LEICESTERSHIRE FIRE and RESCUE SERVICE

SAFER PEOPLE SAFER PLACES

LEICESTER, LEICESTERSHIRE AND RUTLAND COMBINED FIRE AUTHORITY
CORPORATE GOVERNANCE COMMITTEE

To: Members of the Corporate Governance Committee

Cllr K Bool (Chairman)

Cllr S Barton
Mr. I. Bentley CC
Mr. J. Coxon CC
Cllr L Fonseca
Mr D Harrison CC
Mr. J. Kaufman CC
Mrs M. E. Newton CC
Cllr A Thalukdar

Copies by email to:
Other Members of the Combined Fire Authority for information only
CFO, Directors and Area Managers.

Dear Sir/Madam,

You are invited to attend a meeting of the **Leicester, Leicestershire and Rutland Combined Fire Authority's Corporate Governance Committee** which will be held **via Microsoft Teams** on **Wednesday 10 March 2021** at **2.00pm** for the transaction of business set out on the attached Agenda.

Yours Faithfully

Lauren Haslam

Lauren Haslam
Monitoring Officer

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LEICESTER, LEICESTERSHIRE AND RUTLAND COMBINED FIRE AUTHORITY
CORPORATE GOVERNANCE COMMITTEE
WEDNESDAY 10 MARCH 2021 at 2.00pm

Location **via Microsoft Teams**

Officer to contact **Anna Poole (Tel. 0116 305 2583)**

E-Mail **anna.poole@leics.gov.uk**

AGENDA

Item		Report by	
1.	Apologies for absence.		
2.	To receive declarations by members of interests in respect of items on this agenda.		
3.	To advise of any other items which the Chair has decided to take as urgent. There were no urgent items.		
4.	Chairman's Announcements.		
5.	Minutes of the meeting held on 20 January 2021.		(Pages 5 - 10)
6.	External Audit Plan 2020/21 and Audit Progress Report.	The Treasurer	(Pages 11 - 64)
7.	External Audit - Annual Audit Letter 2019/20.	The Treasurer	(Pages 65 - 88)
8.	Progress Against the Internal Audit Plan 2020-21.	The Treasurer	(Pages 89 - 110)
9.	Internal Audit Plan 2021-22.	The Treasurer	(Pages 111 - 120)
10.	Financial Monitoring to the end of December 2020.	The Treasurer	(Pages 121 - 126)
11.	Performance Monitoring April 2020 - January 2021.	The Chief Fire and Rescue Officer	(Pages 127 - 166)
12.	Service Development Programme and 'Our Plan 2020-24' Update.	The Chief Fire and Rescue Officer	(Pages 167 - 180)

13.	Organisational Risk Register.	The Chief Fire and Rescue Officer	(Pages 181 - 206)
14.	Industrial Action Business Continuity Planning.	The Chief Fire and Rescue Officer	(Pages 207 - 210)
15.	Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services Improvement Plan.	The Chief Fire and Rescue Officer	(Pages 211 - 246)
16.	The Government's Response to the Redmond Review Recommendations.	The Treasurer	(Pages 247 - 256)

17. Exclusion of the Press and Public.

    The public are likely to be excluded during the following item of business in accordance with Section 100(a) of the Local Government Act 1972:

    - Mobilising System

18.	Mobilising System.	The Chief Fire and Rescue Officer	(Pages 257 - 270)

19. Urgent Items.

20. Date of Next Meeting.

    The next meeting of the Corporate Governance Committee will be held on 14 July 2021 at 2.00pm via Microsoft Teams.

Minutes of a meeting of the CFA - Corporate Governance Committee held at County Hall, Glenfield on Wednesday, 20 January 2021.

