Scrutiny & Audit Panel
20 July 2023

Membership:

Councillors: Scott (Chair), Azad, Evans, Geary, Osborne, Theobald and West

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

Agenda

47. **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

48. **Apologies for Absence**

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

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

50. **Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 27 April 2023**   5 - 10

51. **Callover**

    The Chairman will call the item numbers of the remaining items on the open agenda. Each item which is called by any Member shall be reserved for debate. The Chairman will then ask the Panel to adopt without debate the recommendations and resolutions contained in

the relevant reports for those items which have not been called

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

Date of Publication: 12 July 2023

Information for the public

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SCRUTINY & AUDIT PANEL

Minutes of the meeting of the SCRUTINY & AUDIT PANEL held at County Hall, St Anne's Crescent, Lewes, East Sussex, BN7 1UE at 10.00 am on Thursday, 27 April 2023.

Present: Councillors Lambert (Chair), Maples and Redstone

Also present: D Whittaker (Chief Fire Officer), 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), H Scott-Youldon (Assistant Director Operational Support & Resilience), A Avery (Finance Manager), H Thomson (EY), R Rafiq Ullah (EY), P Fielding (ESCC), A Blanshard (Democratic Services Manager), R Smith (Democratic Services Officer)

| 37 | **Declarations of Interest** |

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

| 38 | **Apologies for Absence** |

Apologies were received from Councillors Azad and Scott.

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

There were none.

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

RESOLVED – That the minutes of the meeting held on 19 January 2023 be approved and signed by the Chair.

| 41 | **Callover** |

Members reserved the following items for debate:

42   External Audit Planning Report and Scale Fee 2022/23
43   Internal Audit Strategy and Plan 2023/24
44   Corporate Risk Register Review Quarter 4 2022/23
45   Performance Report for Quarter 3 2022/23
46   Assessment of the Corporate Framework and Annual Governance Statement for 2022/23

| 42 | **External Audit Planning Report and Scale Fee 2022/23** |

The Panel considered the report of the Assistant Director Resources/Treasurer (ADR/T) which presented the external auditor's planning

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report for the audit of the 2022/2 financial accounts and the external audit scale fee for 2023/24.

Members welcomed Helen Thomson of EY to the meeting. Helen informed Members that she would be retiring later in the year, before introducing Rumana Rafiq Ullah, the new External Audit Manager. The Panel were informed that it was unclear at this stage what the impact of this may be on the completion of the audit, and that this was dependent on the timing that the assurances letter from Grant Thornton (GT), the auditors of East Sussex Pension Fund (ESPF), is received. Members asked if the letter from GT was expected to be received earlier this year and were informed that this was not known at this stage.

The Panel queried who would carry out the audit into IT processes, and the level of detail that this would involve. EY advised that the revision of ISA 315 would be in place for this audit and whilst this would involve more work being undertaken to better understand the IT systems, they were not expecting to involve IT specialists at this time. The ADR/T informed Members that initial meetings had been set up internally and that no issues were foreseen.

Members discussed the Government's decision not to extend the deadline for the draft accounts. Concern was raised as to whether this would lead to work being repeated. The ADR/T informed the Panel that options were available to enable estimates to be used in the draft accounts, however the need to recommission external work would be avoided where possible.

RESOLVED – That the Panel:

i.   approved the external audit planning report for 2022/23

ii.   did not identify any further information or reassurance required from the Authority's external auditors.

43   Internal Audit Strategy and Plan 2023/24

The Panel considered the report from the Assistant Director Resources/Treasurer (ADR/T) which provided an Internal Audit Plan for East Sussex Fire Authority, covering the period 1 April 2023 to 31 March 2024.

Concerns were raised that climate change was listed under potential future reviews, rather than incorporated in the 2023/24 audit plan. The ADR/T informed the Panel that there a broader piece of work was being undertaken which focused on the carbon-footprint and aligned with the work of the National Chiefs Fire Council (NFCC) Environment and Sustainability Group. The Chief Fire Officer (CFO) told Members that issues around climate change would be picked up in other work across the Service and highlighted that work to reduce fires had resulted in carbon reduction. The importance of prevention work in tackling climate change was also emphasised.

Members discussed the importance of adequate testing of the MBOS Project ahead of the go-live date. The ADR/T acknowledged that there was a risk involved with the implementation, however emphasised the system would not be approved to go-live until there was adequate assurance, specifically that the payroll interface with Firewatch was functioning and robust end-to-end testing had been carried out.

RESOLVED – That the Panel approved the proposed internal audit plan for 2023/24.

44 **Corporate Risk Register Review Quarter 4 2022-23**

The Panel received a report from the Assistant Director Resources/Treasurer (ADR/T) which reported and reviewed the Corporate Risk Register Quarter 4.

Members discussed the impact of the pay awards and the risk of new legal claims relating to the Firefighter Pension Scheme. The Assistant Director Resources/Treasurer (ADR/T) advised that the revised pay offer was made after the budget had been set, in February, and that the impact of the pay awards would be carried over three years, with the additional cost of approximately £500,000 above what had been budgeted for. The Panel were informed that during 2022/23 this had been covered by general reserves, however for 2023/24 the pressure was above what had been budgeted for. Further information regarding this was due to be reported to SLT in June and the Policy & Resources Panel in July. During 2024/25 the full effect of the pay award would be realised, and the latest estimate of the potential budget gap was £1.0m - £1.5m. Regarding the Pension Scheme, the Chief Fire Officer (CFO) advised that the reported risk related to new claims, and that it had been agreed through the National Fire Chiefs Council (NFCC) that collective legal advice would be sought for any claims submitted.

RESOLVED – That the Panel:

a) agreed the Q4 Corporate Risk Register including changes made since Q3; and

b) did not identify any further information or assurance required from Risk Owners.

45 **Performance Report for Quarter 3 2022/23**

The Panel received a report from the Assistant Director Planning & Improvement (ADPI) which presented the results of quarter 3 2022/23 against quarter 3 2021/22 and the projected year end results for 2022/23.

The Panel queried the reported increase in the number of workplace reported accidents. The Deputy Chief Fire Officer (DCFO) explained that the rise in numbers was not unexpected as staff had begun to undertake more tasks following covid restrictions being lifted. Members were informed that these numbers were monitored quarterly and expected to fall over time.

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Members asked for an update on the progress of utilising Benenden Healthcare. The DCFO informed the Members that a report had been presented to the Senior Leadership Team (SLT) who had been supportive of the potential introduction, however it was stressed that it was important to investigate this fully to ensure that the provision offered would be relevant to the Service.

The Panel praised the figures relating to business safety events, and the Assistant Chief Fire Officer (ACFO) informed Members that engagement events had been an extremely effective method to get messaging across. He advised that whilst there was not a national target for these indicators, the figures were publicised when appropriate.

RESOLVED – That the Panel:

1. considered the performance results and progress towards achieving the Service's purpose and commitments as contained in Appendix A;

2. 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

3. noted that work was ongoing to develop the new performance report. This would be in place for Quarter 1 2023/24.

46   **Assessment of the Corporate Framework and Annual Governance Statement for 2022/23**

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

Members requested clarification on a number of points, including the perception of the management of risk and the understanding of diversity within the community. The Panel also asked for more information regarding Sustainability and Carbon Management. The DCFO advised that as part of the next Community Risk Management Plan, perception and diversity would be considered directly as part of this work, and that more information surrounding sustainability was due to be presented to the Panels later in the year.

The Panel also discussed the Action Plan Update, and the limited progress that had been made due to capacity issues. The ADR/T informed Members that whilst there had been difficulties in recruiting permanently to the Risk & Insurance position, support was being provided by Fire & Rescue Indemnity

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Company (FRIC) and work was being undertaken to explore the possibility of working with other Fire & Rescue Services to obtain a shared resource.

RESOLVED – That the Panel:

i. confirmed that they were satisfied with the level of assurance provided to them through this report and the Authority's governance framework and processes; and

ii. approved the Annual Governance Statement for signing by the Scrutiny & Audit Panel Chair and the Chief Fire Officer.

The meeting concluded at 10.57 am

Signed

Chairman

Dated this   day of   2019

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EAST SUSSEX FIRE AND RESCUE SERVICE

Panel	Scrutiny & Audit
Date	20 July 2023
Title of Report	Internal Audit Annual Report and Opinion for the period 1 April 2022 to 31 March 2023
By	Duncan Savage, Assistant Director Resources / Treasurer
Lead Officer	Russell Banks, Orbis Chief Internal Auditor / Paul Fielding, Principal Auditor

Background Papers	Scrutiny & Audit Panel 12 May 2022 - Item 50 Internal Audit Strategy and Annual Audit Plan 2022-23

Appendices	1. Annual Internal Audit Report and Opinion 2022/23 2. Orbis IA EQA Final Report 3. Orbis IA EQA Action Plan

Implications (please tick ✓ and attach to report)

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

PURPOSE OF REPORT	To provide an Opinion on East Sussex Fire Authority's internal control environment and report on the work of Internal Audit for the period 1 April 2022 to 31 March 2023.

EXECUTIVE SUMMARY	On the basis of the audit work completed, the Orbis Chief Internal Auditor, as East Sussex Fire Authority's (ESFA) Head of Internal Audit, is able to provide reasonable assurance that the Fire Authority has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2022 to 31 March 2023. Individual reports on the systems evaluated by internal audit included agreed actions to enhance controls and management have drawn up action plans to implement these.

The Panel's attention is drawn to the following:

- No reports received a partial or minimal assurance opinon
- The follow up review of Surveillance Cameras saw an improvement in assurance level from partial to substantial
- A review of HR / Payroll was still in progress at the time of writing this report
- Planned audits of Pensions External Control Assurance, People Strategy and Control Centre – contract management where deferred to future years due resourcing pressures within the HR / Payroll teams and potential impact that industrial action would have had on those areas
- Information on the Internal Audit Service's performance compliance with the Public Sector Internal Audit Standards (PSIAS) where Orbis IA was independently assessed as achieving the highest level of confirmance. Further details are contained within Appendices 2 and 3.

All key performance indicators for the Internal Audit Service have been met or exceeded during the year with the exception of the target to deliver 90% of the audit plan.

RECOMMENDATION

The Panel is recommended to:

(i) note the Head of Internal Audit's opinion on the Fire Authority's internal control environment for 2022/23;

(ii) request that a verbal update on the completion of the review of HR / Payroll is provided at the next Panel meeting;

(iii) consider whether the Fire Authority's system for internal audit has proved effective during 2022/23

EAST SUSSEX FIRE & RESCUE SERVICE

INTERNAL AUDIT ANNUAL REPORT AND OPINION 2022-2023

1.   Introduction

1.1   Orbis Internal Audit has provided the internal audit service to East Sussex Fire and Rescue Service (ESFRS) since 1 April 1997 and we are pleased to submit this annual report of our work for the year ended 31 March 2023. The purpose of this report is to give an opinion on the adequacy and effectiveness of the Fire Authority's framework of internal control.

2.   Internal Audit within East Sussex Fire & Rescue Service

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

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

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

3.   Delivery of the Internal Audit Plan

1.1.   In accordance with the 2022/23 annual audit plan, a programme of audits, based on an assessment of risk, was carried out across the Fire Authority. As a result of internal resource pressures within the Fire Authority, as well as potential industrial action that may have taken place, several jobs from the audit plan were postponed in agreement with the Assistant Director, Resources and Treasurer and the Senior Leadership Team, which led to an overall reduction in audit days being delivered.

1.2.   Three audits were deferred to the 2023/24 audit plan because of resourcing issues within HR and Payroll teams, as well as the potential impact that industrial action would have had on those areas (Pensions External Control Assurance, People Strategy and Control Centre – Contract Management).

1.3.   While the number of audits postponed or cancelled resulted in a reduction of audit days provided from the originally agreed 2022/23 annual audit plan (57 days), we feel that the revised audit plan still delivered sufficient coverage to provide an opinion without any limitations. However, should such a situation continue into future years there is a risk that our ability to provide sufficient assurance could be impacted.

1.4.   It should be noted that there was one audit in progress at year-end, with the outcomes of this work having been considered in forming our annual opinion as far as this is possible.

4.   Audit Opinion

1.5.   **No assurance can ever be absolute; however, based on the internal audit work completed, I can provide reasonable assurance[1] that East Sussex Fire & Rescue Service has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2022 to 31 March 2023**.

Russell Banks, Orbis Chief Internal Auditor

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

- All audit work completed during 2022/23, planned and unplanned;
- Management's response to audit findings;
- Ongoing advice and liaison with management;
- Effects of significant changes in the Fire Authority's systems;
- Results of the HMICFRS inspection;
- The extent of resources available to deliver the audit plan;
- Quality of the internal audit service's performance.

1.7.   Other than the deferment of three audits as explained above, no limitations were placed on the scope of internal audit during 2022/23.

5.   Summary of Work and Key Findings

1.8.   The following chart provides a summary of the outcomes from all audits completed to draft report stage during 2022/23 with standard audit opinions (including key financial system work). An explanation of our assurance levels can be found in Appendix C below.

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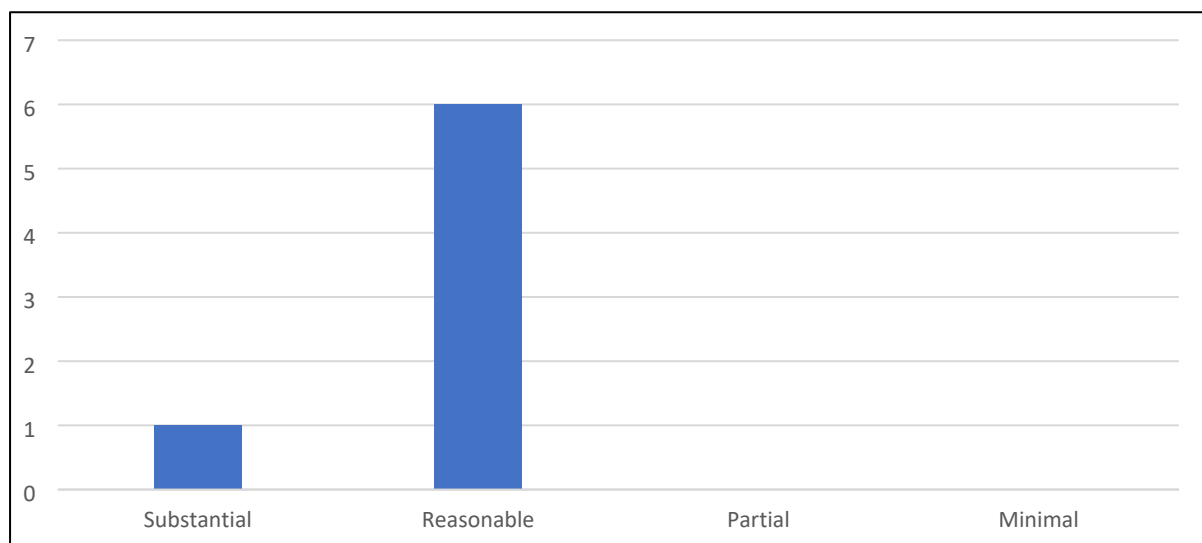
[1] This opinion is based on the activities set out in paragraph 4.2. It is therefore important to emphasise that it is not possible or practicable to audit all activities of the Fire Authority within a single year.

1.9.   A summary of the main findings from completed reviews is included at Appendix A. Overall, the majority of audit opinions issued in the year were generally positive.

6.   Performance

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

1.11.   Public Sector Internal Audit Standards (PSIAS) require the internal audit service to be reviewed annually against the Standards, supplemented with a full and independent external assessment at least every five years. The following paragraphs provide a summary of our performance during 2022/23, including the results of our most recent PSIAS independent external assessment, along with the year end results against our agreed targets.

PSIAS

1.12.   The Standards cover the following aspects of internal audit, all of which were independently assessed during 2022 by the Institute of Internal Auditors (IIA):

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

1.13.   The completed assessment incorporated a full validation of our own comprehensive self-assessment against the standards, together with interviews with key stakeholders from across all the Orbis partner councils and discussions with Internal Audit team members.

1.14.   It is pleasing to report that Orbis IA were assessed as achieving the highest level of conformance available against professional standards with no areas of non-compliance identified, and therefore no formal recommendations for improvement arising. In summary, the service was assessed as:

Excellent in:
- Reflection of the Standards
- Focus on performance, risk and adding value

Good in:
- Operating with efficiency

- Quality Assurance and Improvement Programme

Satisfactory in:
- Coordinating and maximising assurance

1.15.   In order to provide some further context to this outcome, of the nineteen assessments carried out by the IIA in the period (covering both public and private sectors), only two other audit bodies were assessed as 'Excellent' against the Standards.

Key Service Targets

1.16.   Results against our previously agreed service targets are set out in Appendix B, with a high level of overall performance. Due to operational pressures at both East Sussex Fire & Rescue Service and East Sussex County Council, the target of 90% of the audit plan completed to draft report stage by 31 March 2023 was not achieved, with a figure of 83.3% being completed. However, all but one of the outstanding audits have now been completed to final report stage.

SUMMARY OF INTERNAL AUDIT FINDINGS
For the period of 1 April 2022 to 31 March 2023

Reporting to Fire Service Management and the Scrutiny and Audit Panel

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

Audit of Key Financial Systems

The Fire Authority uses the main financial systems of East Sussex County Council. On a cyclical basis, we review the key controls within these systems as part of our programme of key financial system audits.

Accounts Receivable

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

- All income generating activities are identified and accurately raised to customers.
- A Customer account maintenance process is in place and operating effectively.
- Amendments to invoices are correct and authorised.
- Collection and debt recovery is managed efficiently and effectively, and resources are focused on areas of priority debt.
- Write-offs are processed accurately and correctly authorised.
- Payments are received and recorded against the correct debtor account in a timely manner.
- Reconciliations between the debtors system and the General Ledger are undertaken on a regular basis.

In completing our work, we were able to provide an opinion of **reasonable assurance** over the controls in place and no material processing errors were identified. We found that the Accounts Receivable system was well controlled with invoices raised with a high-level of accuracy. Furthermore, there were sound income allocation and reconciliation processes in place, with any discrepancies investigated in a timely manner.

In addition to the above areas of good practice, we found some opportunities to further improve the control environment, including that:

- A robust process is put in place to ensure that Finance are duly notified in the event that the Fire Service undertake a call in relation to a special service, to allow for an invoice to be raised; and
- An income collection manual note for the Fire Service is documented, which will provide guidance to officers in relation to financial procedures such as timeliness of invoices being raised, what constitutes proof of debt and payment methodologies (e.g. residual payments/instalments).

