

# Scrutiny & Audit Panel

## 18 January 2024



### 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

<b>Contact:</b>	Abigail Blanshard, Democratic Services Manager 07950 877168, <a href="mailto:democraticservices@esfrs.org">democraticservices@esfrs.org</a>
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## Agenda

### 11. 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

### 12. Apologies for Absence

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

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

### 14. Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 9 November 2023

5 - 10

### 15. Callover

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

the relevant reports for those items which have not been called

- |   |                |
|---|----------------|
| <b>16. Strategic Performance Report Quarter 2 2023/24</b>   | <b>11 - 36</b> |
| Report of the Assistant Director Planning & Improvement     |                |
| <b>17. Corporate Risk Register Review Quarter 3 2023/24</b> | <b>37 - 48</b> |
| Report of the Assistant Director Resources/Treasurer        |                |

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

Date of Publication: 10 January 2024

## 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, 9 November 2023.**

Present: Councillors Scott (Chair), Azad, Evans, Geary, Osborne, Theobald and Maples (In place of West)

Also present: D Whittaker (Chief Fire Officer/Chief Executive), D Norris (Deputy Chief Fire Officer), M Matthews (Assistant Chief Fire Officer), D Savage (Assistant Director Resources/Treasurer), L Woodley (Deputy Monitoring Officer), L Ridley (Assistant Director Planning & Improvement), M Lloyd (Assistant Director Safer Communities), H Scott-Youlton (Assistant Director Operational Support & Resilience), S Milner, L Jackson and A Blanshard (Democratic Services Manager)

### **59       Declarations of Interest**

There were none.

### **60       Apologies for Absence**

Apologies had been received from Councillor West. Councillor Maples had been appointed to attend as substitute for this meeting.

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

There were none.

### **62       Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 20 July 2023**

**RESOLVED** – That the minutes of the meeting held on 20 July 2023 be approved and signed by the Chair.

### **63       Callover**

Members reserved the following agenda items for debate:

- 6       External Audit Update
- 7       Corporate Risk Register Review Quarter 1 2023-24
- 8       CIPFA: Audit Committee Guidance Position
- 9       Strategic Performance Report Q1 2023
- 10      Contract Standing Orders – Waivers Summary

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

### **64 External Audit Update**

The Panel received the report of the Assistant Director Resources/Treasurer (ADR/T) providing an update on Public Sector Audit Appointment's (PSAA's) proposals for fee scales for 2023/24 and on the audit of the 2022/23 accounts. The ADR/T reminded Members that PSAA consulted on its proposed fee scales for 2023/24 in September, a copy of the Fire Authority's response was attached at Appendix 1 to this report. Members were aware that there was a national backlog of local public audits, PSAA had confirmed that only 5 out of 467 audit opinions on the 2022/23 accounts were issued by the statutory deadline of 30 September 2023. The ADR/T confirmed that the Authority had issued its draft accounts by the deadline but the audit had not been completed. Therefore, in line with the requirements of the Accounts & Audit Regulations 2015 the Authority published a notice on its website to the effect that the audited accounts could not be published by the deadline.

The Panel were informed by Liz Jackson of EY that, whilst waiting for the Department of Levelling Up Housing & Communities (DLUHC) to confirm that they would be resetting the market from scratch, they would be prioritising the 2022/23 accounts, particularly value for money work. This would involve some financial tests but not an audit. They would not be commencing work at the Authority until the process was clear in order to avoid issuing a charge for an incomplete audit. The Panel were assured that this would not reflect badly on the Authority, and that EY were urging the Minister to take radical action to improve the situation for public authorities.

In response to a question from the Panel, EY confirmed that fees would only be charged for work that is undertaken, there would be some costs but it was unlikely that these would be near to the costs of a full audit. The ADR/T added that as this was the case, and the fee for the 2022/23 audit had already been paid it was possible that the Authority may be eligible for a refund.

**RESOLVED** – The Panel agreed to note:

- i. PSAA's consultation paper and the Authority's response;
- ii. the forecast impact on the Authority's revenue budget; and
- iii. the position regarding the audit of the 2022/23 accounts.

### **65 Corporate Risk Register Review Quarter 2 2023-24**

The Panel considered the report of the Assistant Director Resources/Treasurer (ADR/T) providing a review of the Corporate Risk Register at Quarter 2, detailing the corporate risks (CR) that had been identified and how they were being mitigated, the updated position was detailed at Appendix 2 to the report. The ADR/T explained that CR17 relating to the Firefighter Pension Scheme had been revised to 6 (moderate) from 12 (substantial), this was because the pension schemes had moved into the remedy stage on 1 October 2023 with all the preparatory work completed

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

before this date, therefore the risk to the Authority had reduced. The process was still challenging and time consuming for the pensions team and difficult for those affected but a nationally agreed scale for processing these claims was now underway.

The Senior Leadership Team (SLT) had asked the Assistant Director Safer Communities (ADSC) to draft a risk assessment of the impact of climate change, specifically the increase in extreme weather events, e.g. flooding and wildfires, on the Service as part of the Q3 risk review process. This would be brought back to the Panel for consideration at its meeting in January 2024.

The ADR/T informed the Panel that the Service had commissioned Sue Nugent from Devon & Somerset Fire & Rescue Service (DSFRS) to undertake an assessment of risk management at East Sussex Fire & Rescue Service. Further discussion would be had with DSFRS to see if they could provide ongoing support for the resulting improvement plan.

The Panel thanked officers for the report and for the work to include a risk relating to climate change. Confirmation was sought regarding whether a reference to “resources” in CR3 meant personnel, the ADSC confirmed that this meant personnel, there was a risk connected to the fact that the qualification referred to took years to complete and that people once qualified may leave to take up employment elsewhere. The Service was aiming to mitigate this by investing early in apprentices and being part of a national rolling recruitment process.

Members asked whether there were regional, multi-agency discussions taking place on the risks of climate change. The Assistant Chief Fire Officer (ACFO) confirmed that the Service was active in the Local Resilience Forum (LRF), a multi-agency group including Category 1 and 2 responders under the Civil Contingencies Act. The LRF owned the Community Risk Register which included particular risks such as Flooding. The ACFO offered to share some more information from the LRF and its Community Risk Register with all Members outside of the meeting.

**RESOLVED** – That the Scrutiny & Audit Panel:

- i. agreed the Q2 Corporate Risk Register including changes made since Q1 2023/24; and
- ii. did not identify any further information or assurance required from Risk Owners.

### **66 CIPFA: Audit Committee Guidance Position**

The Panel considered the report of the Assistant Director Resources/Treasurer (ADR/T) and the Deputy Monitoring Officer (DMO) providing an update on the latest audit committee guidance for local authorities and asking Members to consider the best practice recommendations within the guidance.

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

Members welcomed the report and agreed that the guidance was valuable, it was clarified that the skills audit would be for all members of the Fire Authority and not limited to those who were appointed to the Scrutiny & Audit Panel.

A cross-party working group of volunteers from across the Fire Authority would be established to undertake a self-assessment of good practice for the Panel, a training needs analysis of all Members and to consider the inclusion of a co-opted independent member on the Panel. In accordance with the guidance it would be chaired by the Panel Chair. A request for volunteers would be sent to all Members in a future weekly email. Once the Working Group was formed, the terms of reference, meeting dates and reporting process would be determined.

There was a query regarding whether it may be possible to appoint independent Members for specific matters, the Chief Fire Officer confirmed that there had been precedent for external individuals to assist in particular projects but who had no voting rights at meetings, but this working group would be looking at whether the Fire Authority wished to appoint full, independent members to the Scrutiny & Audit Panel on a permanent basis.

**RESOLVED** – The Panel agreed:

- i. to note the latest guidance from CIPFA; and
- ii. to establish a working group to undertake a self-assessment and training needs analysis, to consider whether any changes to the current arrangements and terms of reference were required, and to consider CIPFA's recommendation for the inclusion of a co-opted independent member on the Panel.

### **67 Strategic Performance Report Q1 2023**

The Panel considered a report of the Assistant Director Planning & Improvement (ADP&I) presenting members with the strategic performance for quarter one of 2023/24. The ADP&I explained that this was the first report to include the revised performance measures and to be presented in the new style as agreed by the Panel in November 2022. The new report was split into four sections an at-a-glance summary, a deep dive into the Service's priority areas, performance measures that are needing improvement and the annual performance measures including those that are new.

Members thanked officers for the new report which was found to be much clearer and more informative. It was suggested that it may be useful to distinguish between things that could be done/improved and things that could not, particularly during times like this when there were significant financial challenges to the Service and difficult decisions were being taken.

There was a query regarding performance indicator (PI) 21 regarding the number of workplaces report accidents/injuries and that this appeared to be



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

rising. It was explained that as the Service had a positive reporting culture this measure also represented “near misses” as well as including accidents that included damage to vehicles rather than injury to people. It was suggested that the Service may want to consider if it were possible to separate off “actual” from near-misses” into separate measures. Members also asked if the Service was encouraging staff to have Flu-jabs and whether there was an opportunity for assistance with Covid jabs. The Assistant Director Operational Support & Resilience (ADOSR) confirmed that the Service was actively encouraging staff to have a Flu-jab and there was the facility for the cost of these to be reimbursed. Unfortunately there was no special provision to enable Fire Service staff to be eligible for a Covid-jab.

The Lead Member Assurance & Peer Review added their congratulations to all those involved in the designing of this new report and hoped that it would make it easier to scrutinise performance under the new layout.

There was a query from the Panel about the progress of activities against their targets as set out in the chart at para. 2.3 of the report. The ADP&I confirmed that this was as expected in quarter one, at the start of the year, and each activity was monitored outside of this by the Assurance, Performance & Governance Group there was also the ability to reassess performance against deadlines and targets if circumstances change as was particularly possible with larger projects or those with other partners.

**RESOLVED** – The Panel considered and noted the contents of the new strategic performance report as set out at Appendix 1.

### **68 Contract Standing Orders - Waivers Summary**

The Panel received the report of the Assistant Director Resources/Treasurer (ADR/T) which informed Members of the waivers granted since November 2021 as required by Procurement Standing Order (PSO) 4.1. The Treasurer, after consultation with the Procurement Manager, Deputy Monitoring Officer and the relevant Member had approved a total of eight waivers from November 2021 to date. Each had been considered on the basis that the Authority could achieve value for money, were below the threshold of the Public Contract Regulations 2015 and therefore subject to internal governance arrangements only. None had been granted based on expediency alone and in the main they were granted to achieve best value, leverage efficiencies, ensure operational alignment and mitigate any risk to security of supply and/or continuity of service.

The Panel had some points of clarity. Firstly, with regards to the waiver set out at para. 2.2 of the report, Members asked what was covered by the £75,000. The ADR/T explained that this included the payment to the agency candidates and the fee for the agency. Members also asked, with regards to the waiver at para. 2.1, why it had been necessary to have a contractor to complete Project 21. The Deputy Chief Fire Officer (DCFO) confirmed that the lead officer, the previous DCFO, had retired before the project completed and therefore, in order to expediate swift completion of the project it was deemed

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

appropriate and necessary to ask him to continue to work with the Service to complete the project.

Finally, Members asked for some more detail regarding the waiver set out at para 2.6. The ADR/T explained that the Service had been part of a national framework for workwear but the contract had collapsed due to national issues with quality and regularity of supply. The new company, Hunter, had already been contracted to supply Undress uniform and the Service entered into an interim contract with them for regular workwear. There were still issues, some of which related to ongoing worldwide supply chain issues. The ADR/T confirmed that there was a national project underway, led by the NFCC, to look at a new PPE contract but it was not expected to be in place until 2025. There had been work at a national level to work out a way for Services to exit the original contract, including agreement to collectively waive rights to refund in or to exit the contract, it had been a difficult and unsatisfactory situation.

**RESOLVED** – The Panel agreed to note the report and that there was no additional information, beyond that provided at the meeting, required.

The meeting concluded at 11.06 am

Signed

Chairman

Dated this

day of

2024

## EAST SUSSEX FIRE AUTHORITY

**Meeting** Scrutiny & Audit Panel

**Date** 18 January 2024

**Title of Report** Strategic Performance Report Q2 2023/24

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

**Lead Officer** Liz Ridley, Assistant Director Planning & Improvement

**Lead Member** Cllr Nuala Geary

**Background Papers** None

**Appendices** 1. Strategic Performance Report Q2 2023/24

**Implications (please tick ✓ and attach to report)**

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

**PURPOSE OF REPORT** To present the Strategic Performance Report for quarter two 2023/24.

**EXECUTIVE SUMMARY** In November 2022 the Scrutiny & Audit Panel agreed to the refresh of strategic performance indicators recommended by the Senior Leadership Team.

Attached at Appendix 1 is the Strategic Performance report based on those measures.

The report is structured into four sections:

- 1. Performance at a glance summary.** This is a high-level summary of all indicators grouped by those that are achieving their target, those near target, those that are needing improvement, against the tolerances set by service managers.