PRESENT

Cllr. K. Bool (in the Chair)

Cllr. S. Barton	Mr. J. Kaufman CC
Mr. I. E. G. Bentley CC	Mr. W. Liquorish JP CC
Mr. J. G. Coxon CC	Ms. Betty Newton CC
Cllr. L. Fonseca	Cllr. A. Thalukdar

In attendance

Callum Faint, Chief Fire and Rescue Officer
Lauren Haslam, Monitoring Officer
Alison Greenhill, Treasurer
Leanne McMahon, Service Liaison lead, Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services
Mick Grewcock, Assistant Chief Fire and Rescue Officer
Paul Weston, Assistant Chief Fire and Rescue Officer
Colin Sharpe, Deputy Director of Finance, Leicester City Council
Anna Poole, Democratic Services Officer

101. Apologies for absence.

Apologies were received from Mr. D. Harrison CC.

102. Declarations of interest.

The Chairman invited members who wished to do so to declare an interest in respect of items on the agenda.

No declarations were made.

103. Urgent items.

There were no urgent items.

104. Chair's Announcements.

The Chairman announced that Assistant Chief Fire Officer Richard Hall would retire at the end of January. He commended Richard for his energy, efforts and work over a long and distinguished career and wished him well for his retirement. The Committee and the Chief Fire and Rescue Officer echoed the comments made.

He also highlighted that, over the festive period, there had been two incidents of note that were attended by officers. One at a property fire in Evington where sadly, despite huge efforts from crews and East Midlands Ambulance Service, a person died; and the other, a large workshop/garage fire in the Belgrave area of the city, which saw 10 fire engines and a number of officers and special vehicles including the Aerial Ladder Platform attend. He

commended the exceptional firefighting tactics employed which prevented further spread of the fire.

105. Minutes of the previous meeting.

The minutes of the meeting held on 18 November 2020 were taken as read, confirmed and signed.

106. Performance Monitoring April - November 2020.

The Committee considered a report of the Chief Fire and Rescue Officer which presented an update on the performance of the Leicestershire Fire and Rescue Service (LFRS) for the period April – November 2020. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

Members were informed that the performance figures had been influenced positively by Covid-19 which showed that all incidents had reduced during the pandemic. However, the number of incidents under "Special Services – Assisting other Agencies" (KCI 1.4 (b)) had increased as the FRS had the legal powers to force entry to property on behalf of other agencies, often resulting in them being exposed to traumatic incidents. As a result, an additional Key Corporate Indicator had been added to the performance report – KCI 2.5 "Number of TRiM" – to monitor the number of staff accessing the Trauma Risk Management support in place to address the effect of these incidents on the crew's mental health.

Members were reminded that the method of recording response times had been amended in response to feedback from the public, as part of the Integrated Risk Management Plan. This was now recorded from the time when the call was received to when the crew arrived at the incident. The Chief Fire and Rescue Officer said that this improvement demonstrated the high level of service provided to communities. Sustainable changes had been made to processes to bring about the improvement which would continue to have a positive impact on attendance times.

Additionally, members were informed that:

i. The provision of Home Safety Checks had continued throughout the pandemic, delivered in person in a Covid-compliant way or by phone/zoom;
ii. Staff availability had increased as the number of long-term sickness cases had been resolved/progressed to ensure that staff were available; this was a positive position compared to other FRS nationally; and
iii. Regarding appliance availability at Billesdon and Uppingham; the data detailed when either was available which demonstrated clearly the continuing availability.

In response to questions the following issues were raised:

i. A number of firefighters had volunteered to assist the East Midlands Ambulance Service throughout the pandemic to transport patients; the Committee asked that their appreciation be passed on to the staff involved.

ii. A targeted approach via local social media pages for specific areas, and also working through the local Councillor, would be used to attract applicants to the On-call recruitment, which opens on 1 February 2021. Members suggested that local

promotional printed material also be used. An update on the On-call review project would be provided to the next meeting of the Committee/CFA.

iii. The requirement on Fire Protection moving forward was expected to increase following the outcome of the Grenfell enquiry. It was likely that the laws around fire protection would change increasing the inspecting role of FRS. Officers were considering an increase in the number of Inspecting Officers within the Fire Protection Team, as part of the request to the CFA at its meeting in February to increase the establishment level. Plans were in place to use some of the grant funding received from the Government to address the outcomes of the Grenfell enquiry.