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

Accounts Payable

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

- Orders are only raised for goods, works and services that are needed by the Fire Authority.
- Invoices are only paid for goods, works and services that are needed by the Fire Authority.
- All payments are made to the correct vendors, for the correct amounts, at the right time and only for goods works or services ordered and received satisfactorily by the Fire Authority.
- Only vendors that meet the needs of the Fire Authority, and that do not already exist in the accounting system, are set up and their details are maintained accurately.
- Transactions in the Accounts Payable System are completely and accurately transferred to, and reflected, in the General Ledger.

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

- A well-controlled process is in place to ensure that both order and non-order purchases are raised in advance of all goods, works and services.
- New vendors are subject to review and authorisation prior to being set up in SAP, with appropriate separation of duties within the process.
- Bank detail changes made to vendors are subject to completion of checks, with an appropriate officer carrying out the authorisation within SAP.
- There is a robust process in place for general ledger reconciliation, including clearly defined roles and responsibilities, and approval from a senior officer within the Finance team to maintain separation of duties.

While controls operating within the Accounts Payable were generally found to be working effectively, some weaknesses were identified where action needs to be taken to further improve the control environment, including:

- The approval process for purchase orders was not as robust as it could be with several instances of a lack of separation of duties within the process discovered.
- Processes to help ensure the prompt payment of invoices were not being actioned, which contributed to ~18% of invoices not being paid by the Fire Authority within their agreed payment terms in 2022/23 financial year.

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

MBOS – Governance & Risk Management

ESFRS buys into the use of the Enterprise Resource Planning (ERP) system from East Sussex County Council, who are currently delivering the Modernising Back Office Systems Programme (MBOS) to replace the current SAP system. The new system, Oracle Fusion, is expected to be implemented in late 2023. The Fire Authority, whilst not directly involved in all elements of the implementation, are managing MBOS from their perspective, and have appointed a project manager to lead and support the Authority on their interactions with the programme.

East Sussex Fire & Rescue Service

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

- There is clear purpose and sufficient planning and preparation to support the programme.
- An appropriate governance structure is in place to oversee the programme.
- Risks are appropriately identified, evaluated and managed.
- Reporting and communication during programme implementation is well managed.
- Implementation of the programme is effective.
- The key deliverables of the programme are understood and clearly documented.
- Arrangements in place to close the programme and return to business as usual is well managed.

In completing our work, we were able to provide an opinion of **reasonable assurance** over the controls in place. We found that:

- The Authority maintains oversight of progress on implementation through the MBOS Project Board, with adequate coverage of the project timeline and milestones, risks, assumptions, issues, dependencies, highlights, financial performance and upcoming decisions.
- Roles and responsibilities of the project team and key stakeholders have been formally documented and agreed by the MBOS Project Board. Stakeholder engagement and communication plans have been developed and the Project lead meets regularly with both internal and external stakeholders to escalate any issues and keep abreast of progress.
- The Programme Sponsor attends ESCC's Programme Board and is able to challenge and contribute to decision making at programme level. Relevant information is shared with the MBOS Project Board, with issues and actions being appropriately logged and followed up.
- Effective risk management arrangements are in place to ensure that appropriate risks have been identified, with these appearing to be well evaluated and managed and visible by the provider ESCC.

Overall good practice had been observed and effective governance is in place, however, some risks were identified that needed to be mitigated:

- Consideration of key criteria to be delivered prior to key stages in the implementation process will need to be defined by the Authority and agreed with the provider.
- Currently, there is no indication of the business-as-usual costs to the Authority once the system goes live. This could impact the financial feasibility of this arrangement with ESCC.

An action plan for the to address the issues raised was agreed with management.

Ill-Health Retirement Arrangements

There are two ways in which a firefighter who has suffered ill-health or injury can be provided for. This provision can be made via the Pension scheme (for ill-health) and/or via the Compensation Scheme (for injury). Where firefighters are members of more than one pension scheme, this adds additional complexities to the ill-health retirement arrangements. In addition, the firefighters' Compensation Scheme allows the award of additional benefits where the incapacity has been occasioned by a qualifying injury, with the level of benefits

payable determined by the individual's earnings capacity. The costs for the compensation scheme are borne entirely by the Fire Authority.

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

- Pensions are accurately calculated in accordance with regulatory requirements;
- Awards are regularly reviewed in accordance with the relevant scheme; and
- Administration processes/tasks are completed consistently and in a timely manner (including those delivered by third parties).

Overall, we were able to provide an opinion of **reasonable assurance** over the controls in place.

The process for undertaking ill-health retirement cases is clearly defined within a policy document, which outlines the steps taken by various individuals, teams and organisations who are involved in the Independent Qualified Medical Practitioners (IQMP) process. Roles and responsibilities within the team are clearly defined, with cases being sent to the Chief Fire Officer for approval before employees are formally offered retirement.

In all cases tested, an appropriate IQMP had been engaged to provide a medical opinion before employees were retired on ill-health or injury grounds, providing an informed assessment as to the degree of illness or injury, and reducing the risk of fraudulent claims being paid. Further steps are taken by the Fire Authority's administering authority to provide appropriate checks on calculations before they are sent to ESFRS, increasing the likelihood of calculations being accurate based upon the information provided.

While areas of good practice were identified, issues were discovered which require attention from the Fire Authority:

- Policy and process documentation does not provide sufficient detail in relation to the steps to take, or the payments entitled to, should an injury occur to an employee during the course of their duties. This has contributed to the lack of clarity within the team around the duration of service that employees are required to undertake before they become eligible to receive injury or ill-health pensions, or an injury gratuity payment. Such uncertainty may lead to employees being advised incorrectly or making decisions based on inaccurate information.
- No reviews are taking place once an employee has retired on ill-health or injury grounds. These reviews are required by the Firefighters Pension Schemes to ascertain whether their condition has improved and the suitability of the pension that they are receiving.
- The ill-health and injury retirement processes are not always being followed correctly. Instances were found where the correct forms are not always being provided, and the calculations used did not contain details as to which scheme the pension was to be paid under, which can alter eligibility requirements.
- There are concerns over the timeliness of information provision and assessment once an employee has been referred to MediGold, the contracted provider of Independent Qualified Medical Practitioners. Review identified that there is no service level agreement (SLA) to detail the accepted time between a referral being made and an opinion being provided, increasing the risk of further delays.

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

Management of Governance Actions

ESFRS use a number of systems to manage and track governance actions across the Fire Authority. Actions within these systems include tracking the review periods for manual notes, as well as actions raised via internal / external assessment/assurance providers (e.g., HMICFRS, Health and Safety, Station Audits or Internal Audit).

The purpose of this audit was to provide assurance that suitable controls are in place to record, monitor and track progress against governance actions, as well as ensuring that appropriate reporting of any progress is made.

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

- The process for recording actions from internal and external assessments and audits are accurate and thorough. Each key area has a system owner, their responsibility includes assigning an action owner, distribution of tracking reports to Assistant Directors and Heads of Departments and the monitoring of actions within the system.
- For actions being classed as high risk, evidence is required for the closure of those actions and needs to be deemed as sufficient before they are marked as completed upon receipt of this supporting documentation. A manual reminder process is in place, with action holders being held accountable for updates and closure of actions.
- Working groups and committees provide governance and oversight and track and monitor actions within each key area, which helps support the delivery of actions within the expected implementation timeframe. Where extensions are required for actions, a request is agreed prior to an extension to the implementation date.

In addition to the above areas of good practice, we found some opportunities to further improve the control environment, including that:

- A robust process is put in place for the management, reminder and review of Manual Notes across the Fire Authority; and
- Development of an automated reminder process for all forms of actions to create further efficiencies within the Fire Authority, rather than relying on a manual process.

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

IT Asset Management

This review looked to assess the current arrangements in place over hardware asset management, which includes the process of tracking and managing the physical components of equipment from acquisition to disposal. IT services, including management of IT Assets at ESFRS has been outsourced to Telent since 2016. Telent are responsible for the storage, purchasing (with a few exceptions), disposal, and distribution of IT assets, except for Fireground radios that are currently managed by the ESFRS Engineering department. This included providing assurance that controls are in place to meet the following objectives:

- Appropriate governance arrangements are in place for the procurement and disposal of hardware assets.
- There are robust arrangements in place for the recording and monitoring of hardware assets.
- Robust arrangements exist to record the transfer of hardware assets or submission into central IT stores when employees leave or move posts.
- Appropriate security arrangements are in place for the storage of hardware assets.

In providing an opinion of **reasonable assurance**, we found that there are robust processes in place for the distribution of assets, including asset requests requiring approval from ESFRS IT governance before distribution. A cloud-based IT assets register is in place; with used to manage assets including the update, addition and disposal of assets, with monitoring processes in place through a variety of different measures; including the remote management of mobile devices. Appropriate storage arrangements are in place with hardware assets being stored in rooms locked by Digi-code accessed only by approved and appropriate staff.

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

- A process for review of reconciliation of the asset register is introduced to help prevent from assets being recorded incorrectly;
- Policy and process documentation is updated and reviewed on a regular basis to ensure guidance and information for employees is accurate and up to date.

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

Surveillance Cameras (Follow-up)

The Protection of Freedoms Act 2012 (PoFA) introduced the regulation of public space surveillance cameras in England and Wales. As a result, a surveillance camera code of practice (SC Code) was issued by the Secretary of State through the Surveillance Camera Commissioner (now referred to as the Biometrics and Surveillance Camera Commissioner) to ensure that the use of cameras in public places is regulated and only used in pursuit of a specified purpose. Whilst the PoFA and SC Code are not specifically targeted at Fire and Rescue Services (rather, local authorities and the police are the focus), the code acknowledges that "many surveillance camera systems are operated by…other public authorities", which are encouraged to adopt the code voluntarily. Therefore, the SC Code was used as an example of best practice for the purposes of this audit.

A review to provide assurance that the Fire Authority had appropriate arrangements in place to ensure that the deployment of surveillance camera systems in public spaces is effective, proportionate and transparent, ensuring that their use complies with the Surveillance Camera Commissioner's code of practice and data protection legislation was undertaken in 2021/22, with an audit opinion given of partial assurance. In undertaking a follow-up review to confirm whether the agreed actions have been implemented, we found significant areas of improvement since the previous audit, resulting in an improved opinion of **substantial assurance**. These included:

- A single corporate policy document has been developed and implemented to cover the use of surveillance cameras used on both buildings and vehicles. The document outlines the process behind things such as Data Protection Law, Data Retention and defines the responsibilities of internal staff and external partners.
- A Single Point of Contact with responsibility for compliance with the surveillance camera code has been identified.
- A process for the completion of Data Protection Impact Assessments (DPIAs) has been developed and implemented for the installation of CCTV cameras.

SUMMARY OF PERFORMANCE INDICATORS FOR 2022/23

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
Quality	Annual Audit Plan agreed by Scrutiny and Audit Panel	June	G	2022/23 Annual Audit Plan approved by Scrutiny and Audit Panel on 12 May 2022
	Annual Audit Report and Opinion	July	G	2021/22 Annual Report and Opinion approved by Scrutiny and Audit Panel on 21 July 2022
	Customer Satisfaction Levels	90% satisfied	G	100%
Productivity and Process Efficiency	Audit plan – completion to draft report stage by 31 March 2022	90%	A	83.3% of revised plan to draft report stage
Compliance with Professional Standards	Public Sector Internal Audit Standards	Conforms	G	Dec 2022 - External Quality Assurance completed by the Institute of Internal Auditors (IIA). Orbis Internal Audit was assessed as achieving the highest level of conformance available against professional standards with no areas of non-compliance identified, and therefore no formal recommendations for improvement arising. In summary the service was assessed as: Excellent in: • Reflection of the Standards • Focus on performance, risk, and adding value Good in: • Operating with efficiency

			G	• Quality Assurance and Improvement Programme Satisfactory in: • Coordinating and maximising assurance
	Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act	Conforms	**G**	No evidence of non-compliance identified
Outcomes and degree of influence	Agreement to audit findings	95%	**G**	100%
Our staff	Professional Qualified/Accredited	80%	**G**	93%

Internal Audit Assurance Levels:

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

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

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

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

Chartered Institute of Internal Auditors

REPORT

EQA

Setting the standards together

External Quality Assessment (EQA)

A report for Orbis Internal Audit

orbis
Internal Audit

Prepared by John Chesshire, approved reviewer for
The Chartered Institute of Internal Auditors

07 November 2022

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1.1 Background and Scope

The Orbis Partnership is a Public Sector Partnership between Surrey County Council, East Sussex County Council and Brighton and Hove City Council. Orbis was formed to provide high quality services to its customers and retain public sector money and expertise within the partnership.

In April 2017, internal audit began working across East Sussex County Council, Surrey County Council and Brighton and Hove City Council, along with a number of external fee-paying clients. In the following year, a complete restructure took place and a fully integrated service was launched with effect from April 2018. At the same time, Orbis Internal Audit took over delivery of internal audit services to Horsham District Council. At 400 days per annum, Horsham immediately became Orbis Internal Audit's biggest external client, with the arrangement also involving the TUPE transfer of three staff members.

The Orbis Internal Audit headcount is now 35, with an FTE of approximately 33.5. The service is made of six teams, three sovereign teams focussing on each partner council, a general partnership team delivering to Horsham and across all partners, and two specialist teams in the areas of ICT audit and counter-fraud.

The Orbis Chief Internal Auditor (CIA) reports functionally to each of the audit committees (or their equivalent) across the partnership. Orbis Internal Audit previously had an external quality assessment in 2018, undertaken by SWAP. We are delighted that Orbis Internal Audit have commissioned us to undertake this subsequent external quality assessment.

Our review included a full validation of the Orbis Internal Audit team's own comprehensive internal self assessment, interviews with key stakeholders across the partnership, and discussions with Orbis internal audit team members.

We conducted this EQA in a hybrid format - both remotely and in-person in Autumn 2022.

1.2 Key Achievements

Orbis Internal Audit are an established internal audit service, highly valued by the key stakeholders we spoke to in this EQA review.

The governance framework over the internal audit service is mature, with audit committee (or equivalent) oversight, regular meetings, reporting and performance monitoring.

A very well-regarded CIA leads Orbis Internal Audit, directly supported by experienced colleagues, and with specialist teams undertaking ICT audits and counter-fraud work. Orbis Internal Audit team members have diverse professional backgrounds, qualifications, experience and skills, making them a flexible and effective service. They can tackle a wide range of assurance and investigatory challenges and there is considerable ongoing investment in learning, development and upskilling. The CIA has a budget for bringing in external, specialist expertise if required.

Engagement with key stakeholders is regular and effective, with the CIA viewed as a respected, objective, trusted, credible and professional leader.

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The Orbis Internal Audit team undertake a range of diverse assurance engagements. These include coverage of key systems and processes, a number of emerging areas of risk, such as climate change, and topical aspects of governance and control.

We received positive responses to our questions about Orbis Internal Audit from those we interviewed. Key stakeholders are very confident in their competence, organisational knowledge, plans and reporting. Individual comments were very supportive, with no material areas for improvement identified.

Orbis Internal Audit develop and deliver annual risk-based audit plans. Key stakeholders felt engaged in the design of these. The CIA and their managers actively monitor team performance using their MKI audit management software, and have implemented appropriate engagement-level quality assurance checks, as well as cold file/ peer reviews. We believe that the team's supporting operational, engagement-level procedures, documentation and associated templates are professional and fit for purpose.

1.3 EQA Assessment Conclusion

Orbis Internal Audit conforms with the vast majority of the Standards, as well as the Definition, Core Principles and the Code of Ethics, which form the mandatory elements of the PSIAS and the Institute of Internal Auditors' International Professional Practices Framework (IPPF), the globally recognised standard of quality in Internal Auditing.

To summarise, we are pleased to report that Orbis Internal Audit are excellent in their:

• Reflection of the Standards

• Focus on performance, risk and adding value

We believe that Orbis Internal Audit are good in their:

• Operating with efficiency

• Quality Assurance and Improvement Programme

We believe that Orbis Internal Audit are satisfactory in their:

• Coordinating and maximising assurance

The need to consider how best to map assurance provision, as well as relying on and coordinating with other assurance providers remains an emerging area of internal audit practice. It depends as much on the nature and effectiveness of the other assurance providers as it does on internal audit, and Orbis Internal Audit are refining their approach in these areas.

There is scope for further evolution in a few areas as summarised in Section 2.2 below.

We are pleased to report that our overall opinion is that the internal audit team "generally conforms" to the IIA Standards (See Appendix A1 for our Grading definitions).

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1.4 SWOT Analysis

Strengths What works well	Weaknesses What could be done better
• The CIA is experienced, respected and key stakeholders have confidence in their knowledge, skills and leadership • The Orbis IA team have a very good reputation and standing across the partner organisations, both with members and officers • The risk-based annual plans cover a number of relevant, emerging areas of risk and topical governance subjects • Orbis IA are a diverse, knowledgeable team with many different professional certifications and areas of specialism • Stakeholders value Orbis IA plans and flexibility to accommodate additional requests and ad hoc work • High investment in qualifications, learning and development • Well-established QAIP with cold file and peer reviews	• Some engagements have a lengthy elapsed time from start to draft report
Opportunities What could deliver further value	**Threats** What could stand in your way
• Data analytics strategy development and further ICT upskilling • Stakeholders would value further sharing of cross-organisational good practices by Orbis IA • Further cross-consortium reviews could add further value • Enhancing an appropriate approach to assurance mapping and potential formalising of reliance on second line teams, where appropriate, could improve risk-based coverage • Occasional CIA review of the Orbis IA structure and the overall partnership model to ensure it remains the best fit for adding value to the partners	• Failure to retain Orbis IA staff could threaten service resilience and delivery, with particular succession challenges in respect of the CIA • Emerging risks and increasing complexity in the external environment could threaten Orbis IA's ability to deliver insight and add value in specialist service areas • Ensuring Orbis IA remuneration remains competitive in a challenging market to ensure appropriate employee recruitment, engagement and retention • Lessened desire for the wider Orbis partnership could result in a rethink of how the internal audit service is delivered, and on what basis
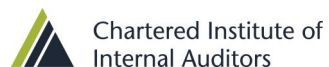
1.5 Conformance Opinion

The mandatory elements of the IPPF include the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards.

There are 64 fundamental principles to achieve with 118 points of recommended practice. We assess against the principles.

It is our view that internal audit activity conforms to 61 of the 64 relevant principles. Three of the principles were not relevant to Orbis Internal Audit as they relate to situations that have not occurred to date.

This is an excellent result and is summarised in the table below.

Summary of conformance	Standards	Generally conforms	Partially conforms	Does not conform	Not relevant	Total
Definition of IA and Code of Ethics	Rules of conduct	12				**12**
Purpose	1000 - 1130	8				**8**
Proficiency and Due Professional Care (People)	1200 - 1230	4				**4**
Quality Assurance and Improvement Programme	1300 - 1322	6			1	**7**
Managing the Internal Audit Activity	2000 - 2130	11			1	**12**
Performance and Delivery	2200 - 2600	20			1	**21**
Total		**61**	**0**	**0**	**3**[1]	**64**

We have also reviewed Orbis Internal Audit's conformance with the Public Sector Internal Audit Standards (PSIAS) and Local Government Application Note (LGAN). We are pleased to report that Orbis Internal Audit generally conform with both the PSIAS and LGAN.