2. **Service Priority Areas.** All of the Fire Authority's priority areas are included with a deeper dive into performance that shows the last 12 month rolling monthly performance, the previous year's performance, the last five years quarterly data, the RAG rating and service owner commentary for indicators where performance needs improving.
3. **Performance measures needing improvement.** This is a deeper dive into performance or those measures that have been classified as needing improvement that are not service priority areas.
4. **Annual Performance Measures and those that are new.** There are five performance measures that are reported annually and will be in the 4<sup>th</sup> quarter annual report. There are seven new performance measures and systems and processes are being developed and they will be brought on line throughout the year.

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**RECOMMENDATION**

The Scrutiny & Audit Panel is asked to consider the strategic performance report for quarter 2 2023/24 as contained in Appendix 1.

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**1. INTRODUCTION**

- 1.1 The Scrutiny & Audit Panel agreed to the refresh of strategic performance indicators and the new look performance report as recommended by the Senior Leadership Team in November 2022.
- 1.2 The report is structured into four sections as follows:
  - 1.2.1 **Performance at a glance summary.** This section provides a high level view of performance against all indicators grouped by the relevant red, amber, green rating. Tolerances for each measure have been set as part of the work to refresh the performance measures undertaken with Assistant Directors and service managers. Performance is then calculated to show measures that are succeeding, achieving their target, those near target and those that are needing improvement, against the tolerances. The results are displayed in a simple scorecard format at the beginning of the report.
  - 1.2.2 **Service Priority Areas.** The Fire Authority's priority areas are included with a deeper dive into performance that shows the last 12 month rolling monthly performance, the previous year's performance, the last five years quarterly data, the cumulative performance against target, the RAG rating, and the tolerances set by service managers. It includes commentary from the responsible service manager for indicators where performance is outside the tolerance.

1.2.3 **Performance measures needing improvement.** If a performance measure is rated red and needs improvement against the tolerances set, then the performance report will include those areas with the deeper dive information. This section may vary from quarter to quarter depending on the performance result. This is a deeper dive into performance or those measures that have been classified as needing improvement.

1.2.4 **Annual Performance Measures and those that are new.** This section contains the performance measures that are reported annually and these five measures will be included in the 4th quarter annual report. When the performance measures were refreshed, there were six performance measures that were new and these are the performance measures that assess the implementation of the new automatic false alarm reduction policy. Systems and processes are being developed and these measures will be brought into the report when they are available.

1.3 The Planning & Intelligence team were tasked to further refine the KPI target setting by investigating the impact of seasonality to the data. On investigation the only KPI to be impacted by this is deliberate fires.

1.4 Going forward deliberate fires will now be monitored against the 5 year quarter average as over 60% of deliberate fires historically happen during the summer months. This can be illustrated in table 1 below:

1.5 **Table 1: Deliberate fires by quarter and quarter average over five years**

Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	157	227	146	170	700
2019-2020	256	226	118	142	742
2020-2021	234	245	161	99	739
2021-2022	202	176	156	130	664
2022-2023	207	308	94	115	724
Qtr Average	211	236	135	131	714
2023-2024	211	219			430

1.5.1 This provides a higher tolerance during the periods when ESFRS experiences higher numbers of deliberate fires and a lower tolerance over the generally colder and wetter months.

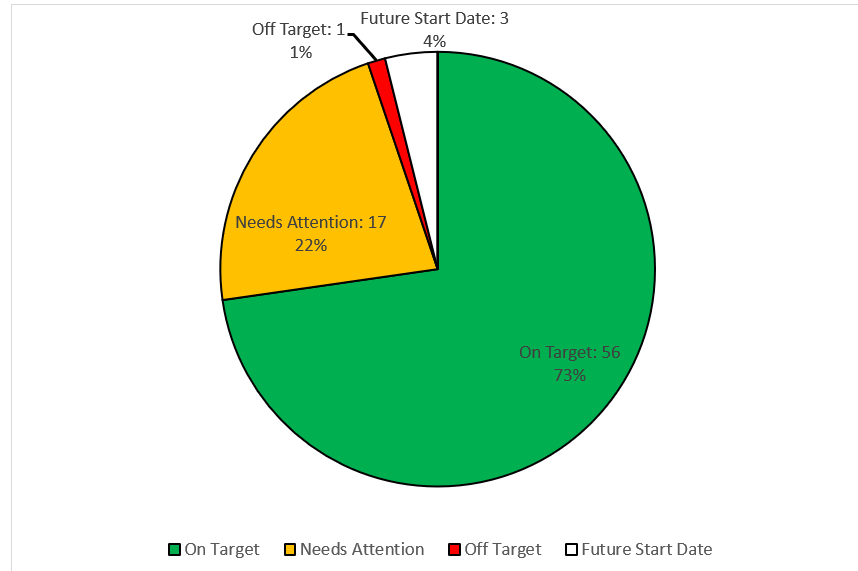
## 2. **SUMMARY OF PROGRESS AGAINST THE CORPORATE STRATEGIES**

2.1 The Corporate Strategies activities are live in the Planning module within INSIGHT along with all directorate business plan activities and all Internal Audit actions

2.2 The Corporate Strategies monitoring report is considered at the Service's Assurance Performance & Governance Group. Each strategy has an annual action plan containing actions that are assigned to a responsible owner who must give an update on progress. There are 77 agreed corporate activities to

progress the Service's strategies in 2023/24. The detailed report is presented with commentary against the actions to the APGG. Figure 1 shows the high level summary of progress against the Corporate Strategies.

2.3 **Figure 1: Summary of Progress against the Corporate Strategy Activities**  
**77 Activities Reported on**



2.4 The red activity highlighted in the report relates to the MBOSS project that is seeking to move from one financial reporting systems to another and has encountered delays.



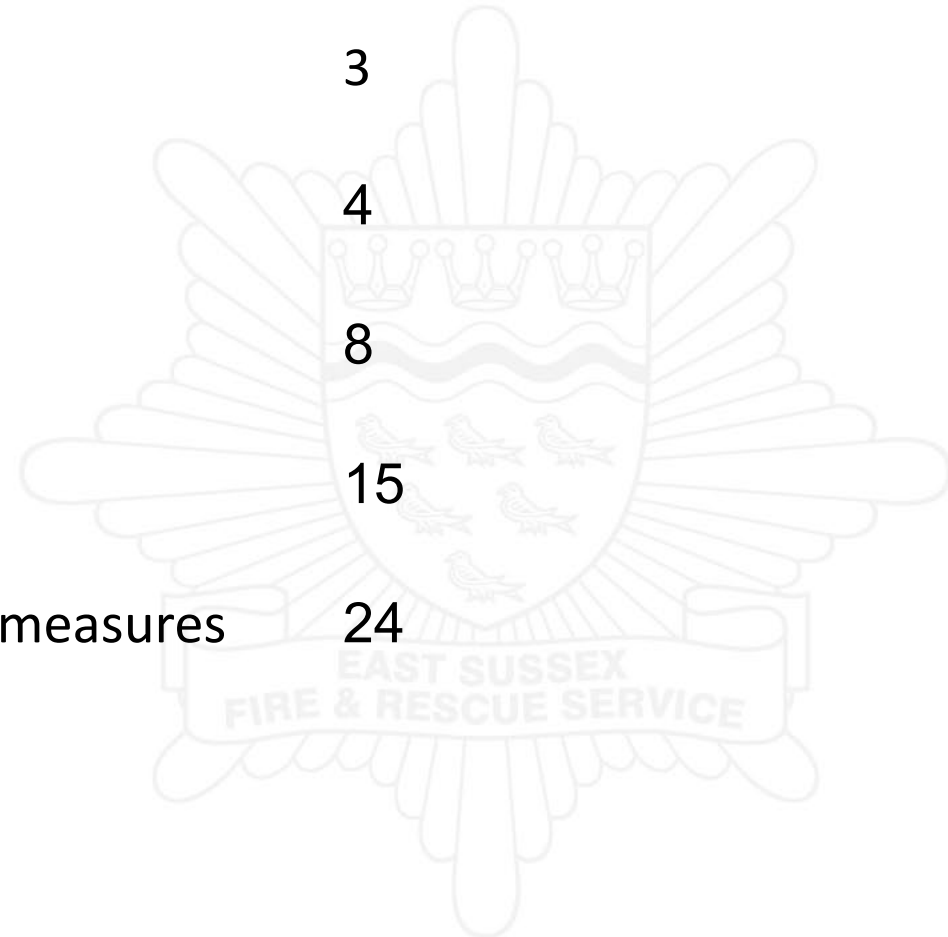
# East Sussex Fire and Rescue Service Performance Report

## Quarter 2 2023/24



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# Scrutiny and Audit Quarterly Performance Report

The aim of the Quarterly Performance Report is to summarise how East Sussex Fire & Rescue Service has performed over the previous quarter compared to previous year's performance and to provide commentary in relation to the actions being taken to address performance.

The report contains the Service's Strategic Measures (Tier 1) which are the high level outcome measures that provide a strong indication of organisational performance directly aligned to the delivery of the Purpose and Commitments. Targets are included and tolerances have been set to show a direction of travel against the measures which enables clearer performance reporting. Where indicators are new, tolerances and definitions will be set at a future date based on the annual result.

The explanations, mitigations and actions contained within this report are those endorsed by the Service Leadership Team (SLT). This report covers data from the period of 1 April 2023 – 30 September 2023.



# Performance at a glance summary

**At the end of Quarter 2 2023-24 the performance against 21 Strategic measures is as follows:**

12 of the 21 measures had a GREEN status (57%)

5 were AMBER (24%)

4 were RED (19%)

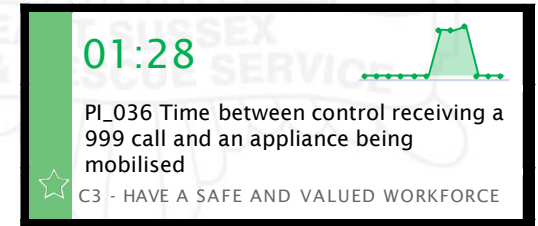
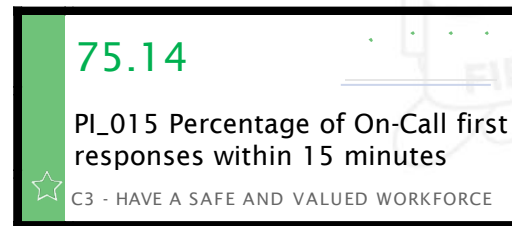
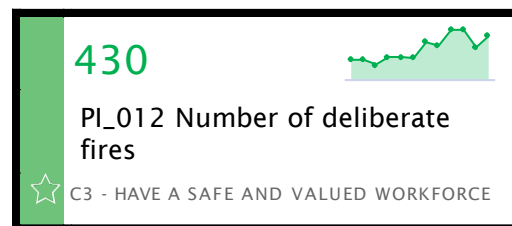
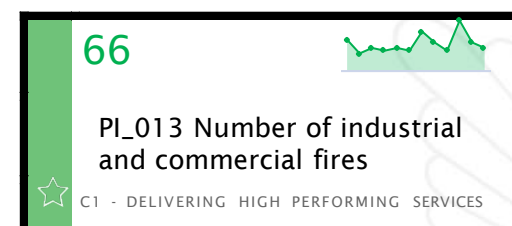
**Of the service priority areas**

4 had a GREEN status, 2 had an AMBER status and 0 had a RED status.



# Performance at a glance

## Performance Measures Achieving Target

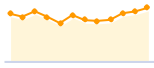


# Performance at a glance

## Performance Measures Near Target

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1,551



PI\_004 Number of AFAs

C1 - DELIVERING HIGH PERFORMING SERVICES

5,292



PI\_008 Number of incidents attended

C1 - DELIVERING HIGH PERFORMING SERVICES

89.85



PI\_005 % of accidental dwelling fires confined to room of origin

C2 - ENGAGE WITH OUR COMMUNITIES

530



PI\_011 Number of primary fires

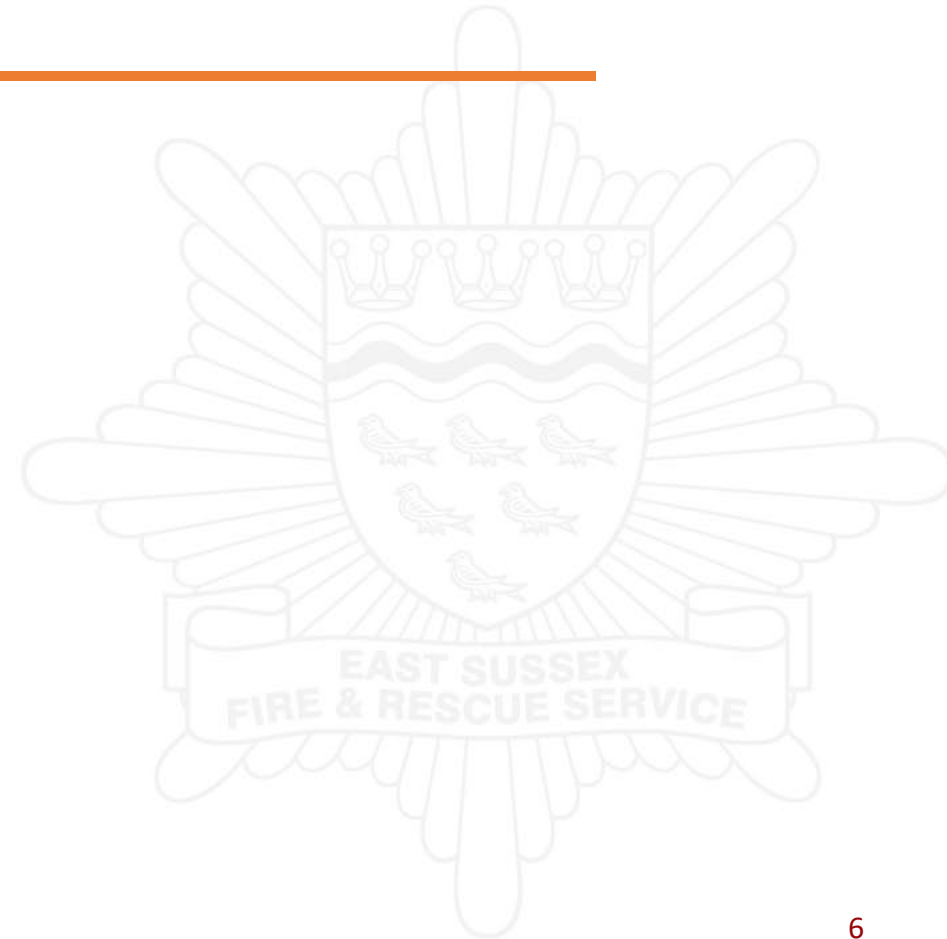
C1 - DELIVERING HIGH PERFORMING SERVICES

