ESFRS) road traffic collision data is also contained in the report as requested by Members. The report includes additional narrative regarding sickness levels and actions that are being taken to address this issue.

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 Quarter 1 2023/24.
-

1. **INTRODUCTION**

1.1 This report compares the performance indicator results of quarter 3 2022/23 with quarter 3 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 3 results**

2.2 Eleven of the 21 indicators are showing an improvement in performance against the same quarter in the previous year, eight are showing a decline and two are the same.

2.3 Of those reporting a decline in performance, four indicators are reporting at least a 10% decline in performance against quarter 3 2021/22. These are:

- (i) Number of Fatalities in primary fires (100% 1 up from 0)
- (ii) Number of Injuries in primary fires (25% 5 up from 4).
- (iii) Number of workplace reported accidents / injuries (27% 42 up from 33)
- (iv) Percentage of Automatic Fire Alarm (AFA) mobilised calls to properties covered by the Regulatory Reform Order that were classified as a primary fire (175% 2.2% up from 0.8%)

2.4 **Additional information relating to the indicators which are reporting more than 10% decline in performance against the same quarter in the previous year.**

2.5 There was one fatality in quarter 3 2022/23 in an accidental dwelling fire.

2.6 There were five people injured in primary fires in quarter 3 2022/23, three of these were in accidental dwelling fires, one was outdoors at an allotment and the cause of fire for the remaining injury was reported as 'not known'. All five casualties attended hospital for their injuries.

2.7 There were 42 workplace reported accidents / injuries in quarter 3 2022/23. The main increase is in the number of vehicle collisions category which has doubled from the previous year from 6 to 12 and the number of near hits which have increased from 4 to 7.

2.8 The percentage of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire has increased to 2.2% against the same quarter in the previous year. The increase is due to the decrease in AFA mobilised calls; in 2021/22 there were 512 and quarter 3 this year 369. The number of these mobilisations that resulted in a primary fire also increased from four to eight.

2.9 The reduction in AFA attended calls is as a result of the changes to the AFA attendance policy at Joint Fire Control whereby calls to AFAs are now not attended at low-risk commercial premises between the hours of 9am and 5pm Monday to Friday.

3. PERFORMANCE PRIORITY AREAS

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

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

3.2 Reducing accidental dwelling fires

3.2.1 In quarter 3 2022/23, ESFRS attended 100 accidental dwelling fires (ADFs), this is a decrease of 5 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 407 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.

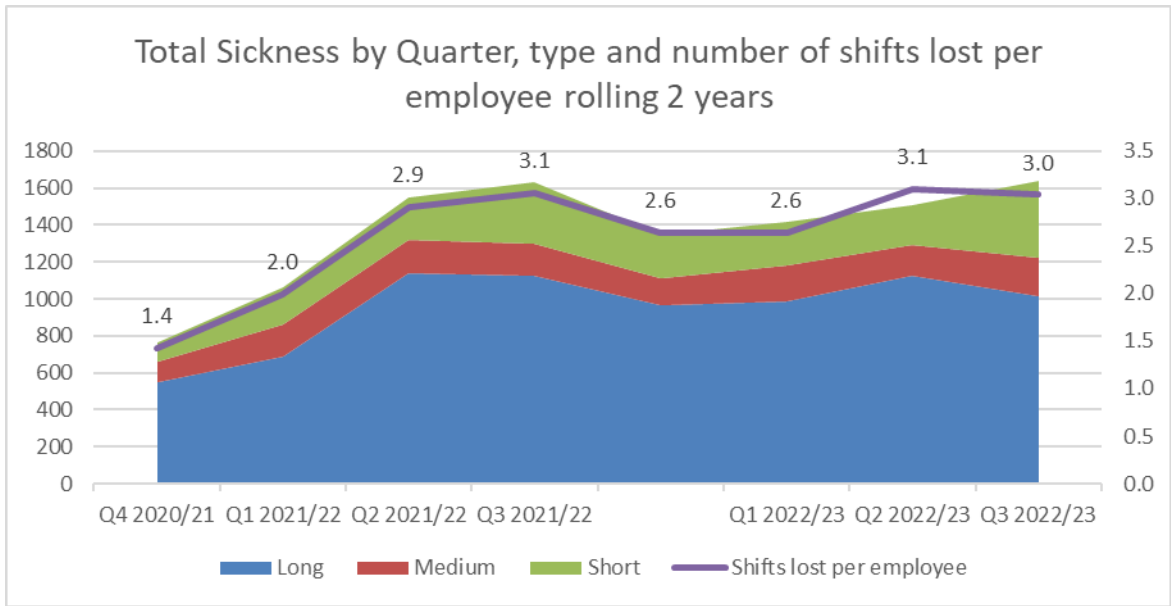
3.3 Undertake 10,000 home safety visits (HSVs) of which 95% to be delivered to vulnerable members of our community

3.3.1 We delivered 2,477 home safety visits in quarter 3 of which 94.2% were to vulnerable people within our community. This is 277 more HSVs than in quarter 3 2021/22. All HSVs up to 18 July 2021 were completed over the phone as COVID-19 restrictions were still in place.

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

3.4.1 Figure 1 shows that in quarter 3 2022/23, ESFRS lost 3.1 shifts per person to sickness (same as in the previous year's quarter 3). The 2022/23 projected end of year result is currently 11.0 shifts, 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



3.4.2 Table 1 shows the shifts lost broken down by absence code due to COVID-19 in Quarter 3 2022/23.

Table 1: COVID related absence for Quarter 2 202/23

Shifts lost Other absence code	No of employees	No of Shifts lost
COVID-19 (medically confirmed)	49	211.2
SELF-ISOLATION (household showing symptoms)	3	9
SELF-ISOLATION (individual showing symptoms)	11	27
SELF-ISOLATION (instructed by ESFRS)	1	3
Total	64	250.2

3.4.3 Figures 2 and 3 contain information on whole-time and logistics control team 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

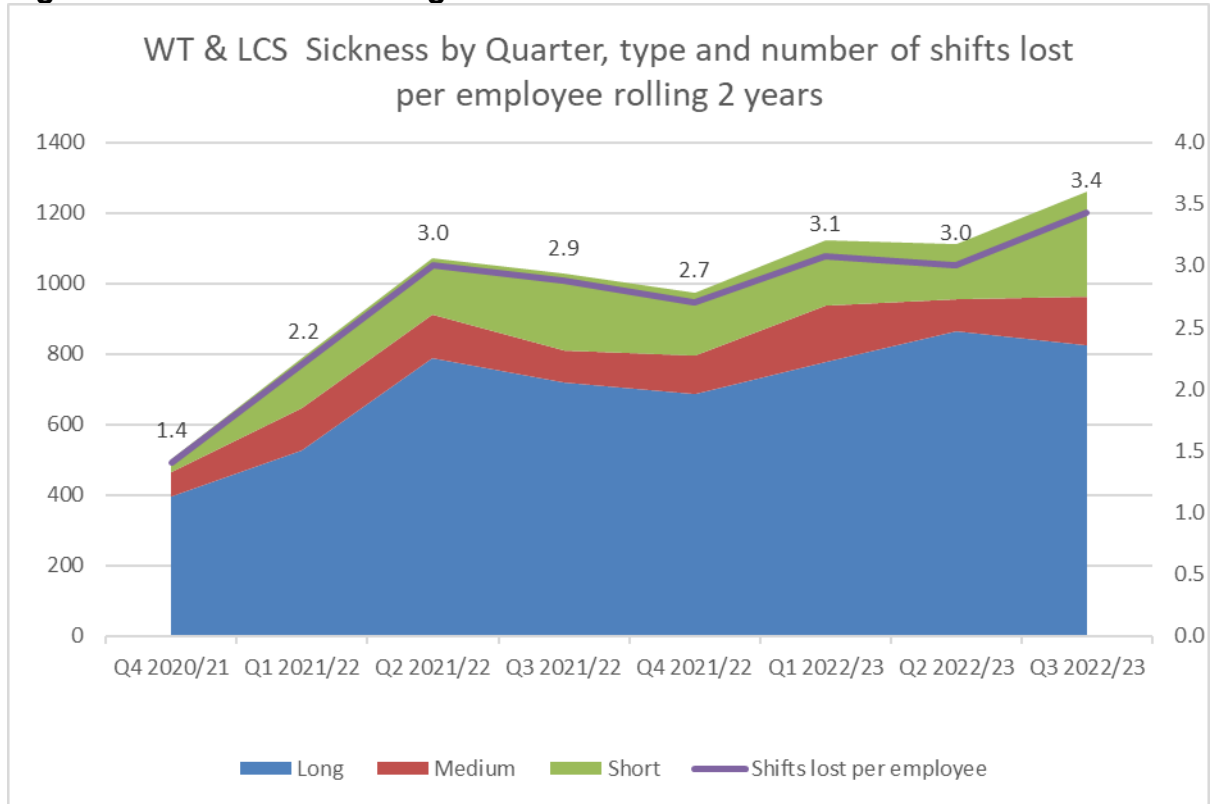
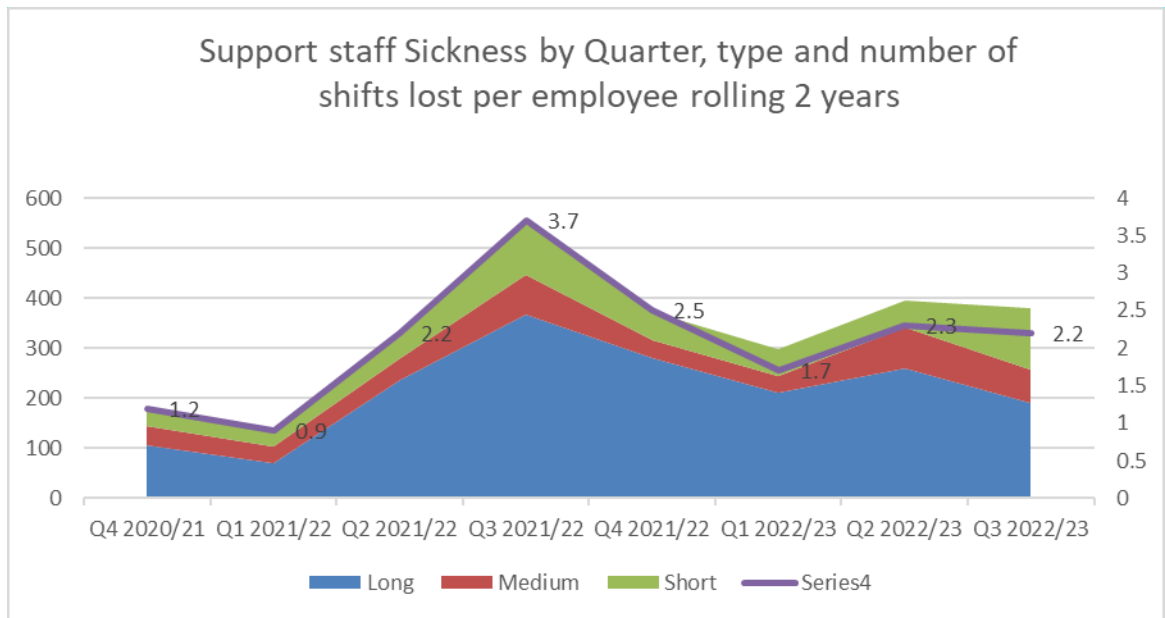


Figure 3: Support Staff Sickness



3.5 Focus on Sickness

3.5.1 As sickness levels continue to be high and significantly above the Service target of 7.5 shifts lost per person (currently project to be 11.0 shifts lost) the HR Strategic Committee and the Health, Safety and Wellbeing Committee have been undertaking a deeper understanding of sickness at ESFRS.

- 3.5.2 Sickness levels as reported and scrutinised in more depth at the HR Strategic Committee and the Health, Safety and Wellbeing Committee. The main causes of absence fluctuate between staff groups but the two main categories of reported sickness are musculoskeletal related (40% of reported sickness) and mental health related (40% of reported sickness). This situation is affected by the increases in NHS waiting times that staff are experiencing and particularly the lack of availability of support for mental health issues / referrals. The Service has also been affected by a nationwide shortage in physiotherapy provision and this has also affected the Occupational Health Team's ability to recruit staff, leading to further delays for OH appointments for our staff.
- 3.5.3 It is suspected that the ageing workforce is now starting to impact sickness levels. However, as the majority of the Service's operational workforce can still retire aged 50-55 the impact may become much more significant in future years when the retirement age of operational staff is 60. The Service has also seen an increase in complex cases, whereby people are presenting with multiple or simultaneous issues.
- 3.5.4 Actions to improve sickness levels were discussed at the HR Strategic Committee and the Health, Safety and Wellbeing Committee in January 2023 as follows:
- The HR team have regular meetings with the Occupational Health team to ensure patterns and emerging trends are realised and acted upon.
 - The Service has moved to a new provider for physiotherapy and will monitor and evaluate the impact of this.
 - The Occupational Health collaboration has been recruiting and interviews are currently underway to recruit to all vacancies.
 - The Wellbeing hub on the staff intranet continues to be developed.
 - The Service has invested in mental health first aiders and wellbeing champions with more to be trained in the near future.
 - There has been a renewed provision of manual handling training to reduce the number of injuries.
 - There are quarterly complex case meetings to address and support individuals affected.
 - The Service HR process has been audited by Internal Audit and a draft report has just been circulated.
 - The Service is investigating utilising Benenden Health care to support our staff. Other Services who use this model have said it is difficult to make direct links to savings, but they have fewer people off sick and / or staff returning to work more quickly which will result in fewer shifts having to be covered.