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[1] These relate to circumstances which prior to the external quality assessment were deemed not relevant, most obviously the Disclosure of Non-conformance and Engagement Disclosure of Non-conformance, which have not been necessary to date.

1.6 Further Improvement Opportunities

There is scope for further improvement and development in just a few areas as summarised below:

Enhancing internal audit proficiency
- o Additional in-house focus on data analytics and ICT audit could help Orbis Internal Audit deliver further valuable insight as the partnership organisations become ever more digitalised and ICT-enabled.

Internal Assessments
- o Consider revisiting the current Orbis Internal Audit Key Performance Indicators (KPIs) to ensure they meet the needs of the service and its primary stakeholders, particularly in terms of internal audit efficiency.

Planning
- o When risk management matures, consider how best to further rely on management's view of risk, documented in risk registers, as a potential alternative - to maintaining a separate internal audit universe.

Resource Management
- o Formalising a high-level Orbis Internal Audit 'career pathway' from internal auditor to audit manager, covering knowledge, skills, experience, qualifications and responsibilities (et al) could be useful for supporting recruitment and retention.
- o Consider establishing a team to deal with unplanned requests and ad hoc tasks, while other team members focus on delivering planned work, with rotation through as appropriate
- o Consider offering clients a more 'agile' internal audit engagement approach, where appropriate, compared to the longer, more methodical engagement option.

Policies and Procedures
- o Including direct referencing of the IIA Standards in relevant sections of the 'Undertaking an Audit' document could help demonstrate to internal audit staff why particular activities, actions and steps are required.

Coordination and Reliance
- o Further enhancing a proportionate approach to assurance mapping and potential formalising of reliance on second line teams, where appropriate, could improve the team's risk-based coverage.

1.7 Acknowledgement

We would like to thank the Orbis Internal Audit team, for their time, assistance and support during this EQA, and all of those who took part in the review, for their cooperation, together with their open and honest views.

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Supporting continuous improvement

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The Chartered Institute regards conformance to the IPPF as the foundation for effective internal audit practice. However, our EQA reviews also seek feedback from key stakeholders and we benchmark each function against the diversity of professional practice seen on our EQA reviews and other interviews with chief audit executives/heads of internal audit, summarised in an internal audit maturity matrix.

We then interpret our findings into suggestions for further development based upon the wide range of guidance published by the Chartered IIA.

It is our aim to offer advice and a degree of challenge to help internal audit activities continue their journey towards best practice and excellence.

In the following pages we present this advice in two formats:

- A matrix describing the key criteria of effective internal audit, highlighting the level of maturity the internal audit team has achieved and the potential for further development, recognising that effective internal audit goes further than purely conformance with internal auditing standards. *(See 2.1)*
- A series of improvement opportunities and suggestions which the internal audit team could use as a basis for an action plan. *(See 2.2)*

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Supporting continuous improvement

2.1 Internal audit matrix

		IIA Standards	Focus on performance, risk and adding value.	Coordination and maximising assurance	Operating with efficiency	Quality Assurance and Improvement Programme
Assessment levels	**Excellent**	Outstanding reflection of the IIA standards, in terms of logic, flow and spirit. Generally Conforms in all areas.	IA alignment to the organisation's objectives risks and change. IA has a high profile, is listened to, and is respected for its assessment, advice, and insight.	IA is fully independent and is recognised by all as a 3rd line. The work of assurance providers is coordinated with IA reviewing reliability of.	Assignments are project managed to time and budget using tools/techniques for delivery. IA reports are clear, concise, and produced promptly.	Ongoing efforts by IA team to enhance quality through continuous improvement. QA&IP plan is shared with and approved by AC.
	Good	The IIA Standards are fully integrated into the methodology – mainly Generally Conforms.	Clear links between IA engagement objectives to risks and critical success factors with some acknowledgement of the value-added dimension.	Coordination is planned at a high level around key risks. IA has established formal relationships with regular review of reliability.	Audit engagements are controlled and reviewed while in progress. Reporting is refined regularly linking opinions to key risks.	Quality is regarded highly, includes lessons learnt, scorecard measures and customer feedback with results shared with AC
	Satisfactory	Most of the IIA Standards are found in the methodology with scope to increase conformance from Partially to Generally Conform in some areas.	Methodology requires the purpose of IA engagements to be linked to objectives and risks. IA provides advice and is involved in change, but criteria and role require clarity.	The 3 lines model is regarded as important. Planning of coordination is active and IA has developed better working relationships with some review of reliability.	Methodology recognises the need to manage engagement efficiency and timeliness, but further consistency is needed. Reports are informative and valued.	Clear evidence of timely QA in assignments with learning points and coaching. Customer feedback is evident. Wider QA&IP may need formalising
	Needs improvement	Gaps in the methodology with a combination of Non-conformances and Partial Conformances to the IIA Standards.	Some connections to the organisation's objectives and risks but IA engagements are mainly cyclical and prone to change at management request.	The need to coordinate assurance is recognised but progress is slow. Some informal coordination occurs but reviewing reliability may be resisted.	Multiple guides that are slightly out of date and form a consistent and coherent whole. Engagement go beyond deadline and a number are deferred	QC not consistently embedded across the function. QA is limited / late or does not address root causes
	Poor	No reference to the IIA Standards with significant levels of non-conformance.	No relationship between IA engagements and the organisation's objectives, risks, and performance. Many audits are ad hoc.	IA performs its role in an isolated way. There is a feeling of audit overload with confusion about what various auditors do.	Lack of a defined methodology with inconsistent results. Reports are usually late with little perceived value.	No evidence of ownership of quality by the IA team.

Note: The maturity level of the function will depend on a number of factors, including the maturity and the risk appetite of the organisation. Consequently, not all audit functions will aspire to being "Excellent" across the board.

2.2 Further improvement opportunities

This section of the report details additional feedback and observations which, if addressed, could further strengthen the impact of internal audit. These observations are not conformance points but support internal audit's ongoing evolution and development.

These suggestions do not require a response; they will not form part of any subsequent follow up if undertaken.

Opportunity A: Standard 1200 Proficiency and Standard 1220 Due Professional Care

	Improvement opportunity
1	Additional in-house focus on data analytics and ICT audit could be useful and help Orbis Internal Audit continue to deliver valuable insight. Given the prevalence and criticality of ICT to every organisation, the CIA should continue to consider how best to develop further ICT audit capability. We also believe that the CIA should also consider how best to further enhance awareness and capability in the use of data analytics across the team to enhance the depth and breadth of assurance provided. Some leading internal audit teams have moved to a methodology position of having to justify why data analytics should not be employed on an engagement. The expectation is that use of data analytics is the default position for every engagement.

Opportunity B: Standard 1311 Internal Assessments

	Improvement opportunity
2	Consider revisiting the current Orbis Internal Audit Key Performance Indicators (KPIs) to ensure they meet the needs of the service and its primary stakeholders, particularly in terms of internal audit efficiency. Orbis employ a small number of KPIs and these could usefully be reviewed to assess their ongoing value and usefulness. We have shared some additional guidance on KPIs as part of this EQA review.

Opportunity C: Planning

	Improvement opportunity
3	When risk management matures, consider how best to further rely on management's view of risk, documented in risk registers, as a potential alternative - to maintaining a separate internal audit universe. Internal audit has reviewed risk management at the three sovereign teams in recent years, delivering two reasonable and one substantial assurance opinions.

Opportunity D: Standard 2030 Resource Management

	Improvement opportunity
4	Developing an Orbis Internal Audit 'career pathway' from internal auditor to audit manager, covering knowledge, skills, experience, qualifications and responsibilities (et al) could be useful for supporting recruitment and retention. If potential, or new, recruits can see a clear, documented career pathway mapped out, with opportunities for progression and additional remuneration, then may foster increased engagement. Audit managers, and potentially principal auditors, could consider seeking the CMIIA designation via the Chartered by Experience route (see https://events.iia.org.uk/cmiia-workshops/chartered-by-experience-cbe-assessment/) Consider establishing a team to deal with unplanned requests and ad hoc work, while other team members focus on delivering planned work, with rotation through as appropriate. This would help ensure plan delivery is not impacted by additional requests and may help reduce the elapsed time from start to draft report on a proportion of the engagements. Consider offering clients a more 'agile' internal audit engagement approach, where appropriate, compared to the longer, more methodical engagement option. This alternative could help reduce elapsed engagement time and be more beneficial on some engagements. It would require internal audit and the client to block out calendar time to enable the engagement to be undertaken over a shorter horizon.

Opportunity E: Standard 2040 Policies and Procedures

	Improvement opportunity
5	Including direct referencing of the IIA Standards in relevant sections of the 'Undertaking an Audit' document could help demonstrate why particular activities, actions and steps are required. This may be of value to new team members, showing how the approach maps to the PSIAS/IPPF.

Opportunity F: Standard 2050 Coordination and Reliance

	Improvement opportunity
6	The CIA should further develop a proportionate, light-touch and value-adding approach to assurance mapping and placing reliance on the work of other internal assurance providers, to enhance team planning, delivery and the effectiveness of assurance provided to key stakeholders.

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A1 Global Grading Definitions

The following rating scale has been used in this report:

Generally Conforms (GC)	The reviewer has concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements of the individual Standard or element of the Code of Ethics in all material respects. For the sections and major categories, this means that there is general conformance to a majority of the individual Standards or elements of the Code of Ethics, and at least partial conformance to the others, within the section/category. There may be significant opportunities for improvement, but these must not represent situations where the activity has not implemented the Standards or the Code of Ethics, has not applied them effectively, or has not achieved their stated objectives. As indicated above, general conformance does not require complete/perfect conformance, the ideal situation, successful practice, etc.
Partially Conforms (PC)	The reviewer has concluded that the activity is making good-faith efforts to comply with the requirements of the individual Standard or element of the Code of Ethics, section, or major category, but falls short of achieving some major objectives. These will usually represent significant opportunities for improvement in effectively applying the Standards or Code of Ethics and/or achieving their objectives. Some deficiencies may be beyond the control of the activity and may result in recommendations to senior management or the board of the organisation.
Does Not Conform (DNC)	The reviewer has concluded that the activity is not aware of, is not making good-faith efforts to comply with, or is failing to achieve many/all of the objectives of the individual Standard or element of the Code of Ethics, section, or major category. These deficiencies will usually have a significant negative impact on the activity's effectiveness and its potential to add value to the organisation. They may also represent significant opportunities for improvement, including actions by senior management or the board.

Often, the most difficult evaluation is the distinction between general and partial. It is a judgement call keeping in mind the definition of general conformance above. The reviewer must determine if basic conformance exists. The existence of opportunities for improvement, better alternatives, or other successful practices does not reduce a "generally conforms" rating.

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A2 Stakeholder Interviews and feedback

We interviewed the following individuals as part of the review.

Stakeholders	Title /Position
Philip Baker	Assistant Chief Executive, ESCC
Dominic Bradley	Director of Resources, HDC
Ian Gutsell	Chief Finance Officer, ESCC
Joanna Killian	Chief Executive, SCC
Victor Lewanski	Audit Committee Vice Chair, SCC
David Lewis	Audit Committee Chair, SCC
Nigel Manvell	Chief Finance Officer, BHCC
Ros Parker	Chief Operating Officer, ESCC
Geoff Raw	Chief Executive, BHCC
Stuart Ritchie	Audit Committee Chair, HDC
Colin Swansborough	Audit Committee Chair, ESCC
Leigh Whitehouse	Executive Director of Resources, SCC
Internal Audit Function	**Title /Position**
Russell Banks	Chief Internal Auditor, Orbis
Reem Burton	Principal Auditor, SCC
Nigel Chilcott	Audit Manager, ESCC (Sovereign)
Paul Miller	Audit Manager, Partnership

Internal Audit Function	Title /Position
Liam Pippard	Senior Auditor, ESCC
Deb Read	Auditor, SCC
Carolyn Sheehan	Audit Manager, BHCC (Sovereign)
Mark Winton	Audit Manager, IT

Feedback from stakeholder interviews

Working with the business

"Internal audit is genuinely independent, but it listens to its stakeholders."

"I value internal audit's competence and the way they work well with the other departments."

"They are very constructive and not perceived as a wrecking ball! They are supportive and professional but can deliver hard messages."

"They are very supportive, very responsive and helpful."

"They are very well respected in the organisation - so they get the engagement they need."

"I value internal audit's competence and the way they work well with the other departments. The team are very competent, dedicated and loyal to the service."

"Russ has built a strong team and can deploy the right combination of skills to help us better manage risks."

"We have a grown-up relationship with internal audit and they look at the right sort of things, in the right sort of way for us."

Communication

"They are good communicators at audit committee meetings."

"The reports are good - the team are really competent and produce very useful reports."

"Their presence with the audit committee is well-received, professional and their reports are very clear."

"Their reports are thorough and presented well. Internal audit is respected and trusted by members and senior officers."

"They have got reporting down to a fine art, with succinct reports that have definitely improved over the years."

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Appendix

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Internal audit plans and coverage

"I'm always consulted on the annual audit plan and internal audit visit all the DMTs to help put the plan together."

"There is a very sensible audit plan, focused on the highest risks."

"There is sufficient flex in the plan to deal with ad hoc requests and internal audit are involved in lessons learned reviews."

"The internal audit plans are drawn from the strategic risk framework and our judgement and instinct."

"Conversations cover what topics are covered in the plan, and importantly, what is not covered too."

Value

"They are good at delivering and are a very flexible and responsive service."

"Russ and the Orbis team have been fundamental in strengthening our corporate governance and risk management practices."

"The quality in their work and approach is always there. I would rate them overall as a well-performing team."

"My only concern is the challenge of resourcing, but they are creative and flexible in filling vacancies."

"I value the increased resilience that the Orbis partnership brings and the perspective and experience of different organisations, as well as the wider expertise to draw upon."

"Russ is really well regarded. He has established really good relations with senior colleagues and has positioned internal audit as a service that can help the organisation improve."

"Internal audit really are our eyes and ears on the ground."

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EQA Committee Report

The table below summarises those areas where the external assessors believe there may be opportunities for further development of the Orbis Internal Audit Service, along with our response to each.

As explained in the assessors' report, these cover additional feedback and observations only, which are intended to help support Orbis Internal Audit's ongoing evolution and development.

Improvement Opportunity	Orbis IA Response	Timescale
Additional in-house focus on data analytics and ICT audit could help Orbis Internal Audit deliver further valuable insight as the partnership organisations become ever more digitalised and ICT-enabled.	This is an already ongoing area of development for our service with continued investment in ICT audit training and a new Data Analytics Audit Strategy recently finalised.	Ongoing
Consider revisiting the current Orbis Internal Audit Key Performance indicators (KPIs) to ensure they meet the needs of the service and its primary stakeholders, particularly in terms of internal audit efficiency.	Agreed. Important to note that the service already has a number of other measures which are not formally published in our committee reports given that they relate to operational service delivery.	March 2023
When risk management matures, consider how best to further rely on management's view of risk, documented in risk registers, as a potential alternative - to maintaining a separate internal audit universe.	As referenced, the extent to which Internal Audit are able rely on organisational risk registers in full for audit planning purposes depends entirely on the risk maturity of the partner organisations. This is an area on ongoing development and improvement for all the councils. However, it is our view that there will always be a place for this information to be supplemented with other sources when planning our work, including our own knowledge and experience of the organisations.	Ongoing
Formalising a high-level Orbis Internal Audit 'career pathway' from internal auditor to audit manager, covering knowledge, skills, experience, qualifications and responsibilities (et al) could be useful for supporting recruitment and retention.	We will look to further enhance this area although important to highlight that we have an extensive training and development programme already in place for all staff, aligned directly to the IIA's own skills and competencies matrix. This is supplemented with a significant increase in financial investment in training and development over recent years.	Ongoing
Consider establishing a team to deal with unplanned requests and ad hoc tasks, while other team members focus on delivering planned work, with rotation through as appropriate.	This is something we have considered but do not believe is in the best interest of our clients or staff at this time. One of the significant benefits of the way in which we currently work is that we allocate	N/A

Improvement Opportunity	Orbis IA Response	Timescale
	auditors to each activity based on their knowledge, skills and abilities, regardless of which team they work within. This not only allows each partner to benefit from our collective experience but also enables all of our staff the opportunity to work with different organisations and clients.	
Consider offering clients a more 'agile' internal audit engagement approach, where appropriate, compared to the longer, more methodical engagement option.	Agreed. As part of planning and scoping on individual audits we will in future offer clients this opportunity.	Immediate
Including direct referencing of the IIA Standards in relevant sections of the 'Undertaking an Audit' document could help demonstrate to internal audit staff why particular activities, actions and steps are required.	Agreed.	March 2023
Further enhancing a proportionate approach to assurance mapping and potential formalising of reliance on second line teams, where appropriate, could improve the team's risk-based coverage.	Assurance mapping is something that ideally should be developed and owned by the wider organisation, rather than internal audit. In the absence of this, we have an existing workstream in place to develop something within Orbis Internal Audit which will further strengthen our audit planning process.	Ongoing

EAST SUSSEX FIRE AND RESCUE SERVICE

Panel:	Scrutiny & Audit Panel
Date	20 July 2023
Title of Report	Corporate Risk Register Review Quarter 1 2023-24
By	Duncan Savage, Assistant Director Resources/Treasurer
Lead Officer	Alison Avery, Finance Manager

Background Papers	Corporate Risk Register Review Q4 2022-23 – Scrutiny & Audit Panel – 27 April 2023

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

Implications (please tick ✓ and attach to report)

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

PURPOSE OF REPORT   To report and review the Corporate Risk Register Quarter 1

EXECUTIVE SUMMARY   This report discusses the first quarter position for 2023-24. 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).

CR16 Grenfell Tower Public Inquiry has been removed.

CR6 Failure to manage the effects of a major loss of staff event, including through industrial action has been removed, although it will continue to be monitored.

A new risk CR18 Workforce Planning combines and replaces CR4, 12 & 14.

RECOMMENDATION The Panel is recommended to:

a) Agree the Q1 Corporate Risk Register including changes made since Q4 2022/23;

b) Identify any further information or assurance required from Risk Owners.

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1. INTRODUCTION

1.1 This report brings the first quarter for 2023-24 Corporate Risk Register update for review and consideration by Scrutiny & Audit Panel

1.2 The Corporate Risk Register is considered on a quarterly basis by Assurance, Performance & Governance Group and SLT and reported thereafter to Scrutiny and Audit Panel.

2. UPDATES

2.1 Risk owners have updated their risks for appropriate changes and these are highlighted in bold in Appendix 2. These include changes in causes; mitigations; actions and review dates.