249



PI\_007 Number of inspections of high-risk premises completed

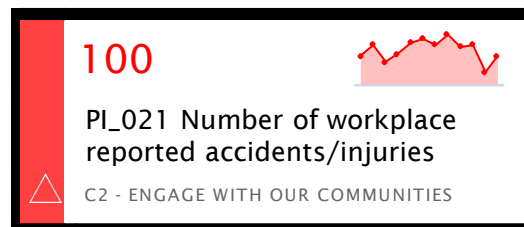
C3 - HAVE A SAFE AND VALUED WORKFORCE



# Performance at a glance

## Performance Measures Needing Improvement

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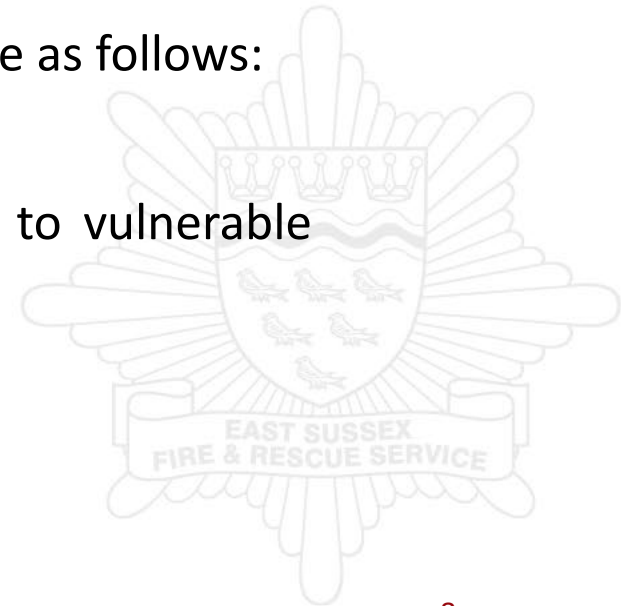




# Service Priority Areas

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

1. Reducing accidental dwelling fires.
2. Undertake 9,000 home safety visits of which 90% 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.



# Priority 1 – Number of accidental dwelling fires

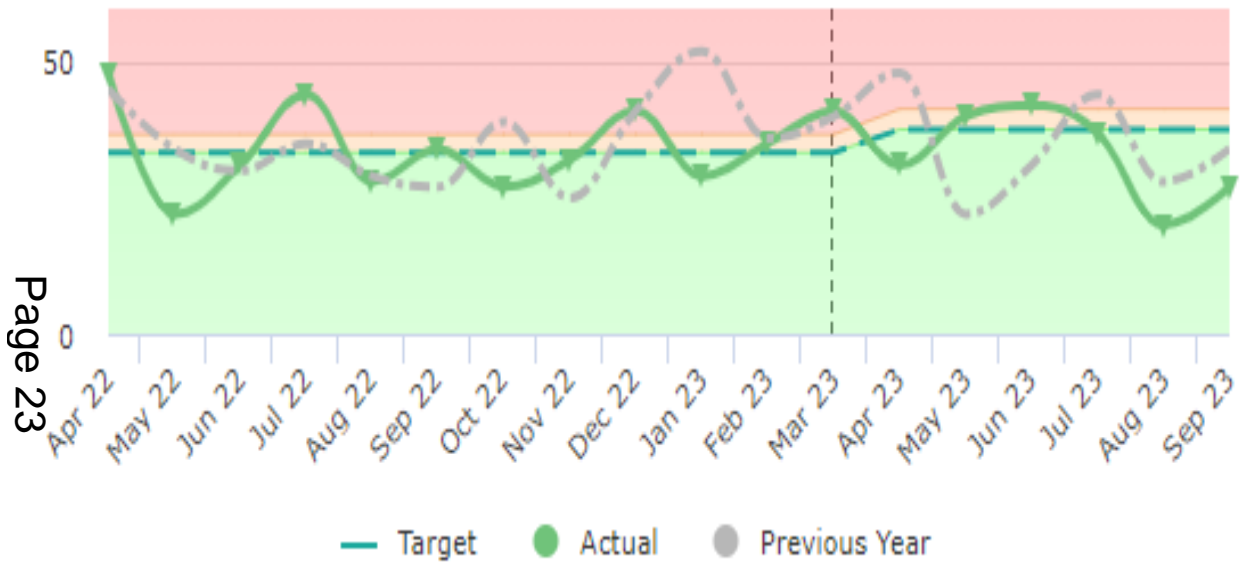
The number of fires in dwellings where the cause of fire was accidental or not known

**197 at end of Q2**

**Reduction Target:**  
 Green < 451  
 Amber 451- 496  
 Red > 496

**RAG Status – Green**

**Service Owner**  
 Matt Lloyd  
**Area** – Prevention and Protection (Community Safety)



Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	121	135	129	124	509
2019-2020	107	100	118	130	455
2020-2021	105	125	117	97	444
2021-2022	109	91	105	128	433
2022-2023	101	106	100	105	412
2023-2024	113	84			197

**Commentary and actions (Treat or Tolerate): Current Annual Projection – 393**  
 Performance is as expected and on track

# Priority 2a – Undertake 9,000 home safety visits

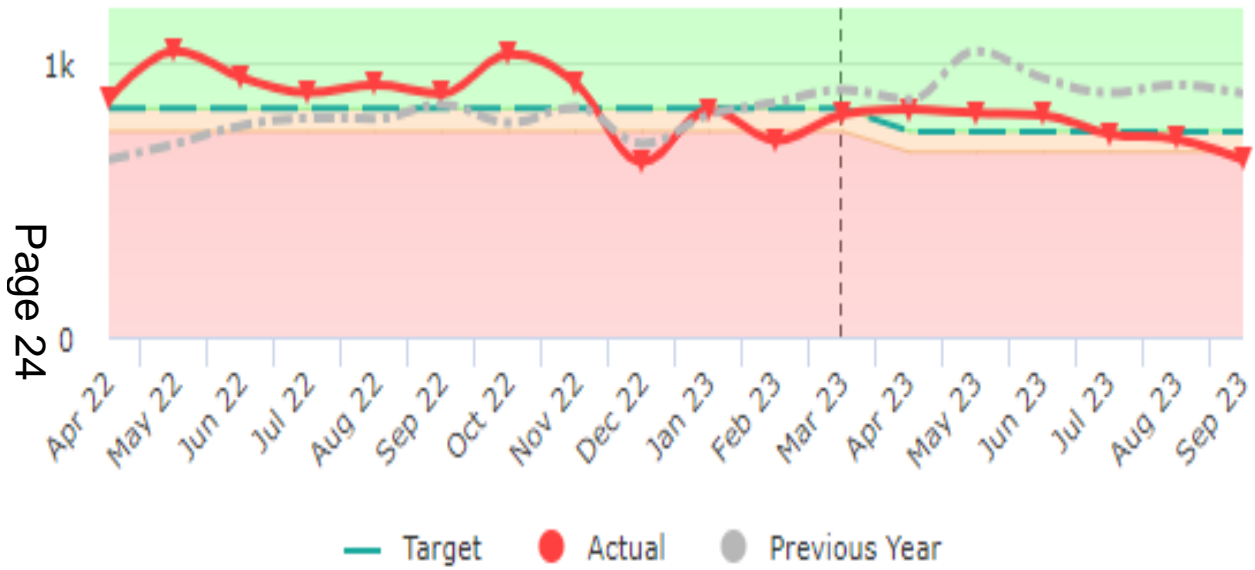
**4,567 at end of Q2**

**RAG Status – Green**

The number of home fire safety visits where the householder was given fire safety advice and or had a fire alarm installed.

**Improvement Target:**  
 Green > 9,000  
 Amber 8,100 - 9,000  
 Red < 8100

**Service Owner**  
 Matt Lloyd  
**Area** – Prevention and Protection (Community Safety)



Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	2,539	2,460	2,608	3,480	<b>11,087</b>
2019-2020	2,587	2,585	2,571	2,537	<b>10,280</b>
2020-2021	1,517	1,587	2,010	2,091	<b>7,205</b>
2021-2022	2,125	2,444	2,326	2,569	<b>9,464</b>
2022-2023	2,856	2,698	2,592	2,356	<b>10,502</b>
2023-2024	2,458	2,109			<b>4,567</b>

**Commentary and actions (Treat or Tolerate): Current Annual Projection – 9,109**  
 Performance is as expected and on track



# Priority 2b – Deliver 90% of all home safety visits to vulnerable members of our community.

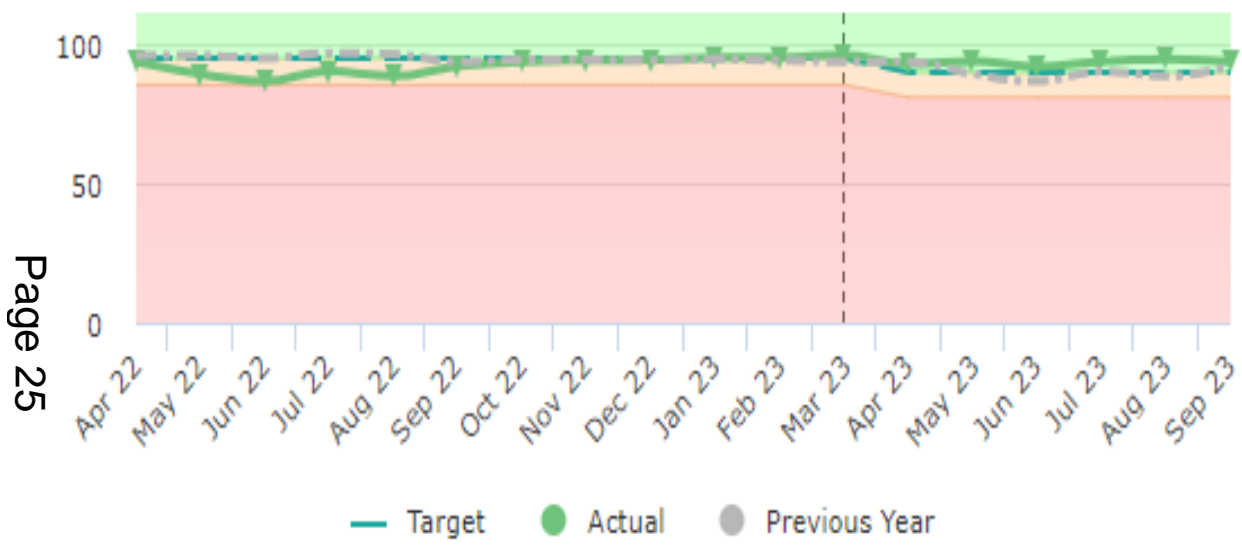
Vulnerability is defined as lone pensioners, people over 65, people in rented accommodation, single parent families, hearing /sight impaired and those with a limiting long elderly.