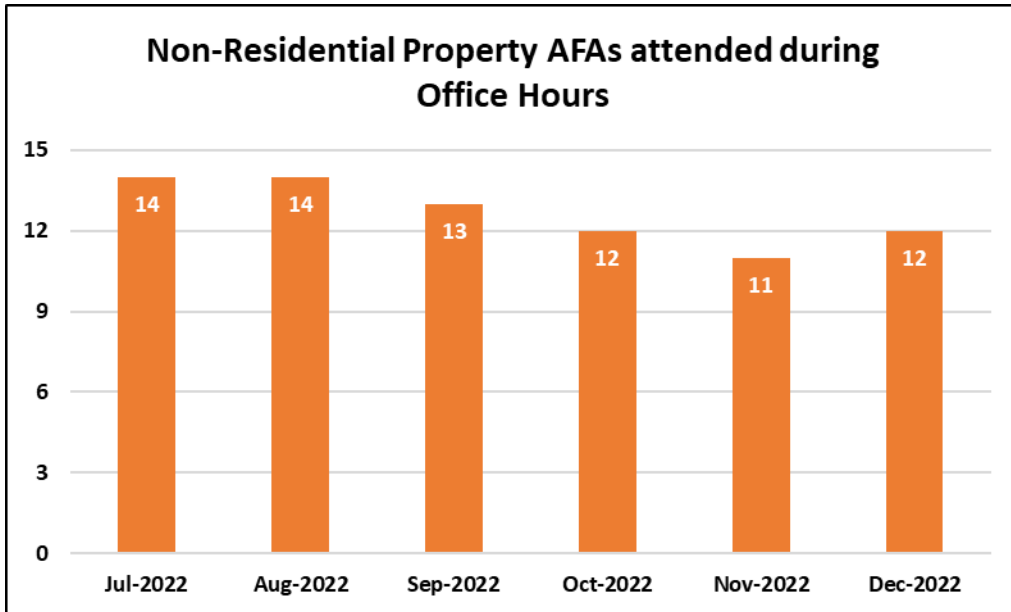
3.6 **Reducing attendance at false alarms**

- 3.6.1 Our performance against false alarm calls attended in quarter 3 2022/23 has improved compared to quarter 3 in 2021/22. There is a 25.9% reduction against the baseline figure this quarter opposed to a 17.1% reduction the previous year. To understand this in terms of the reduction in attended false alarm calls 803 were attended in the current year quarter and 905 in the previous year.
- 3.6.2 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

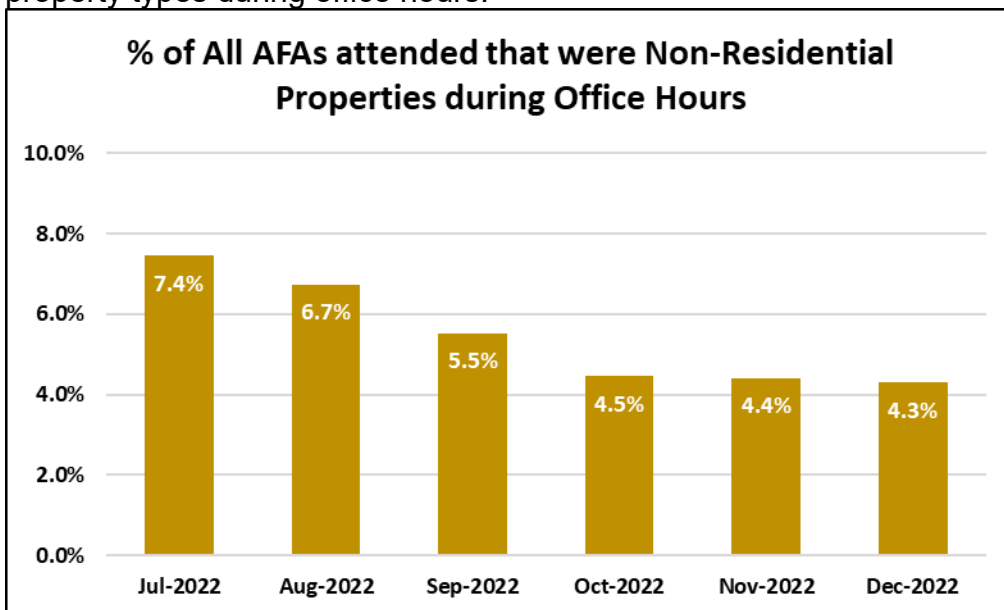
comes in from an Automatic Fire Alarm between the hours of 9am and 5pm Monday to Friday.

3.6.3 The way this is monitored is by counting the number of calls in non-residential property AFA calls attended during the time period post go live of the unwanted fire signal policy.

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



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



3.7 Inspections of high risk premises completed

3.7.1 In quarter 3 there has been a decrease in the number of inspections of high risk premises compared to previous year. In quarter 3 2022/23 149 face to face high risk inspections were completed against 165 over the telephone and face to face post 19 July in 2021/22. The projected year end result is 539.

3.7.2 Table 2 below shows the breakdown of these other interactions that were completed during quarter 3 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 3 2022/23

Interaction	Total
Building Regulations	188
Explosives, Registered	5
Housing	4
Licensing	58
Marriage Act	13
Other Consultation	1
Other FS Activity	491
Planning	45
Grand Total	805

3.7.3 Operational crews also completed 315 face to face business safety visits this is a decrease from the 338 in 2021/22. The projected year end result is 1,618.

4. ROAD TRAFFIC COLLISION DATA

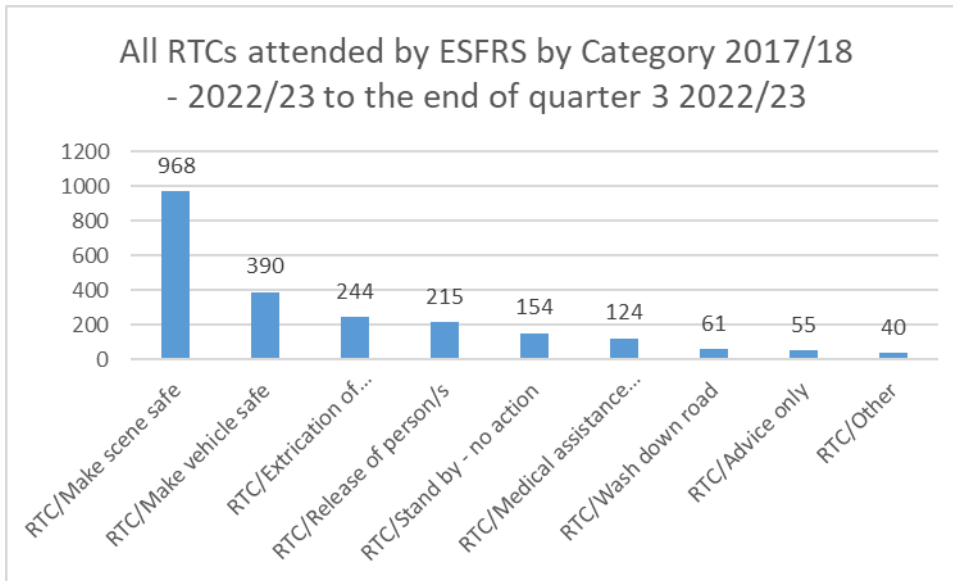
4.1 The following section contains information from the Sussex Safer Roads Partnership (SSRP) and internal data. ESFRS attend on average 18% of RTCs attended by Sussex Police. Sussex Police only report RTCs where a casualty is involved, whereas ESFRS RTCs, for example include 'Making the scene safe' and 'Making the vehicle safe'. Table 3 shows that the drop in RTCs attended by both Sussex Police and ESFRS during the COVID pandemic period is now returning to slightly higher levels, albeit not the same heights as 2017/18 to 2019/20.

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	450
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%	

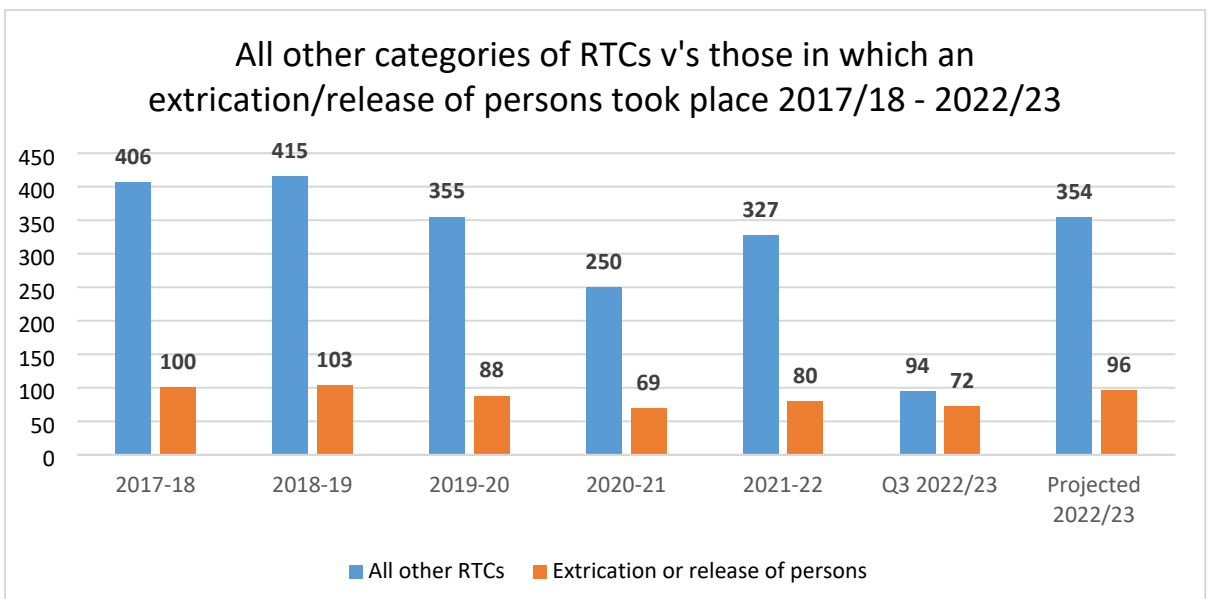
4.2 Chart 3 below shows the number of RTCs attended over a five year period by type to the end of quarter 3 2022/23. The largest category ESFRS is called to is 'making the scene safe' with 847. The total number where we have extricated and or released people is 968 over the period.

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



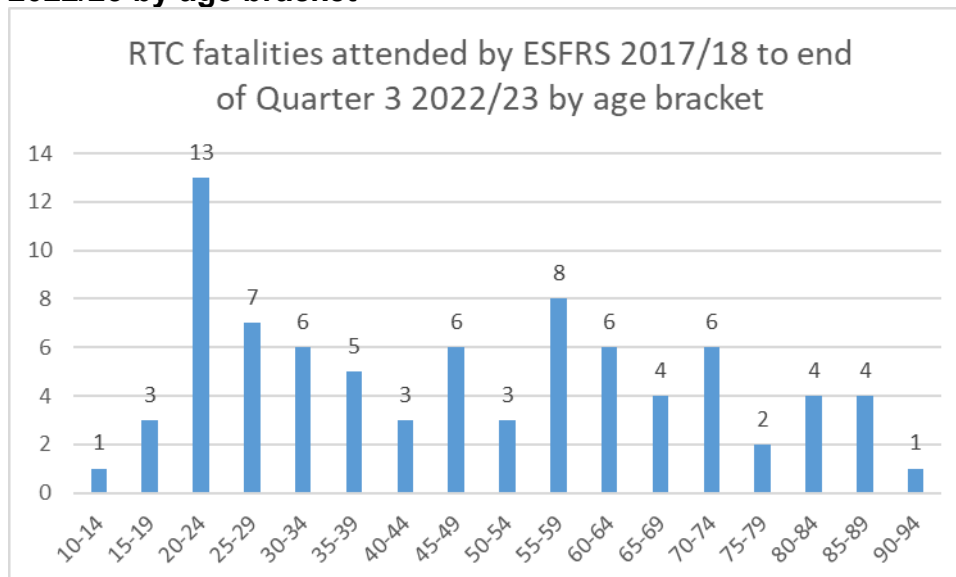
4.3 Chart 4 contains information on the number of RTCs attended against those in which an extrication or a release of persons took place. Both categories are showing a decreasing trend over the entire reported period. Until the current year which is showing an increase. This chart includes a projected end of year result for 2022/23 based on current quarter 3 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 3 2022/23. (NB If the age is not known these incidents have been excluded this accounts for a further 33 fatalities. Please also note that collisions where Sussex Police have not yet finished their investigations are not shown. While this can apply to the whole time period covered, it is particularly relevant to those collisions that occurred in the most recent months.)

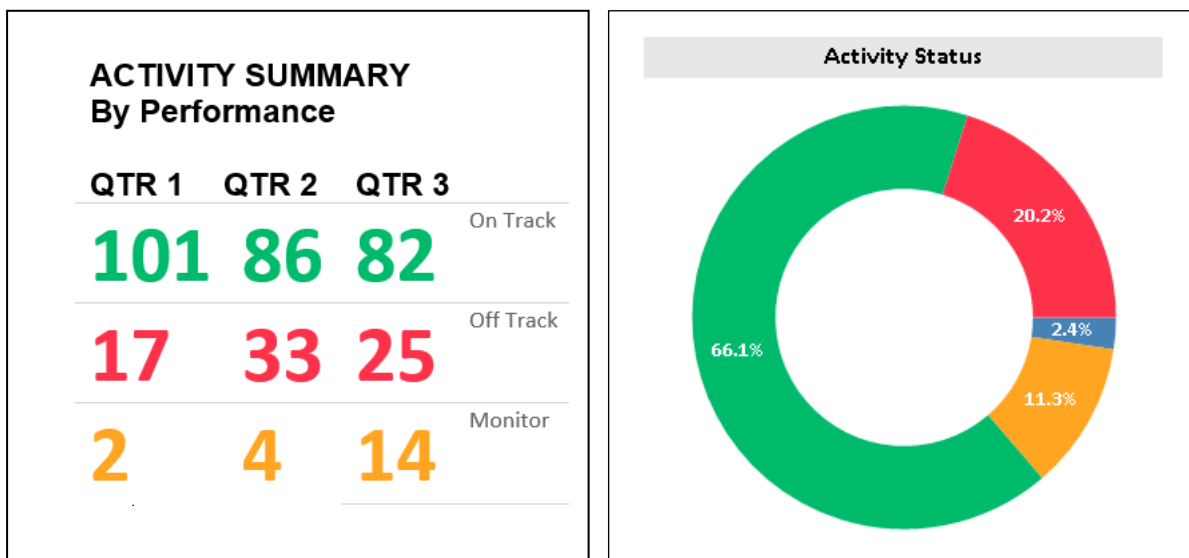
Chart 5: RTC Fatalities attended by ESFRS 2017/18 (5 years) to end of Quarter 3 2022/23 by age bracket



5. SUMMARY OF PROGRESS AGAINST THE CORPORATE STRATEGIES

- 5.1 The Corporate Strategies are monitored at the Assurance Performance and Governance Group. Each strategy has an annual action plan containing actions that are assigned to a responsible owner who must give an update on progress. There are currently 120 agreed corporate activities to progress the Service’s strategies in 2022/23. A detailed report is presented with commentary against the actions to the Assurance Performance and Governance Group. Figure 4 shows the summary of progress against the Corporate Strategies.