2.2 **CR16 Grenfell Tower Public Inquiry – Non-compliance with Phase 1 recommendations** – This risk has been removed from the CRR. All Very High & High priority actions have been completed and the GT1 Action Plan Project has been closed by Strategic Change Board. Remaining Medium & Low priority actions have been transferred to business as usual, built into relevant business plans and delivery will be monitored by Operations Committee. The risk score had been assessed as 4 (tolerable) prior to removal.

2.3 **CR6 Failure to manage the effects of a major loss of staff event, including through industrial action** – This risk has been removed from the CRR. Following the outcome of the wholetime pay settlement the risk score was reduced to 4 (tolerable). The situation will continue to be monitored as a number of unions have rejected the 2023/24 Green Book pay offer and are balloting members on possible industrial action.

2.4 **CR18 Workforce Planning –** This is a new risk on the CRR and is included in Appendix B with a score of 8 (moderate). This risk combines and replaces three previous risks on the CRR:
- CR4 – Effective Workforce Planning e.g. professional services
- CR12 – Ageing Workforce
- CR14 – Workforce Planning – operational competence

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CORPORATE RISK REGISTER

Scoring for all Corporate Risk and Project RAID Log

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

Corporate Risk and Project Raid Log Scoring Matrix

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

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

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Corporate Risk Register updated for Quarter 1 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR1	Health & Safety compliance	• 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	• 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 • 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	Impact = 4 Likelihood = 2 Score = 8 Moderate	• Health and Safety (H&S) policy framework review including the implementation of a new H&S management system planned for implementation **(September 2023)** • Continue to implement the 5-year action plan drawn together following the Regional H&S audit undertaken in July 2019 **(ongoing)** • 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 **(March 2024)** • H&S technological solution will follow when the standards have been embedded. This will enable current systems to be more effective **(2024/25)**	**September 2023**	AD People Services

Corporate Risk Register updated for Quarter 1 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR2	Future financial viability	• 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	• 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 • Grant spend monitored monthly against allocation • IRMP financial impacts built into MTFP • Continue to lobby for sustainable settlement	Impact = 4 Likelihood = 3 Score = 12 Substantial	• **MTFP savings tranches 1 & 2 in implementation (Oct 2023)** • **MTFP savings tranche 3 in development and out to procure external support (March 2024)** • **MTFP tranche 4 – update on proposals to June CFA along with additional savings proposals being developed e.g. capital programme, use of reserves (June 2023)** • **Update MTFP for 2024/25 to reflect pay award and other impacts – expected funding gap in range £1.0m - £1.5m (July 2023)** • Continued review of opportunities for grant funding / additional income streams e.g. CIL (ongoing) • ESFOA to progress review of financial reporting and revenue protection by billing authorities (**Sept** 2023) • **2023/24 Provisional outturn to be reported to P&R Panel – expected to be below £0.5m in MTFP (July 2023)** • **2023/24 P2 monitoring to include updated forecast taking into account pay awards and other pressures and savings (July 2023)** • **Put in place more robust vacancy management process through Workforce Planning Group (June 2023)** • Monitor implications of supply chain disruption, on revenue and capital budgets and feed into forecasting/budget setting **and NFCC** (ongoing) • Explore options for fire sector finance benchmarking and cost driver review with NFCC FCC / FFN (**update to NFCC FCC June 2023)**) • Continue to monitor financial and legal implications of **Pension Remedy (ongoing)**	**September 2023**	AD Resources / Treasurer

Corporate Risk Register updated for Quarter 1 – 2023/24

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	• Policy or legislative changes that are likely to arise from reviews and investigations • Unknown burdens on service delivery • Likely increased funding required • Knowledge and competence needed • Lack of capacity and capability • Inability to adapt service delivery models	• Introduction of firefighter 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.	Impact = 2 Likelihood = 3 Score = 6 Moderate	• 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 **July** 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 **July** 2023)	**September 2023**	AD Safer Communities

Corporate Risk Register updated for Quarter 1 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
					• Legal process being streamlined to reduce pressure on the department caused by increased legal activity (to complete by end September 2023)		
CR7	Inability to respond effectively to a cyber incident	• 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.	• 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	Impact = 4 Likelihood = 2 Score = 8 Moderate	• The annual ITHC took place in (August 2022), the remediation actions were signed off by the SIRO and are now **nearing completion** by Telent, with oversight from ITG. • Progress towards ESFRS achieving Cyber Essentials Plus accreditation, in line with NFCC IT Managers' agreed FRS cyber accreditation standard. Cyber Essentials Plus Pre-assessment completed in (July 2022), the remediation plan being progressed in conjunction with Telent with oversight from ITG. • 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 • **The Annual ITHC will take place in (September 2023)** • **Following approval of the Telent proposal, a Cyber Desktop Exercise using the scenario of a ransomware incident, will take place in (October 2023)** **Plans are progressing with Telent for a proposal to implement Multi-factor Authentication during (2023/24) to strengthen system access security, as per recommendation from the National Cyber Security Centre (NCSC)**	**September 2023**	DCFO

Corporate Risk Register updated for Quarter 1 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR8	Failure to deliver key corporate projects	• 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	• 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	• 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. (ongoing) • **Further work to confirm the financial envelope for 2023/24 to enable decisions on work to be progressed and funding sources (June 2023)** • Proposals for a substantive PMO and appropriate model will be considered at SLT (September 2023). •	**September 2023**	AD Planning & Improvement
CR9	Collaboration	• Collaboration fails to deliver desired outcomes • Resources required to support collaborative activities not justified by improvements in efficiency and / or effectiveness	• 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 • **An improvement plan for the OH collaboration was presented to SLT Q3 2022/23 and HSWC April 2023** •	Impact = 3 Likelihood = 2 Score = 6 Moderate	Annual OH collaboration report will be presented to SLT (July 2023)	**September 2023**	AD People Services

Corporate Risk Register updated for Quarter 1 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR10	Risk of loss of live fire training at Service Training Centre.	• Service Delivery: Unable to deliver training and requalify personnel. • Industrialisation of areas surrounding ESFRS premises perpetually halting operational practice on sites.	• 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	• New Security Strategy will be considered by Estates Strategy Delivery Board in **Summer** 2023 • Scheme to deliver new Live Fire Training Units at Service Training Centre included in Capital Programme but now part of wider review of Capital Programme. (September 2023)	**September 2023**	AD People Services
CR13	Financial & operational impacts of global supply chain disruption	• 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	• 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	• Continued monitoring of revenue budget and assessment of potential inflation risks **(July 2023)** • Energy saving measures being put in place with aim to reduce consumption by 5% by 31/03/23 – **final outcome under review before targets for 2023/24 considered (July 2023)** • 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 **(July 2023)** • **National fire inflation survey to be completed to inform submission to Home Office (June 2023)** •	**September 2023**	DCFO

Corporate Risk Register updated for Quarter 1 – 2023/24

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	• 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.	• 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 **as appropriate** • Decision by P&R Panel to pause processing both Category 1 and Category 2 cases under the IDF remains in place • Revenue funding agreed to support additional resources within the Payroll & Pensions team **to prepare for and implement Remedy – resources now secured to end of 2023/24** • 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	Impact = 4 Likelihood = 3 Score = 12 Substantial	• Monitor new legal claims issued by FBU / scheme members **(ongoing)** • Monitor financial impact **via revised Employer Rates for 2025/26 and continue to lobby Home office to fund in full (ongoing)** • Complete preparatory work **and provide required data** in advance of Remedy on 1 October 2023 • Continue to monitor requirements to implement Remedy through Home Office, West Yorkshire Pension Fund and LGA / SAB **(ongoing)**	**September 2023**	AD People Services

Corporate Risk Register updated for Quarter 1 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR18	Effective Workforce Planning	• Increasingly difficult to recruit into professional services • HR policy flexibility (grades/salaries) • Recruitment pool processes • HMICFRS report highlighting challenges within People Services • Increasing ageing workforce • Increasing number of age-related injuries • Increased number of ill health retirements • Difficulties in maintaining operational competence	• **Market Supplement Policy in place** • **Use of wider recruitment market to assess salary points for specialist posts** • **Recruitment and selection framework in place** • **Redesigned talent pool process at each operational level within the Organisation** • **Access professional legal advice where necessary** • **Monthly workforce planning meeting incorporates a vacancy management process to ensure critical roles are filled appropriately.** • **Complex Case Management Review meetings specifically to assist in addressing this issue including service fitness advisor** • **Improved approach to manual handling including training and equipment which has resulted in a reduction in the number of reported incidents and the KPI was green for the first time.** • **Wellbeing strategy that is supporting an ageing workforce** • **Workforce planning group providing collective understanding of current picture and forecasting through resource management plan.** • **Internal transfer pool running** • **WT firefighter pool in place – top up of external transfer pool now completed and CM/WM pools open including external applicants**	**Impact = 2** **Likelihood = 4** **Score = 8** **Moderate**	• **Support the department workforce plans with a series of workshops (September 2023) run by Organisational Development** • **Embed the strategic workforce plan (ongoing).** • **Re-engineer the recruitment and selection processes for professional services (March 2024)** • **Service structural review commencing as part of MTFP Tranche 3 (March 2024)** • **Ill health retirement audit has been completed and action plan in place (September 2023)** • **Ensure focus on development of those with potential through equitable and fair pathways (ongoing)** • **Adoption of the NFCC tools including Supervisory Managers Leadership Programme, Middle Managers Leadership Programme. (ongoing)** • **Using the NFCC Coaching and Mentoring portal as an assistive tool (ongoing)** • **Gap analysis of competencies that are at high risk of not being retained through workforce planning across all departments. (March 2023)** • **Assess alternative options for securing specialist skills (sharing with other services) (ongoing)** • **Early adopters for the NFCC Direct Entry Scheme (September 2023)**	September 2023	AD People Services

EAST SUSSEX FIRE AUTHORITY

Panel	Scrutiny and Audit
Date	20 July 2023
Title of Report	Integrated Risk Management Plan progress update
By	Mark Matthews, Assistant Chief Fire Officer
Lead Officers	Matt Lloyd, Assistant Director Safer Communities Andrew Cornford, Group Manager

Background Papers	Planning for a Safer Future – Integrated Risk Management Plan 2020 – 2025
	FA Service Planning processes for 2023/24 and beyond – Revenue Budget 2023/24 and Capital Asset Strategy 2023/24 to 2027/28
	Draft Integrated Risk Management Plan (IRMP) 2020-2025 'Planning for a Safer Future' – Consultation Results and Modified Proposals
	Integrated Risk Management Plan – Timeline Review for 16/12/21 SLT
	FA Scrutiny Audit Public Report – IRMP progress update Jan 23 230105 final

Appendices	1. Detailed IRMP workstream tracker 2. Breakdown of Feb 2023 revenue re-baseline v forecast

Implications (please tick ✓ and attach to report)

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

PURPOSE OF REPORT: This paper provides members of the Scrutiny & Audit Panel with an update on the latest position in terms of delivery of the IRMP and the associated revenue and capital savings.

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

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

A further reforecast of the IRMP timelines and savings profile was carried out as part of the Medium Term Financial Plan (MTFP) refresh and 23/24 budget round. This profile was approved by the Fire Authority in February 2023 (the Feb 2023 re-baseline).

This paper sets out the latest forecast of the current IRMP savings profile versus the new Feb 2023 baseline based on the latest retirement profile estimations.

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

RECOMMENDATION: That the Scrutiny and Audit panel;

    a) note the status of IRMP delivery;

    b) note the latest forecast IRMP savings profile

1.   INTRODUCTION

1.1   The workstreams that make up the current Integrated Risk Management Plan (IRMP) were an outcome of the Operational Response Review (ORR). The ORR was a detailed analysis of the Service risk profile and the resources that were needed to ensure the most appropriate and proportionate prevention, protection and emergency response capability. The ORR was completed and closed down on 28 September 2020.

1.2   The Service's current Integrated Risk Management Plan (IRMP) is the mechanism through which we are delivering the improvements that were identified following the ORR. The implementation of that plan over the period (2020-2028) will ensure that Service resources are aligned to risk. The full outcome of the plan will improve efficiency and effectiveness.

1.3   The IRMP previously comprised of seven work packages, as follows:

1. Operational Response Plan
2. Changes to the Day Crewed Duty System
3. Changes to the operational fleet (low activity P4's)
4. New P2 at Bohemia Rd & Day Crewed Duty System at The Ridge
5. Specialist Appliance Review & Shared Crewing Policy
6. Demand management plans
7. Group crewing in the City

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

1.5   A further workstream concerning the removal of Additional Availability Allowance (AAA) was also introduced in November 2022.

1.6   As a result of the Medium Term Financial Plan (MTFP) refresh and 2023/24 budget round, an eighth work package has been added to the IRMP containing three additional workstreams, as follows:

- MTFP Tranche 1 - Removal of On Call Support Officers (OCSO)
- MTFP Tranche 2 - Removal of On Call from Lewes and Crowborough
- MTFP Tranche 4 - East Review (option analysis only)

1.7   This has resulted in the IRMP containing eight work packages, which comprise of thirty-three workstreams in total.

1.8   MTFP Tranche 3 proposals will form a separate project outside of the IRMP but under the overall oversight of Strategic Change Board. MTFP Tranche 4 (East Review option analysis and broader MTFP considerations) will be covered as a topic in its own right with a separate paper to the July 2023 Policy and Resources Panel.

2. DELIVERY PROGRESS AND CURRENT STATUS

2.1   Implementation progress is governed, managed, and monitored via the IRMP Delivery and Strategic Boards, which both meet monthly.

2.2   As of the end of April 2023, fourteen of the thirty-three individual workstreams were completed. These are as follows:

- Combined Crewing Policy
- Flexible Resource Pool (*2 appointed)
- Resource Management Team (now called Logistics & Control Support)
- Removed 7 P4 appliances and relocated 3 to operational spares
- Reclassification of Maxi Cabs to P1 appliance
- Move High Volume Pump from Hove to Seaford
- Command Pod Removal
- Replace Foam Tender with Operational Support Unit at Newhaven
- Replace Aerial Rescue Pump with dedicated Aerial Ladder Platform
- New P2 appliance at Eastbourne
- Lift releases - Communications to responsible persons - continue to attend
- Unwanted Fire Signals - Change in Policy through 2 phases
- Birds Trapped in Netting – Engagement with animal charities to ensure interoperability where appropriate
- Introduction of Group Crewing in the City of Brighton & Hove

2.3   The following further three workstreams are due to complete shortly:

- Operational Response Policy
- Swift Water Rescue withdrawn and replaced on Technical Rescue vehicle(s)
- Shared crewing policy for Special appliances

2.4   Three workstreams have also been placed on hold pending the outcome of the option analysis for MTFP Tranche 4 – the East Review. Those workstreams are:

- Introduce P2 at Bohemia Road
- 24/7 shift to day crewed (28 to 9 FTE) at The Ridge

2.5   Thirteen workstreams remain in progress, and the latest timelines for these are as follows:

Key:	= under development		= ready (partially implemented)
	= consultation & notice where required		= complete & in place

Open workstreams

No.	Workpackage	WBS	Workstream	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1	Operational Resilience Plan	1.3	Enhancements to on-call (availability)															
		1.4	Enhancements to on-call (flexible on-call contracts - O/T policy)															
2	Day Crewed Duty System	2.7	DCDS (7FTE) @ Battle															
		2.8	DCDS (9FTE) @ further 5 stations															
5	Specialist appliance review & shared crewing policy	5.14	Reduce Wildfire from 5 to 4															
		5.15	Reduce 2 Rope Rescue vehicles to 1 @ Bexhill															
		5.18	Replace 2 existing TRU's with 2 no. TRU (1 with RRV cap.)															
		5.21	New HazMat vehicle @ Heathfield															
		5.22	New Fire Investigation vehicle @ Eastbourne															
8	Policy development	8.30	Removal of AAA's															
9	MTFP	9.1	Tranche 1 - Removal of on call support officers															
		9.2	Tranche 2 - Removal of On Call from Lewes and Crowborough															
		9.3	East Review															

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

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

- Shared Crewing
- Combined Crewing
- City Group Crewing
- Overtime and Allowances
- Day Crewed Duty System
- Request to Support National Incidents
- 42 Hour Flexi-time Duty System
- Management and Use of Operational Spares and Special Vehicles
- Pay Policy

2.8 A significant amount of communication and staff engagement continues to take place. This is an essential part of effective change management, particularly in respect to those work packages associated with changes to appliance distribution and crewing models as those approach the point of implementation.

2.9 This communication continues to use many different platforms, including Service Brief articles, individual station visits, SLT Briefing documents and quarterly evening staff engagement sessions by area. Further station and one-to-one visits have been carried out to support individual elements of consultation, particularly concerning the new Day Crewed Duty System.

3. LATEST IRMP FINANCIAL FORECASTS

3.1 **Revenue:**

The following table (Table 1) shows the latest forecast revenue savings profile versus the re-baselining exercises detailed within the Jan 2022 Scrutiny & Audit Panel paper and Feb 2023 Fire Authority Budget Paper. This includes consideration of the latest actual and forecast retirements along with other factors that have changed over time, such as

extension of some IRMP delivery team resources, the agreement to remove AAA's and the new forecast savings associated with MTFP Tranches 1 & 2:

3.2 **Table 1 – IRMP Revenue Savings – latest forecast v baseline:**

	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	2028-29 £'000	Total £'000
Jan '22 re-baseline	54	72	(83)	(220)	(369)	(426)	(556)	(567)	(578)	(2,673)
Feb '23 re-baseline	54	72	(38)	(197)	(586)	(595)	(606)	(614)	(625)	(3,134)
Latest forecast (May '23)	54	117	191	(353)	(696)	(709)	(717)	(734)	(743)	(3,589)
Latest forecast v Feb '23 re-baseline	0	45	229	(156)	(110)	(114)	(111)	(120)	(118)	(455)
MTFP Tranche 1 baseline	0	0	0	0	(185)	(189)	(192)	(196)	(200)	(963)
MTFP Tranche 1 forecast	0	0	0	(91)	(185)	(189)	(192)	(196)	(200)	(1,054)
MTFP Tranche 2 baseline	0	0	0	0	(108)	(110)	(112)	(115)	(117)	(562)
MTFP Tranche 2 forecast	0	0	0	0	(108)	(110)	(112)	(115)	(117)	(562)
Tranche 1 & 2 forecast v MTFP baseline	0	0	0	(91)	0	0	0	0	0	(91)

3.3 For the 'original' IRMP workstreams (pre-MTFP additions) the above shows a forecast positive position versus the Feb 2023 re-baseline of £156,000 greater than target savings in 2023/24 dropping to c. £110,000 p/a greater than the target in 2024/25. The Service currently forecasts cumulative savings of £455,000 above what is currently assumed in the MTFP over the lifespan of the IRMP to 2028/29. This is primarily due to target headcount savings now being forecast to be achieved earlier than originally planned, based on the latest retirement profiling. This will be subject to change as individuals announce their retirement dates.