iv. The pandemic had changed the way in which Home Fire Safety Checks were completed and presented a significant challenge in how the Service engaged with communities. Checks were mostly being carried out either by phone or virtually. However, some people were at such a high risk of fire that face-to-face checks were necessary. A risk assessment of the safety of this approach was made on a case by case basis, balancing the risk to staff with the need to ensure the safety of the people concerned from the risk of fire. Staff were supplied with full PPE; Members were assured that ensuring everyone's safety was paramount.

v. The increase in secondary fires from April to May was likely due to a reduction in public compliance with the lockdown measures and, due to the good weather, an increase in the number of BBQ-related incidents.

vi. Availability of on-call appliances had been positively affected by Covid as people being furloughed from their primary employment were able to give more time to the FRS. However, their increased availability had masked, to some degree, the shortage of on-call firefighters overall, something which reflected the national position. It was hoped that the continuing increase in people working from home would present opportunity to recruit on-call firefighters in the future, although such recruitment remained a challenge.

vii. There were no Action Plans and enforcement notices issued under KCI 5 (b) - Fire protection and enforcement during April – June due to the impact of Covid-19 and the temporary closure of businesses, which prevented inspection.

viii. The call handling time detailed in chart 6 in the report was higher for those stations in rural areas as often the location of the call made it challenging to identify a specific location, for example, when reporting a fire in a field. This increased the time taken to handle the call.

It was moved by Councillor Bool and seconded by Mrs. Betty Newton that the performance of the Leicestershire Fire and Rescue Service for the period April to November 2020 be noted.

RESOLVED:

That the performance of the Leicestershire Fire and Rescue Service for the period April to November 2020 be noted.

107. Service Development Programme and 'Our Plan 2020-24' Update.

The Committee considered a report of the Chief Fire and Rescue Officer concerning progress made since November 2020 in delivering projects within the Service Development Programme and the tasks included in Appendix A of Our Plan 2020-24. A copy of the report, marked ‘Agenda Item 7’, is filed with these minutes.

Members were informed that the Emergency Services Network, a Government-led project to replace the national infrastructure for secure radio communications, was delayed due to significant technical and timescale issues, which also affected the police, ambulance and coastguard services. Expected completion was now in 2025, which was beyond the term of the current contract for the mobilising system, presenting an opportunity to review the contract and future provision to ensure the Service was ready and compliant for the introduction of ESN.

The Chief Fire and Rescue Officer explained that he had delayed the High Reach Appliance replacement project slightly to ensure that a comprehensive risk analysis had been conducted prior to committing the expenditure, which was a significant investment for the Service.

In response to questions, the following points were raised:

i. A new Virtual Reality van was being developed to replace the VR car, which would contain a number of seats positioned on pneumatic activators. This meant the users were visually, audibly and emotionally immersed in the incident. The purchase of the vehicle had also been delayed by Covid-19.

ii. A new member of staff would be appointed to the Equality, Diversity and Inclusion Team to physically deliver training to officers, to support the virtual training already delivered; and this would also be made available to members.

iii. There were four suppliers of the Aerial Ladder Platform, with many options available for the final kit including a choice of chassis, of aerial packages that could be added to it, and a number of different sized vehicles. The procurement process was relatively short as a framework process was already in place.

iv. A response was awaited from the Minister of Fire and the Home Secretary regarding a request from FRS to have firefighters placed on the Covid-19 vaccination priority list; representations had also been made to the Local Resilience Forum for the allocation of unused vaccines at short notice to firefighters.