5.2 **Figure 4: Summary of Corporate activity progress at the end of Quarter 3 2022/23**



6. EQUALITIES IMPLICATIONS

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



East Sussex

Fire & Rescue Service

East Sussex Fire & Rescue

Performance Results

Quarter 3 2022/23

April 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?	Q3 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q3 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q3 2021/22 result
8	Total number of incidents attended	2,733	10,562	 6,560 - 7,018 - 8,507 - 11,550	2,621	10,833	Improved
9	Number of deaths in primary fires	0	4	 2 - 3 - 4 - 7	1	3	Declined
10	Number of injuries in primary fires	4	13	 27 - 35 - 44 - 63	5	25	Declined
1 Priority	No of accidental dwelling fires	105	433	 296 - 333 - 375 - 490	100	407	Improved
11	Number of primary fires	210	967	 828 - 923 - 1,045 - 1,292	209	1,060	Improved
12	Number of deliberate fires	156	664	 484 - 601 - 1,025 - 4,780	94	808	Improved
13	No of Industrial and Commercial fires	31	114	This is an ESFRS indicator only, no National data is available for comparison	25	135	Improved

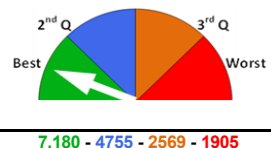
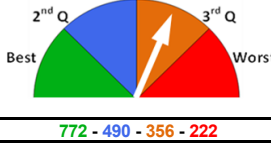
Indicator No.	How will we measure performance?	Q2 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q2 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q2 2021/22 result
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14	70% of the first arriving appliances at any incident from an 'On-Station response' within 10 minutes	76.8%	77.5%	This is an ESFRS indicator only, no National data is available for comparison	79.6%	77.1%	Improved
15	70% of the first arriving appliances at any incident from an 'On-Call response' within 15 minutes	71.3%	73.2%	This is an ESFRS indicator only, no National data is available for comparison	67.9%	74.3%	Declined

We make our communities safer

We will do this by:

Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	Q3 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q3 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q3 2021/22 result
2 Priority	% of Home Safety Visits to vulnerable people	94.5%	95.1%	This is an ESFRS indicator only, no National data is available for comparison	94.2%	92.3%	Declined Face to face resumed 19 July 2021
6 Priority	Undertake 10,000 Home Safety Visits	2,320	9,437		2,477	10,419	Improved Face to face resumed 19 July 2021
7 Priority	Inspections of high risk premises completed	165	470		149	539	Declined Face to face resumed 19 July 2021
7a Priority	Business safety audits completed by Station crews	338	1004	This is an ESFRS indicator only, no National data is available for comparison	315	1,618	Declined Face to face resumed 19 July 2021
18	Number of business safety engagement events	3	28	This is an ESFRS indicator only, no National data is available for comparison	30	108	Improved Alternative delivery method / face to face resumed 19 July 2021
19	Number of attendees at business safety engagement events	47	247	This is an ESFRS indicator only, no National data is available for comparison	411	1,120	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?	Q3 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q3 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q3 2021/22 result
3 Priority	The number of working days/shifts lost due to sickness not to exceed 7.5 per employee	3.1	10.5	This is an ESFRS indicator only, no National data is available for comparison	3.1	11.0	No Change
20	Number of RIDDOR incidents	2	5	<p>4 - 5 - 7 - 11</p>	2	9	No Change
21	Number of workplace reported accidents / injuries	33	150	<p>35 - 54 - 62 - 71</p>	42	179	Declined

We make our communities safer

We will do this by:

Commitment 4: Making effective use of our resources

How will we measure performance?	Q3 result 2021/22	Year end result 2021/22	National Quartile Position 2020/21	Q3 result 2022/23	Projected end of year result 2022/23	Direction of travel from Q3 2021/22 result
A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10	-17.1%	-26.4%	This is an ESFRS indicator only, no National data is available for comparison	-25.9%	-32.9%	Improved
% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	0.8%	1.0%	This is an ESFRS indicator only, no National data is available for comparison	2.2%	2.3%	Declined
% of accidental dwelling fires confined to room of origin	91.4%	90.1%	This is an ESFRS indicator only, no National data is available for comparison	92.0%	90.9%	Improved

EAST SUSSEX FIRE AUTHORITY

Meeting: Scrutiny & Audit Panel

Date: 27 April 2023

Title of Report: Assessment of the Corporate Framework and Annual Governance Statement for 2022/23

By: Dave Norris, Deputy Chief Fire Officer
Liz Woodley, Deputy Monitoring Officer
Duncan Savage, Assistant Director Resources/Treasurer
Mark Matthews, Assistant Chief Fire Officer (Annual Statement of Assurance)

Lead Officer: Abigail Blanshard, Democratic Services Manager

Background Papers: Local Code of Corporate Governance

Appendices:

1. Annual Governance Statement 2022/23
2. Local Code of Corporate Governance – Key Policies and Processes
3. 2021/22 Action Plan Update
4. Annual Statement of Assurance

Implications (please tick ✓ and attach to report)

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

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

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

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

The review has been carried out by the Assurance, Performance & Governance Group of senior officers in line with the Authority's Local Code of Corporate Governance which has been reviewed and is consistent with the seven

principles of good governance as identified in the CIPFA/SOLACE 2016 Framework - "Delivering Good Governance in Local Government".

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

The Annual Governance Statement (Appendix 1) will be included in the Statement of Accounts 2020/21 when these are published on 31 May 2023, and was approved by Senior Leadership Team on 22 March 2023 prior to reporting to this Panel.

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

The Annual Statement of Assurance is seen by Government as an important measure that will ensure that FRAs provide local scrutiny arrangements and access to a range of information to help communities influence, and be assured of the robustness of local delivery arrangements.

East Sussex Fire and Rescue Service's Annual Statement of Assurance has taken note of the guidance and is attached as Appendix 4.

RECOMMENDATION:

The Panel is recommended to:

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

INTRODUCTION

1. Sound Corporate Governance is crucial if the Authority is to continue to provide leadership, direction and control. The Annual Governance Statement provides an opportunity for the Authority to assess and report transparently to the public how it ensures that it is doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.
2. The Authority has a local Code of Corporate Governance which is consistent with best practice guidance from the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives and Senior Managers (SOLACE), and revisions to the Authority's internal processes.
3. The Accounts and Audit Regulations 2015 require the Authority to ensure that it has in place a sound system of internal control which facilitates the effective exercise of its functions and which includes arrangements for risk management. The Authority is required to conduct an annual review of the effectiveness of its system of internal control and to prepare an annual governance statement in accordance with proper practices to accompany its Statement of Accounts.
4. The production of an Annual Governance Statement is the final stage of an on-going process of review of our governance arrangements including risk management and internal control. In summary, the process must involve an organisation reviewing the adequacy of its governance arrangements, developing an action plan for improving those arrangements, and communicating the framework to users and stakeholders.
5. This report was prepared with the Assurance, Performance & Governance Group of senior officers and approved by Senior Leadership Team on 22 March 2023.
6. The Authority's corporate governance framework is underpinned by a number of key documents and processes. These are summarised in section 4 of the Annual Governance Statement (Appendix 1).
7. The main policies and strategies that make up the Authority's corporate governance framework are summarised in the Local Code of Corporate Governance. The Local Code of Corporate Governance reflects the current CIPFA/SOLACE 2016 Framework. The sources of assurance in place for each of these policies and strategies have been reviewed and where the need for improvement has been identified this is set out within the Annual Governance Statement.
8. Evidence shows that the Authority continues to have in place good arrangements for corporate governance and that they are working effectively.
9. The Annual Governance Statement includes the mandatory disclosure of any significant governance issues identified through the Authority's governance and internal control arrangements. Appendix 3 to this report sets out the progress that has been made against the areas for improvement identified in the Annual Governance Statement for 2021/22.
10. Since 2013 the Authority has also been required to produce an Annual Statement of Assurance on an annual basis in line with the requirements of the Fire and Rescue National Framework and DCLG guidance issued in May 2013. Whilst there

is some overlap between this statement and the Annual Governance Statement, officers have decided to continue to publish them separately in order that their separate and distinct objectives are transparently fulfilled. The Annual Statement of Assurance is presented at Appendix 4 to this report.

11. The Annual Governance Statement will be reviewed by our external auditors, Ernst & Young LLP, as part of their audit of the 2022/23 accounts.
12. The requirement to publish an Annual Statement of Assurance is contained within the Fire and Rescue National Framework for England. Section 21 of the Fire and Rescue Services Act 2004, Fire and Rescue Authorities must pay heed to the requirements of the Framework.
13. The Annual Statement of Assurance incorporates headings covering financial, governance and operational matters to provide assurance that the Fire Authority has shown due regard to the requirements of the Fire and Rescue National framework and the expectations set out in the Fire Authorities Integrated Risk Management Plan. It is intended that where possible, it should not duplicate information publicly available elsewhere but should provide sufficient contextual information but then point the reader to where more comprehensive information can be found.
14. The Annual Statement of Assurance will also be used as a source of information on which to base the Secretary of State's biennial report under Section 25 of the Fire and Rescue Services Act 2004.

Dave Norris
DEPUTY CHIEF FIRE
OFFICER

Duncan Savage
ASSISTANT DIRECTOR
RESOURCES /
TREASURER

Liz Woodley
DEPUTY MONITORING
OFFICER

27 April 2023

East Sussex Fire Authority

Annual Governance Statement 2022/23

1. Scope of Responsibility

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

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

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

The Authority has approved a code of corporate governance, which is consistent with the seven principles of good governance as identified in the Chartered Institute of Public Finance and Accountancy (CIPFA) / Society of Local Authority Chief Executives and Senior Managers (SOLACE) 2016 Framework – “Delivering Good Governance in Local Government”. This statement explains how the Authority has complied with the code and meets the requirements of the Accounts and Audit Regulations 2015.

2. The Purpose of the Governance Framework

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

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

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

The governance framework has been in place at the Authority for the year ended 31 March 2023 and up to the date of approval of the statement of accounts.

3. The Governance Framework

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

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

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

- a Code of Conduct for Members, built upon the Nolan Principles of Public Life;
- an Officer Code of Conduct and Core Code of Ethics;
- a Register of Members’ Interests;
- a Register of Officer Declarations of Conflicts of Interest, and Declarations of Gifts and Hospitality accepted;
- comprehensive induction programmes for both Officers and Members built on the standards of behaviour expected, supported by appropriate training;
- a Competency Framework and Rolling Review Scheme used for improving organisational performance through focusing and reviewing each individual’s ability and potential;
- Member Panels with clear responsibilities for governance, audit and standards;
- a Dignity and Respect Policy
- an effective Anti-Fraud, Bribery and Corruption policy allowing for reporting and actioning any incidents; and
- a whistleblowing policy providing protection to individuals raising concerns.

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

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

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

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

- having rules and procedures which govern how decisions are made.

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

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

Principle B – Ensuring openness and comprehensive stakeholder engagement

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

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

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

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

- having an approved and published Collaboration Framework containing clear collaboration priorities

- reviewing and evaluating partnerships on a regular basis;
- auditing partnership and collaboration frameworks and policies through internal audit; and
- ensuring that partnerships and collaborations offer value and contribute to the Authority's strategic objectives.

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

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

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

- an Integrated Risk Management Plan, covering a period of three or five years;
- a Medium-Term Financial Plan;
- a clear framework for financial governance based on Procurement Standing Orders and Financial Regulations;
- established budgeting systems, clear budget management guidance and regular reporting of financial performance against budget forecasts to Officers and Members;
- externally audited accounts;
- detailed performance information.

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

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

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

- comparing information about services with those provided by similar organisations, assessing why levels of efficiency, effectiveness and quality are different and considering alternative means of service provision, processes and procurement to maximise opportunities and improve value for money where appropriate;
- following its Responsible Procurement Policy that aims to support our collective responsibility to limit any negative impact and promote the Authority's commitment to deliver sustainable and responsible outcomes across social value, ethical sourcing and environmental sustainability.

Principle D – Determining the interventions necessary to optimise the achievement of the intended outcomes

To achieve this, the Authority has:

- a detailed Medium Term Financial Plan which includes actions to ensure financial sustainability;
- a performance management and assurance framework to ensure plans are met and remedial action taken;
- processes in place to ensure that data quality is high, so as to enable objective and rigorous decision making;
- monthly Senior Leadership Team (SLT) meeting together with regular Assistant Director meetings where issues are raised and actions agreed;
- a risk management process to identify where interventions may be required;
- a sound understanding of risk in our community and service demand (current and future) which informs resource allocation decisions.

Principle E – Developing the entity's capacity, including the capability of its leadership and the individuals within it

The Authority ensures that the necessary roles and responsibilities for effective Governance are identified and allocated through its Constitution so that it is clear who is accountable for decisions that are made. The Authority does this by:

- electing a Chairperson, establishing Panels and nominating Member Leads with defined responsibilities;
- a clear scheme of delegated responsibilities to Senior officers;
- undertaking a regular review of the Constitution;
- having effective and comprehensive arrangements for the scrutiny of services;
- making the Chief Fire Officer responsible and accountable for all aspects of operational management;
- ensuring that at all times arrangements are in place for the proper administration of its financial affairs (Section 112 Officer);
- ensuring that at all times arrangements are in place for ensuring actions are taken in accordance with Statute and Regulation (Monitoring Officer);

- developing protocols that ensure effective communications between Members and Officers.
- a risk management process to identify where interventions may be required
- a sound understanding of risk in our community and service demand (current & future) which informs resource allocation decisions.
- leveraging IT investment to improve internal processes and increase internal capacity through more effective use of resources.

The Authority aims to identify the development needs of Members and Senior Officers in relation to their strategic roles and ensure that they are supported by appropriate training. The Authority ensures that those charged with governance have the skills, knowledge and experience they need to perform well. The Authority does this by:

- operating robust and transparent recruitment and selection processes;
- cascading regular information to Members and staff;
- regular Member Seminars providing a forum for sharing information, consultation, training and demonstration of operational procedures;
- providing resources that support Member and Officer development;
- promoting schemes supporting ongoing professional development;
- undertaking the annual appraisal of the Chief Fire Officer and setting objectives that contribute to the Authority's purpose and commitments, strategy and plans and that incorporate key development needs.

The Authority is fully compliant with the principles outlined in the CIPFA Statement on the Role of the Chief Financial Officer in Local Government. The Treasurer to the Authority is professionally qualified and suitably experienced. The Treasurer has a central role in providing a strategic insight to the direction and control of Authority business decisions affecting financial resources. They ensure compliance with financial standards and gives due consideration to the economic, efficient and effective use of resources. The Treasurer works closely with the Chief Fire Officer in ensuring the finance function provided is fit for purpose and that the management of the Authority's resources is robust.

Principle F – Managing risks and performance through robust internal control and strong public financial management

The Constitution sets out how the Authority operates, how decisions are made and the procedures which are followed to ensure that decisions are efficient, transparent and accountable to local people. Areas of potential change are identified and the Constitution is amended accordingly.

The Authority undertook a comprehensive and independent review of its constitution in 2021/22 to ensure that it was both current and robust.

The Authority has completed a self-assessment against the CIPFA Financial Management Code (FM Code) 2019. Strong financial management is an essential part of ensuring public sector finances are sustainable and the FM Code provides guidance for good and sustainable financial management in local authorities and provides assurance that authorities are managing resources effectively.