**93.5% at end of Q2**

**RAG Status – Green**

**Improvement Target:**  
 Green > 90%  
 Amber 81% - 90%  
 Red < 81%

**Service Owner**  
 Matt Lloyd  
**Area** – Prevention and Protection (Community Safety)



Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	91.4	90.0	92.9	90.8	<b>91.3</b>
2019-2020	92.5	92.3	92.3	92.2	<b>92.3</b>
2020-2021	95.3	95.3	95.7	96.8	<b>95.8</b>
2021-2022	95.7	95.7	94.4	94.2	<b>95.0</b>
2022-2023	89.9	90.3	94.1	95.5	<b>92.3</b>
2023-2024	93.0	94.1			<b>93.5</b>

**Commentary and actions (Treat or Tolerate): Current Annual Projection – 93.5%**  
 Performance is as expected and on track

# Priority 3 – Reducing the number of absences of our employees due to sickness

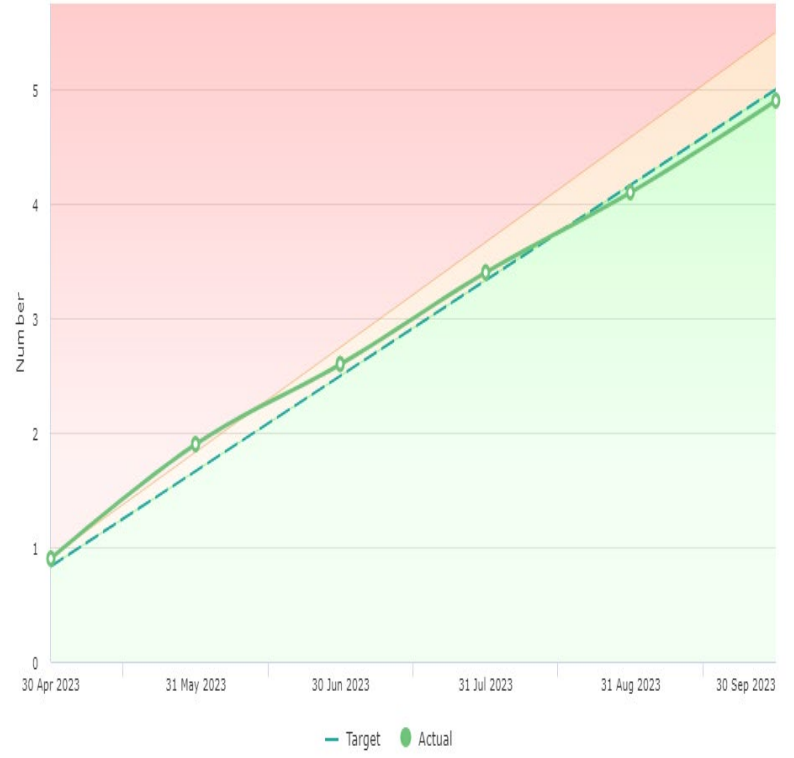
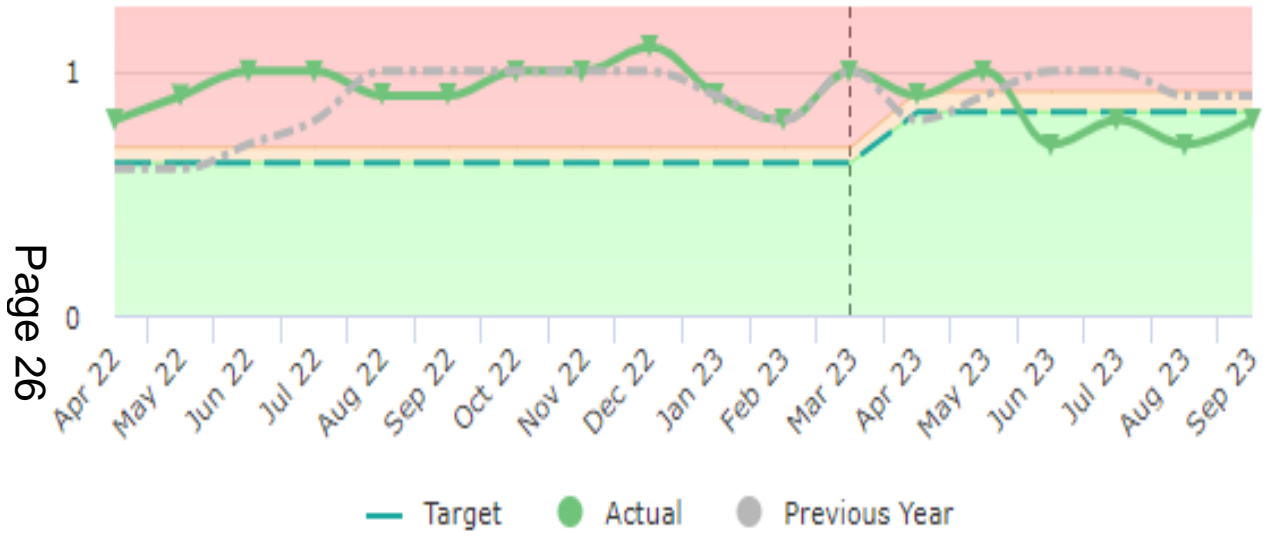
The number of days/ shifts lost to sickness divided by the number of staff in post

**4.9 at end of Q2**

**RAG Status – Green**

**Reduction Target:**  
Green < 10  
Amber 10 -11  
Red > 11

**Service Owner**  
Jules King  
**Area – People Strategy**



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Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	2.2	1.9	2.2	2.5	<b>8.8</b>
2019-2020	2.2	2.3	3.0	2.5	<b>10.0</b>
2020-2021	0.9	1.8	2.2	1.4	<b>6.6</b>
2021-2022	1.9	2.9	3.1	2.6	<b>10.5</b>
2022-2023	2.7	2.8	3.1	2.7	<b>10.2</b>
2023-2024	2.6	2.3			<b>4.9</b>

Commentary and actions (Treat or Tolerate): Current Annual Projection – **9.8**  
Performance is as expected and on track

# Priority 4 – Reducing attendance at automatic false alarms

Number of automatic fire alarms incidents attended to properties covered by the Fire Safety Order

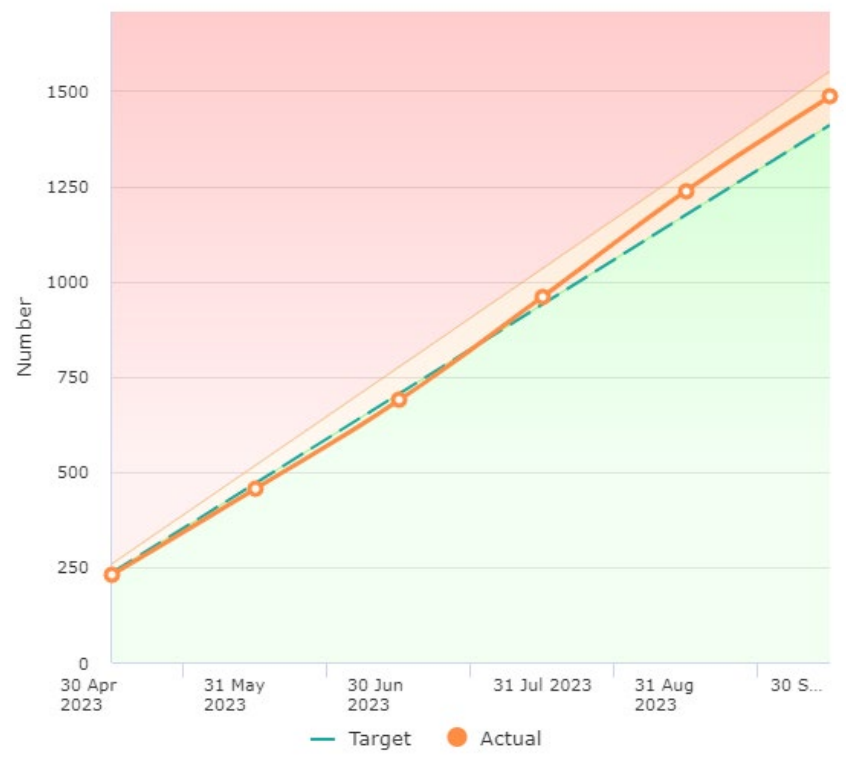
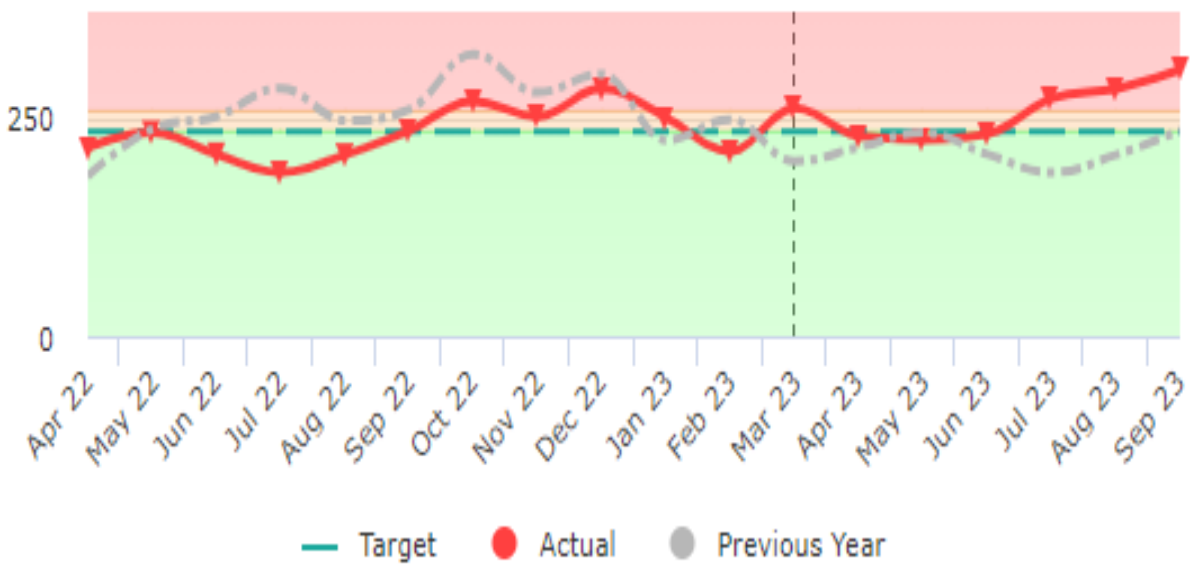
**1,551 at end of Q2**

**RAG Status – Amber**

**Reduction Target:**  
 Green < 2,820  
 Amber 2,820 - 3,102  
 Red > 3,102

**Service Owner**  
 Matt Lloyd  
**Area – Service Delivery**  
 (Business Safety)

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Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	677	720	643	641	2,681
2019-2020	675	792	756	703	2,926
2020-2021	577	770	775	577	2,699
2021-2022	674	793	905	675	3,047
2022-2023	660	632	807	724	2,823
2023-2024	688	863			1,551

**Commentary and actions (Treat or Tolerate): Current Annual Projection – 3,094**  
 Performance is within amber tolerance – so tolerate

# Priority 5 – Inspections of high-risk premises completed

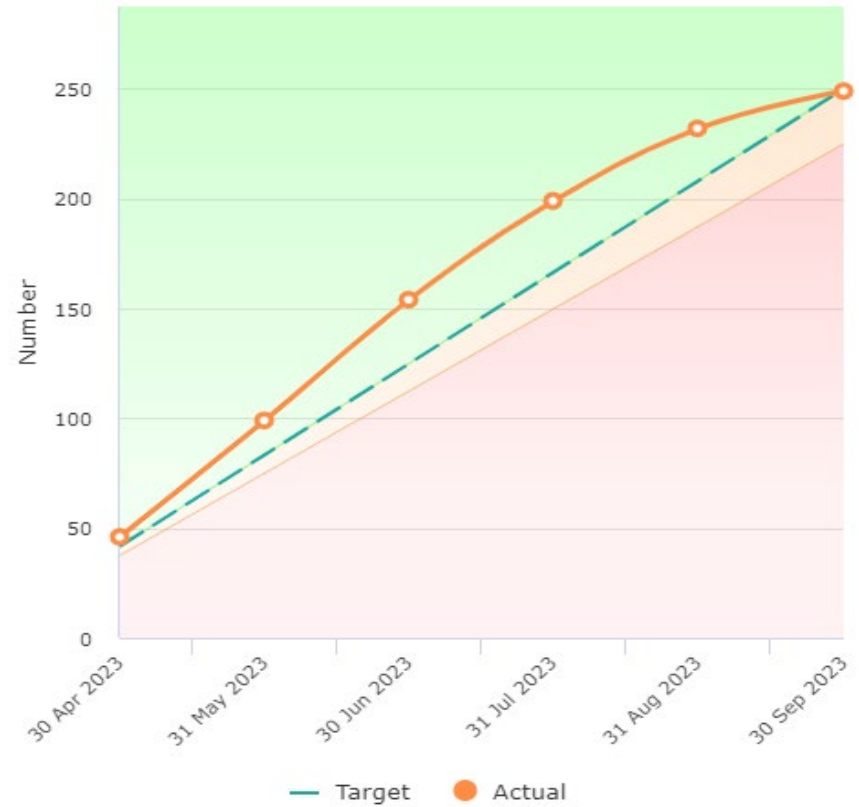
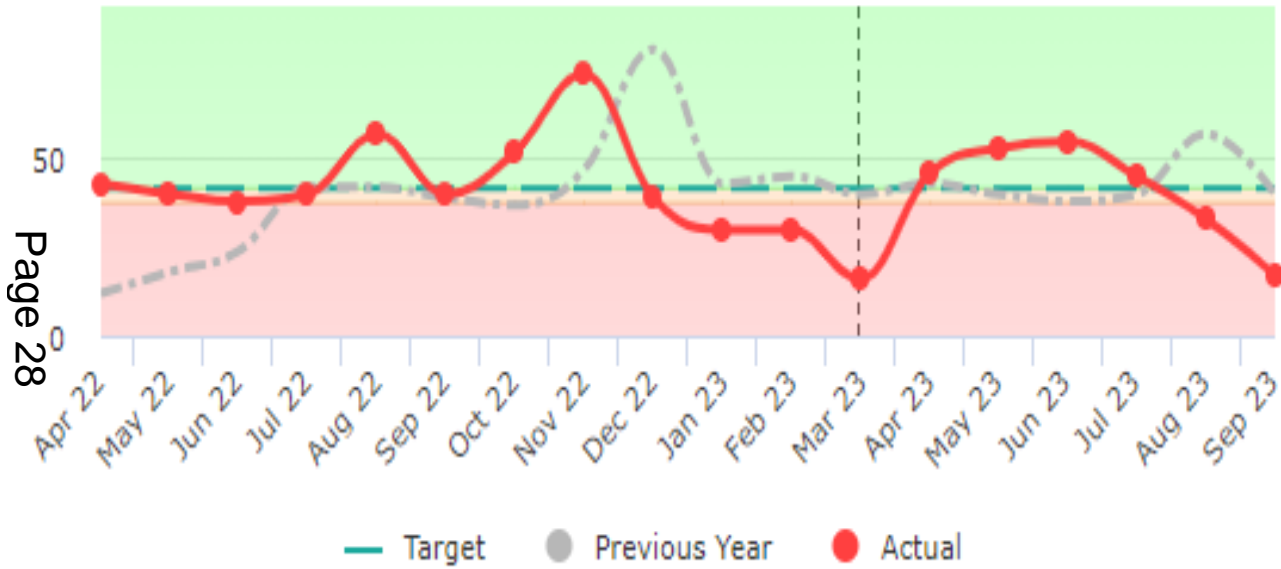
The number of audits / inspections completed within East Sussex as provided from the reinspection list