3.4 For the Tranche 1 and 2 workstreams, the above also shows a forecast positive position versus the Feb 2023 baseline of £91,000 greater than the target savings originally forecasted for 2023/24. This is due to the fact that the removal of the OCSO posts is now forecast to be achieved 6 months earlier than April 2024.

3.5 It should be noted however that the above forecasts exclude pressures on the base budget such as long-term absence, maternity, suspensions and light duties. These challenges sit outside the IRMP but are being reviewed and reported back to SLT and the Fire Authority separately.

3.6 The Feb 2023 re-baseline and latest revenue forecasts are broken down further by work package in Appendix 2 for information.

3.7 **Capital:**

The table below (Table 2) shows the capital savings profile versus the re-baselined January 2022 CFA approved capital savings profile. These savings have now been taken from the capital programme, meaning this aspect of delivery IRMP efficiencies is now complete.

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

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

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4.   CONCLUSIONS AND RECOMMENDATIONS

4.1   Further, significant, progress has been made on implementation of the IRMP since the last update to SLT in December 2022. As of May 2023, 14 of the now 33 individual workstreams are now complete, 3 further workstreams should complete shortly, 3 workstreams are on hold due to changes agreed through the MTFP refresh, and the 13 residual workstreams continue to progress broadly on target against latest timelines.

4.2   The latest financial forecast shows a positive position versus the Feb '23 re-baseline of £455,000 potential additional revenue savings over and above what is currently assumed in the MTFP over the lifespan of the IRMP to 2028/29, and a further positive position of £91,000 greater than the target MTFP refresh savings forecast for 2023/24 for the Tranche 1 and 2 workstreams. The required capital savings have also now been taken from the capital programme as of the end of 2022/23.

APPENDIX 1:

The latest IRMP detailed workstream tracker is as follows:

No.	Workpackage	WBS	Workstream	Scope drafted	Scope agreed	Options & proposal	Proposal approved	Consult. complete	Notice complete	Implement
1	Operational Resilience Plan	1.3	Enhancements to on-call (availability)	C	C	31/07/2023	21/08/2023	11/12/2023	11/03/2024	18/03/2024
		1.4	Enhancements to on-call (flexible on-call contracts - O/T policy)	-	C	-	C	C	-	28/02/2023
2	Day Crewed Duty System	2.7	DCDS (7FTE) @ Battle	C	C	C	C	C	18/06/2023	05/08/2023
		2.8	DCDS (9FTE) @ further 5 stations	C	C	C	C	C	18/06/2023	05/08/2023
5	Specialist appliance review & shared crewing policy	5.14	Reduce Wildfire from 5 to 4	-	-	-	-	-	-	09/10/2023
		5.15	Reduce 2 Rope Rescue vehicles to 1 @ Bexhill	-	-	-	-	-	-	02/10/2023
		5.18	Replace 2 existing TRU's with 2 no. TRU (1 with RRV cap.)	C	C	-	-	-	-	02/10/2023
		5.21	New HazMat vehicle @ Heathfield	-	C	-	-	-	-	01/04/2024
		5.22	New Fire Investigation vehicle @ Eastbourne	-	C	-	-	-	-	01/04/2024
8	Policy development	8.30	Removal of AAA's	-	-	-	C	C	16/03/2023	16/09/2023
9	MTFP	9.1	Tranche 1 - Removal of on call support officers	-	-	C	-	15/05/2023	14/08/2023	21/08/2023
		9.2	Tranche 2 - Removal of On Call from Lewes and Crowborough	-	-	C	-	07/08/2023	30/10/2023	06/11/2023
		9.3	East Review	-	-	C	12/06/2023			

APPENDIX 2:

Breakdown of Feb 2023 revenue re-baseline and latest forecast by workstream

	Feb '23 re-baseline								
	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	2028-29 £'000
Enhancements to On-call	0	2	2	2	2	2	2	2	2
Flexible Crewing Pool	0	0	377	284	466	477	487	498	509
Day Crewing	0	0	(397)	(505)	(1,033)	(1,054)	(1,075)	(1,097)	(1,119)
Day Crewing at the Ridge	0	0	0	50	112	114	116	119	121
Maxicab Policy: Removal of P2 & new ALP	0	0	(7)	(8)	(8)	(8)	(8)	(8)	(8)
City Crewing	0	(45)	(184)	(94)	(94)	(96)	(98)	(99)	(101)
Total Net (Savings)	0	(43)	(209)	(271)	(555)	(565)	(576)	(584)	(595)
Changes to policy & practice (Appendix A)	0	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)
Implemention Team Costs	54	154	203	105	0	0	0	0	0
Logistics and Control Support	0	10	18	19	19	19	20	20	21
Total Net (Savings) / Cost	54	72	(38)	(197)	(586)	(595)	(606)	(614)	(625)

	Latest forecast (May '23)								
	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	2028-29 £'000
Enhancements to On-call	0	2	2	2	2	2	2	2	2
Flexible Crewing Pool	0	0	30	404	510	520	531	542	553
Day Crewing	0	0	(23)	(741)	(1,052)	(1,074)	(1,091)	(1,119)	(1,136)
Day Crewing at the Ridge	0	0	0	0	0	0	0	0	0
Maxicab Policy: Removal of P2 & new ALP	0	0	(7)	(8)	(8)	(8)	(8)	(8)	(8)
City Crewing	0	0	0	(73)	(101)	(103)	(105)	(106)	(109)
Total Net (Savings)	0	2	2	(416)	(649)	(663)	(671)	(688)	(697)
Changes to policy & practice (Appendix A)	0	(50)	(50)	(61)	(66)	(66)	(66)	(66)	(66)
Implemention Team Costs	54	154	221	105	0	0	0	0	0
Logistics and Control Support	0	10	18	19	19	19	20	20	21
Total Net (Savings) / Cost	54	117	191	(353)	(696)	(709)	(717)	(734)	(743)

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EAST SUSSEX FIRE AUTHORITY

Meeting	Scrutiny and Audit Panel
Date	20 July 2023
Title of Report	Performance Report for Quarter 4 2022/23
By	Liz Ridley, Assistant Director – Planning & Improvement
Lead Officers	Sharon Milner, Planning & Intelligence Manager Marcus Whiting, Performance Analyst
Lead Member	Cllr Nuala Geary

Background Papers	None

Appendices	Appendix 1 – Quarter 4 report

Implications (please tick ✓ and attach to report)

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

PURPOSE OF REPORT	To present the results of quarter 4 2022/23 and the year end results for 2022/23 against the previous year's results for the repectective periods.

EXECUTIVE SUMMARY	This report, considered by the Assurance Performance and Governance Group (APGG) at its May meeting and the Senior Leadership Team (SLT) at its June meeting, provides the Scrutiny and Audit Panel with a summary of service performance information for quarter 4 2022/23 compared to quarter 4 2021/22 and the end of year results for 2022/23 against 2021/22.
	The year end results for 2022/23 demonstrate an improvement of performance across a number of areas with 12 indicators showing an improvement in performance against the previous year and nine are showing a decline.

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.

1. **INTRODUCTION**

1.1 The Assurance Performance and Governance Group, at its May meeting and the Senior Leadership Team at its June meeting, considered the performance indicator results of quarter 4 and the end of year results for 2022/23 against previous year's performance. This report contains the observations of those meetings in relation to service performance.

2. **MAIN ISSUES**

2.1 The quarter four and end of year report for 2022/23 provides the Panel with a view of performance against the previous year. The year end results for 2022/23 demonstrate an improvement of performance across a number of areas with 12 indicators showing an improvement against the previous year and nine are showing a decline.

2.2 The quarter results present a different picture when directly compared, the decline in performance in certain measures is because in previous years there has been a considerable effort in the last quarter to achieve the targets set in home safety visits, business safety audits undertaken by crews and fire safety audits. Therefore, when comparing the quarter on quarter performance the direction of travel in terms of those indicators that have 'declined' is based on absolute figures and it should be noted that performance has been proactively managed throughout the year resulting in the 'spike' seen in previous years not happening in 2022/23.

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 **Priority 1 - Reducing accidental dwelling fires**

3.2.1 In quarter 4 2022/23, ESFRS attended 105 accidental dwelling fires (ADFs), this is a decrease of 23 against the same period in the previous year. The end of year result for ADFs shows a continued improvement in performance in this area with 412 against 433 in the previous year. This is the lowest number of ADFs ever attended by ESFRS.

3.3 **Priority 2 - Undertake 10,000 home safety visits (HSVs) of which 95% to be delivered to vulnerable members of our community**

3.3.1 We delivered 2,295 home safety visits in quarter 4 of which 95.5% were to vulnerable people within our community. Although this is lower than the number in quarter 4 of the previous year, the year end result is significantly higher with 10,303 being completed; which is 842 more than in 2021/22 and also exceeds the Service

target of 10,000.

3.4 **Priority 3 - Reducing the number of absences of our employees due to sickness**

3.4.1 Figure 1 shows that in quarter 4 2022/23, ESFRS lost 2.8 shifts per person to sickness (2.6 in the previous year's quarter 4). The 2022/23 year end result is 10.2 shifts lost per person, which is above the target of 7.5 but slightly below the 2021/22 end of year result 10.5 shifts lost due to sickness per employee).

Figure 1: Total Sickness
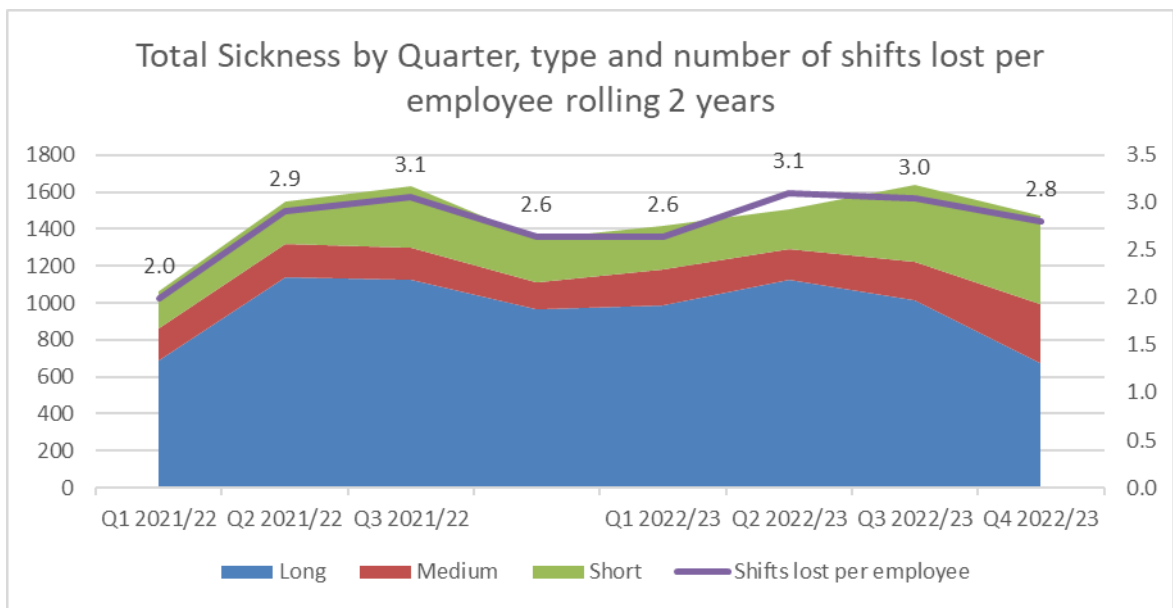
3.4.2 Table 1 shows the shifts lost broken down by absence code due to COVID-19 in Quarter 4 2022/23.

Table 1: COVID related absence for Quarter 4 2022/23

Shifts lost Other absence code	No of employees	No of Shifts lost
COVID-19 (medically confirmed)	13	47
SELF-ISOLATION (instructed by ESFRS)	2	3.5
Total	**15**	**50.5**

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

WT & LCS Sickness by Quarter, type and number of shifts lost per employee rolling 2 years
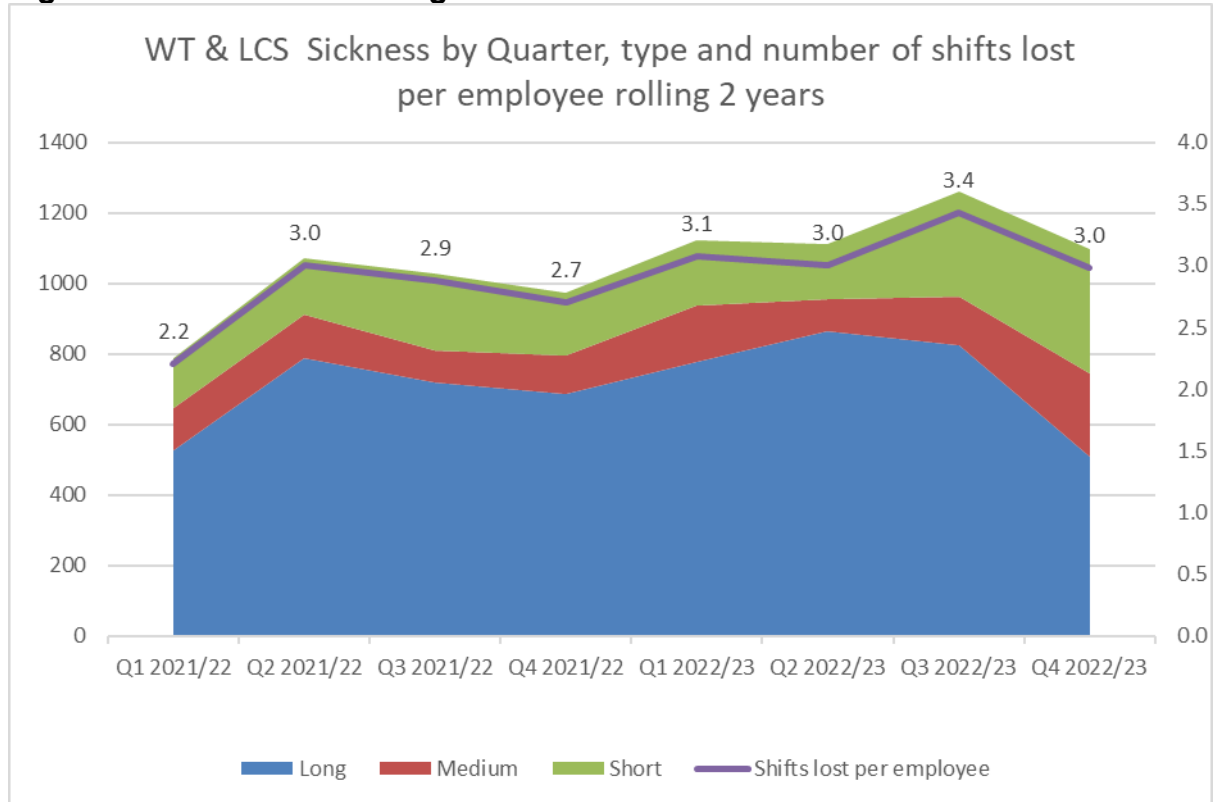
Figure 3: Support Staff Sickness

Support staff Sickness by Quarter, type and number of shifts lost per employee rolling 2 years
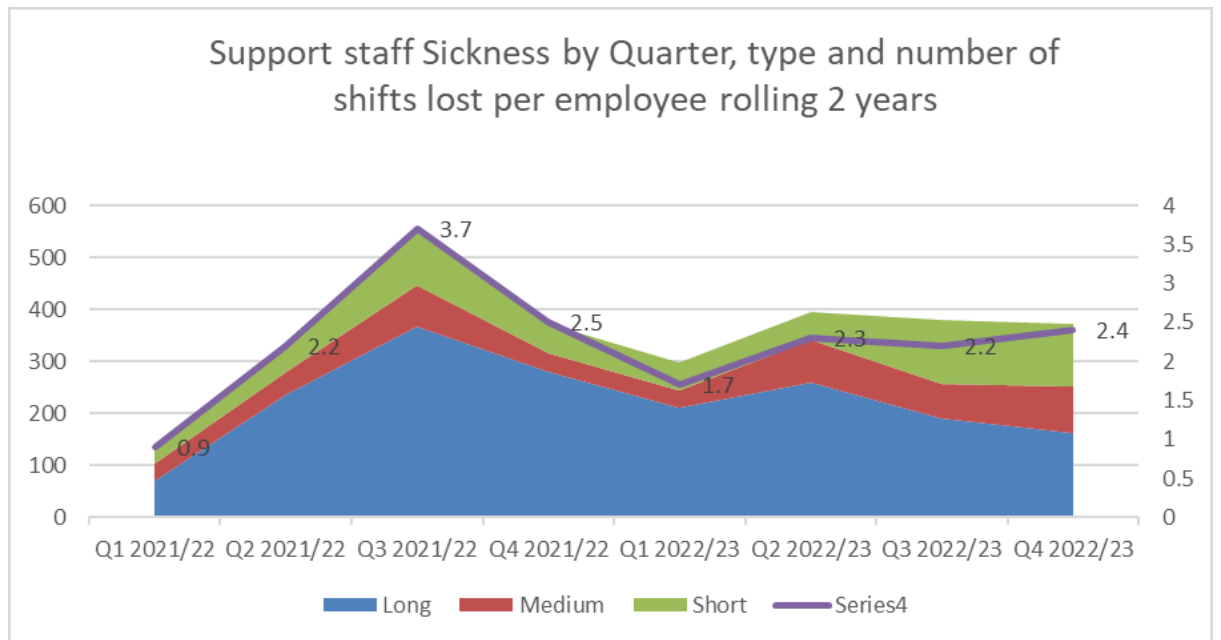
3.4.5 As previously reported, the Service has continued to focus on sickness absence with the HR Strategic Committee and the Health, Safety and Wellbeing Committee undertaking a deeper review of sickness at ESFRS. The cause of absence still fluctuates between staff groups but the two main categories of reported sickness are musculoskeletal related (40% of reported sickness) and mental health related (40%

of reported sickness). This situation continues to be 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.

3.4.6   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.

3.4.7   Actions to improve sickness levels continue 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 Service has invested in mental health first aiders (MHFAs) with a recent training course finished and the launch of the new MHFAs to take place soon.
- 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.
- A report to consider a pilot of the Benenden Health care scheme to support our staff was approved at May SLT.

3.5   Priority 4 - Reducing attendance at false alarms

3.5.1   The year end result shows an improving performance with a 31.8% reduction against the baseline for 2022/23, an improvement over the 2021/22 result which was 26.4%

3.5.2   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.