The Authority has a risk management framework, which takes account of both strategic and operational risks and ensures they are appropriately managed and controlled. This approach aids the achievement of its strategic priorities, supports its decision-making processes, protects the Authority's reputations and other assets and is compliant with statutory and regulatory obligations. The Authority ensures that the risk management approach:

- enables a culture of risk awareness;
- formally identifies and manages risks;
- involves elected members in the risk management process;
- maps risks to financial and other key internal controls;
- documents and records details of risks and is developing a risk management information system;
- monitors the progress in mitigating significant risks, and reports this to Members;
- reviews and, if required, updates its risk management process at least annually;
- considers risk within all projects.

The Authority utilises the findings and suggestions of Internal Audit, External Audit, His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and other review agencies, statutory bodies and inspectorates to assist in the management of risk and performance.

The Scrutiny & Audit Panel provides independent assurance of the risk management framework and the internal control environment. It provides an independent review of the Authority's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.

Principle G – Implementing good practices in transparency, reporting and audit to deliver effective accountability

To achieve this, the Authority:

- publishes relevant information relating to salaries, business interests and performance data on its website;
- has a Procurement team who provide advice and issue clear guidelines for procuring goods and services;
- has a Scrutiny & Audit Panel operating in accordance with guidance provided by CIPFA;
- publishes information to the Authority and its Panels as part of established accountability mechanisms;
- acts upon the findings or recommendations of Internal and External Audit Reports;
- prepares an Annual Governance Statement;
- prepares an Annual Statement of Assurance;
- prepares a Corporate Plan;
- Publishes a forward plan on its website.

The Authority is committed to the publication of transparent performance information. This includes, but is not limited to, the following:

- Budget reports;
- Operational performance reports;
- a Medium-Term Financial Plan;
- a Corporate Plan;
- Statement of Accounts;
- Annual Governance Statement;
- Annual Statement of Assurance;
- information as required under the Local Government Transparency Code.

4. Review of Effectiveness

The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by:

- the work of Members through the Fire Authority and its Panels, including Policy & Resources and Scrutiny & Audit;
- the work of Senior Officers who have primary responsibility for the development and maintenance of the internal control environment;
- the work of the Monitoring Officer and the Treasurer;
- the risk management arrangements including the maintenance and regular review of corporate risks by the Senior Leadership Team and Scrutiny & Audit Panel;
- the work of Internal Audit including individual reports and their overall annual report and opinion;
- the Authority's External Auditors in their Annual Audit Letter and Annual Governance Report;
- the judgements of other review agencies, statutory bodies and inspectorates including HMICFRS.

5. Assurance & Significant Governance Issues

No assurance can ever be absolute; however, this statement seeks to provide a reasonable assurance that there are no significant weaknesses in the Authority's governance arrangements. The Authority is fully committed to the principles of corporate governance. The Assurance, Performance & Governance Group monitors the progress on the governance issues contained within the Annual Governance Statement. Those issues that were ongoing at 31 March 2023 will be included in the 2023/24 action plan below.

On the basis of the review of the sources of assurance set out in this statement, we are satisfied that the Authority has in place governance arrangements and a satisfactory system of internal control, both of which are fit for purpose and operating effectively. As part of this review we have not identified any gaps in assurance over key risks or significant governance issues. The Authority has, however, identified a range of improvements to its corporate governance

arrangements. Action Plans are in place to address the necessary improvements and these will be monitored during the year.

Both governance and internal control arrangements are kept under review to ensure that they continue to operate effectively, meet changing legislative needs, and reflect best practice and our vision of making our communities safer.

We propose over the coming year to take steps to further enhance our governance arrangements as summarised below. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and we will monitor their implementation and operation as part of our next annual review.

- (i) Review of Corporate Business Risk Policy and Implementation of Directorate Risk Registers**
Continue to work to improve the identification and mitigation of corporate risks throughout the organisation. (Assistant Director Resources/Treasurer) (Continuing action)
- (ii) Health and Safety Action Tracking and Management System**
Continue to work to improve the tracking of agreed actions in response to Health & Safety Investigations, ensuring lessons are learnt and improvements in risk management and control are applied effectively. Implement the revised Health and Safety Management Framework. (Assistant Director People Services) (Continuing action)
- (iii) Incident reporting for Insurance purposes**
Continue to work to improve the reporting of incidents that may result in insurance claims in line with the requirements of the Authority's Insurers. (Assistant Director Resources and Treasurer) (Continuing action)
- (iv) Monitor issues relating to the Firefighter Pension Schemes**
Continue to work on the national fall out of the McCloud/Sargent case by ensuring that the necessary resources and support are given to dealing with these. (Assistant Director People Services) (Continuing action)
- (v) Review of Constitution – Financial Regulations**
Review the financial regulations & scheme of delegations contained within the Authority's Constitution including budget limits. (Assistant Director Resources/Treasurer) (Continuing action)
- (vi) Service Culture**
Carry out an assurance exercise to ensure that we have the working practices and organisational culture expected of a modern and efficient Fire & Rescue Service. This will include considering the recommendations and findings from national reports. (Assistant Director People Services) (New Action)
- (vii) Sustainability and Carbon Management**
Complete the development of a Carbon Reduction Action Plan and a broader review of the Authority's community leadership role in relation to

climate change for consideration by the Fire Authority. (Deputy Chief Fire Officer & Assistant Director Resources/Treasurer) (Continuing action)

(viii) Assess & implement the findings of the HMICFRS Inspection
Where appropriate implement the findings resulting from HMICFRS Inspections of East Sussex Fire & Rescue Service and additionally recommendations made to all FRS at a national level. (Deputy Chief Fire Officer) (Continuing Action)

(ix) Review the effectiveness of the Scrutiny & Audit Panel
Conduct a review into the effectiveness of the Scrutiny & Audit Panel against the revised best practice guidance on Audit Committee issued by CPIFA and in the light of the Redmond Review. (Assistant Director Resources/Treasurer and Assistant Director Planning & Improvement) (New Action)

Councillor Carolyn Lambert, Chairperson, Scrutiny & Audit Panel

Dawn Whittaker, Chief Fire Officer

27 April 2023

Local Code of Corporate Governance – key policies and processes

Core Principles

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

Principle B: Ensuring openness and comprehensive stakeholder engagement

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

Principle D: Determining the interventions necessary to optimise the achievements of the intended outcomes

Principle E: Developing the entity’s capacity, including the capability of its leadership and the individuals within it

Principle F: Managing risks and performance through robust internal control and strong financial management

Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability

Policy or process	Owner	Principle A	Principle B	Principle C	Principle D	Principle E	Principle F	Principle G
Corporate Plan	DCFO (delegated to ADP&I)	Y	Y	Y	Y	Y	Y	Y
Constitution	ADP&I / DMO	Y	Y		Y	Y	Y	Y
Integrated Risk Management Plan	DCFO / ADP&I	Y	Y	Y	Y	Y	Y	Y
Operational policies and processes	ADOSR	Y		Y	Y	Y		
Risk Management Strategy	ADR/T	Y		Y	Y	Y	Y	Y
Medium Term Finance Plan	ADR/T	Y		Y			Y	
Budget and financial management (incl. DFM scheme)	Finance Manager	Y		Y			Y	
Statement of Accounts	ADR/T		Y	Y			Y	Y
Standing Orders	DMO		Y	Y	Y		Y	Y

Policy or process	Owner	Principle A	Principle B	Principle C	Principle D	Principle E	Principle F	Principle G
Procurement Standing Orders	DMO / ADR/T	Y		Y	Y		Y	
Financial Regulations	ADR/T	Y		Y	Y		Y	
Scheme of Delegation	DMO / ADR/T	Y	Y		Y	Y		Y
Code of Conduct for Members	DMO	Y	Y			Y	Y	Y
Code of Conduct for Member and Employee Relations	ADPS	Y	Y	Y		Y	Y	Y
Information Transparency	DCFO	Y	Y				Y	Y
Anti-fraud, Bribery & Corruption Policy	ADR/T	Y	Y	Y			Y	Y
Member Learning & Development	ADP&I / ADPS	Y	Y			Y	Y	
Whistleblowing Policy	ADPS / DMO	Y	Y	Y			Y	Y
Complaints Policy	ADP&I	Y		Y	Y		Y	
Code of Conduct and Conflict of Interest	ADPS	Y	Y	Y	Y	Y	Y	Y
Prevention & Protection Strategy	ADSC	Y	Y	Y	Y	Y	Y	Y
Collaboration Framework	DCFO / ADPS	Y	Y	Y	Y	Y	Y	Y
Communications, Engagement & Consultation Strategy	ADP&I	Y	Y	Y		Y	Y	Y
Health, Safety & Wellbeing Strategy	ADPS	Y	Y	Y	Y		Y	
People Strategy	ADPS	Y	Y	Y		Y		Y
Local Code of Corporate Governance	DCFO / DMO / ADR/T	Y	Y	Y	Y	Y	Y	Y
IT Strategy	ADR/T	Y	Y	Y	Y	Y		Y

Policy or process	Owner	Principle A	Principle B	Principle C	Principle D	Principle E	Principle F	Principle G
Procurement Strategy	ADR/T	Y	Y	Y	Y		Y	
Estates Strategy	ADR/T	Y	Y	Y	Y		Y	
Project Management / Stage Gate processes	ADP&I	Y			Y		Y	Y
Internal Audit Strategy & Plan	ADR/T	Y		Y	Y		Y	Y
Performance Management	ADP&I	Y	Y	Y		Y	Y	Y
Freedom of Information Scheme	ADP&I	Y		Y	Y	Y		Y
Data Protection Policy	DCFO	Y	Y	Y				Y
Regulation of Investigatory Powers Act Policy	DCFO	Y			Y			Y
Fleet & Equipment Strategy	ADOS&R	Y	Y	Y	Y	Y	Y	
Response & Resilience Strategy	ADOS&R	Y	Y	Y	Y	Y		

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2021/22 Action Plan Update

The current status of the Improvement Actions as set out in the Annual Governance Statement 2021/22.

Action	Status
<p>The Covid 19 Pandemic Monitor the post-pandemic recovery and resilience to further COVID variants. Develop an approach to post-pandemic recovery considering wider partnership working and refreshing assessment of community needs. Ensure that lessons are learnt through a comprehensive debriefing process. (DCFO) <i>(continuing action)</i></p>	<p>Complete – The Emergency Management Team has been formally stood down. An SLT report has been delivered identifying a series of recommendations. These are being actioned where appropriate to ensure the learning from COVID is taken forward, and the Service's preparedness against future COVID variants and will be strengthened</p>
<p>Review of Corporate Business Risk Policy and Implementation of Directorate Risk Registers Continue to work to improve the identification and mitigation of corporate risks throughout the organisation. (ADR/T)</p>	<p>Continuing – no further progress has been made during 2022/23 due to capacity issues. We continue to work with other FRS/FRIC to explore the potential for shared risk and insurance resources and funding has been identified in the 2023/24 budget proposals</p>
<p>Improved Internal Audit and Health and Safety Action Tracking Continue to work to improve the tracking of agreed actions in response to Internal Audit Reports and Health & Safety Investigations to ensure that lessons are learnt and improvements in risk management and control are implemented effectively. (ADR/T & ADPS) <i>(continuing action)</i></p>	<p>Continuing – Progress continues with implementing internal audit actions and health & safety accident investigation recommendations. A temporary Station Manager is working in the H&S department focussing on supporting managers on the outstanding recommendations and simplified processes are being put in place to manage actions moving forward. Internal audit will review progress in action tracking as part of the 2022/23 Internal Audit Plan in Q4</p>
<p>Incident reporting for Insurance purposes Continue to work to improve the reporting of incidents that may result in insurance claims in line with the requirements of the Authority's Insurers. (ADR/T) <i>(continuing action)</i></p>	<p>Continuing – Limited progress has been made during 2022/23 due to capacity issues. We continue to work with other FRS/FRIC to explore the potential for shared risk and insurance resources and funding has been identified in the 2023/24 budget proposals.</p>

<p>Monitor issues relating to the Firefighter Pension Schemes Continue to work on the national fall out of the McCloud/Sargent case by ensuring that the necessary resources and support are given to dealing with these. (ADPS) (<i>continuing action</i>)</p>	<p>Continuing – Work continues to support implementation of revised pensions arrangements. Additional resources have been allocated into the pensions department to deliver the necessary changes. Preparatory work continues ahead of the pensions remedy expected October 2023.</p>
<p>Improved Performance Monitoring Improve the Authority’s performance monitoring through the implementation of the Business Intelligence System. (ADP&I) (<i>continuing action</i>)</p>	<p>Complete – The Scrutiny & Audit Panel agreed a refresh of the performance measures. The Business Intelligence System is being developed to provide an improved performance report. This will be in place for the first quarter report 2023/24.</p>
<p>Review of Constitution – Financial Regulations Review the financial regulations & scheme of delegations contained within the Authority’s Constitution including budget limits. (ADR/T) (<i>continuing action</i>)</p>	<p>Continuing – The outstanding Financial Regulations work has been retained as an updated action on the 2022/23 Annual Governance Statement</p>
<p>Hackitt Review & Grenfell Tower Inquiry ESFRS has established suitable and sufficient governance and project management processes to oversee progress against the plan including a prioritisation and tracking system. These processes will be transferred to the Grenfell Tower Phase 2 recommendations when they are released later in 2022. A Building Risk Review (BRR) was completed by the end of March 2022, we anticipate a further BRR may be required depending on the recommendations arising from the Inquiry. (ACFO) (<i>continuing action</i>)</p>	<p>Complete – The Grenfell Tower plan has been reviewed a number of times to take account of other national incidents and NFCC guidance, including a peer review from LFB. The very high (VH) risk and high (H) risk objectives have progressed significantly with one remaining that cannot be delivered until an IT upgrade is completed, this is due by the end of December 2023. The medium and low actions will become business as usual and progressed as resources allow. This project will therefore be closed down shortly, ensuring that the outstanding IT upgrade is included in the close down process to ensure it is monitored for delivery.</p>
<p>Health & Safety Management System Implement the revised Health & Safety Management Framework (ADPS) (<i>continuing action</i>)</p>	<p>Continuing – Work continues on the completion of the H&S standards, and is due for completion in Spring .2023. Roll-out of the new standards and training for staff will commence thereafter.</p>
<p>Fire Standards Oversee the consultation and implementation of the National Fire Standards through the Assurance, Performance and Governance Group. (DCFO) (<i>continuing action</i>)</p>	<p>Complete – A process is now established to assess the gap between a published standard and current Service practice. The quarterly APGG Group monitors progress against implementation of the standard.</p>