v. The lateral flow test was used as a health indicator by the Service, especially by those staff seconded to EMAS who took such a test twice weekly in line with other NHS workers. Whilst it was recognised that the PCR test was a more reliable test, the increased use of the lateral flow test reduced the error rate and gave a good indication of health in the Service. Additionally, as there was a wait of a few days for the results of the PCR test, this would mean that firefighters would need to self-isolate which would affect service delivery and was more of an issue for on-call staff who had primary employment. It was necessary to balance officer safety with the need for continued service delivery. The use of such tests was being discussed at national level by the employers and the Fire Brigade Union.

vi. Community Educators, employed to carry out Home Fire Safety Checks, were non-operational or professional support staff, whose sole duty was to engage with the community to raise awareness and safety.

vii. The new PPE would be delivered in March/April 2021 as planned with the new service badge included on the helmets. The Service was well stocked with PPE currently although supply chains were closely monitored.

It was moved by Councillor Bool and seconded by Councillor Fonseca that the progress made since November 2020 in the delivery of projects within the Service Development Programme and the tasks that are included in Our Plan 2020-24, be noted.

RESOLVED:

That the progress made since November 2020 in the delivery of projects within the Service Development Programme and the tasks that are included in Our Plan 2020-24, be noted.

108. After the Incident Survey April - November 2020.

The Committee considered a report of the Chief Fire and Rescue Officer which presented the responses received to the After the Incident Survey undertaken between April and November 2020. A copy of the report marked ‘Agenda Item 8’, is filed with these minutes.

It was moved by Councillor Bool and seconded by Mrs Newton CC that the satisfaction summary statistics and the customer feedback received in the After the Incident Surveys undertaken during April to November 2020, be noted.

RESOLVED:

That the satisfaction summary statistics and the customer feedback received in the After the Incident Surveys undertaken during April to November 2020, be noted.

109. Date of next meeting.

The next meeting of the Corporate Governance Committee will be held on Wednesday 10 March 2021 at 2:00pm via Microsoft Teams.

2.00 - 3.26 pm CHAIRMAN
20 January 2021

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Status of Report: Public

Meeting: Corporate Governance Committee

Date: 10th March 2021

Subject: External Audit Plan 2020/21 & Audit Progress Report

Report by: The Treasurer

Author: Amy Oliver (Chief Accountant at Leicester City Council)

For: Discussion

Purpose

1. The Combined Fire Authority (CFA's) external auditors, Mazars LLP, have requested that their Audit Strategy Memorandum for 2020/2021 (the Plan) & Audit Progress report is presented to the Corporate Governance Committee for consideration.

Recommendation

2. The Corporate Governance Committee is asked to:

    a. note the Audit Progress Report (attached as Appendix 1)
    b. note the External Audit Plan for 2020/21(attached as Appendix 2).

Executive Summary

3. The Audit progress report provides an update on the progress of the External Auditors in delivering their responsibilities.

4. The plan for the 2020/2021 external audit of the CFA (attached at the Appendix 2) includes detail of Mazars' audit approach, significant audit risks and key judgement areas, value for money work and the scale of audit fees. Discussing the plan with Members ensures that Mazars understand their views and concerns and that agreement is reached on both parties' mutual needs and expectations to enable Mazars to provide the CFA with the highest level of service quality.

5. Mazars have highlighted in the plan that the audit is not likely to be completed until November 2021, which is after the Accounts and Audit Regulations date of the 30th September 2021.

Background

6. The Audit Progress report provides an update on the progress of the External Auditors in delivering their responsibilities and key publications relevant to the Authority.

7. The Plan sets out in more detail Mazars' audit approach for the year ending 31 March 2021, including the 2020/21 final accounts audit which Mazars will

undertake between June and November 2021. As the audit is not planned to be completed until November 2021, we will be unable comply with the Accounts and Audit Regulations that require audited financial statements for the 30th September 2021. Mazars have stated the reasons for delay is due to resourcing challenges, as a consequence of the national delays in the 2019/20 audit and difficulties recruiting new employees. This is not unique to Mazars but a national issue.

8. Mazars will continue to review this plan during the audit, and update it where necessary, to reflect developments at the CFA or any changes in their understanding of the issues that it faces.