3.5.3   The results of this policy change were closely monitored during quarters 1 to 3 2022/23. In January 2023 a further paper was presented to the Policy and Resource Panel to consider no longer attending fire alarms operating in low risk commercial properties. This was agreed and a task force has been established and is in progress.

3.5.4   The indicator 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. The following charts show the number attendended prior to the policy change and the number attended now.

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

Non-Residential Property AFAs attended during Office Hours

Month	2021/22	2022/23
October	51	12
November	36	11
December	36	12
January	32	11
February	44	12
March	43	11
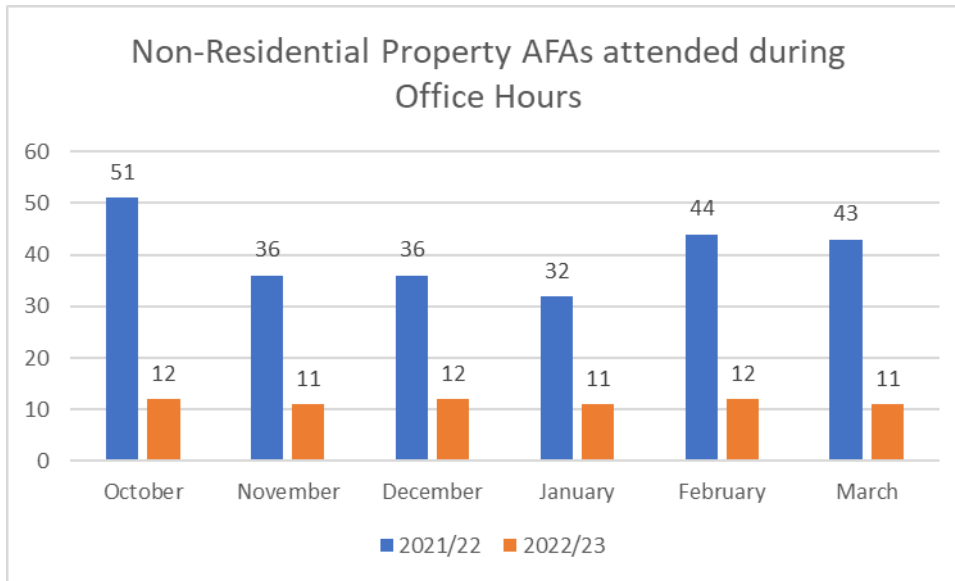
3.5.6   Chart 2 shows the percentage of all AFAs attended that were in Non-residential property types during office hours

% of All AFAs attended that were Non-Residential Properties during Office Hours

Month	2021/22	2022/23
October	15.7%	4.4%
November	12.9%	4.4%
December	12.0%	4.2%
January	14.2%	4.4%
February	17.9%	5.7%
March	21.9%	4.2%
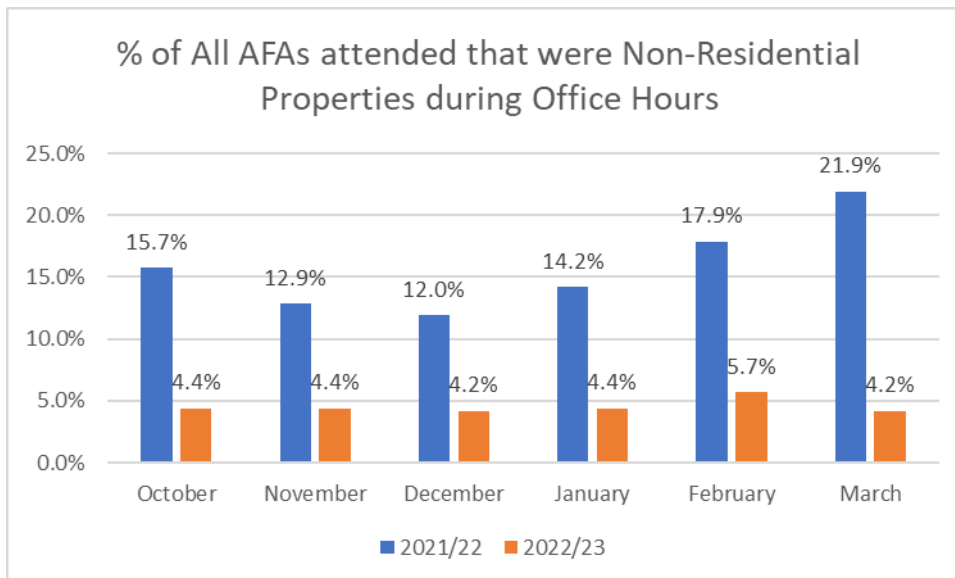
3.6   Priority 5 - Inspections of high risk premises completed

3.6.1   In quarter 4 there has been a decrease in the number of inspections of high risk premises compared to previous year. In quarter 4 2022/23 76 face to face high risk inspections were completed against 128. However the year end result shows an improvement in performance with 506 being completed in 2022/23 against 470 in 2021/22.

3.6.2   Table 2 below shows the breakdown of these other interactions that were completed during quarter 4 in 2022/23, in which there were 829. This compares to 766 in quarter 4 in 2021/22.

Table 2: Breakdown of Business safety interactions for Quarter 4 2022/23

Interaction	Total
Building Regulations	205
Housing	5
Licensing	86
Marriage Act	8
Other Consultation	1
Other FS Activity	493
Planning	31
Grand Total	**829**

3.6.3   Operational crews completed 208 business safety visits, a decrease from the 428 in quarter 42021/22. However, the year end result of 1,523 shows an increase in visits by the end of 2022/23 and shows a marked improvement on the previous year when 995 were undertaken.

4.   **ADDITIONAL INFORMATION RELATING TO THE INDICATORS WHICH ARE REPORTING MORE THAN 10% DECLINE IN PERFORMANCE AGAINST THE YEAR END RESULTS IN THE PREVIOUS YEAR.**

4.1   Twelve of the 21 indicators are showing an improvement in performance against the previous year and nine are showing a decline.

4.2   Of those reporting a decline in performance, five indicators are reporting at least a 10% decline in performance against 2021/22. These are:

(i)   Number of injuries in primary fires (108% 27 up from 13)
(ii)   Number of Industrial and Commercial fires (10% 125 up from 114)
(iii)   Number of RIDDOR incidents (60% 8 up from 5)
(iv)   Number of workplace reported accidents / injuries (30% 194 up from 149)
(v)   Percentage of Automatic Fire Alarm (AFA) mobilised calls to properties covered by the Regulatory Reform Order that were classified as a primary fire (130% 2.3% up from 1.0%)

4.3   There were 27 people injured in primary fires during 2022/23, 22 of these were in accidental dwelling fires, one was a deliberate dwelling fire, one was outdoors at an allotment, one was a deliberate fire in a prison, one in a residential care home and one was in a car fire. All of these casualties attended hospital for their injuries; in nine of these causes the injuries were recorded as serious and the remaining 18 were slight injuries. Upon analysis there is no real pattern in the number of injuries as it can be impated by something as simple as the number of people in the household at the time of the fire.

4.4   The number of industrial and commercial fires has risen by 10%, this equates to an extra 9 fires against the previous year. This is attributed to the national Covid lockdown period which was still in place until 19th July 2021 where we saw a reduction if fires.

4.5   There were 194 workplace reported accidents / injuries in 2022/23. The main increase is in the number of incidents where work time was lost which has increased

from the previous year from 13 to 25. The number of vehicle collisions category has also increades from 47 to 53 and this includes 9 third party incidents where we were not at fault and the number of manual handling incidents has increased from 27 to 34. However, when comparing manual handling figures, with the previous four years data this a consistent number. The average of the four year period is 31. We will continue to ensure that manual handling training is reviewed and kept up to date and will continue to monitor any trends at the Operations Comittee, Workplace Safety Reps and the Heath Safety and Wellbeing Committee. The Service has a positive workplace safety event reporting culture to assist the idenitification of trends so that mitigations can be put in place.

4.6   The percentage of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire has increased to 2.3% against the previous year. The increase is due to the decrease in AFA mobilised calls; in 2021/22 there were 1,693 and this year 1,384. The number of these mobilisations that resulted in a primary fire also increased from 17 to 32. 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.

5.   **ROAD TRAFFIC COLLISON DATA**

5.1   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	2022/23
RTC ESFRS total attended	506	518	443	319	404	419
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%	

5.2   Chart 3 below shows the number of RTCs attended over a five year period by type to the end of 2022/23. The largest category ESFRS is called to is 'making the scene safe' with 1,003. The total number where we have extricated and or released people is 475 over the period.

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

All RTCs attended by ESFRS by Category 2017/18 - 2022/23
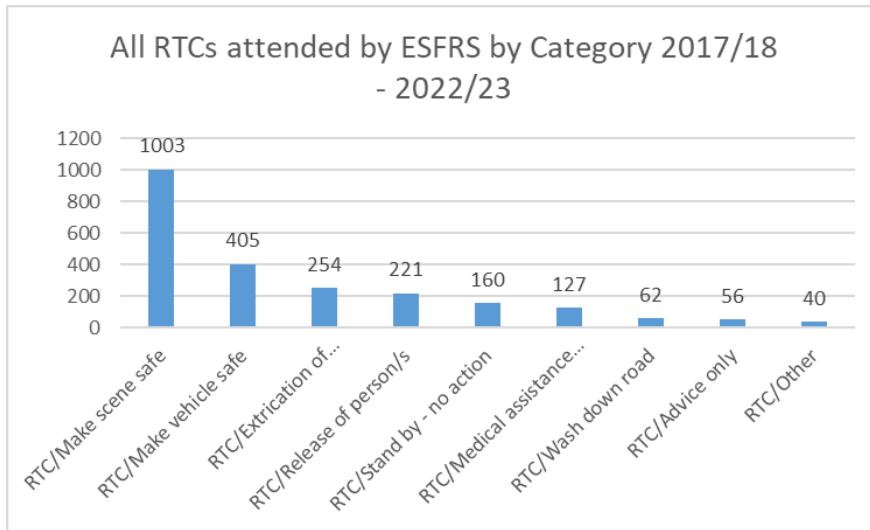
5.3   Chart 4 contains information on the number of RTCs attended against those in which an extrication or a release of persons took place. Both categories are showing a decreasing trend over the entire reported period. Until the current year which is showing an increase. As with all RTC data, it is important to recognise the impact that lockdowns and other restrictions due to COVID 19 have affected recent data sets.

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

All other categories of RTCs v's those in which an extrication/release of persons took place 2017/18 - 2022/23
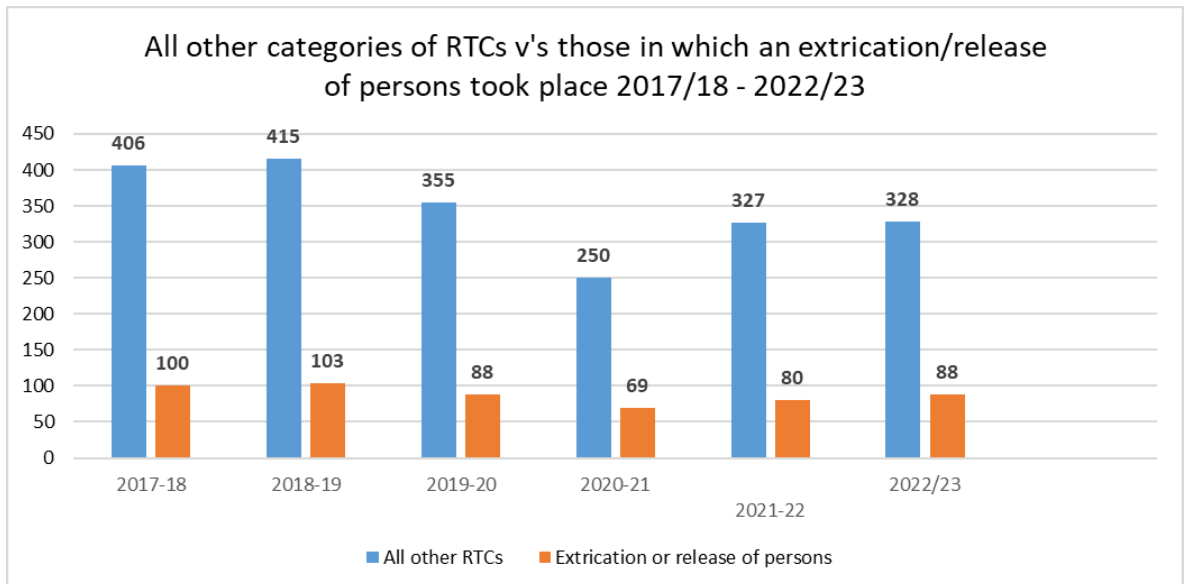
5.4   Chart 5 shows the age range of the fatalities in RTCs attended by ESFRS over the five year period to end of quarter 4 2022/23. (NB If the age is not known these incidents have been excluded this accounts for a further 33 fatalities. Please also note that collisions where Sussex Police have not 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 4 2022/23 by age bracket
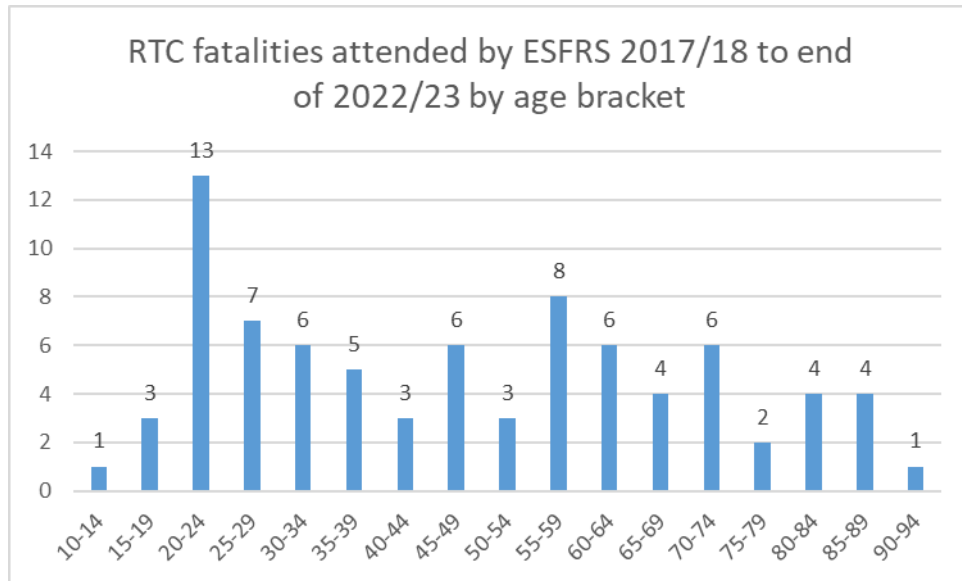
6. SUMMARY OF PROGRESS AGAINST THE CORPORATE STRATEGIES

6.1 The Corporate Strategies monitoring report is considered 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 were 124 agreed corporate activities to progress the Service's strategies in 2022/23. A detailed report is presented with commentary against the actions to the APGG. Figure 4 shows the summary of progress against the Corporate Strategies.

6.2 **Figure 4: Summary of Corporate activity progress at the end of Quarter 4 2022/23.**
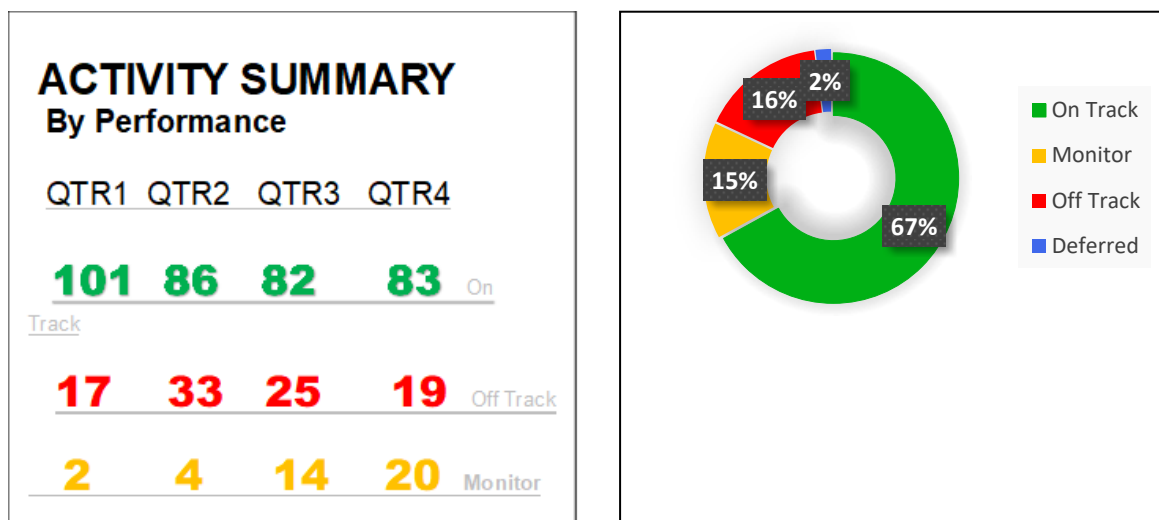
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East Sussex Fire & Rescue Performance Results Quarter 4 2022/23and year end results.