<p>Sustainability and Carbon Management Complete the development of a Carbon Reduction Action Plan and a broader review of the Authority's community leadership role in relation to climate change for consideration by the Fire Authority. (DCFO & ADR/T) (<i>New action</i>)</p>	<p>Continuing – significant progress has been made with the development of a draft Carbon Reduction Action Plan which will be further refined through a workshop in Q4. We are working closely with the NFCC Environment & Sustainability Group and have agreed to sign up to the Emergency Services Environment and Sustainability Charter. A formal report will be brought to Fire Authority during 2023/24</p>
<p>Implement the findings of the HMICFRS Inspection Assess and implement the findings resulting from the HMICFRS Inspection of both East Sussex Fire & Rescue Service and additionally those recommendations made to all FRS at a national level. (DCFO) (<i>New Action</i>)</p>	<p>Continuing – The findings from the 2019 inspection were delivered through departmental business plans. Progress against each of the Key Lines of Enquiry were recorded and provided to the Inspectorate along with the self-assessment document that was presented to the Fire Authority in December 2021. Monthly meetings were held to prepare the service for the 2022 inspection. A positive outcome was achieved in the 2022 Inspection report.</p>

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East Sussex Fire Authority

National Framework Annual Statement of Assurance
2022 – 2023

This statement outlines the way in which East Sussex Fire Authority and East Sussex Fire and Rescue Service has had regard to the National Framework 2018, its “Planning for a safer future” Integrated Risk Management Plan 2020 – 2025 and its strategic plans between the 1st April 2022 to 31st March 2023¹

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¹ NFD May 2018 page 12, Sec 4.6(ii)

1. FIRE AND RESCUE SERVICES ACT 2004

The core functions of the Fire Authority are set down in the Fire and Rescue Services Act 2004 (“the Act”) which requires the promotion of fire safety; preparation for firefighting; protecting people and property from fires; rescuing people from road traffic collisions; and dealing with other emergencies such as flooding or terrorist attack. Further details can be viewed by following the link below:

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

How we are assured:

- 1.1 East Sussex Combined Fire Authority is the statutory body for discharging the requirements of the FRS Act across the County of East Sussex and City of Brighton and Hove.
- 1.2 The provisions made under Sections 7, 8 and 9 are outlined in detail within our Integrated Fire Risk Management Plan 2020-2025 (IRMP) found at the following link:
<https://www.esfrs.org/resources/assets/attachment/full/0/33809.pdf>
- 1.3 This document describes how detailed analysis of historic and present activity and future demand continually outlines the people, places and equipment required to mitigate the fire and rescue related risks in our area. This has resulted in a fit for purpose Fire and Rescue Service to the community covering all aspects of Fire Prevention, Fire Protection and emergency response.

2. FIRE AND RESCUE NATIONAL FRAMEWORK 2018

Section 21 of the Fire and Rescue Services Act requires a fire and rescue authority to have regard to the National Fire and Rescue Framework when carrying out its functions and it gives statutory force to the National Framework thereby requiring every FRS to produce an Integrated Risk Management Plan (IRMP).

Following the transfer of Fire and Rescue Services from the Department for Communities and Local Government to the Home Office and the subsequent Fire Reform of 2016, the National Framework 2018 set out the following priorities of all FRSs within England:

- Make appropriate provision for fire prevention and protection activities and response to fire and rescue related incidents
- Identify and assess the full range of foreseeable fire and rescue related risks their areas face
- Collaborate with emergency services and other local and national partners to increase the efficiency and effectiveness of the service they provide
- Be accountable to communities for the service they provide; and
- Develop and maintain a workforce that is professional, resilient, skilled, flexible and diverse²

Section 25 of the Fire and Rescue Services Act 2004 requires the Secretary of State to lay a report before Parliament every two years on the extent to which all fire and rescue authorities are acting in accordance with the Fire and Rescue National Framework for England. (National Framework Document or NFD).

Additionally, the NFD 2018 also required Fire and Rescue Authorities to make provision for:

- How they should work with the National Fire Chiefs Council (NFCC) and Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)
- Changes in guidance to reflect legislative changes allowing mayors and police and crime commissioners to exercise the functions of a FRA

² NFD May 2018 page 5, Sec 1.7

- Supporting the development and delivery of professional standards for FRAs addressing the current lack of co-ordination of standards across England’s fire services
- A workforce section which outlines how FRAs should support and develop their workforce and;
- Changes to encourage commercial transformation by FRAs, leading to further collaboration, innovative thinking and sharing of best practice

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

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

How we are assured:

- 2.1 This Annual Statement of Assurance lays out how East Sussex Fire Authority comply with the legal framework as laid out above and forms the return to the Home Office for government consideration.
- 2.2 To ensure our IRMP is fit for purpose reflecting the inherent and anticipated fire and rescue related risks, we completed an Operational Response Review (ORR) from late 2018 to March 2020.
- 2.3 Using the attendance standards agreed by the Fire Authority in 2018, this process enabled us to demonstrate that to mitigate the fire and rescue related risks requires 24 Fire Stations with 18 immediate and 6 resilience frontline fire appliances available before demand or at the start of each day. The East Sussex Fire Authority attendance standards are set as:
 - The 1st fire appliance with an “on-station” response of 10 minutes 70% of the time
 - The 1st fire appliance with an ‘on-call’ response of 15 minutes 70% of the time

The ORR main report can be viewed using the following link here:

https://www.esfrs.org/_resources/assets/attachment/full/0/33792.pdf

- 2.4 The ORR afforded us the opportunity to complete a comprehensive local analysis of the risk for each of the 24 existing Fire Stations in our area captured in individual Station Risk Profiles. Local managers use these to tailor our risk reduction activities. This data-led analysis was carried out using over 9 years of incident data with the F-SEC and MOSAIC risk analysis tools and has been used to demonstrate how the provisions we are making mitigate the actual and anticipated fire and rescue related risks.

The 24 Station Risk Profiles can be viewed using the following link here:

<https://www.esfrs.org/safer-future/>

- 2.5 We can therefore say with confidence that our 5-year IRMP takes full cognisance of the geography, demography, transport networks and built and natural environment. It enabled us to provide suitable resources capable of dealing with all inherent and predictable fire and rescue related risks. In essence, this process enabled us to effectively plan our resource allocation against our identified risk profile. A copy of the current IRMP “Planning for a safer future” can be accessed by following this link:

https://www.esfrs.org/_resources/assets/attachment/full/0/33809.pdf

- 2.6 IRMP Strategic and Delivery Boards provide the governance structure which oversees the implementation of the 2020 – 2025 IRMP. The Boards meet monthly and report progress by exception into the Fire Authority Scrutiny and Audit Panel on a quarterly basis.
- 2.7 Progress toward completing the “Planning for a safer future” IRMP 2020 - 2025 follows in chart 1 below.
- 2.8 Each year, East Sussex Fire and Rescue Service meets thousands of people, whether through our work to prevent emergencies, to protect buildings through fire safety work or when we respond to 999 calls.

For us, **Every Contact Counts**.

- And that's not just contact with the public, but with our own colleagues, volunteers and cadets
- Our Impact Report shines the light on how our approach has affected people's lives
- Read the Impact Report:
https://www.esfrs.org/_resources/assets/attachment/full/0/37651.pdf
- Read our performance report:
https://www.esfrs.org/_resources/assets/attachment/full/0/37948.pdf

2.9 Home Safety Visits

We visit people in their homes to offer advice, support and equipment including specialist smoke alarms. Due to the COVID-19 pandemic we needed to adapt from our usual face to face visits, and so until COVID restrictions were relaxed home safety visits were undertaken over the telephone. In 2021/22 2,599 were conducted over the phone by community safety staff and operational crews. When restrictions were lifted on 19 July 2021 the Service reverted to face to face visits and a further 6,778 properties were visited.

95.1% of these home safety visits were to vulnerable people within our community 2021/22.

2.10 Inspections of high-risk premises completed

This priority area was introduced in 2017/18 and deemed critically important following the Grenfell Tower fire on 14 June 2017. Once the COVID-19 restrictions were lifted the Service reverted back to face-to-face business safety audits and business safety visits. The protection inspection team completed 470 audits and the operational crews 998 business safety visits.

2.12 Responding to emergencies

We attend a wide range of incidents, including road traffic collisions and assisting other agencies such as the ambulance service when they are trying to reach patients.

- **In 2021/22, the total number of incidents attended was 10,548.**
- **4,798 of these were false alarms, including where apparatus has malfunctioned, malicious activation or when someone made a genuine mistake thinking there was a fire when there wasn't.**
- **1078 were assistance to other agencies such as the police or ambulance.**

2.13 Reducing fires in homes

Fires in the home at best cause disruption and at worst can lead to injuries and sadly loss of life. That's why reducing the number of accidental fires in dwellings is one of our priorities. In 2021/22 we had the lowest number of accidental dwelling fires ever with 433 recorded in East Sussex and Brighton and Hove.

This is a 2.5% reduction against the previous year when 444 were reported.

53% (55% in previous year) of the accidental dwelling fires occurred in the kitchen, with cooking appliances responsible for 177 (78%) of these.

- **49% of the fires in homes we attended didn't need crews to take firefighting action**
- **21% were dealt with by what we call "small means" (e.g. bucket of water, disconnecting a fuel supply or removing an item from a heat source)**
- **portable extinguishers' or were 'Allowed to burnout' under the supervision of the crew**

2.14 Other fires

The number of deliberate fires fell to 664 in 2021/22 from 730 the previous year and similarly the number of industrial and commercial fires fell from 123.

2.15 Attendance standards

Whenever you call us in an emergency, your call comes into our Joint Fire Control, which then mobilises the nearest or most appropriate fire appliance, along with any other specialist vehicles/officers depending upon the problem.

- **Our attendance standards are as follows:**
- **The first arriving appliances at any incident from an 'On-Station response' within 10 minutes 70% of the time**
- **The first arriving appliances at any incident from an 'On-Call response' within 15 minutes 70% of the time**
- **In 2021/22 we exceeded these standards:**
- **77.5% of the first arriving appliances at any incident from an 'On-Station response' arrived within 10 minutes**
- **73% of the first arriving appliances at any incident from an 'On-Call response' arrived within 15 minutes**

Chart 1: IRMP 2020 – 2025 workstream progress summary “Planning for a safer future” (March 2023)

Open workstreams:												
No.	Workpackage	WBS	Workstream	Scope drafted	Scope agreed	Options & proposal	Proposal approved	Consult. complete	Notice complete	Implement	Commentary	
1	Operational Resilience Plan	1.1	Operational Resilience Plan	-	-	-	C	10/04/2023	-	01/05/2023	ORP consultation due to complete by end of March with April sign off.	
		1.2	Flexible Resource Pool (FRP)	C	C	C	C	C	-	01/06/2023	2 FTE in post from Jan '23. Timeline now mirrors DCDS.	
		1.3	Enhancements to on-call (availability)	C	C	C	11/04/2023	17/04/2023	17/07/2023	16/10/2023	23/10/2023	Scope being reconsidered in light of MTFP decision - new dates proposed for options. No change to end of
		1.4	Enhancements to on-call (flexible on-call contracts - O/T policy)	-	C	-	C	C	-	-	28/02/2023	FW resource request go-live date now May '23 - sign off of O/T policy is dependent on that.
2	Day Crewed Duty System	2.7	DCDS (7FTE) @ Battle	C	C	C	C	C	30/05/2023	01/06/2023	SB on 14/3/23 to agree & sign off - then to 28/3/23/ CFO / FBU negotiation meeting	
		2.8	DCDS (9FTE) @ further 5 stations	C	C	C	C	C	30/05/2023	01/06/2023	SB on 14/3/23 to agree & sign off - then to 28/3/23/ CFO / FBU negotiation meeting	
3	Low activity P4's	3.10	Reallocate 4 no. appliances as spares	C	C	C	C	-	-	31/03/2023	Reallocations now likely Mar.'23.	
5	Specialist appliance review & shared crewing policy	5.14	Reduce Wildfire from 5 to 4	-	-	-	-	-	-	09/10/2023	Wildfire options paper due to Mar '23 Ops Committee - chassis trials ongoing - 1 (of 2) demos complete.	
		5.15	Reduce 2 Rope Rescue vehicles to 1 @ Bexhill	-	-	-	-	-	-	02/10/2023	Depends on 5.18 (Replace 2 existing TRU's with 2 no. TRU (1 with RRV cap. @ Battle)).	
		5.18	Replace 2 existing TRU's with 2 no. TRU (1 with RRV cap.)	C	C	-	-	-	-	02/10/2023	Vehicle ordered and being built.	
		5.19	Replace Foam Tender with OSU @ Newhaven	-	C	-	-	-	-	-	C	Complete from an IRMP perspective as converted ex-maritime vehicle provides this capability.
		5.20	SWR withdrawn and replaced on TR vehicle(s)	-	C	-	-	-	C	-	23/01/2023	Depends on delivery of flood and rescue training - dates now booked in April '23.
		5.21	New HazMat vehicle @ Heathfield	-	C	-	-	-	-	-	25/09/2023	Mercedes not quoting now. Tender to be progressed.
6	Robust demand management plans	5.22	New Fire Investigation vehicle @ Eastbourne	-	C	-	-	-	-	25/09/2023	Tender now underway.	
		5.24	Shared crewing policy for Special appliances	C	C	C	C	C	-	20/02/2023	Draft policy with FBU - workshops to be held @ Eastbourne to test policy.	
7	Group crewing	6.27	Lift releases - continue to attend	C	C	-	C	-	-	C	Complete from an IRMP perspective - TNA v updated TOG ongoing as BAU.	
8	Policy development	7.29	Implement Group Crewing in the City of B&H	C	C	C	C	27/03/2023	-	03/04/2023	Consultation commenced 24/2/23.	
9	Policy development	8.30	Scope further policy change for additional savings	-	-	-	C	C	16/03/2023	16/09/2023	This reflects the finalised timeline for removal of AAA's only.	
		9.1	Tranche 1 - Removal of on call support officers	-	-	20/03/2023	-	15/05/2023	14/08/2023	21/08/2023	As per planned put together on 3/3/23	
		9.2	Tranche 2 - Removal of On Call from Lewes and Crowborough	-	-	20/03/2023	-	07/08/2023	30/10/2023	06/11/2023	As per planned put together on 3/3/24	
		9.3	East Review	-	-	17/04/2023	12/06/2023	-	-	-	As per planned put together on 3/3/25	
Complete and paused workstreams:												
No.	Workpackage	WBS	Workstream	Scope drafted	Scope agreed	Options & proposal	Proposal approved	Consult. complete	Notice complete	Implement	Commentary	
1	Operational Resilience Plan	1.5	Combined crewing policy	-	C	-	C	-	-	C	Complete.	
		1.6	Resource management team (now LCS)	-	-	-	-	-	-	C	Complete.	
3	Low activity P4's	3.9	Replace / re-categorise 3 no. P4 appliances	C	C	C	C	-	C	C	Complete	
		3.11	Reclassify 2 Maxi-Cab stations to 1 pump on-call P1's	-	-	-	-	-	-	C	Complete	
4	New P2 @ Bohemia Rd. & DCDS @ The Ridge	4.12	Introduce P2 @ Bohemia Road	-	-	C	-	-	-	-	Workstream paused pending 'East Review'.	
		4.13	24/7 shift to day crewed (28 to 9 FTE) @ The Ridge	C	C	C	C	-	-	-	Workstream paused pending 'East Review'.	
5	Specialist appliance review & shared crewing policy	5.16	Move HVP from Hove to Seaford	C	C	C	C	C	C	C	Complete	
		5.17	Withdrawn Command Pod (Hove) from service	-	-	-	-	-	-	-	C	Complete
		5.23	Replace ARP with dedicated ALP	-	-	-	-	-	-	C	C	Complete
		5.25	New P2 @ Eastbourne	-	-	-	-	-	-	-	C	Complete
6	Robust demand management plans	6.26	Fire alarms in low risk commercial - don't attend	-	-	-	-	-	-	C	Complete	
		6.28	Birds trapped in netting - continue to attend	-	-	-	-	-	-	C	Complete	