9. Representatives from Mazars will be attending the meeting to answer any questions Members may have on the Plan or Audit Progress Report which are attached at the Appendices.

10. The CFA's trading company 'Forge Health Limited' is subject to an external audit. For 2020/21 it is planned to use the same audit firm as was used in 2019/20. The work of Mazars will not be affected.

Report Implications/Impact

11. Legal (including crime and disorder)

    The Local Audit and Accountability Act 2014 introduced a Code of Audit Practice prescribing the way in which audit functions are to be undertaken. The Code includes an expectation that the auditors should adopt a constructive approach to their work including sharing and agreeing and audit plan at an early stage with the audited body.

12. Financial (including value for money, benefits and efficiencies)

    Mazars propose an audit fee of £27,126. This includes an increase of £4,606 due to increased regulatory pressures. This is in line with 2019/20 fees and the national position.

13. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

    External Audit provides reassurance to the general public that the CFA is meeting its statutory obligations. They also work with Internal Audit and the Treasurer in ensuring that effective internal control procedures are in place.

14. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

    None

15. Environmental

None

16. Impact upon "Our Plan" Objectives

The external audit work will support the Finance and Resources and Governance strategies in demonstrating value for money and providing assurance.

Background Papers
Statement of Accounts 2019/20, Combined Fire Authority 23rd September 2020

https://leics-fire.gov.uk/wp-content/uploads/2020/09/item-7-annual-accounts-final.pdf

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Audit Progress Report

Leicester, Leicestershire and Rutland Combined Fire Authority

February 2021

mazars

1. Audit Progress
2. National Publications

16

01

Section 01:

Audit Progress

Audit Progress

Purpose of this report

This report provides the Corporate Governance Committee with an update on progress in delivering our responsibilities as your external auditors. It will be presented to the Committee on 10 March 2021.

2019/20 Audit

We completed our external audit of the Authority's 2019/20 financial statements and value for money conclusion in December 2020, signing the audit report on 21 December 2020. We issued a follow up letter to our Audit Completion Report on the same date, explaining that the delays were a result of not receiving the Pension Fund auditor's letter of assurance until 17 December 2020.

We are presenting the Annual Audit Letter as a separate agenda item to the Committee on 10 March 2021, representing the final conclusion of the 2019/20 audit.

2020/21 Audit

We will also present our Audit Strategy Memorandum as a separate agenda item to the Committee on 10 March 2021. We have held regular discussions with the Authority's senior management and these help us to keep up to date with emerging issues that may impact on our external audit.

We reported during 2019/20 that the National Audit Office had updated their Code of Audit Practice and that this new Code applies from the 2020/21 audit. The new Code changes the work that auditors will be required to do, and the related reporting, on the Authority's arrangements to deliver value for money in their use of resources. We summarise the impact of these changes in our Audit Strategy Memorandum.

02

Section 02:

National Publications

National Publications

	Publication/update	Date published	Key points	Page
National Audit Office				
1	Guide for Audit and Risk Committees on Financial Reporting and Management during COVID-19.	June 2020	Guidance for audit committee members	9
2	Local auditor reporting application	December 2020	Data on local auditor reporting presented through an interactive map	9
CIPFA				
3	Financial Scrutiny Practice Guide	June 2020	Guidance for audit committee members	10
4	A Guide to Local Authority and Public Sector Asset Management	November 2020	Asset management guidance	10
Home Office				
5	Fire and Rescue National Framework; 2020 Progress Report	July 2020	Report on fire and rescue authorities compliance with the national framework.	11
6	Fire and Rescue Incident Statistics, England : Year-ending 31 March 2020	August 2020	Comparative data	11
7	Fire Prevention and Protection Statistics, England : Year-ending 31 March 2020	September 2020	Comparative data	11
8	Public Service Pension Schemes Guidance	September 2020	Consultation on the Remedy to McCloud / Sergeant litigation	12
9	Detailed Analysis of Fires Attended by Fire and Rescue Services in England	October 2020	Comparative data	12