**249 at end of Q2**

**RAG Status – Amber**

**Improvement Target:**  
Green > 500  
Amber 450 - 500  
Red < 450

**Service Owner**  
Matt Lloyd  
**Area – Service Delivery**  
(Business Safety)



Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	110	165	135	170	580
2019-2020	116	120	96	117	449
2020-2021	165	73	60	60	358
2021-2022	54	123	165	128	470
2022-2023	121	137	165	76	499
2023-2024	154	95			249

**Commentary and actions (Treat or Tolerate): Current Annual Projection – 497**  
Performance is within amber tolerance – so tolerate



# Performance measures needing improvement



# PI 09 – Number of primary fire deaths

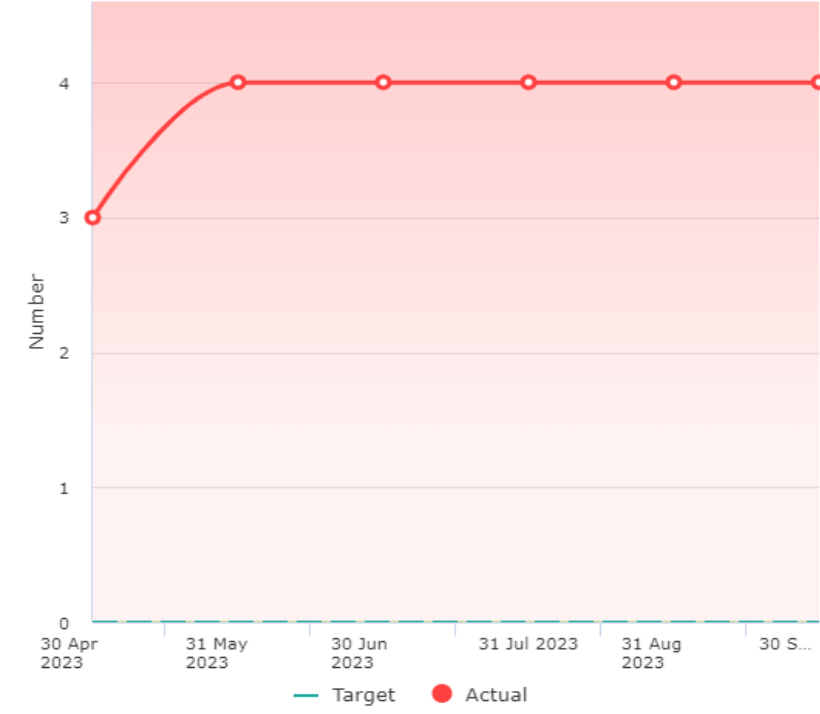
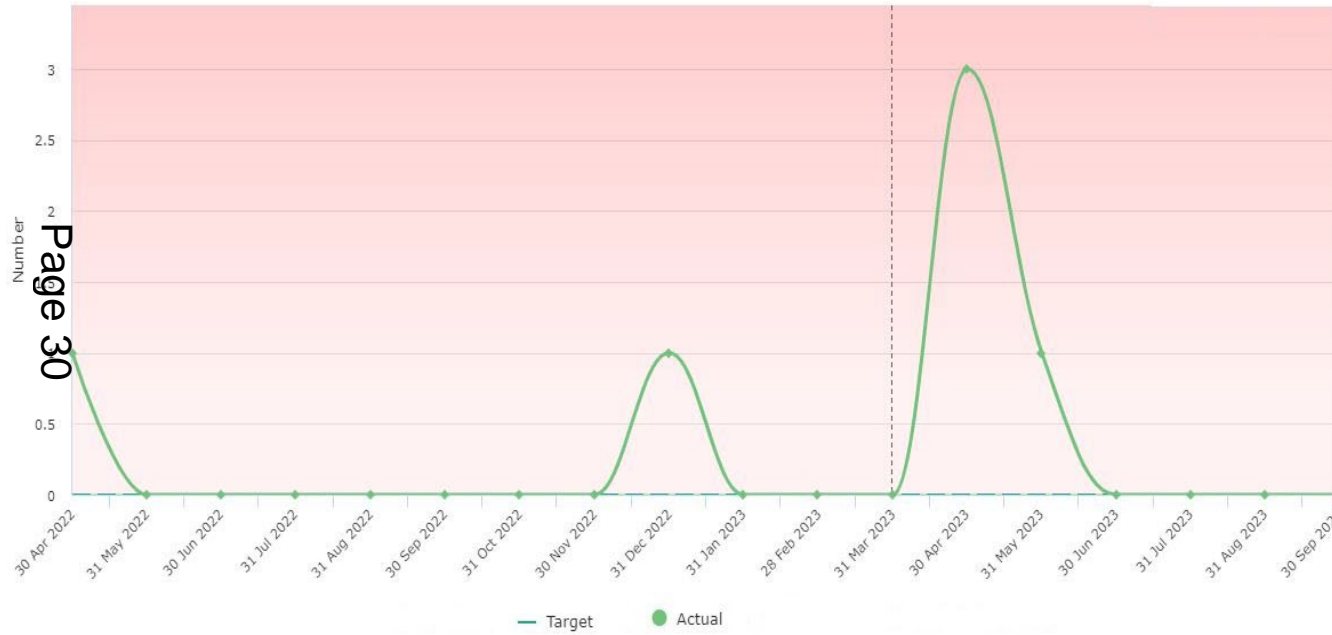
4 at end of Q2

RAG Status – Red

The number of people whose death was caused by fire in a major fire which involves property, casualties or 5 or more appliances the death may occur weeks or months later.

**Reduction Target:**  
Green = 0  
Amber > 0-3  
Red > 3

**Service Owner**  
Matt Lloyd  
**Area** – Prevention & Protection (Community Safety)



Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	0	3	0	1	4
2019-2020	1	0	1	1	3
2020-2021	1	0	0	1	2
2021-2022	1	1	0	2	4
2022-2023	1	0	1	0	2
2023-2024	4	0			4

## Commentary and actions (Treat or Tolerate): Current Annual Projection – 8

This KPI has recently been reviewed and agreed that we strive to have no fire deaths within a year, therefore, any deaths will result in this KPI being red. The service undertakes fatal fire reviews after every fatal fire to determine any outcomes in respect of prevention activities. There were no fatalities in Quarter 2.

# PI 21 – Number of workplaces reported accidents / injuries

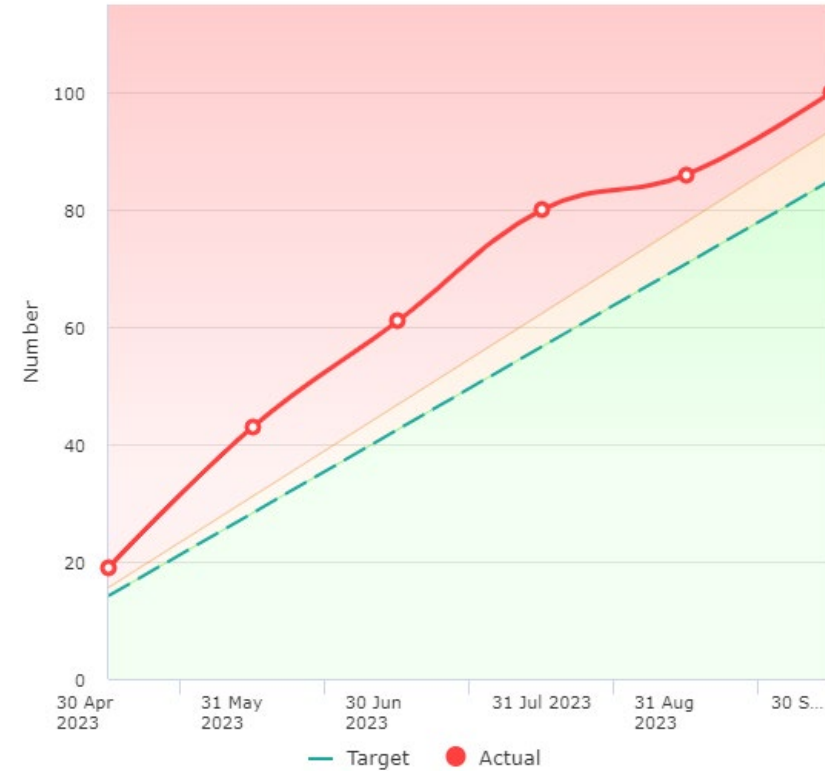
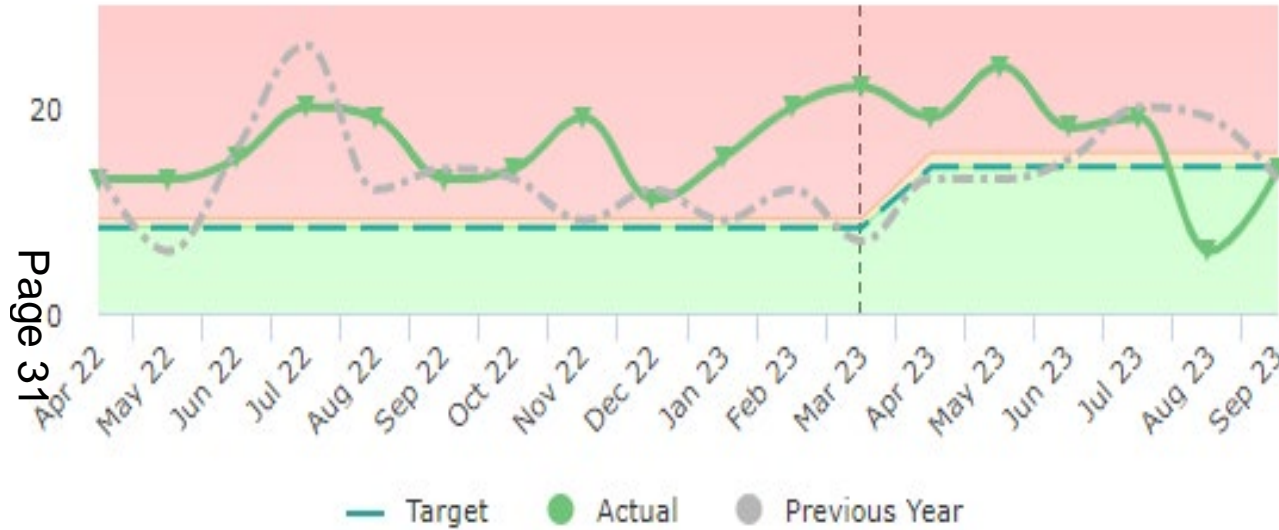
The number of safety events received

**100 at end of Q2**

**RAG Status – Red**

**Reduction Target:**  
Green < 170  
Amber 170 – 187  
Red > 187

**Service Owner**  
Julie King  
**Area:** Health, Safety and Wellbeing



Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	69	64	49	66	248
2019-2020	52	73	74	40	239
2020-2021	47	70	28	50	195
2021-2022	36	52	34	28	150
2022-2023	41	52	44	57	194
2023-2024	61	39			100

## Commentary and actions (Treat or Tolerate): Current Annual Projection – 200

Q2 There is a decrease in reported incidents in the second quarter of 2023/24, but still off target for the annual KPI of <170. Note PI21 includes injuries, near hits, vehicle/equipment damage and ill health. ESFRS has a proactive reporting culture, which supports trend analysis and development of targeted campaigns, communications and training. One trend identified was increased manual handling injuries, due to higher attendance at SECAmb incidents, handling casualties in restricted environments e.g. staircases and the age profile of the operational workforce. Enhanced manual handling training has been developed with targeted information on equipment that can be used for casualty extraction in restricted spaces.