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3. PREVENTION

“A fire and rescue authority must make provision for the purpose of promoting fire safety in its area. In making provision a fire and rescue authority must in particular, to the extent that it considers it reasonable to do so, make arrangements for;

- a) *The provision of information, publicity and encouragement in respect of the steps to be taken to prevent fires and death or injury by fire;*
- b) *The giving of advice, on request, about*
 - i. *How to prevent fires and restrict their spread in buildings and other property;*
 - ii. *The means of escape from buildings and other property in case of fire.”³*

How we are assured:

- 3.1 ESFRS has developed and delivered a comprehensive strategic assessment of risk which is reviewed annually (AAR). This is an exceptionally detailed risk profile enabling the Service to target its resources more effectively. We consulted with partners including Local Authorities including Public Health and Highways, NHS Trusts including ambulance, Sussex Police, Sussex Safer Roads Partnership, the RNLI, RLSS and District & Borough Councils. Over 100 data sets were considered, including indices of multiple deprivation, infrastructure data, emergency planning and benchmarking data, health inequality, excess winter deaths, road and water casualties along with 9 years’ worth of incident data which equated to 100,291 incident records enabling us to draw together a comprehensive risk profile. The strategic assessment of risk drills down to station level and station profiles have been created for 24 stations. The AAR is based on previous year’s performance and combined with the station profiles and allocates a percentage weighting against each of the five themes of fire / home safety, road, water and business safety. Groups are then required to allocate their resources and deliver their initiatives against the local risk profile.
- 3.2 Community safety activities focus on a range of **thematic plans**, drawn up in conjunction with the station profiles. These comprehensive action plans detail the activities that will be delivered across the Service area to reduce the risk associated with the following topics. Our **Initiatives Library** contains physical, documentary and communications resources targeting each area of community risk has been designed to support the delivery of prevention activities by operational crews. Development and maintenance of the thematic plans and initiatives library resources are the responsibility of the Group based Partnership & Engagement Business Partners.
- 3.3 ESFRS use thematic plans within the Prevention section to reduce risk. We have used a strict risk-based approach within Government guidelines to deliver our prevention products:
 - a) **Home/Fire:** Safety in the home, delivered to 10,000 homes of vulnerable residents a year as well as within community settings and across the wider environment, including the reduction of malicious and deliberate fire related incidents
 - b) **Road safety:** Giving particular attention to the number of people killed or seriously injured. We educate the community about the principles of the fatal five using presentations such as “Safe drive, stay alive”, an interactive presentation that aims at offering young people the means to make sensible decisions about driving or riding, being a passenger or a pedestrian. We developed an online version of SDSA during the pandemic and continue to offer this as well as in-person presentations to maximise our reach. We use Virtual Reality headsets to provide a wider range of road and other safety messages.
 - c) **Water safety and drowning prevention:** These activities centre around our “Water savvy, water safe” known as “WS²” water safety educational programme, an interactive water safety presentation aimed at all age groups to reduce the risks posed by water by promoting sensible decision-making.
 - d) The **Children & Young People** thematic action plan is further sub-divided:
 - **Wellbeing:** Educational interventions with children and young people, initiatives include Safety in Action and Firewise

³ Fire and Rescue Services Act Section 6

- **Watch scheme:** A programme of activity based within fire stations for young people on the cusp of exclusion from schools or involved in anti-social behaviour
 - **Safety in Action:** Our award winning practical based interactive sessions that encourage Year 6 children to recognise hazards and take action to keep themselves and others safe.
 - **Fire Cadet schemes:** For young adults between 13 – 17 at Uckfield, Eastbourne & Bexhill Fire Stations, helping develop self-worth, self-belief, safety, life skills and team-building activities
- e) **Safeguarding:** Ensuring that our statutory obligations are met. Safeguarding referrals include areas such as hoarding
- f) **Volunteers:** We now have over 44 volunteers who have maintained contact through lockdown helping us to keep high levels of safety and low risk of fire in the home through community engagement programmes such as our Befriending Service.
- g) **Partnership & Engagement:** We engage with a wide range of statutory, non-statutory and voluntary organisations to offer fire safety advice and awareness training, to secure referrals for Home Safety Visits for vulnerable clients and work collaboratively to reduce all risk within communities and promote their services, including areas such as fuel poverty, risks associated with the cost of living crisis, exploitation and hoarding for the settled and traveller communities as well as refugees and asylum seekers.

3.4 We continue to work with partners to improve people's access to health and support services and tailor these activities toward the most vulnerable within our communities

3.5 ESFRS has been commissioned by East Sussex Public Health to deliver the Child Safety Equipment and Advice service to reduce child accident and fire risk within homes through the fitting of child safety equipment such as safety gates, fire guards, bathmats, carbon monoxide alarms and cupboard locks. The service has links with a wide cross-section of statutory agencies, third sector organisations and services to ensure we are fully integrated within our community.

3.6 The development of ESFRS's prevention strands is the responsibility of the three Partnership & Engagement business partners who support operational crews to utilise the initiative library resources, provide HSV training and develop new partnership opportunities to secure HSV referrals and reduce risk across the Service area.

Our cadre of volunteers is supported by two Community Volunteer coordinators. Our key community volunteering priorities are:

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

To ensure we have the necessary systems and resources in place to best support our community volunteers and the communities we serve.

3.7 Youth engagement necessarily stalled in 2021-22 due to the C19 pandemic, however specialist, station-based and voluntary staff re-organised activities such as the Fire Cadet Scheme and mentoring late 2021 – early 2022. We visit all schools in higher-risk areas and Elected Home Educated children to offer our 2022 iESE SILVER AWARD education programme. We have recently enhanced our provision to young people by developing a Youth Engagement Officer role.

Our 2017 iESE GOLD AWARD winning Safety in Action programme is a collaborative approach providing the opportunity for young people aged 10 to 11 years to experience risky scenarios in a safe environment.

- 3.8 It is fully recognised that a great number of those individuals that are at greatest risk to fire, road and water risk are because of poor mental or physical health.
- 3.9 We continue to develop our 2021 iESE Fire Service of the Year and GOLD AWARD winning General Practitioner (GP) Referral Scheme which enables GP practices to send ESFRS details of patients whom they consider at high risk of an unelected hospital admission. Our Information Sharing Agreement allows contact details of patients to be shared without consent for a Home Safety Visit to be offered. In addition to identifying potential fire risks these visits provide an opportunity for staff to identify risks within the home environment that might cause or contribute accidents, identify the potential to fall and to identify those who are frail and would benefit from an early intervention by health professionals. The scheme is enhanced through a feedback loop to GP Practices following the HSV.
- 3.10 An agreed communications and campaign calendar delivers safety messages across a variety of channels. Examples of local campaigns include:
- Our Save Safely campaign targeted Mosaic Groups identified as most vulnerable to cost-of-living increases and who are in higher risk groups for fires in the home
 - We re-ran our Be Your Own Hero Accidental Dwelling Fire (ADF) survey in order to create a series of materials to be used on social media, in newsletters and other publications
 - We have signed up new partners to Project Pictogram aimed at tackling the Fatal Four on the roads
 - We have promoted biker safety by developing new messages around the themes identified in Tales of the Road and promoting Biker Down

4. PROTECTION

Fire and Rescue Authorities have a duty to enforce fire safety in all premises covered by the Regulatory Reform (Fire Safety) Order 2005 (FSO) and the Fire Safety Act 2022. This includes a large range of premises, such as:⁴

- The common parts, shared structures and external walls and balconies of shared domestic premises such as flats, maisonettes and houses in multiple occupation (HMOs)
- Premises used as a workplace
- Premises used by the self-employed (including family run businesses)
- Premises used by the voluntary sector
- Places of worship

The only type of premises not covered by this legislation are single private dwellings which are covered by the Housing Act 2004 and enforced by the Local Authority.

How we are assured:

- 4.1 During the last year, we implemented our new Risk Reduction Process (RRP). This includes the delivery of our new Risk-Based Inspection Programme (RBIP), which is designed to help us continuously identify our highest risks and allocate suitable trained resources to then reduce that risk. The RRP will continue to develop its effectiveness because of updates to our Customer Relationship Management (CRM) operating system from a new external property database. We will continue to focus on the societal, commercial, domestic, Firefighter, heritage and environment risks within the community and utilise a range of proactive approaches including business engagement, partnership working, fire safety checks by crews, audit and enforcement activities by fire safety staff, to reduce risk and improve safety.
- 4.2 We communicate our inspection plans to our partners annually and consider their plans to ensure that we work effectively and collaboratively in a way that avoids multiple visits to the same premises by different enforcement agencies.
- 4.3 Fire Safety audits are always carried out by a qualified Fire Safety Officer to establish compliance with the requirements of the Order. The Service always aims to help businesses comply with fire safety legislation, however, at times it will enforce the law by implementing a formal procedure and will on occasion prosecute. This is always a last resort and the Service will continue to endeavour to avoid this course of action by working with Responsible Persons (RPs) including business owners/managers via a range of key interventions:
 - Fire Safety staff and operational crews offering proactive support to businesses to assist in complying with legislation, this includes the delivery of seminars and meetings with housing groups and resident associations, managing agents and Right to Manage companies.
 - Collaborating with our partners by supporting intelligence led inspections and multiagency operations targeting immigration and modern slavery to ensure the most vulnerable in our community are protected from exploitation.
 - Supporting economic growth and resilience of our local business communities by raising awareness of fire risk and engaging with responsible persons through a variety of initiatives including the development of Primary Authority Partnerships and the delivery of Fire Safety engagement events.
 - Developing Safer Living and Safer Care initiatives in partnership with the Care Quality Commission, to support the elderly and vulnerable to obtain safe and secure homes within a caring environment. This is achieved through both inspection of premises and engagement with duty holders promoting the person-centred approach to risk, the installation of sprinklers and promotion of new technology such as social alarms
 - Information provided digitally to support businesses and;
 - Actively supporting the National Fire Chief Council's calendar of events.

⁴ Regulatory Reform (Fire Safety) Order 2005

- 4.4 The Fire Safety functions are delivered through a sustainable and adaptive structure that enables effective provision at all times of day. Services are delivered by professional staff and operational crews supported through a competency framework informed by best practice and responsive to the requirements of the National Framework.
- 4.5 We have developed a new Memorandum of Understanding (MoU) with housing partners to enable us to effectively educate and support both our Local Authority Housing partners and Housing Organisations. With the overlap with the Housing Act 2004, it is vital that this joint working is effective, especially with the legislative changes post Grenfell that has resulted in High Rise Residential Blocks being a central part of our RRP.
- 4.6 The Service continues to promote Primary Authority Partnerships through the Regulatory Enforcement and Sanctions Act (RES Act) and continues to highlight the benefits of active Primary Authority Partnerships in East Sussex to improve Fire Safety compliance and support business growth. We have many partnerships confirmed, and more being developed by our PAP Manager. We are part of the Business Advice and Support Partnership (BAASP) which is a partnership of Regulatory Services across the South East covering Trading Standards, Fire Safety, Environmental Health and Licensing. BAASP shares knowledge, resources and expertise to provide the best support and advice for local businesses as part of the wider Primary Authority landscape.

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

- 4.7 The service continues to support the Independent Review of Building Regulations and Fire Safety through the NFCC and implement the recommendations of Government's Building Safety Program. This includes the introduction of the Fire Safety Act 2022, the Building Safety Act 2022 and sub-Regulations, as well as the incoming Fire Safety (England) Regulations 2023. We continue to engage with partners and the community to educate and inform them about their responsibilities under this new legislation including publicity and communications campaigns. We have also responded to and continue to respond to the changes in how we enforce and support this legislation.

[Fire Safety Act 2021 and Fire Safety \(England\) Regulations 2022 ; East Sussex Fire & Rescue Service \(esfrs.org\)](http://www.esfrs.org/business-safety/fire-safety-act-2021-and-fire-safety-england-regulations-2022/)

- 4.8 We continue to promote the findings from our fire investigations so that risk assessments better identify sources of ignition and the benefits of active and passive protection. More details can be found on the following link:

<https://www.heads-up.biz/>

- 4.9 The Service continues to actively promote sprinklers and other new building safety initiatives such as secure information boxes, way finding signage, evacuation systems and simple measures to assist firefighters such as floor signage and plans. More detail on sprinklers can be found by following the link below:

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

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

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

- 4.11 The service is a statutory consultee under a range of legislation and the Fire Safety teams will continue to ensure they respond to consultations in a positive and timely manner as detailed in the Service response charter.

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

<https://www.esfrs.org/business-safety/introduction-to-business-fire-safety-course/>

- 4.13 Our Protection Department has a comprehensive assurance process in place. All fire safety checks carried out by crews as checked by qualified fire safety officers. 5% of all fire safety activity is also quality assured. We also inform and encourage the community to feedback on our performance at every interaction by handing out feedback cards and providing survey links in all our email correspondence. The performance of the department is reported regularly through to SLT and the FA.