July 2023

Our Purpose

We make our communities safer

We will do this by:
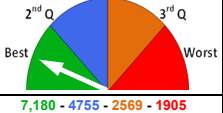
Commitment 1: Delivering high performing services

Indicator No.	How will we measure performance?	2021/22 Q4 result	2021/22 Year end result	National Quartile Position 2020/21	2022/23 Q4 result	Year end result 2022/23	Direction of travel from Q4 2021/22 result	Direction of travel from Year end 2021/22 result
8	Total number of incidents attended	2,517	10,562	6,560 - 7,018 - 8,507 - 11,550	2,278	10,440	Improved	Improved
9	Number of deaths in primary fires	2	4	2 - 3 - 4 - 7	0	2	Improved	Improved
10	Number of injuries in primary fires	2	13	27 - 35 - 44 - 63	7	27	Declined	Declined
1 Priority	**No of accidental dwelling fires**	**128**	**433**	296 - 333 - 375 - 490	**105**	**412**	Improved	Improved
11	Number of primary fires	243	967	828 - 923 - 1,045 - 1,292	214	1,013	Improved	Declined
12	Number of deliberate fires	130	664	484 - 601 - 1,025 - 4,780	114	723	Improved	Declined
13	No of Industrial and Commercial fires	28	114	This is an ESFRS indicator only, no National data is available for comparison	23	125	Improved	Declined
14	70% of the first arriving appliances at any incident from an 'On-Station response' within 10 minutes	77.3%	77.5%	This is an ESFRS indicator only, no National data is available for comparison	79.8%	77.6%	Improved	Improved
15	70% of the first arriving appliances at any incident from an 'On-Call response' within 15 minutes	72.4%	73.2%	This is an ESFRS indicator only, no National data is available for comparison	74.5%	73.5%	Improved	Improved

We make our communities safer

We will do this by:

Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	2021/22 Q4 result	2021/22 Year end result	National Quartile Position 2020/21	2022/23 Q4 result	Year end result 2022/23	Direction of travel from Q4 2021/22 result	Direction of travel from Year end 2021/22 result
2a Priority	% of Home Safety Visits to vulnerable people	94.2%	95.1%	This is an ESFRS indicator only, no National data is available for comparison	95.5%	92.9%	**Improved** Alternative delivery method and face to face	**Declined** Alternative delivery method and face to face
2b Priority	Undertake 10,000 Home Safety Visits	2,568	9,461	2nd Q / 3rd Q / Best / Worst 7,180 - 4755 - 2569 - 1905	2,295	10,303	**Declined** Face to face resumed 19 July 2021	**Improved** Face to face resumed 19 July 2021
5 Priority	Inspections of high risk premises completed	128	470	2nd Q / 3rd Q / Best / Worst 772 - 490 - 356 - 222	76	506	**Declined** Alternative delivery method / face to face resumed 19 July 2021	**Improved** Alternative delivery method / face to face resumed 19 July 2021
17	Business safety audits completed by Station crews	428	995	This is an ESFRS indicator only, no National data is available for comparison	208	1,523	**Declined** Alternative delivery method / face to face resumed 19 July 2021	**Improved** Alternative delivery method / face to face resumed 19 July 2021
18	Number of business safety engagement events	18	27	This is an ESFRS indicator only, no National data is available for comparison	27	108	**Improved** Alternative delivery method / face to face resumed 19 July 2021	**Improved** Alternative delivery method / face to face resumed 19 July 2021
19	Number of attendees at business safety engagement events	159	247	This is an ESFRS indicator only, no National data is available for comparison	347	1,191	**Improved** Alternative delivery method / face to face resumed 19 July 2021	**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?	2021/22 Q4 result	2021/22 Year end result	National Quartile Position 2020/21	2022/23 Q4 result	Year end result 2022/23	Direction of travel from Q4 2021/22 result	Direction of travel from Year end 2021/22 result
3 Priority	**The number of working days/shifts lost due to sickness not to exceed 7.5 per employee**	**2.6**	**10.5**	This is an ESFRS indicator only, no National data is available for comparison	**2.8**	**10.2**	Declined	Improved
20	Number of RIDDOR incidents	1	5	4 - 5 - 7 - 11	2	8	Declined	Declined
21	Number of workplace reported accidents / injuries	28	149	35 - 54 - 62 - 71	57	194	Declined	Declined

We make our communities safer

We will do this by:

Commitment 4: Making effective use of our resources

Indicator No.	How will we measure performance?	2021/22 Q4 result	2021/22 Year end result	National Quartile Position 2020/21	2022/23 Q4 result	Year end result 2022/23	Direction of travel from Q4 2021/22 result	Direction of travel from Year end 2021/22 result
4 Priority	A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10	-24.3%	-26.4%	This is an ESFRS indicator only, no National data is available for comparison	-18.8%	-31.8%	Declined	Improved
22	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	1.3%	1.0%	This is an ESFRS indicator only, no National data is available for comparison	2.1%	2.3%	Declined	Declined
5 Priority	% of accidental dwelling fires confined to room of origin	89.8%	90.1%	This is an ESFRS indicator only, no National data is available for comparison	87.6%	90.0%	Declined	Declined

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EAST SUSSEX FIRE AUTHORITY

Panel	Scrutiny and Audit
Date	20 July 2023
Title of Report	2022/23 Annual report of East Sussex Fire and Rescue Service's (ESFRS) Local Firefighters' Pension Board
By	John Olliver, Payroll, Pensions & HR Assurance Manager
Lead Officer	Julie King, Assistant Director People Services

Background Papers	Local Firefighters' Pension Board meetings held on 13 April 2022, 5 October 2022 and 16 January 2023

Appendices	None

Implications

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

PURPOSE OF REPORT   To inform the Panel of the matters considered by the Pension Board during 2022/23.

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

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

RECOMMENDATION   The Panel is asked to note the annual report of the Firefighters' Pension Board for 2022/23.

1. MEETINGS AND ATTENDANCE

1.1 The three Board meetings were held in April 2022, October 2022 and January 2023.

Board Member	Expected Attendance	Actual Attendance	% Attendance
Mr Matthews (Fire Leaders Association)	3	3	100%
Vacant (Fire & Rescue Services Association)	3	0	0%
Mr Herbert (Fire Brigades' Union)	3	1	33%
Mr Oakman (Fire Brigades' Union)	3	0	0%
Mr Lloyd (Fire Officers' Association)	3	2	66%
Cllr Hamilton	3	2	66%
Cllr Tutt	1	1	100%
Cllr West	3	3	100%
Cllr Taylor	1	0	100%
Cllr Redstone	2	2	100%
Cllr Ungar	2	2	100%

2. APRIL 2022 PENSION BOARD MEETING

2.1 Firefighter Pension Scheme Update

The Pension Board considered the report of the Assistant Director People Services (ADPS) containing information updating those present with the status of current pension matters affecting East Sussex Fire & Rescue\Service (ESFRS). The Pensions, Payroll & HR Assurance Manager (PPHRAM) informed the Board that there had been no significant changes since the last meeting, but there had been lots of progress made on various matters.

2.2 Firefighter Pension Scheme Risk Register

The Risk Register had been due for review by the end of January 2022, particularly regarding Immediate Detriment (ID) Cases and the withdrawal of Home Office guidance, and the outcomes of the Policy & Resources (P&R) Panel on 20 January 2022. The Board were informed that, due to priority work being required to directly support retirees, there had not been as much progress on this as had been intended.

The Chair acknowledged that those risks that were flagged as red were matters which were out of the control of ESFRS staff and accepted reassurance that this would progress as soon as possible.

2.3 Age Discrimination Remedy and Immediate Detriment

The PPHRAM explained that there had been no movement on matters relating to the Age Discrimination Remedy or to the Immediate Detriment Cases since the P&R Meeting in January 2022 primarily due to a lack of advice from external advisors,

namely the Home Office and HM Treasury. It remained the intention that an update paper be presented to the P&R Panel at its meeting in May 2022 although currently it was uncertain what the positioning of this paper would be. Correspondence was anticipated, including advice from HM Treasury and a letter had been sent to the Home Office by the Local Government Association (LGA) and the FBU urging the Home Office to support payments under ID.

The Board was reminded that the current government advice was that no one should be paid under ID until the law changes in October 2023.

The PPHRAM added that ESFRS were currently recruiting for a Pensions Administrative Assistant/Accountant, the Job description had been approved and would be sent to employment agencies as soon as possible.

The Board accepted this update and looked forward to a fuller update at the next meeting.

2.4   Guaranteed Minimum Pension Reconciliation and Rectification Project

The PPHRAM then updated the Board on the progress that had been made regarding the Guaranteed Minimum Pension reconciliation and rectification project. West Yorkshire Pensions Fund (WYPF) had confirmed the receipt of data transferred from Mercers and were due to confirm timescales to the Service.

2.5   Internal Dispute Resolution Process

The PPHRAM informed the Board that the Service had recently completed its first Stage 2 Internal Dispute Resolution Process (IDRP) following an application from a retired employee. The Human Resources Panel had been convened to review the application and make its decision. In line with the agreed procedure, the Panel wrote to the applicant with the findings of their review and there were no further actions required.

2.6   Local Government Association and Scheme Advisory Board Bulletins

The Board were provided with assurance that the LGA and Scheme Advisory Board bulletins had been actioned where applicable.

2.7   The PPHRAM concluded his update by committing to share dates of future LGA Pensions training sessions to all members.

3.   **JULY 2022 PENSION BOARD MEETING**

3.1   On 5 July 2022, the LGA ran a FPS Pension Scheme Training session for board members. This was a two-hour session which provided information about how the FPS operates and the responsibilities of the ESFRA Pension Board.

The LGA has a commitment to deliver training to each Fire & Rescue Service annually, so further sessions can be provided, if required, in 2023.

4. **OCTOBER 2022 PENSION BOARD MEETING**

4.1   Pension Board Chair

Since the April 2022 Board meeting Cllr David Tutt (Chair) had decided to stand down from the board. The Board recorded their thanks to Cllr Tutt for his time as Chair of the Pensions Board and welcomed Cllrs Redstone and Ungar as new Members.

Cllr Les Hamilton was elected as the new Chair of this board.

4.2   ESFRS Risk Register – Firefighters Pension Scheme(s)

A Risk Register has been developed in order to identify risks and ensure controls are in place to mitigate against those risks in the administration of the ESFRS Firefighter Pension Scheme(s).

The Risk Register was due to be reviewed by the end of January 2022 in particular following consideration of Immediate Detriment (ID) Cases & the withdrawal of Home Office Guidance and the outcome of the meeting of the ESFA Policy & Resources Panel on 20 January 2022. However, the resources required to continue our support to retirees and the extended sick absence of Pensions Specialist Advisor had prevented any progress being made. Work will continue in the coming weeks.

4.3   Age Discrimination Remedy and Immediate Detriment

Work is expected to increase over the coming months in preparation for the "Remedy" including identifying where data can be obtained to recreate scheme members pension records in both the legacy Final Salary Schemes and the reformed Career Averaged Revalued Earnings (CARE) Scheme for the 7-year remedy period.

In May 2022, a paper was presented to the P&R Panel of the Fire Authority, updating them on the current position of Immediate Detriment (ID). Based on the information presented, the panel agreed to support the recommendation to pause the processing of both category one and two ID cases.

There continues to be a lot of uncertainty on this issue across the industry.

As stated in previous reports, the Service has set aside £147,000 in an earmarked reserve to cover any immediate or unrecoverable costs resulting from the implementation of ID/Remedy for example pension software upgrades and non-scheme costs such as unauthorised tax charges.

To assist this process, and with other strains on the team the Payroll, Pensions and HR Assurance manager confirmed a job description had been agreed for a Pensions Administrative Assistant/Accountant with the Human Resources Business Partner and would be recruiting as soon as possible through a recruitment agency.

However, due to the extended absence of Pensions Technical Specialist this had stalled but would be activated on their return.

4.4   Guaranteed Minimum Pension (GMP) Reconciliation & Rectification Project

Mercers completed the requested data transfer to WYPF who confirmed receipt and we await confirmation of the timescale for completion of this work. ESFRS do appreciate that WYPF will need to schedule this task alongside the work already underway in relation to Age Discrimination Remedy and the expected 2nd Employee Options exercise.

4.5   Internal Dispute Resolution Process

Following an application from a retired employee under Stage Two of this process, with the assistance from Democratic Services, a meeting of the Human Resources Panel was arranged to review the application.

On 8 September 2022, the panel, consisting of three Fire Authority members, were presented with details of the application for their review.

In line with the agreed procedure after review, the panel sent a written response to the applicant on or around 14 September 2022. No further action required.

4.6   Local Government Association and Scheme Advisory Board Bulletins

The Local Government Association (LGA) and Scheme Advisory Board (SAB) produce a monthly bulletin to keep Fire and Rescue Authorities up to date with current FPS issues and actions required to ensure compliance with regulations and ongoing scheme changes. To ensure that this Authority is keeping on top of necessary requirements and completing actions accordingly, a log of actions detailed in each monthly bulletin is kept and updated.

4.7   Resourcing

Through the budget setting process the Senior Leadership Team (SLT) agreed to include extra pensions resourcing in the budget proposals to be considered by the Fire Authority on 10 February 2022 which total £160,000 over 2022/23 and 2023/24.

The intention is to fund both the Pensions Technical Specialist and some additional resource to support the processing of ID claims as previously mentioned in this report.

5.   OCTOBER 2022 PENSION BOARD MEETING

5.1   Pension Scheme Update

The Pension Board considered the report of the Assistant Director People Services (ADPS) which provided an update on pension issues being addressed by the Authority since the last meeting and to highlight any emergent pensions issues.

5.2   ESFRS Risk Register – Firefighters Pension Scheme(s)

The Payroll, Pensions & HR Assurance Manager (PPHRAM) explained that work had been undertaken on reviewing the Firefighter Pension Schemes Risk Register.

Some additional text had been added and some risk facets had been removed as there was only one live pension scheme.

The Board were reminded that this work had been delayed due to staffing levels, a new Pensions Assistant (PA) had now joined the Service which had given the PPHRAM capacity to commence the review.

Whilst there were no "Red" risks there were significant challenges around the Age Discrimination Remedy. A new risk would be added to the register regarding the pensions dashboard.

Members queried whether West Yorkshire Pension Fund (WYPF) had undertaken any exercises to assess their cybersecurity. WYPF confirmed that the fund's IT was provided and supported by Bradford City Council they did not know the exact provision, but there was an approved Disaster Recovery Document regarding the fund. The Assistant Director Resources/Treasurer (ADR/T) agreed to circulate a previous Cybersecurity response to the Board.

5.3   Age Discrimination Remedy and Immediate Detriment

The PPHRAM informed the Board that there had been no change in the position regarding the Age Discrimination Remedy "Remedy," but that it remained difficult. It was anticipated that work would increase over the coming months in preparation for the Remedy and although the template had not been supplied, it had been sent by Civica to WYPF and was anticipated to be in place by the end of January.

The ADR/T added that this remained a key topic of discussion and that the new remedy was still expected in October 2023, the Government and NFCC positions remained unchanged, and the Immediate Detriment (ID) Framework had not been updated. The Tax regulations were now published and appeared to be a broadly sensible approach and the building blocks needed to resolve the situation seemed to be coming together. There were now other influences on individuals' decisions on whether to retire, including the cost of living crisis and industrial Action. It was important, however, to remember that ID or Remedy did not prevent any individual from retiring.

5.4   Part-Time Workers Directive – 2nd Options Exercise

The PPHRAM explained that the legal case relating to extend pensions scheme membership to part time firefighters, previously excluded, was expected to be delivered in 2023. Several applications had already been received and the Pensions Team would be working to identify those eligible and collating the data required to contact the cohort and provide the options open to them. The Board asked if this would create some unaccounted for liability as a result. The ADR/T confirmed it would potentially add to liabilities, the impact being limited. Based on the size of the scheme, the difficulty will be collating the information, it is possible that this could go back to the 1970's. The concern being how do individuals provide any necessary evidence past pay grades, the LGA was looking into a national pay rate to be used in these circumstances. WYPF added that the Home Office stance was that if pay records exist then they must be used, but that there would be a national list for those who do not

have those records. Individuals who were eligible would be provided with the figures to apply. The Board requested that this should be added to the Risk Register.

5.5   Guaranteed Minimum Pension (GMP) Reconciliation & Rectification Project

The PPHRAM addressed the Guaranteed Minimum pension (GMP) project, a plan was in place with WYPF to undertake this work on behalf of the Service. The requested data has been transferred to WYPF who will be providing the Service with a timescale for completion, the Service appreciated that this would need to be scheduled in alongside work already underway as previously discussed at the meeting. It is hoped that the timeline would be available soon and the Board would be interested to see it at the next meeting.

5.6   Local Government Association and Scheme Advisory Board Bulletins

The PPHRAM and WYPF confirmed to the Board that they were up to date with the completion of actions arising from the LGA Scheme Advisory Board update Bulletins.

5.7   Pension Board Training

The Board were grateful for the inclusion of the LGA training slides in the papers for this meeting. The PPHRAM agreed to circulate the link to the Mandatory Pensions Regulator training to all the Board Members. It was agreed that another session from the LGA would also be appreciated, the suggestion was made that this be undertaken on an annual basis, the PPHRAM would arrange for this to be in place in the Summer.

5.8   Update from the Pension Scheme Administrators

The Board were provided with an update from WYPF as the scheme administrators. The monthly reports were being updated for month 12, after which everyone would be on the 2015 scheme. There was a request for ESFRS to get its data submitted in a timely way to assist WYPF in issuing pensions statements on time. There was a request for ESFRS assistance with tracing individuals (very often contact details are out of date and only became apparent on an individual become eligible for their pension) in the run up to the implementation of the Pension Dashboard in September 2024. The Board requested that the WYPF key performance indicator (KPI) quarterly figures be included in future reports to the board to get a clear view of performance.

RESOLVED – The Pension Board agreed to:

   i.   note the Authority's current pension issues actions taken to resolve them and actions awaiting completion; and

   ii.   approve the FPS risk register including the addition of matters relating to the Part Time Workers Directive Second Options case.

6.   CONCLUSION

6.1   Over the past 12 months both ESFRS and WYPF have continued to build their relationship whilst balancing the extensive efforts required to understand, plan collect data for the corrective actions arising from McCleod/Sargeant.

6.2   We are very pleased to report that the Annual Benefit Statements were produced ahead of the agreed timetable this year.

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	20 July 2023
Title of Report	JFC Out-turn Report
By	Mark Matthews, Assistant Chief Fire Officer
Lead Officer	Hannah Scott-Youldon, Assistant Director Operational Support & Resilience

Background Papers	Section 16 Agreement

Appendices	Appendix 1 – JFC quarterly KPIs

Implications (please tick ✓ and attach to report)

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

PURPOSE OF REPORT	To provide the Scrutiny & Audit Panel with the JFC out-turn report for 2022/23

RECOMMENDATION	For the Scrutiny & Audit Panel to note the contents of the paper

1. **INTRODUCTION**

1.1 This is the first full year-end report in relation to the Joint Fire Control (JFC) since the go-live in November 2021.

1.2 Due to the challenging year the JFC 'infrastucture' and business continuity approach has been well and truly tested. Specifically:

- Cutover in November 2021 brought with it new ways of working (both in JFC and to ESFRS);

- Covid restrictions and ways of working (such as the need to isolate if contact had been made with someone with covid) remained in place during the first part of 2022, creating a significant impact on JFC staffing;
- A number of storms, including Storm Eunice in February 2022;
- The warmest summer on record with significant operational impact in July/August 2022 and
- Industrial action planning

2. **FINANCE – Budget 2022/23**

2.1 The table on the following page shows the full year to date costs incurred as at the end of March 2023 and the outturn position of Joint Control for 2022/23.

2.2 There was an overspend of £139,000 against the agreed budget. This is due mainly to staffing costs in relation to the grey book pay rise, a £4.5k TUPE costs invoice which was not previously included in any forecast plus also IT systems and property costs.