# PI 20 – Number of RIDDOR incidents

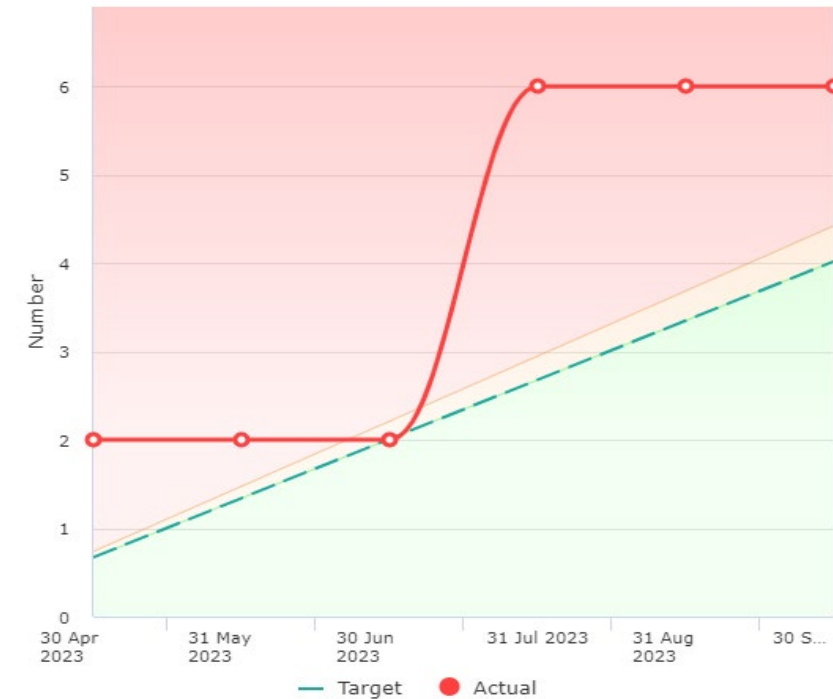
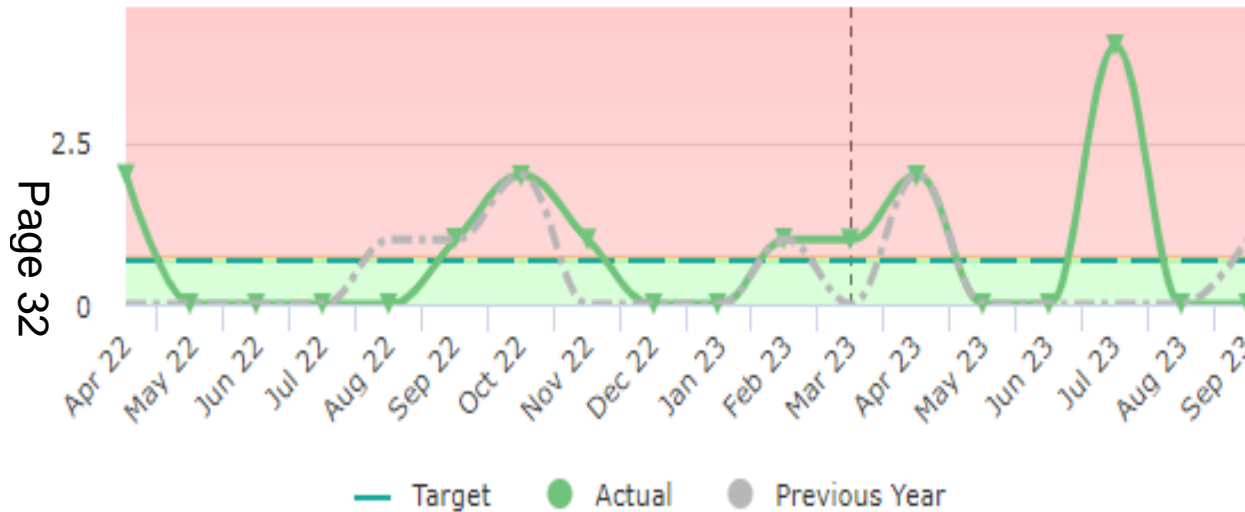
**6 at end of Q2**

**RAG Status – Red**

The number of incidents required to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 that were reported to the Health & Safety section through the Service’s accident reporting procedure.

**Reduction Target:**  
Green < 5  
Amber 6  
Red > 6

**Service Owner**  
Julie King  
**Area:** Health, Safety and Wellbeing



Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	0	3	4	3	10
2019-2020	3	4	3	3	13
2020-2021	2	1	0	3	6
2021-2022	0	2	2	1	5
2022-2023	2	1	3	2	8
2023-2024	2	4			6

## Commentary and actions (Treat or Tolerate): Current Annual Projection – 12

Q2 There is an increase in RIDDORs in the second quarter of 2023/24 and still off target for the annual KPI of <8. The 4 RIDDOR reports made to the HSE in Q2 2023/24 were:

- 1x Hospital treatment and discharged: Cut hand at an RTC during casualty removal from vehicle; and
- 3x >7 day absence: Broken down as 1 x Manual handling injury, back spasm when moving cylinders on the fireground; 1 x Manual handling, back spasm when undertaking hose management at incident; and 1 x back spasm following extended waiting time to be committed wearing BA (not undertaking any activity).



# PI 16 – Number of Operational Business Safety Visits completed

Total number of Fire safety checks undertaken and completed by operational crew members and officers.

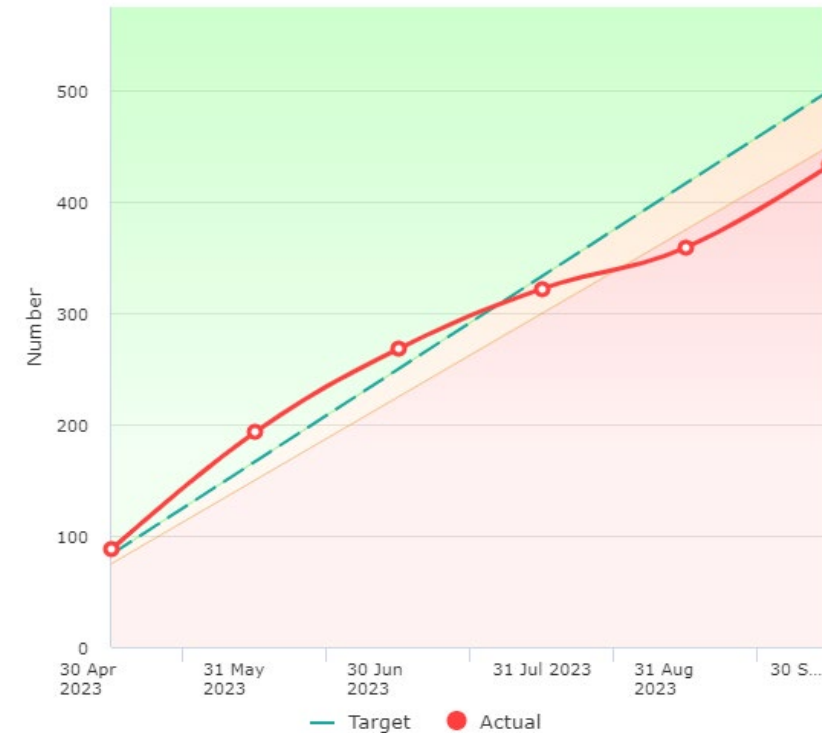
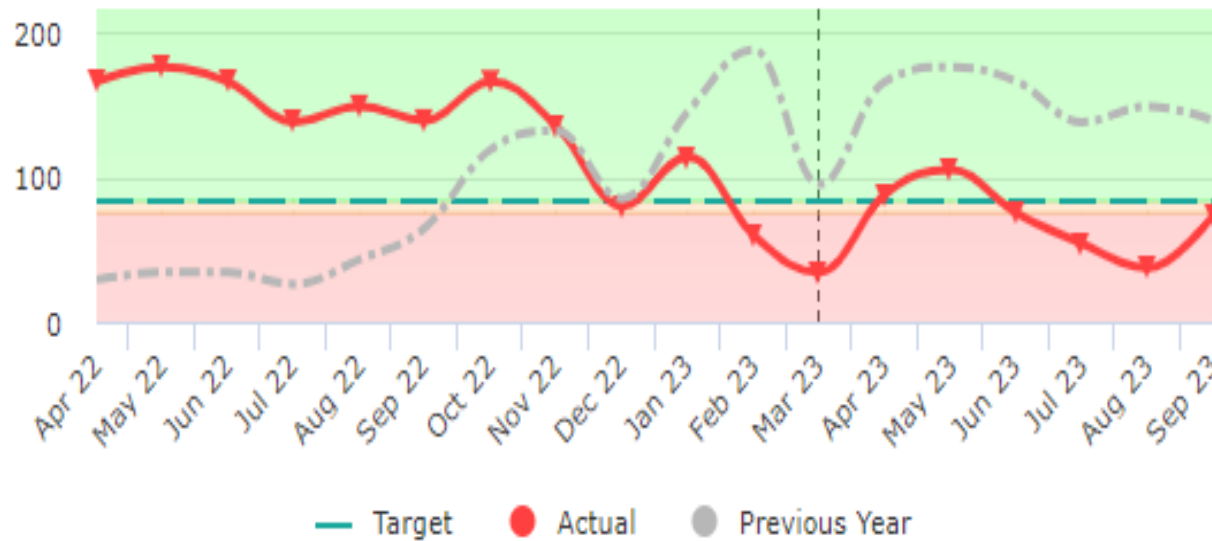
**443 at end of Q2**

**RAG Status – Red**

**Improvement Target:**  
Green > 1,000  
Amber 900 – 1,000  
Red < 900

**Service Owner**  
Matt Lloyd  
**Area:** Prevention and Protection (Protection)

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Financial Year	Q1	Q2	Q3	Q4	Total
2018-2019	n.a.	n.a.	n.a.	n.a.	n.a.
2019-2020	96	93	78	111	388
2020-2021	5	13	17	38	82
2021-2022	97	134	336	428	995
2022-2023	508	426	381	208	1,523
2023-2024	272	171			443

## Commentary and actions (Treat or Tolerate): Current Annual Projection – 884

Some Fire Safety Checks were detailed on the system as Open, although they were not booked in for allocation. This has now been addressed and the process updated. There is also a small number that were sent to Fire Safety for uploading manually, this has now changed to an electronic process which will assist with the speed in which they are recorded. The tablet implementation will continue to assist with accuracy of these numbers, however, we remain on target for meeting this performance indicator by the end of Q4.



# Annual Performance Measures and new performance measures



## **Under development**

PI\_031 Number of incidents attended excluding assist other agencies

PI\_032 Number of assist other agencies

PI\_049 Percentage of all AFAs attended in low risk premises

PI\_041 Percentage of all AFAs attended in medium risk premises

PI\_042 Number of UWFS challenged

PI\_050 Percentage of all AFAs attended in high risk premises

## **Annual Indicators**

PI\_044 Domestic dwelling respondents satisfied with the overall service from ESFRS

PI\_045 Commercial/Business respondents satisfied with the overall service from ESFRS

PI\_046 Commercial/Business respondents satisfied with the services with regards to Fire Safety Audits by ESFRS

PI\_047 Home Safety visit respondents satisfied with the services with regards to HSV by ESFRS

PI\_048 Cost of Fire Service per Head of Population (Information Only)

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## EAST SUSSEX FIRE AUTHORITY

**Panel:** Scrutiny & Audit Panel

**Date** 18 January 2024

**Title of Report** Corporate Risk Register Review Quarter 3 2023-24

**By** Duncan Savage, Assistant Director Resources/Treasurer

**Lead Officer** Alison Avery, Finance Manager

**Background Papers** Corporate Risk Register Review Q1 2023-24 – Scrutiny & Audit Panel – 9 November 2023

**Appendices** Appendix 1 - RAID Log Scoring Matrix  
Appendix 2 - Corporate Risk Register - Quarter 3

### Implications

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

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

**EXECUTIVE SUMMARY** This report discusses the third 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).

CR1 Health & Health & Safety Compliance has been revised from 8 (Moderate) to 6 (Moderate).

Two new risks have been added to the CRR:

CR19 - Increase in Environmental incidents including wildfires, flooding and extreme weather resulting in the inability to respond effectively, and;  
CR20 - Failure to manage the effects and impacts of a major loss of staff event, through industrial action, namely action short of strike (ASOS).

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**RECOMMENDATION**

The Scrutiny & Audit Panel is recommended to:

- a) agree the Q3 Corporate Risk Register including changes made since Q2 2023/24; and
  - b) identify any further information or assurance required from Risk Owners.
- 

**1. INTRODUCTION**

- 1.1 This report brings the third quarter for 2023-24 Corporate Risk Register update for review and consideration by the Scrutiny and Audit Panel.
- 1.2 The Corporate Risk Register is considered on a quarterly basis by the Assurance, Performance & Governance Group and SLT and reported thereafter to Scrutiny & 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 **CR1 Health & Health & Safety Compliance** – The risk score has been revised from 8 (Moderate) to 6 (Moderate) with the impact score reducing from 4 (Critical) to 3 (Serious) to reflect the current mitigations and work planned in this area.
- 2.3 Two new risks have been added to the CRR as follows:
  - **CR19 Increase in environmental incidents including wildfires, flooding and extreme weather resulting in the inability to respond effectively** - The risk score (post mitigation) has been calculated as 6 Moderate (likelihood 2- low and impact 3 - serious). Whilst we anticipate that we will see an increase in emergency response demand because of growing impacts of climate change, leading to increased levels of wildfire, severe gales, storms, snowfall and flooding related emergencies, the mitigations that are in place are comprehensive.
  - **CR20 Failure to manage the effects and impacts of a major loss of staff event, through industrial action, namely action short of strike (ASOS)** – a previous risk CR6 - Failure to manage the effects of a major

loss of staff event, including through industrial action, was de-escalated from the CRR in Q1 following the agreement of the Grey Book Pay Award. This new risk is prompted primarily by recent issues raised by the FBU regarding the implementation of new crewing models and the increasing use of overtime to maintain appliance availability in line with the Operational Resilience Plan with the potential that this might result in action short of strike including an overtime ban and a reduction in training hours. The risk post mitigation is scored as 6 – Moderate (impact 3 – serious and likelihood 2 – low).