4.13 Grenfell Tower Improvement Plan

- 4.14 This year saw the further refinement of the ESFRS Improvement Plan following the publication of the 46 recommendations from phase 1 of the Grenfell Tower public inquiry. This included investment into a professional project management team reporting monthly through the GT Delivery Board and bi-monthly to the GT Strategic Board.
- 4.15 It has been of key importance to the Fire Authority and Service to pay particular attention to Sir Martin Moore-Bick's recommendations at granular level. This is because there are some specific actions identified for specific bodies and responsible persons i.e. London Fire Brigade, Metropolitan Police etc. However, the team have reported that there have been limited parts of the phase 1 report which are not directly attributable for East Sussex Fire and Rescue Service to discharge or attributable indirectly where the service has a moral obligation to influence and lead on. The oversight afforded by this governance model has provided excellent levels of assurance to the Fire Authority which continue to deliver the prioritised actions.
- 4.16 Steady improvement in the delivery of the priorities over the last 12 months September to September is shown across charts 2 and 3. These charts report both a refining of the number of deliverables (actions) and the percentage completion rates particularly in those which have presented a significant risk to the community, Firefighters and Corporate body
- 4.17 Data from the Building Risk Review has been transposed to our Site-Specific Risk Information immediately available on our mobile data terminals (MDT's) fitted to every frontline appliance. This multi-tiered improvement included investing in the Customer Relationship Management (CRM) database and replacement of our MDT's and along with the training delivered to all end users has been able to discharge many actions across several formal recommendations.
- 4.18 East Sussex Fire and Rescue Service now has the 4th highest number of premises considered high rise. This is the largest outside of a metropolitan area and these continue to grow in number across the main conurbations of Brighton and Hove, Eastbourne and Hastings.
- 4.19 We also now know our area has over 6000 mid-rise premises, many of which will not be provided with the additional measures expected in purpose-built high-rise buildings. Any contact, including following incidents and exercises is used as an opportunity to update our intelligence recorded on the CRM SSRI database.
- 4.20 Fire Survival Guidance and Evacuation concluded in July 2022 after face-to-face instruction for every workgroup and incident commander.
- 4.21 In addition to the 4 Smoke Hoods fitted to every standard frontline fire engine, high-reach Aerial Ladder Platform and Command Support Unit, we have invested in the provision of both Smoke Curtains to protect the means of escape stairwell and non-Intrinsically Safe Thermal Imaging Cameras (TIC's) for external thermal scanning when we attend a fire in a tall building. Every standard frontline appliance will now carry 1 each of these following the conclusion of our intensive face-to-face training regime.
- 4.22 This robust regime consists of 4 modules. The first 3 to concluding 31st December 2022 involve the use and deployment of the Smoke Curtains, the content of our new "Fires in Tall Buildings" (FiTB) Policy including external thermal scanning, application of a new tactical decision tool and how these should be amalgamated during 4 scenario-based tactical decision-making exercises. Module 4 will span across the delivery of these modules and will aim to conclude before 31st March 2023. Module 4 consists of 6 service-wide exercises at known tall buildings. Cross-border support will be imperative including external observers monitoring the performance of our teams against policy and training. A report of the debriefed outcomes will be presented to the GT Strategic Board in March 2023 to confirm compliance levels and thereby levels of operational assurance in this high-risk activity. This will conclude all very high and high rated priorities from our GT1 improvement plan.

4.23 Looking forward into 2023-24 business year, we aim to embed the ESFRS FiTB policy across W and Surrey Fire and Rescue Services as part of a planned collaboration with operational policie national guidance, assisting with borderless mobilising and efficiency through the Joint Fire Cont

4.24 We also aim to further improve our specific capability in dealing with fires in tall buildings using a collaborative approach to purchasing equipment such as lightweight, larger diameter hose and in tactical ventilation.

Chart 2: Action plan status summary September 2021

Priority	No. of actions	Complete (1)	On track	At risk	Off track	Not started	No action identified	% complete
Very High	88	17	10	1	0	22	38	5%
High	98	5	10	10	3	33	37	20%

Chart 3: Action plan status summary September 2022

Priority	No. of actions	Complete (1)	On track (2)	At risk (3)	Off track (4)	Not started (5)	No update	% complete	Monthly change
V. High	62	53	5	4	0	0	0	85 %	+ 1%
High	86	77	9	0	0	0	0	90 %	+ 20%
Medium	198	37	23	4	0	1	133	19%	-
Low	7	0	0	0	0	2	5	0 %	-
TOTAL	353	167	37	8	0	3	138	47 %	+ 5%

Chart 4: Action plan status summary March 2023

Priority	No. of actions	Complete (1)	On track (2)	At risk (3)	Off track (4)	Not started (5)	No update	% complete	Monthly change
V. High	62	59	3	0	0	0	0	95 %	+ 5%
High	86	84	2	0	0	0	0	98 %	+1 %
Medium	203	53	21	4	0	0	125	26%	+ 1%
Low	7	0	0	0	0	2	5	0 %	-
TOTAL	358	196	26	4	0	2	130	55 %	+ 2%

5. EMERGENCY RESPONSE

“A fire and rescue authority must make provision for extinguishing fires, road traffic collisions and other emergencies by recruiting and training staff, providing services and equipment necessary efficiently to meet all normal requirements; make arrangements for dealing with calls and for summoning personnel; make arrangements for obtaining information and prevent or limit damage to property resulting from action taken”⁵.

How we are assured:

5.1 The data from the ORR enables us to understand that our IRMP 2020 – 2025 accurately reflects the fire and rescue related risks now and for the foreseeable future.

5.2 The ability for ESFRS to effectively and efficiently discharge its statutory duties under Sections 7 and 8 of the FRS Act relies on the Service investing in a fleet of 33 frontline fire engines. These state-of-the-art vehicles are equipped with a range of tools including Breathing Apparatus with telemetry to enable the best level of supervision for our Firefighters who crew them, Compressed Air Foam generating equipment (CAFS), battery operated rescue equipment, thermal imaging cameras, gas monitoring equipment etc.

5.3 **Operational Planning and Policy team**

The role of our central Planning and Policy team is to plan for the highest levels of operational preparedness to enable our crews to respond effectively to all the fire and rescue related risks identified in our IRMP. Using the thematic plan which is closely aligned to the IRMP and the 24 station risk profiles, the team work closely with our crews, Joint Fire Control staff, our Engineering and Health and Safety teams and representative bodies so we are assured that they have the best appliances, equipment and resources to deal with all foreseeable incidents.

5.4 **OP&P reported in July 2022 that of the 180-emergency response facing Policy documents maintained by ESFRS, they are 94.9% compliant with the 1923 strategic actions of the total number of National Operational Guidance (27).**

Of the 72 (3.7%) partially compliant and 27 (1.4%) areas of non-compliant strategic actions, OP&P assess the requirement to comply with those when each Policy document is reviewed. This is reported at Operations Committee every 8 weeks.

5.5 OP&P work with their colleagues in West Sussex, Surrey and Kent Fire and Rescue Services on a range of key areas of collaboration that the “4F” Strategic Leaders have committed to:

- Operational response policy (Aligned with all National Operational Guidance)
- Aligned Incident Command procedures and vehicles
- Aligned Fire Investigation procedures
- Aligned Breathing Apparatus procedures and equipment

5.6 **Fire Standards**

Following the publication of 12 Fire Standards by the National Fire Chiefs Council (NFCC) throughout 2021-22, OP&P have completed four gap analyses for Operational Preparedness, Operational Learning, Fire Investigation and Emergency Planning and Resilience.

Along with colleagues from Training Centre, Protection, Prevention and Communications departments, progress on the action points surfaced from the 12 separate gap analyses are reported to our Assurance, Performance and Governance Group. (See Charts 4 and 5 as examples)

<https://www.firestandards.org/>

Chart 4



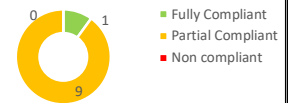
NFCC
National Fire
Chiefs Council

OPERATIONAL PREPAREDNESS FIRE STANDARD IMPLEMENTATION TOOL

Please fill in the contact details below:

Fire and Rescue Service	East Sussex Fire and Rescue Service
Contact Name	Matt Elder
Contact Email Address	matthew.elder@esfrs.org
Contact Phone Number	07931 374983

Overall Compliance with Standard



Criteria	Description	Priority			Impact			Compliance			
		Low	Medium	High	Low	Medium	High	Fully Compliant	Partially Compliant	Non Compliant	Chart
1	Undertake all appropriate risk assessments, as required under legislation, to prepare for an operational response	0	0	2	0	0	2	0	2	0	
2	Review existing cover models, resources, equipment and training against all appropriate risk assessments	0	1	4	1	0	4	0	5	0	
3	Carry out capabilities-based planning to support emergency preparedness and response from a national to a local level	0	3	5	0	5	3	4	4	0	
4	Determine their responsibilities for operational response and be fully prepared to deliver them	0	0	4	0	0	4	2	2	0	
5	Have a health and safety policy for the operational environment that clearly outlines the responsible parties and their obligations	0	0	9	0	0	9	8	1	0	
6	Undertake a review of how the organisation is structured and functions, to confirm its ability to support operational preparedness; if there are any gaps identified there should be a clear plan for making appropriate changes	0	1	0	0	0	1	1	0	0	
7	Develop and embed operational policies, procedures and tailored guidance based on the National Operational Guidance, unless by evidenced exception its content is not relevant to the service	0	0	1	0	0	1	0	1	0	
8	Deliver the strategic actions provided in the suite of National Operational Guidance, unless by evidenced exception a strategic action is not relevant to the service; the strategic gap analysis tool may be used to support this process	0	0	1	0	0	1	0	1	0	
9	Train its operational and fire control personnel to use the hazard and control measure approach provided in the National Operational Guidance, applying risk assessment, decision-making and risk management skills	0	0	3	0	0	3	0	3	0	
10	Align relevant policies, procedures and tailored guidance in preparation for working with other fire and rescue services or responder agencies	0	0	5	0	1	4	3	2	0	
Total		0	5	34	1	6	32	18	21	0	

Chart 5



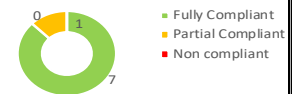
NFCC
National Fire
Chiefs Council

OPERATIONAL LEARNING FIRE STANDARD

Please fill in the contact details below:

Fire and Rescue Service	ESFRS
Contact Name	Derek Hamilton
Contact Email Address	derek.hamilton@esfrs.org
Contact Phone Number	07866 101078

Overall Compliance with Standard



Criteria	Description	Priority			Impact			Compliance			
		Low	Medium	High	Low	Medium	High	Fully Compliant	Partially Compliant	Non Compliant	Chart
1	Comply with legislative duties to monitor, maintain and improve the health, safety, and wellbeing of its employees	0	6	3	0	1	8	5	4	0	
2	Recognise learning as a strategic level responsibility to embed learning into its management structures and processes and by appointing a responsible person for operational learning who: a. is responsible for ensuring that actions to support learning are implemented b. manages information received from the wider sector and determines what further action should be taken c. determines what information their service shares with the fire and rescue service or the wider sector, if appropriate d. makes clear how their service will engage with national level learning arrangements through an identified single point of contact	0	2	2	0	2	2	4	0	0	
3	Have a process in place to act on National Operational Learning Action Notes and Information Notes	0	0	1	0	0	1	1	0	0	
4	Have processes in place for capturing learning: a. at incidents b. post-incident c. as a result of training exercises undertaken both internally and multi-agency / cross border d. as a result of near miss or accident investigations that may be relevant to operational response e. from any other sources	0	1	4	0	1	4	3	2	0	
5	Evaluate learning to identify, assess and implement improvements	0	0	1	0	0	1	1	0	0	
6	Evidence that learning is evaluated and that improvements have been adopted and embedded	0	1	1	0	0	2	2	0	0	
7	Be able to demonstrate established mechanisms for sharing learning via any combination of the following: a. internally b. with neighbouring services and other responder agencies c. using the National Operational Learning system d. using the JESIP Joint Organisational Learning system	0	3	1	0	3	1	3	0	0	
8	Apply three fundamental approaches to managing operational learning: a. use National Operational Guidance as the common framework to identify the areas of operational activity where change may be required b. use a consistent approach to analyse and objectively compare what has happened against the control measures contained in National Operational Guidance which provide good practice c. maintain an open reporting culture, even when details of learning are sensitive; concentrating as National Operational Learning does, on the 'how' and 'why' of the learning and not the "who"	0	2	1	0	3	0	3	0	0	
9	Reference the NFCC National Operational Learning: Good practice guide for fire and rescue services in policies, procedures, tailored guidance and training	0	1	0	0	1	0	1	0	0	
Total		0	16	14	0	11	19	23	6	0	

- 5.7 **Joint Fire Control**
Following a robust business case that considered our requirements to be financially accountable and the wider duty to collaborate, East Sussex Fire Authority committed to a Joint Fire Control run by Surrey Fire and Rescue Service. On November 17th 2021, ESFRS closed its control room and transitioned seamlessly to the state-of-the-art Joint Fire Control centre.
- To ensure good governance and scrutiny, this arrangement was formalised in an agreement signed under Section 16 of the Fire and Rescue Services Act. The Section 16 agreement introduced a range of key performance indicators that are overseen at strategic, tactical and operational governance boards with representation from all 3 Services.
- 5.8 **Fire and Rescue Stations**
ESFRS responds to an extremely wide range of emergency incidents with its fleet operating from 24 fire stations across East Sussex and the City of Brighton and Hove. Stations are crewed by operational staff who work different shift patterns depending upon local risk:
- Wholetime: firefighters operate a 4-Watch system on stations 24 hours per day, over 2 shifts
 - Day Crewing: during the daytime the station is crewed by wholetime firefighters who also live near to the station to provide emergency cover overnight
 - On-Call: firefighters live or work in the local community near to the station and respond to emergency calls via alerters
- 5.9 **Operational Resilience Plan and Flexible Resource Pool**
A critical part of our IRMP 2020 – 2025 is the “Operational Resilience Plan” that focussed on improvements to our current response model of 15 immediately available frontline fire appliances. Its aim is to provide 18 immediately available and 6 resilience frontline appliances at the start of each day before demand. Development of this new Policy has many dependencies including the Dynamic Cover Tool which shows real-time Officer and Fire Appliance availability, Crewing policy changes following a move toward more efficient duty systems and introduction of the Flexible Resource Pool of 8 Crew Managers. This helps us to better align our resources to risk whilst reducing costs. Because of these interdependencies, delicate navigation through these issues necessarily extended implementation, rolling the delivery timeline into 2023.
- 5.10 **Operational Risk**
Section 7(2)(d) of the Fire and Rescue Services Act requires fire authorities to make arrangements for inspection of certain premises to obtain information for Firefighter and community safety.
- 5.11 As described in Section 4 above, we use the 7(2)(d) visits together with any relevant data collection methods to assist in dealing with an incident, informing command decision making and enhancing public and Firefighter safety, linking with improvements from the Grenfell Tower phase 1 action plan.
- 5.12 **Incident Debriefing and Organisational Learning**
Operational Assurance has been embedded into revised Service policy to organisational learning. The OP&P team review National Operational Learning (NOL) amongst 23 other information sources such as Fire Investigation reports, incident debriefs, Coroners reports etc. to ensure currency with national learning and share any learning within the Service via Core Brief or Health and Safety Bulletins if of a critically important nature and via “Assurance in Action” to spread awareness of key learning points to our response workforce.
- Assurance in Action has been lauded as an example of good practice during the 2022 HMICFRS inspection.**
- 5.13 As with SSRI and RBIP, the Operational Learning and Intelligence (OL&I) processes sit in the CRM database as the central repository of actions that can be received from 24 specific sources. The OL&I section have started to populate CRM with these prompts after analysis, and any actions such as reviewing of risk assessments, policies etc. are sent to the relevant managers to task and finish.