	JFC Original Budget	FINAL	Variance
Control Staffing	2,288,265	2,412,039	123,774
Support Resources	346,628	346,627	- 1
IT systems	276,058	366,811	90,753
Property	117,458	131,323	13,866
Other costs	21,000	29,613	8,613
Total control costs to share 3 ways	3,049,409	3,286,414	182,220
SFRS/WSFRS only	254,064	265,404	- 4,623
SFRS/ESFRS Only	8,430	8,430	-
Total costs to share	262,494	273,834	3,108,817
Share of costs between partners			
SFRS	1,147,717	1,232,388	58,428
WSFRS	1,143,502	1,228,173	58,428
ESFRS	1,016,470	1,095,471	60,740
	3,307,688	3,556,033	173,382
Additional Costs			
Vision Boss Licence & Packnet (50/50 SFRS & ESFRS)		4,215	4,215
DCT - Licence & support costs Orbis Data Centre cost (Nov 21 to Mar 23)		32,500	32,500
		21,178	21,178

SAN N		29,052	29,052
Finance adjustment		74,932	74,932
		161,877.33	**86,945.33**
			Original budget
		1,257,348.75	**1,034,731.33**

3. FINANCE - Budget 2023/24

3.1 The table below shows the original budget proposal and revised version to reflect these new cost pressures.

		23/24 Budget		
Summary of costs	22/23 base	Original	Revised	Change
Control Staffing	2,288,265	2,434,588	2,499,027	64,438
Support Resources	346,628	363,958	363,958	0
IT systems	276,058	300,274	300,274	0
Property	117,458	126,033	126,033	0
Other costs	21,000	22,533	22,533	0
Total control costs to share 3 ways	**3,049,409**	**3,247,386**	**3,311,824**	**64,438**
SFRS/WSFRS only	254,064	264,227	280,828	16,601
SFRS/ESFRS Only	8,430	9,045	9,045	0
Total costs to share	**3,311,903**	**3,520,658**	**3,601,697**	**81,040**
SFRS	1,147,717	1,219,098	1,248,878	29,780
WSFRS	1,143,502	1,214,575	1,244,355	29,780
ESFRS	1,020,685	1,086,985	1,108,464	21,479
	3,311,903	**3,520,658**	**3,601,697**	**81,040**

3.2 The staffing budget is based upon the same structure as the 2022/23 budget. The revised budget reflects the latest two year pay award of 7% from July 2022 award and 5% from July 2023. This increases pay costs by £64,438 in comparison to the previous draft budget, which equates to £21,479 per partner.

4. ROADMAP FOR JOINT CONTROL

4.1 There is a work stream underway to finalise a roadmap for Joint Fire Control, which will lay out the future required development costs. Further workshops are to be held in June 2023 to finalise the Roadmap for 2024/25 prior to the Star Chamber process in September 2023.

4.2 Whilst the roadmap for the following years is being further developed, the members of that workstream have identified that there are two essential shared projects that are required to be undertaken in 2023/24. The delayed SAN H to SAN N upgrade that has already been agreed in the 2022/23 financial year and a new Vision
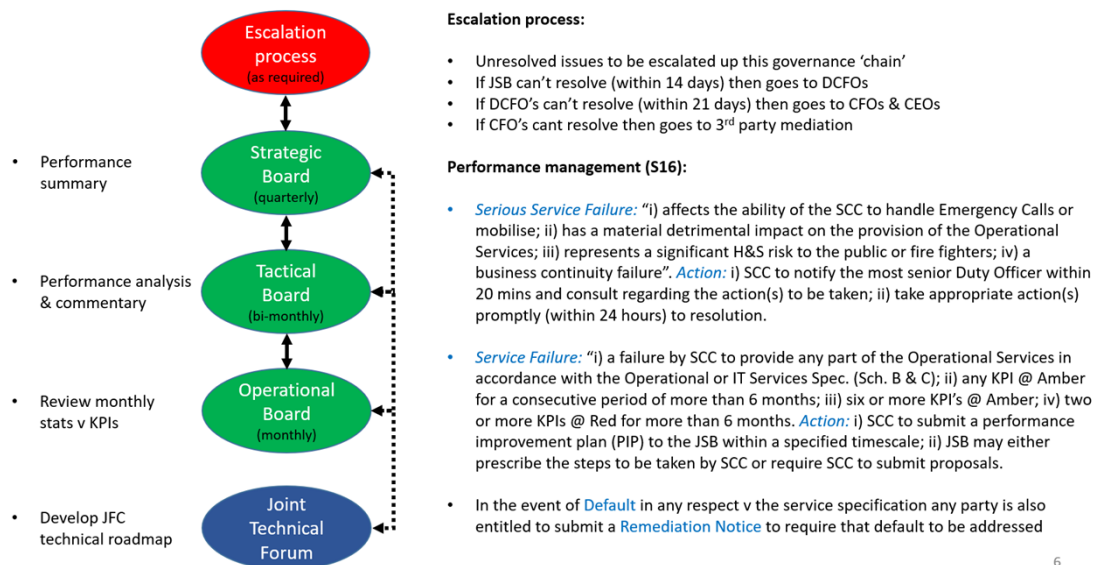
upgrade project estimated at £60,000.   This will require an increased capital commitment of £20,000 per partner.

4.3   ESFRS identified the need for ongoing investment and as such has already agreed to move £50,000 per year specifically for the JFC roadmap work.

5.   GOVERNANCE

5.1   The Section 16 outlines the Governance Structure. Mid-way through 2022 it was agreed at the JFC Strategic Board that better oversight of the Joint Technical Forum was needed to ensure it aligned with the business as it often operated in isolation. Therefore, it was agreed that Joint Technical Forum report into the Tactical Board.

Collaboration Agreement – governance & performance

- Performance summary

- Performance analysis & commentary

- Review monthly stats v KPIs

- Develop JFC technical roadmap

Escalation process (as required)

Strategic Board (quarterly)

Tactical Board (bi-monthly)

Operational Board (monthly)

Joint Technical Forum

Escalation process:

- Unresolved issues to be escalated up this governance 'chain'
- If JSB can't resolve (within 14 days) then goes to DCFOs
- If DCFO's can't resolve (within 21 days) then goes to CFOs & CEOs
- If CFO's cant resolve then goes to 3rd party mediation

Performance management (S16):

- *Serious Service Failure:* "i) affects the ability of the SCC to handle Emergency Calls or mobilise; ii) has a material detrimental impact on the provision of the Operational Services; iii) represents a significant H&S risk to the public or fire fighters; iv) a business continuity failure". *Action:* i) SCC to notify the most senior Duty Officer within 20 mins and consult regarding the action(s) to be taken; ii) take appropriate action(s) promptly (within 24 hours) to resolution.

- *Service Failure:* "i) a failure by SCC to provide any part of the Operational Services in accordance with the Operational or IT Services Spec. (Sch. B & C); ii) any KPI @ Amber for a consecutive period of more than 6 months; iii) six or more KPI's @ Amber; iv) two or more KPIs @ Red for more than 6 months. *Action:* i) SCC to submit a performance improvement plan (PIP) to the JSB within a specified timescale; ii) JSB may either prescribe the steps to be taken by SCC or require SCC to submit proposals.

- In the event of Default in any respect v the service specification any party is also entitled to submit a Remediation Notice to require that default to be addressed

6

5.2   It has been recognised that the governance structure has been clunky at times, this is partly down to consistency of attendees as well as a roving Chair. However, it should also be noted that over the last 6 months this has much improved.

5.3   It has been agreed that a review of the governance structure and the meetings that sit within it will take place on the 4 September 2023 with the purpose of seeking improvements. The outcome and recommendations of this workshop will be presented to the Strategic Board for consideration.

6.   JFC KEY PERFORMANCE INDICATORS

6.1   The Section 16 outlines 11 key performance indicators that the JFC management team are required to report on to the Strategic Board (see appendix a).

6.2   In the main JFC performed well with a growing culture of continual improvement, however, there were a couple of recurring KPIs that caused concern as they remained red for 6 months or above. They were KPI 2 & KPI 8. KPI 8 (crewing levels) remains an area of focus with an Improvement Plan in place to ensure a suitable level of focus remains on the improvement of staffing levels within JFC.

6.3   KPI 2 currently considers every call that goes through the mobilising system. Currently things such as call challenge, long call times from the Police for certain/specific call types can skew this figure.

6.4   It was agreed that the KPIs needed to be reviewed following 12 months in place to ensure they become more meaningful. Specifically, it was felt collectively that KPI 2, 9, 11 & 12 didn't add much value in their current form.

6.5   Following discussions, it has been recommended to change the wording to KPI 2, 11, 12 and create a new KPI 10. Further to that it has been recommended to remove KPI 9 (as that data is now reflected in KPIs 10, 11 and 12).

6.6   **KPI 2 – current wording**
Time between Fire Control receiving emergency call and the station being notified by activation of Station End.
Performance Target: At least 98% Emergency Incidents are mobilised to within 2 minutes of receiving the call.

KPI 2 – new wording
Time between Fire Control receiving emergency call and the station being notified by activation of Station End.
Performance Target: The average time Emergency Incidents are mobilised to within 2 minutes of receiving the call.

RAG status	Triggered by	Triggers in minutes and seconds
Green	≤ 105 seconds on average (Less than or equal to 105 seconds)	≤ 01:45
Amber	> 105 seconds ≤ 115 seconds (More than 120 seconds but less than or equal to 126 seconds)	> 01:45 ≤ 01:55
Red	> 115 seconds (Greater than 126 seconds)	> 01:55

6.7   KPI2 has been updated to reflect the average time calls in East Sussex, Surrey & West Sussex Fire & Rescue Services. KPI2 shows the average call time. This enables national comparison and aligns JFC performance measure with Home Office fire and rescue incidents statistics. Updating KPI 2 provides greater intelligence to monitor efficiency and effective with benchmarking groups, previously not available due to the previous reporting measure.
It was agreed by all in the meeting that the narrative around this specific KPI is crucial moving forward.

6.8   JFC current performance on average for ESFRS on the rolling year is 1 minute 21 seconds.

6.9   It was agreed by all partners that the narrative around this specific KPI is crucial moving forward.
This change to the KPI came into force on the 1 April 2023.

6.10 **KPI 10 – new KPI**
Failure of Vision system server (fallback utilised). It is recommended that this is reported in number of occurrences.

0	1+

6.11 **KPI 11 – current wording**
Mobilising systems: Vision System down time including fall back arrangements.

KPI 11 – new proposed wording
Mobilising systems: Vision System and fallback unavailable. It is recommended that this is reported in number of occurrences.
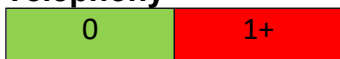
0	1+

6.12 **KPI 12 – current wording**
Mobilising systems: ICCS down time

KPI 12 – new wording
Mobilising systems: It is recommended that this is reported in number of occurrences. ICCS down time broken down into the following areas:

Telephony

0	1+

Radio

0	1+

Full Failure

0	1+

Again, the narratives for each of these KPIs is critical moving forward.

7. **CONCLUSION**

The relationship between the three partners is now established, however, it is recognised that the maturity of the relationship in terms of ways of working, will take some time to be embedded.

The first 18 months has been setting the foundations in place of the collaboration relationship and establishing the ways of working and the governance structure of the Operational, Tactical and Strategic Groups. The Strategic & Tactical groups ran every eight weeks for the first 12 months before dropping to quarterly meetings in accordance with the Section 16 agreement.

Whilst there continues to be room for improvement (see KPI section above) the Scrutiny & Audit Panel should be assured that during a very challenging year operationally the JFC has maintained a service throughout without any detrimental impact on ESFRS's emergency calls / statutory duty.

Appendix 1

KPI No.	Data Supplier	KPI Description	Data source	Frequency	Target	Measure
1b	PR	**999 call handling**: % of calls answered answered within 10 seconds	Data taken from ICCS reports	Monthly	>95% of calls answered answered within 10 seconds	>95% / <95%
2	PR	**Mobilisation**: Time between receipt of emergency call and Station End activation	Data from Data, Digital and Specialist Projects	Quarterly	>98% of SEE equipment activated within 120 seconds of receipt of emergency call or determine that mobilisation is not required	>98% / >95% - <98% / <95%
3	CI	**Mobilisation**: Time taken from call to notify a L2 or L3 officer about a Level 1 incident with life risk	Data from Data, Digital and Specialist Projects	Quarterly	Level 2 or 3 officer notified within 120 seconds of receipt of emergency call for >98% of such incidents	>98% / >95% - <98% / <95%
4	CI	**Mobilisation:** Time taken from call or escalation to notify a L 2 or L3 officer about a Level 2 incident	Data from Data, Digital and Specialist Projects	Quarterly	Level 2 or 3 officer notified within 120 seconds of receipt of emergency call or escalation for >98% of such incidents	>98% / >95% - <98% / <95%
5	CI	**Mobilisation:** Time taken from call or escalation to notify a L3 officer about a Level 3 incident	Data from Data, Digital and Specialist Projects	Quarterly	Level 3 officer notified within 5 minutes of receipt of emergency call or escalation for >98% of such incidents	>98% / >95% - <98% / <95%
6	CI	**Mobilisation:** Time taken from call or escalation to notify a Level 4 officer about a Level 4 incident	Data from Data, Digital and Specialist Projects	Quarterly	Level 4 officer notified within 15 minutes of receipt of emergency call or escalation for >98% of such incidents	>98% / >95% - <98% / <95%
7	CI	**Mobilisation:** Time taken from call or escalation to notify nominated Principal Officer where required	Data from Data, Digital and Specialist Projects	Quarterly	PO notified within 20 minutes of receipt of emergency call or escalation for >98% of relevant incidents	>98% / >95% - <98% / <95%
8	LB	**Joint Fire Control crewing:** Maintainance of minimum crewing levels @ JFC	Data from Mobilising taken from FireWatch	Quarterly	Minimum 9 staff on duty, including 3 supervisors, on >98% of all shifts	>98% / >95% - <98% / <95%
9	NL	**Mobilising systems**: Number of safety critical events within core mobilising systems	Data from IT&D via Capita	Monthly	Zero safety critical events within mobilising systems (excluding period of planned maintenance) Safety critical event = failure to mobilise or loss of significant functionality	Zero / > Zero
11	NL	**Mobilising systems:** Vision system downtime including fall back	Data from IT&D / Capita	Monthly	Zero downtime (excluding periods of planned maintenance)	>99.9% / >99% - 99.9% / <99%
12	NL	**Mobilising systems:** ICCS downtime, including fall back	Data from IT&D / Capita	Monthly	Zero downtime (excluding periods of planned maintenance)	>99.9% / >99% - 99.9% / <99%

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EAST SUSSEX FIRE AUTHORITY

Panel	Scrutiny & Audit
Date	20 July 2023
Title of Report	Member Attendance 2022/23
By	Abigail Blanshard, Democratic Services Manager
Lead Officer	Abigail Blanshard, Democratic Services Manager

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

Appendices	Appendix 1 – Member Attendance 2022/23: Formal Meetings Appendix 2 – Member Attendance 2022/23: Member Seminars, Open Days & Community Events

Implications

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

PURPOSE OF REPORT	To report Member attendance at formal Fire Authority meetings, Members Seminars, Open Days, and events for 2022/23.

EXECUTIVE SUMMARY	Member attendance for all formal Fire Authority meetings was first reported at the Annual Fire Authority on 13 June 2019. At this meeting it was agreed that future reporting on Member attendance would be made to the Scrutiny & Audit Panel on an annual basis for monitoring purposes. A summary of Member attendance at formal meetings in 2022/23 is included at appendix 1 and attendance at Members Seminars, Open Days & Events at appendix 2.

RECOMMENDATION	That the Panel notes the Member attendance for 2022/23.

1. **<u>INTRODUCTION</u>**

1.1   Member attendance information is now publicly available on the East Sussex Fire & Rescue website through the Mod.Gov system at: https://esfrs.moderngov.co.uk/mgUserAttendanceSummary.aspx

1.2   This report covers the period from 9 June 2022 to 14 June 2023. During this time the following formal meetings have been held:

Full Fire Authority	4
Policy & Resources Panel	4
Scrutiny & Audit Panel	4
Principal Officer Appointment Panel	1
Pensions Board	3
Human Resources Panel (Hearings)	3

1.3   Attendance at Member Seminars, open days and events has been provided at appendix 2. These figures are based on information received and recorded by Democratic Services. Members have been reminded weekly via the Members Information email to inform the team of their attendance at any events for monitoring purposes. Dates of forthcoming events are also included in the weekly email.

1.4   During 2022/23 three Member Seminars' have been held virtually with one in-person Seminar held in July 2022, at Eastbourne Community Fire Station.

2. **<u>LEGAL IMPLICATIONS</u>**

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

Member Attendance: Formal Fire Authority Meetings 2022/23

	Meetings due to attend	Number attended	Apologies received	Substitute appointed	Meetings attended as a substitute	Total (%)
Cllr Abul Azad	11	9	2	1	1	10 (91%)
Cllr Chris Dowling	5	3	1	1	0	3 (60%)
Cllr Amanda Evans	9	6	2	0	0	6 (67%)
Cllr Roy Galley	10	10	0	0	2	12 (120%)
Cllr Nuala Geary	7	7	0	0	0	7 (100%)
Cllr Les Hamilton	7	7	0	0	0	7 (100%)
Cllr Carolyn Lambert	14	14	0	0	0	14 (100%)
Cllr Wendy Maples	9	8	1	1	3	11 (122%)
Cllr Sorrel Marlow-Eastwood	7	7	0	0	0	7 (100%)
Cllr Robert Nemeth*	2	2	0	0	0	2 (100%)
Cllr Sarah Osborne	5	4	1	0	0	4 (80%)
Cllr Garry Peltzer Dunn*	3	3	0	0	0	3 (100%)
Cllr Steph Powell	9	6	3	3	1	7 (78%)
Cllr Paul Redstone	14	11	3	2	0	11 (79%)
Cllr Phil Scott	9	5	3	1	0	5 (56%)
Cllr Barry Taylor	8	7	1	1	0	7 (88%)
Cllr Carol Theobald	9	6	1	0	0	6 (67%)
Cllr John Ungar	7	6	1	0	0	6 (86%)
Cllr Pete West	7	7	0	0	0	7 (100%)

Cllr Nemeth was appointed to the Fire Authority following the death of Cllr Peltzer Dunn on 28 September 2022

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

Member Attendance: Member Seminars, Open Days & Events 2022/23

	Member Seminars (4 held)	Open Days	Events
Cllr Abul Azad	2		
Cllr Chris Dowling	1	1	1
Cllr Amanda Evans	1	1	
Cllr Roy Galley	3		3
Cllr Nuala Geary	4	1	
Cllr Les Hamilton			
Cllr Carolyn Lambert	3		4
Cllr Wendy Maples	4	2	1
Cllr Sorrel Marlow-Eastwood	2	3	3
Cllr Robert Nemeth*			
Cllr Sarah Osborne	1		
Cllr Garry Peltzer Dunn*	1		
Cllr Steph Powell	1		
Cllr Paul Redstone	3	1	
Cllr Phil Scott	1	1	1
Cllr Barry Taylor	3		
Cllr Carol Theobald	2		
Cllr John Ungar	3		2
Cllr Pete West		1	

* Cllr Nemeth was appointed to the Fire Authority following the death of Cllr Peltzer Dunn on 28 September 2022