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## APPENDIX 1

## 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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Appendix 2 – Corporate Risk Register updated for Quarter 3 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR1	Health & Safety compliance	<ul style="list-style-type: none"> <li>Policy and practices not effective</li> <li>Policies not followed</li> <li>Inconsistent implementation</li> <li>H&amp;S approach is not effectively targeting the highest risk areas</li> <li>Lack of proactive / preventative measures to reduce likelihood</li> <li>Management actions not completed in accordance with safety event reports</li> </ul>	<ul style="list-style-type: none"> <li>Governance for Health, Safety &amp; Wellbeing in place</li> <li>Revised estates policy for management of contractors</li> <li>Secondment of individual into Facilities Management (FM) role to deliver improvements in processes for estates / management of contractors (improved H&amp;S compliance cross Estates maintained)</li> <li>H&amp;S peer review and implementations of findings 5-year audit plan</li> <li>Business Partner structure has been adopted and is operational</li> <li>Developed a H&amp;S legal register and in use</li> <li>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.</li> <li>Progress monitored at quarterly Health Safety and Wellbeing Committee</li> <li>Workshop completed with ADs and HS&amp;W team. Local managers are working to complete the actions. Evidence being cross referenced through HS&amp;W team</li> <li>Introduction of regular updates on outstanding L2 Ais for Assistant Directors to ensure cross referencing of evidence and report closures</li> </ul>	Impact = 3 Likelihood = 2  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Health and Safety (H&amp;S) policy framework review including the implementation of a new H&amp;S management system was signed off at the FBU consultation meeting on 2<sup>nd</sup> October</li> <li>Continue to implement the 5-year action plan drawn together following the Regional H&amp;S audit undertaken in July 2019 (ongoing)</li> <li>Work on Health &amp; Safety standards has been completed. There will be a period of implementation and embedding (March 2024)</li> <li>H&amp;S technological solution will follow when the standards have been embedded. This will enable current systems to be more effective (2024/25)</li> </ul>	March 2024	AD People Services
CR2	Future financial viability	<ul style="list-style-type: none"> <li>Uncertainty over future funding</li> <li>Failure to identify and deliver savings</li> <li>Difficult to predict future needs / resources required</li> <li>Changes in legislation increasing burden</li> <li>Impact of worldwide supply chain disruption and elevated inflation levels</li> </ul>	<ul style="list-style-type: none"> <li>2023/24 budget agreed</li> <li>Medium Term Finance Plan (MTFP) refreshed to 2027/28</li> <li>MTFP update to CFA <b>December 2023 provides update on 2024/25 budget gap post Star Chamber and forecasts revised budget gap of £3.420m for 2024/25 with potential savings identified of c£2.55m of which £0.6m is one-off</b></li> <li>SLT Away Day 28 Nov has identified savings and flexibilities to balance budget for 2024/25 and this will be formally approved at Dec SLT</li> <li>Business Rates Pool has applied for an extension into 2024/25</li> <li>Delivery of savings monitored and reported to SLT and Fire Authority</li> <li>Workforce Planning Group monitors establishment and operates robust vacancy management process</li> <li>Establishment and use of general and earmarked reserves to manage financial risk</li> <li>Collaboration through East Sussex Finance Officers Association (ESFOA) to protect shared income streams e.g. Council Tax and Business Rates</li> <li>"Star Chamber" budget scrutiny as part of the budget setting process</li> <li>Grant spend monitored monthly against allocation</li> <li>IRMP financial impacts built into MTFP</li> <li>Continue to lobby for sustainable settlement <b>and £5 precept flexibility</b></li> </ul>	Impact = 4 Likelihood = 3  Score = 12 Substantial	<ul style="list-style-type: none"> <li>MTFP savings tranches 1 &amp; 2 in implementation (<b>Dec 2023</b>)</li> <li>MTFP savings tranche 3 in development and <b>Future Foundations Project underway with external consultancy support</b></li> <li>MTFP tranche 4 – <b>two options for East of county developed</b>, along with additional savings proposals e.g. capital programme, use of reserves (Feb 2024)</li> <li>Continued review of opportunities for grant funding / additional income streams e.g. CIL (ongoing)</li> <li>ESFOA to progress review of financial reporting and revenue protection by billing authorities (<b>Dec 2023</b>)</li> <li>ESFOA to confirm continuance of Business Rates Pool (<b>Feb 24</b>)</li> <li>Action plan in place to manage down revenue budget pressures of £1.1m in Safer Communities (<b>ongoing</b>)</li> <li>Monitor implications of supply chain disruption, on revenue and capital budgets and feed into forecasting/budget setting and NFCC (ongoing)</li> <li>Review outcomes from FFN Benchmarking (<b>Dec 23</b>)</li> <li>Continue to monitor financial and legal implications of Pension Remedy (ongoing)</li> </ul>	March 2024	AD Resources / Treasurer

Appendix 2 – Corporate Risk Register updated for Quarter 3 – 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	<ul style="list-style-type: none"> <li>Policy or legislative changes that are likely to arise from reviews and investigations</li> <li>Unknown burdens on service delivery</li> <li>Likely increased funding required</li> <li>Knowledge and competence needed will increase as will the training requirements due to legislative and guidance changes</li> <li>Lack of appropriately qualified resources to target highest risks, deliver legal requirements to enforcement and advise, carry out formal enforcement and deliver prosecutions</li> <li>Number of non compliant premises identified will increase due to increased activity in premises previously not visited as well as ongoing financial pressures in the business community.</li> <li>Inability to adapt service delivery models</li> <li>Lack of appropriate management support for inexperienced staff, due to current structure.</li> <li>Loss of resources to private industry due to demand and salaries being offered.</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of firefighter Fire Safety Checks</li> <li>Competence framework for Fire Safety officers</li> <li>Protection Review to refresh structure to ensure appropriate capacity and contingency</li> <li>Continue to monitor developments from the Hackitt and Moore Bick reviews and potential legislative / regulatory changes</li> <li>Assessment of the Grenfell Tower Phase 1 report and local ESFRS action plan in place</li> <li>Monitoring of emerging Fire safety and Housing Bill</li> <li>Fire Safety Government Consultation to strengthen the fire safety order and implement the Grenfell Tower Phase 1 report</li> <li>LFB secondment for 9 months to gain an additional external assessment of preparation for compliance against both building and fire safety bills (now complete).</li> <li>Delivery Board in place to oversee assimilation of new legislation and the outcome of the GTI Phase 2 report</li> <li>Prevention and Protection Strategy 2021-2026 approved by CFA</li> <li>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.</li> <li>Grant spending plan in place for Protection grants</li> <li>Building Risk Review completed within deadline (however follow up work is still taking place)</li> <li>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.</li> </ul>	Impact = 2 Likelihood = 3  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Allocate ESFRS officers to national working groups to steer and understand the implications of the proposed national changes (complete, but ongoing)</li> <li>Sector is lobbying Govt. for additional and continued funding for investment in protection services (ongoing)</li> <li>Monitor resource impacts of ongoing workload from Building Risk Review (ongoing)</li> <li>Respond to fire safety consultation using the new consultation process (ongoing)</li> <li>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)</li> <li>BSR Funding confirmed and recruitment now completed within ESFRS including the regional manager post. Regional recruitment continues over the next few months, with the final 2 posts from Hampshire to be filled by the <b>end of 2023</b></li> <li>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. <b>The gazetteer data transfer has been a success, how we do now need to add Home Office categories and triage risks to enable us to make full use of this new information. This will be done over the next 12 months, once the vacant admin post has been filled.</b></li> <li>All protection staff being trained as per the competence framework (ongoing due to ongoing staff recruitment)</li> <li>Department restructured to meet tactical needs, however a strategic review is needed to support tactical delivery (to complete by end October 2023). Paper being drafted to SLT to consider structural changes needed to ensure quality of work and welfare of staff</li> <li>Legal process being streamlined to reduce pressure on the department caused by increased legal activity (to complete by end September 2023)</li> <li>B&amp;H legal team being utilised more effectively with joint training taking place over the next 12 months. This includes training for magistrates on fire safety legislation and prosecutions.</li> <li>Legal team resourced and audits reduced to assist in the delivery of legal cases</li> <li>Training is being provided monthly to the department on the new legal process. It is now live and will become more streamlined as staff get used to the new way of working.</li> <li>Quarterly recruitment taking place to create a talent pool of qualified resources.</li> </ul>	March 2024	AD Safer Communities
CR7	Inability to respond effectively to a cyber incident	<ul style="list-style-type: none"> <li>Underestimation of risk likelihood and proximity</li> <li>Inadequate policies and procedures</li> <li>Human error resulting in cyber breach</li> <li>Lack of staff awareness of threat and attack vectors (e.g. phishing)</li> <li>Poor protection of systems leading to increased vulnerability</li> <li>Ineffective Business Continuity Plan in place</li> <li>Increased national and international cyber-security challenges, increasing the volume of attacks. International geo-political position changing the cyber-attack-vectors.</li> </ul>	<ul style="list-style-type: none"> <li>Information Security e-learning in place with mandatory annual re-test</li> <li>Annual review of ISO27001 gap analysis</li> <li>Information Security Management System in place</li> <li>New suite of Information Security policies in place</li> <li>Annual IT Health Checks implemented along with associated Telent remediation action plans</li> <li>Information Security Project now complete and closed down</li> <li>Information Security Management Forum (ISMF) now in place. These are held on a quarterly basis and the DCFO is the Senior <b>Information Risk Officer (SIRO)</b></li> <li>Regular attendance at NFCC IT Managers' Cyber Security sub-group</li> <li><b>Quarterly reports to the Assurance Performance and Governance Group</b></li> </ul>	Impact = 4 Likelihood = 2  Score = 8 Moderate	<ul style="list-style-type: none"> <li>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.</li> <li>ESFRS ITG now participating in the new NFCC Cyber Security Sub-group</li> <li>E-learning packages regularly updated and mandatory completion for staff</li> <li>The Annual ITHC took place in October 2023. <b>The audit report is due end of November 2023 – remediation actions will be signed off by the SIRO and monitored through ITG / IT Strategic Board</b></li> <li>A Cyber Desktop Exercise using the scenario of a ransomware incident took place in October 2023, facilitated by cyber security consultant Aristi. <b>Findings from the resulting report are now being progressed with oversight of the SIRO (ISMF)</b></li> <li>Authentication is being trialled with a pilot group of ESFRS users. A costed business case for <b>Multi Factor Authentication (MFA)</b> was approved by the Strategic Change Board in November 2023. The National Cyber Security Centre (NCSC) has recommended that all UK FRS implement MFA</li> </ul>	March 2024	DCFO