This is reported to Operations Committee as a performance measure every 8 weeks.

5.14 Internal Audits and Assessments

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

5.15 The results of these internal audit reviews and the Head of Internal Audit's Annual Opinion are reported to the Scrutiny and Audit Panel.

5.16 Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS)

We review our operational preparedness, policies and procedures as part of our business-as-usual activities in OP&P and the Service welcomed HMICFRS's Inspection team through June and July 2022. Following the formal publication of the inspection report in early 2023, we are encouraged with its outcome recognising how well we are providing operational effectiveness, protection and cultural norms through the use of our valued resources.

5.17 The Service uses the outcomes of the HMICFRS inspections to ensure our service wide improvement agenda continues to make progress, measured at the Senior Leadership Team (SLT) and Operations Committee as appropriate. Of the 11 main areas of inquiry across the 3 pillars of Efficiency, Effectiveness and People, SLT's improvement plan will rightly focus on promoting our values and taking earlier action in monitoring working hours. These areas were identified as requiring improvement under the "People" pillar.

5.18 Station Audits

All 24 Stations have been audited in accordance with our Policy during February 2023 following a full delivery period throughout 2022. Following the conclusion of each inspection, outcomes are discussed with line managers at the time and then accessibly recorded on our computer network for the relevant managers and teams to maintain and improve.

5.19 In late 2021-22, the Station audit process was revised to cut down the quantity of duplication where compliance is recorded elsewhere and on more frequent basis than once every year. The new process focuses specifically on operational preparedness and Firefighter safety, themed on aspects of improvement identified from our Operational learning CRM database over the last 12-18 months. This year we will audit:

- Risk information gathering processes noting CRM developments
- Practical demonstration of working at height equipment
- Knowledge test of Operational procedures
- Health and Safety including thematic sampling

5.20 The audit team always give verbal feedback during the station audit followed by a report which is sent to the Group and Station Manager. The outcomes report and trend analysis was presented to Operations Committee in March 2023.

5.21 Operations Committee

The ACFO chairs an Operations Committee that considers corporate operational assurance, operational readiness, performance, policy, practice and training. This committee ensures that the Service is managing the oversight and delivery of all its responsibilities in respect of emergency response operations and has the necessary systems and policies to ensure adoption of good practice and compliance with statutory responsibilities. The Operations Committee reviews operational performance including the outcomes of national, regional and local incident debriefs along with the outcomes from the ESFRS station audit and inspection programme.

6. OTHER EMERGENCIES

The requires ESFRS to make arrangements for dealing with emergencies other than fires and road traffic collisions which may require some functions to be discharged outside the authority's area.⁶ The duties require authorities, where provision of resources has been made by central government, to respond to incidents, both within and outside the authority area, involving Chemical, Biological, Radiological and Nuclear hazards, Urban Search and Rescue and serious or wide-area flooding.⁷

The Order made under Section 9, complements the National Mutual Assistance Protocol, to which we are a signatory. This requires fire authorities to make a reasonable response to requests for assistance in relation to any large-scale emergency outside of their area.

How we are assured:

6.1 ESFRS maintain two specialist assets to enable us to deal with both local and national incidents of the type described above.

6.2 We house a Mass Decontamination Unit (MDU) at Eastbourne Fire Station that is crewed and supported if required by staff from surrounding stations to manage the decontamination of Firefighters and large numbers of people if necessary. ESFRS also house a High-Volume Pump set (HVP) now based at Seaford Fire Station as an efficiency improvement following the IRMP 2020 – 2025.

6.3 **The Joint Emergency Services Interoperability Principles (JESIP)**

ESFRS and blue-light partners have delivered joint command training to commanders from all three emergency services to improve the way we work together. The concept is embedded into our risk assessments and guidance and we aim to test and exercise jointly in realistic environments, following the relaxing of Covid 19 restrictions.

Our 2022 JESIP audit identifies this as a key area of concern and following the analysis of the Manchester Arena Inquiry publication, a report outlining the need for improvements and proposals for implementation is being presented at the Operations Committee in January 2023.

6.4 We have signed a range of Memorandums of Understanding with partner agencies with the overriding premise of enhancing each other's resilience. The list of MoU's can be evidenced on our intranet page using the following link:

[https://esfrsorg.sharepoint.com/sites/ESFRSIntranet/SitePages/Memorandums-of-Understanding-\(MOUs\).aspx](https://esfrsorg.sharepoint.com/sites/ESFRSIntranet/SitePages/Memorandums-of-Understanding-(MOUs).aspx)

A new Service Level Agreement between the 4 South-East FRS's and SECamb has been drafted and is due for sign-off in early 2023 replacing the extant MoU. This document introduces more contractually binding arrangements for the specific range of activities separated out in 6 specifically detailed appendices such as gaining entry, support to other agencies and medical care.

⁶ Fire and Rescue Services (Emergencies) Order 2007

⁷ Fire and Rescue Services Act Section 9

7. MUTUAL AID

Fire and Rescue authorities are required to enter into reinforcement schemes with other fire and rescue authorities, for securing mutual assistance. Section 16 of the Fire and Rescue Services Act enables fire and rescue authorities to enter into arrangements for the discharge of their functions by others.⁸

How we are assured

- 7.1 ESFRS have a Section 16 agreement in place for Surrey Fire and Rescue Service to discharge our duties for handling emergency calls. We also have a collaboration agreement with Surrey Fire and Rescue Service and West Sussex Fire and Rescue Service along with a confidentiality agreement for suppliers.
- 7.2 ESFRS have also entered into a series of key Memorandum's of Understanding (MoU's) and a Service Level Agreement with selected partners where there are mutual benefits to both organisations in the interests of efficiency and effectiveness. These include:

South-East Coast Ambulance Service	SLA with 6 appendices: Due to sign appendices A, D, E and F (Not intending to sign appendices B or C which cover Immediate Emergency Care and Co-responding)
Environment Agency	Hazardous Area Response Team interoperability
	Co-operation for Flood response
	Pollution Incident Prevention and Mitigation
UK Power Networks	Preventing Waste and Industry site fires
	Specific working protocols in order that incidents requiring firefighting and/or response (incidents) are dealt with in a systematic and effective manner
Sussex and Surrey Police	Drone operations
	Fire and Arson Investigation
	Explosives – Information sharing
Police/ SECAmb/ WSFRS	Inter-Agency Liaison Officers – Information and intelligence sharing
Kent and Medway Fire Authority	Large Animal Rescues
HM Maritime and Coastguard Agency	Interoperability & training
Coroners Society of England and Wales	Constructive co-operation
Operation Florian	Transfer of appliances and equipment
Multiple agencies	Work-related death protocols

8. HEALTH & SAFETY ASSURANCE

The Health, Safety & Wellbeing team continue to give advice to all employees on matters of health and safety, as well as advising managers on legal compliance, policy formulation, training and safety performance monitoring activities.

The effective management of health and safety, leading to fewer accidents involving injury and time taken off work, is beneficial to staff and an investment which helps ESFRS achieve the high standards which the people of East Sussex and Brighton & Hove have come to expect. We are fully committed to achieving the government targets for health and safety laid out in the document “Revitalising Health and Safety”.

How we are assured

- 8.1 Each employee is given information, instruction and training as is necessary to enable the safe performance of their work activities. Adequate facilities and arrangements have been developed and are well embedded in Policy and training to enable employees and their representatives to raise issues of health and safety at work since it is via an effective partnership that successful health and safety management can best be achieved.
- 8.2 ESFRS is reviewing its current H&S management system to fully align this with HSG65 to ensure minimum statutory compliance and to make the system more user-friendly. The Health, Safety & Wellbeing Policy records all clearly defined management responsibilities and the arrangements in place to assess and manages the risks arising from its activities. The Service has a robust consultation process to ensure it consults its employees on matters affecting H&S and provides suitable and sufficient training and information to its employees. There is a positive health and safety culture, achieved through transparent policies and data sharing with its staff and Trade Unions, recognised in the Health, Safety & Wellbeing Committee and very active Workplace Safety Representative meetings, with local Workplace Safety Reps volunteering to participate in project working groups e.g. contaminants, manual handling.
- 8.3 We are planning to develop and implement an electronic H&S system which will support processes for all aspects of H&S delivery and compliance.
- 8.4 As part of the H&S Management System there is a programme of audits and inspections. The audits are based on the NFCC Inter Fire and Rescue Service Health and Safety Audit Tool, based on HSG65 and its performance indicators. There is also an annual programme of station audits, run jointly alongside the Operations, Planning and Policy Department and inspections inform the annual review of H&S Policy and performance. The audit and performance data is reported to the Health, Safety & Wellbeing Committee, Workplace Safety Representatives Committee and the Operations Committee for scrutiny.
- 8.5 During the Coronavirus pandemic, the Health and Safety team were central to advising the COVID Working Group, with the development and maintenance of its organisational and individual workplace risk assessments all in line with Government guidance. The success of these can be measured by the limited impact to the availability of our crews and vehicles ready for immediate emergency deployment and our day-to-day prevention, protection and operational preparedness activities.
- 8.6 ESFRS has an Occupational Health team that works collaboratively with Surrey and Sussex Police Service and Surrey Fire & Rescue Service to support the health and wellbeing of staff. ESFRS also has a Trauma Risk Management (TRiM) process that continues to develop as managers and staff understand the benefits. The ACFO is currently the National Fire Chief Councils Mental Health Lead and there are two active mental health campaigns accessed via our Health, Safety and Wellbeing intranet webpages; “Healthy Mind” and “Healthy Body”. The Service has a network of 20 trained peer supporters who have all undertaken the MIND Wellbeing Champion Training Package, with 4 of those Wellbeing Champion also having completed training as Mental Health First Aiders. Further Mental Health First Aid training is due to be rolled out in April 2023.

9. CIVIL CONTINGENCIES ACT 2004

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

East Sussex Fire and Rescue Service are a category 1 responder under the Civil Contingences Act 2004. We are required to formulate business continuity plans that ensure the continuation of our priority activities in the event of an emergency (an event or situation that threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK or war or terrorism which threatens serious damage to the security of the UK). We are also required to consider these risks in planning what resources we need to prevent their occurrence, protect life, premises and the environment from the effects and respond to them in the event they occur.

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

How we are assured

- 9.1 A cross-service Assurance, Performance and Governance Group (APGG) oversees the Service's responsibilities in relation to business continuity and this is chaired by The Deputy Chief Fire Officer. All Service departments maintain their business continuity plans that are available on our intranet and each department Manager has responsibility for ensuring their staff are aware of the potential impacts and activities in the event that any identified hazard emerges.
- 9.2 We have agreed levels of operational service that ensure our defined prioritised activities can be delivered so far as is reasonably practicable. These are:
- Delivering community & statutory fire safety (Preventing emergencies as our primary priority);
 - Responding to 999 emergencies (and learning from them to prevent re-occurrence);
 - Supporting national resilience (in other Counties at larger, more protracted incidents) and;
 - All support functions that enable the above

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

<https://www.esfrs.org/about-us/publication-of-information/strategies-plans-and-performance-information/planning-for-emergencies/>

- 9.3 The Sussex Resilience Forum (SRF) is a multi-agency partnership made up of representatives from local public services, including the blue-light emergency services, local authorities, the NHS, the Environment Agency and other partners. These risks can affect the economy, cause disruption and impact on the day to day lives of our community and therefore understanding these risks within the County and the City provides a clearly defined baseline for us to develop our provision of service to the community we serve.
- 9.4 ESFRS is an active leading partner of the Sussex Resilience Forum (SRF) and as such continues to horizon scan all risks linked to the national risk register. The SRF maintain specific risk plans relating to the UK's exit from the European Union. ESFRS consider the risk to heritage sites, the environment and the continuing risk from terrorism within its IRMP. The National Risk Assessment is given careful consideration by the SRF and the Service to monitor any new risks identified through these processes.
- 9.5 ESFRS consider the wider risk assessments included within the SRF's Community Risk Register (CRR) in our IRMP to ensure that proposed changes to our service delivery complement, as far as possible, the strategies of other local responders and central government agencies. We make significant contributions to the preparation, planning and response to a wide range of events that are considered as part of the CRR.

- 9.6 We also plan for, and occasionally respond to, incidents of such scale and/or complexity that local resources may be insufficient even when taking into account mutual aid agreements. ESFRS's allocation includes a MDU at Eastbourne Fire Station and following the ORR, the HVP has been relocated to Seaford Fire Station improving service/national availability.
- 9.7 ESFRS will take all reasonable steps to ensure that in the event of a service interruption, agreed mission critical services will be maintained and normal services restored, as soon as reasonably possible. To ensure that this happens, it is Service policy to have in place robust business continuity recovery plans that are regularly reviewed and tested, and key staff appropriately trained to manage these procedures.
- 9.8 For a short-term disruption, Directorate Heads will lead on recovery arrangements as detailed within the various Business Continuity Plans in place. For long term/corporate level disruptions, a formal Emergency Management Team (EMT) will be stood up to manage the recovery; this will be overseen by a Strategic level manager. ESFRS plan biannual Emergency Management Team exercises to test the latest major loss of staff plans - the lessons learned will be incorporated into a final revision of the business continuity plan.
- 9.9 The ESFRS Business Continuity Management process aligns to the requirements of the ISO 22301 Standard. All Directorate and Departmental continuity plans have been reviewed and remain current, published on our intranet under the Operational Support and Resilience directorate webpage.

10. LOCALISM ACT 2011

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

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

It also added three new sections to the Fire and Rescue Services Act 2004, which allows Fire and Rescue Authorities to place a charging policy in support of its strategy to deal with unwanted fire signals received from automatic fire detection systems. The charging power allows us a level of discretion in that we may decide not to charge at all, as is the case now, or we may charge different amounts to different groups of recipients when we respond to specific categories of calls.

How we are assured:

- 10.1 ESFRS maintains a Memorandum of Understanding with Kent & Medway Fire Authority which sees the Service undertaking large animal rescues on behalf of Kent across a large area of Kent and for which the Service is able to charge.
- 10.2 Under section 38(1) of the Act we are required to prepare a Pay Policy Statement. The Authority is responsible for ensuring that that the pay policy statement sets out the issues relating to the pay of the workforce and in particular the senior officers and the lowest paid employees. This ensures that there is the appropriate accountability and transparency of the salaries of our senior staff. The purpose of the statement is to provide greater transparency on how taxpayers' money is used in relation to the pay and rewards for public sector staff.

For more information please use the following link:

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