Appendix 2 – Corporate Risk Register updated for Quarter 3 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR8	Failure to deliver key corporate projects	<ul style="list-style-type: none"> <li>Lack of adherence to governance processes</li> <li>Lack of experienced staff managing projects</li> <li>Inability to recruit to vacant posts in the Programme Management Office (PMO)</li> <li>Over optimistic delivery plans</li> </ul>	<ul style="list-style-type: none"> <li>Formation of the Programme Management Office (PMO team, processes, standards and intranet pages</li> <li>Creation of project portfolio and project pipeline</li> <li>Monthly reporting of project status to SCB and quarterly reporting of the same to SLT</li> <li>Set up of monthly reporting of projects into the PMO and quarterly / yearly PMO reporting to SLT.</li> <li>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.</li> <li>The project management policy, lifecycle and associated stage gate approval templates have been updated to address actions from the internal audit including those associated with project financial control.</li> <li>A full review of the project portfolio has taken place.</li> <li>Actions from Internal Audit Report (reasonable assurance opinion) completed in respect of the programme office</li> <li><b>Proposals for a substantive PMO and appropriate model considered at SLT</b></li> </ul>	Impact = 3 Likelihood = 2  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Prioritisation of projects continues to ensure deliverability of portfolio</li> <li><b>Recruitment to vacant substantive post started in December 2023</b></li> </ul>	March 2024	AD Planning & Improvement
CR9	Collaboration	<ul style="list-style-type: none"> <li>Collaboration fails to deliver desired outcomes</li> <li>Resources required to support collaborative activities not justified by improvements in efficiency and / or effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Regular tracking of collaboration activities through business performance system</li> <li>Governance in place e.g. 4F</li> <li>Legal advice on formal collaboration agreements</li> <li><b>Regular</b> update reports on the agreed collaborations <b>at the 4F board</b></li> <li>Areas of focus agreed with 4F collaboration leads</li> <li>Regular review of collaborative activities through SLT and Scrutiny and Audit Panel</li> <li>Occupational Health Collaboration has been extended by 5yrs and took effect from August 2022</li> <li>An improvement plan for the OH collaboration was presented to SLT Q3 2022/23 and HSWC April 2023 and continues to be monitored</li> </ul>	Impact = 3 Likelihood = 2  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Regular and consistent commitment from the 4F collaboration across a number of workstreams including Ops alignment and Incident Command units.</li> <li>4F People Strand have agreed 4 priority areas and update the 4F board.</li> <li>Occupational health contract performance monitoring through the collaboration board meeting with areas for concern escalated to the AD People Services for Sussex &amp; Surrey Police</li> </ul>	March 2024	AD People Services
CR10	Risk of loss of live fire training at Service Training Centre.	<ul style="list-style-type: none"> <li>Service Delivery: Unable to deliver training and requalify personnel.</li> <li>Industrialisation of areas surrounding ESFRS premises perpetually halting operational practice on sites.</li> </ul>	<ul style="list-style-type: none"> <li>Safety Measures implemented in affected areas of Service Training Centre (STC) when burning i.e. PPE, Cordons.</li> <li>Independent Air Quality Testing Report</li> <li>Project long term review of live fire training facilities</li> <li>Initial phase of security improvements at STC completed</li> <li>FBC for Live Fire Training approved and additional funding agreed in Capital Asset Strategy in Feb 2022</li> <li>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)</li> </ul>	Impact = 3 Likelihood = 3  Score = 9 Moderate	<ul style="list-style-type: none"> <li>New Security Strategy will be considered by Estates Strategy Delivery Board in Autumn 2023. Contractor appointed to install security access control across estate</li> <li>.Ongoing monitoring of the impact of any live burn being suspended, with a priority on maintenance of competence in structural firefighting</li> <li>Following review of Estates capital programme, the live fire training unit work will be reviewed pending the outcome of phase 1 of the strategic review of training.</li> </ul>	March 2024	AD People Services
CR13	Financial & operational impacts of global supply chain disruption	<ul style="list-style-type: none"> <li>Macro-economic impact on funding and costs (inflation)</li> <li>Supply chain problems</li> <li>UK withdrawal from EU</li> <li>Ongoing global impact of Covid-19 pandemic</li> <li>Impact of conflict in Ukraine</li> </ul>	<ul style="list-style-type: none"> <li>Existing Business Continuity plans have been reviewed</li> <li>Linking with work being carried out nationally through NFCC</li> <li>On-going monitoring of supply chain / procurement issues and related financial / operational impacts in place (internal audit substantial assurance opinion)</li> <li>Additional provision in 2023/24 budget for inflation in utilities, fuel and estates maintenance</li> <li>Corporate contingency and General Balances available to mitigate in year financial impacts</li> <li>Gold Group in place for Ukraine conflict – now stood down</li> <li>Inflation impact for 2023/24 and forecast for 2024/25 built into MTFP</li> <li>Sector inflation survey completed to feed into settlement decisions with Home Office</li> </ul>	Impact = 3 Likelihood = 3  Score = 9 Moderate	<ul style="list-style-type: none"> <li>Continued monitoring of revenue budget and assessment of potential inflation risks (ongoing)</li> <li>Review of Estates capital programme underway – 30% increase in costs over last 12 months</li> </ul>	March 2024	DCFO

Appendix 2 – Corporate Risk Register updated for Quarter 3 – 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	<ul style="list-style-type: none"> <li>• Outcome of McCloud / Sargeant legal case</li> <li>• Difficulties in predicting retirement profile and recruitment requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Continued 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), Home Office and tax advisers to ensure Authority is aware of any changes to amended pensions administration</li> <li>• Regular reports to Fire Authority, P&amp;R Panels and Pension Board as appropriate</li> <li>• Revenue funding agreed to support additional resources within the Payroll &amp; Pensions team to prepare for and implement Remedy – resources now secured to end of <b>March 2024</b></li> <li>• Pensions Administration Reserve established to hold funds to offset costs arising</li> <li>• Communications periodically issued to all those affected</li> <li>• Retirement profiles and recruitment decisions reviewed through Workforce Planning Group</li> <li>• Monitor new legal claims issued by FBU / scheme members (ongoing)</li> <li>• <b>Completed</b> preparatory work and required data in advance of Remedy on 1 October 2023</li> </ul>	Impact = 3 Likelihood = 2  Score = 6 Moderate	<ul style="list-style-type: none"> <li>• Monitor financial impact via revised Employer Rates for 2024/25 and continue to lobby Home office to fund in full (ongoing)</li> <li>• Monitor and report of potential service financial exposure of 8% interest for those category 2 retirees (ongoing)</li> </ul>	<b>March 2024</b>	AD People Services
CR18	Effective Workforce Planning	<ul style="list-style-type: none"> <li>• Increasingly difficult to recruit into professional services</li> <li>• HR policy flexibility (grades/salaries)</li> <li>• Recruitment pool processes</li> <li>• HMICFRS report highlighting challenges within People Services</li> <li>• Increasing ageing workforce</li> <li>• Increasing number of age-related injuries</li> <li>• Increased number of ill health retirements</li> <li>• Difficulties in maintaining operational competence</li> </ul>	<ul style="list-style-type: none"> <li>• Market Supplement Policy in place</li> <li>• Use of wider recruitment market to assess salary points for specialist posts</li> <li>• Recruitment and selection framework in place</li> <li>• Redesigned talent pool process at each operational level within the Organisation</li> <li>• Access professional legal advice where necessary</li> <li>• Monthly workforce planning meeting incorporates a vacancy management process to ensure critical roles are filled appropriately.</li> <li>• Complex Case Management Review meetings specifically to assist in addressing this issue including service fitness advisor</li> <li>• 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.</li> <li>• Wellbeing strategy that is supporting an ageing workforce</li> <li>• Workforce planning group providing collective understanding of current picture and forecasting through resource management plan.</li> <li>• Internal transfer pool running</li> <li>• WT firefighter pool in place – top up of external transfer pool now completed and CM/WM pools open including external applicants</li> </ul>	Impact = 2 Likelihood = 4  Score = 8 Moderate	<ul style="list-style-type: none"> <li>• Support the department workforce plans with a series of workshops (<b>November 2023</b>) run by Organisational Development with a focus on critical role analysis. <b>80% of this work is complete with an update due to SLT in December</b></li> <li>• Embed the strategic workforce plan (ongoing).</li> <li>• Re-engineer the recruitment and selection processes for professional services (March 2024)</li> <li>• Service structural review commencing as part of MTFP <b>Future Foundations</b> (March 2024)</li> <li>• Ill health retirement audit has been completed and action plan in place (<b>December 2023</b>)</li> <li>• Ensure focus on development of those with potential through equitable and fair pathways (ongoing)</li> <li>• Adoption of the NFCC tools including Supervisory Managers Leadership Programme, Middle Managers Leadership Programme. (ongoing)</li> <li>• Using the NFCC Coaching and Mentoring portal as an assistive tool (ongoing)</li> <li>• Assess alternative options for securing specialist skills (sharing with other services) (ongoing)</li> <li>• Early adopters for the NFCC Direct Entry Scheme <b>from October 2023</b></li> </ul>	<b>March 2024</b>	AD People Services

Appendix 2 – Corporate Risk Register updated for Quarter 3 – 2023/24

Ref	Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
CR19	Increase in Environmental incidents including wildfires, flooding and extreme weather resulting in the inability to respond effectively	<ul style="list-style-type: none"> <li>Increased risk of wildfires, flooding, gales and altered hydrology due to effects of climate change</li> <li>Climate change is causing hotter and drier summers; 2022 was the joint hottest summer for England. This has the potential to increase the risk of wildfires occurring</li> <li>Wildfire brief in September 2022 was that there had been 969 wildfires recorded onto the National Reporting Tool in 2022 (up to 05/09/2022). The previous year's annual total was 247</li> <li>Significant parts of the area represent a potential flood risk, both from coastal and fluvial flooding</li> <li>Attendance times are affected in spate conditions</li> </ul>	<ul style="list-style-type: none"> <li>Work in partnership with the Sussex Resilience Forum (SRF) is taking the following actions to mitigate these risks, and consequences; identify areas of risk, multi-agency plans, strategic planning, developing early warning systems, improving sea/tidal flood defences and developing flood rescue plans.</li> <li>ESFRS participate in a tactical advisory group, this informs and collaborates with District and Borough Councils on plans and ensures that there is a capability to respond and assist in the event of an incident occurring.</li> <li>Work with SRF to develop multi agency plans, consideration of weather forecasts and distributing early notifications of severe weather.</li> <li>Provision of equipment and training to deal with wildfire, water rescue and flooding, and extreme weather events. Adverse weather procedure in place and business continuity plans for all sites.</li> <li>Back-up power generators to protect emergency response sites from power outages. Regular building surveys from facilities team. Fleet replacement programme ongoing. Bunkered fuel stocks and establishing fleet of alternative fuel vehicles where appropriate to mitigate risk of fuel disruption</li> <li>Provision for Wildfire was considered at SLT in July 2023</li> <li>Wildfire Group established to inform and prepare ESFRS for future impacts of wildfire</li> <li>All officers have now received formal refresher training on Wildfires at the Quarter 1 refresher training.</li> <li>Wildfire Group identified three key areas of focus: Prevention – how can we reduce the risks to our communities and Land Managers posed by wildfire; Preparedness – how can we prepare and train our workforce to deal with wildfire incidents more effectively; Response - how can we improve operational effectiveness to mitigate the impact of wildfires.</li> <li>ESFRS have representatives sitting on the Regional Wildfire Group ESFRS currently has four Wildfire Subject Matter Advisors (SMA) who have completed the Advanced Wildfire Suppression and Incident Management Course</li> <li>A change to our current PDA for fires in the open large and wildfire, to reflect the lessons learned both locally and nationally.</li> <li>Service has 5 wildfire vehicles.</li> <li>High volume pumps (HVP's) available to support water supplies.</li> <li>Communications campaign calendar includes, how to enjoy the countryside safely, targeting fires linked to campfires, bonfires, barbecues and smoking. Targeted national and local prevention messaging to mitigate risks at key points in the calendar</li> </ul>	Impact = 2 Likelihood = 3  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Undertake a review of Personal Protective Equipment (PPE) and whilst the current provision is adequate, consider purchasing additional wildfire PPE</li> <li>Engineering strategy being reviewed to consider water provision for wildfire vehicles</li> <li>Response and Resilience Strategy being reviewed</li> <li>Undertaking a firefighting media strategy review</li> <li>Specials review to be undertaken to ensure we have the right capability to deal with the emerging environmental risk</li> </ul>	March 2024	AD Operational Support & Resilience & AD Safer Communities
CR20	Failure to manage the effects and impacts of a major loss of staff event, through industrial action namely action short of strike (ASOS)	<ul style="list-style-type: none"> <li>Reliance on overtime for crewing and training instruction</li> <li>Higher levels of sickness due to NHS waiting lists being longer</li> <li>Insufficient business continuity arrangements</li> <li>Challenging financial budgets leading to changes impacting staff groups increasing risk of disputes</li> </ul>	<ul style="list-style-type: none"> <li>Resilience Group has undertaken 12-month review and updated all IA processes and associated paperwork ensuring resilience contingency plans and loss of staff protocols are updated and fit for purpose</li> <li>Emergency Management team (EMT) exercise performed in 2022/23 to support Industrial Action (IA) planning delivering a good level of reassurance with learning implemented</li> <li>The established Business Continuity plan (informed by the NFCC prioritised activities) for staff to assist in managing the early stages of a major loss of staff has been reviewed following the HMIC&amp;FRS audit</li> <li>Quarterly Resilience Group meet to evaluate any emerging risks and ensure planning and contingencies remain appropriate</li> <li>Legal advice on IA secured from legal services and reflected in planning documentation (including 'custom &amp; practice')</li> <li>ASOS review undertaken and plan in place that would seek to mitigate reliance on overtime for covering operational shifts and instructing on training course</li> <li>Service closely Monitors outcome of any branch ballots regarding ASOS</li> </ul>	Impact = 3 Likelihood = 2  Score = 6 Moderate	<ul style="list-style-type: none"> <li>Strategic Review of Training that will be seeking to minimise reliance on instructor overtime on a more permanent basis.</li> <li>Review of Crewing that seeks to enhance resilience reducing need for overtime.</li> <li>Review of On-Call system to improve resilience reducing need for overtime</li> <li>IRMP implementing new Operational Response Plan (ORP) including new flexible overtime arrangements which will provide additional resilience (ORP policy due to go live by April 2024) reducing need for overtime.</li> <li>Evaluation of current IRMP will surface further opportunities to enhance resilience and be fed into CRMP process (2024).</li> <li>Home Office considering minimum Service levels during periods of industrial action (prevention/protection/response resources), which may result in legislation change that may impact positively on resilience risk level, which should then be reviewed (anticipated response by April 2024).</li> </ul>	March 2024	ACFO

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