National Publications (Continued)

	Publication/update		Key points	Page
Home Office (Continued)				
10	Fire safety	October 2020	Consultation on reforms in response to Grenfell tower Enquiry	12
11	Fire and Rescue Workforce and Pensions Statistics, England: 2019/20	October 2020	Comparative data	12
12	Fire and Rescue Authority Financial Reserves, March 2019	November 2020	Comparative data	12
MHCLG				
13	Local Authority Financial Reporting and external audit: independent review	September 2020	The Redmond report	13
14	Local authority financial reporting and external audit: government response to the Redmond review	December 2020	MHCLG's response to Sir Tony Redmond's independent review	13
PSAA				
15	Quarterly Quality Monitoring Report for the financial year 2021-22: Q2	September 2020	PSAA Audit Quality report	14
Financial Reporting Council				
16	Local Audit Inspections	October 2020	FRC Audit Quality report	15

National Publications (Continued)

	Publication/update		Key points	Page
HM Inspectorate of Constabulary, Fire and Rescue Services				
17	Responding to the pandemic: the fire and rescue service's response to the COVID-19 pandemic in 2020	January 2021	National inspection report plus a letter in respect of the thematic inspection of each fire and rescue authority	16

22

NATIONAL PUBLICATIONS
National Audit Office

1. Guide for Audit and Risk Committees on Financial Reporting and Management during COVID-19, June 2020

The National Audit Office's (NAO) guide sets out that audit and risk committees are integral to the scrutiny and challenge process. They advise boards and accounting officers on matters of financial accountability, assurance and governance, and can support organisations, providing expert challenge, helping organisations focus on what is important, and how best to manage risk.

Each organisation will have existing risk management processes in place, but risk appetite may have changed as a result of COVID-19, making it more difficult for the organisation to operate effectively and respond in a timely manner. This may result in a weakening of controls in some areas, increasing the likelihood of other risks occurring. Organisations will need to consider how long this change in risk appetite is sustainable for.

This guide aims to help audit and risk committee members discharge their responsibilities in several different areas, and to examine the impacts on their organisations of the COVID-19 outbreak, including on:

- annual reports;
- financial reporting;
- the control environment; and
- regularity of expenditure.

In each section of the guide the NAO has set out some questions to help audit and risk committee members understand and challenge activities. Each section can be used on its own, although we would recommend that members consider the whole guide, as the questions in other sections may be interrelated.

The guide may also be used as members consider reporting in the 2020-21 period when more specific and detailed reporting on the outbreak will be required.

https://www.nao.org.uk/report/guidance-for-audit-and-risk-committees-on-financial-reporting-and-management-during-covid-19/

2. Local auditor reporting application, December 2020

'*The local auditor reporting application'* presents the opinions of local auditors on local public bodies' financial statements and conclusions on whether they have proper arrangements in place to secure value for money. The data is presented through an interactive map which allows users to explore auditor reporting for nine different types of local body and two different audit years. The interactive map also contains pop-ups to enable users to access further information about the body, such as the local auditor's report or annual audit letter.

https://www.nao.org.uk/other/local-auditor-reporting-application/

NATIONAL PUBLICATIONS
CIPFA

3. Financial Scrutiny Practice Guide, June 2020

The impact of the COVID-19 pandemic on local authority finances and uncertainty regarding the delayed fair funding review on top of a decade of progressively more significant financial constraints has placed local government in a hugely challenging position. Accordingly, CIPFA state that for the foreseeable future, local authority budgeting will be even more about the language of priorities and difficult choices than ever before.

In response CIPFA have produced guidance proposing ways to move budget and finance scrutiny beyond set-piece scrutiny 'events' in December and quarterly financial performance scorecards being reported to committee. Effective financial scrutiny is one of the few ways that local authorities can assure themselves that their budget is robust and sustainable, and that it intelligently takes into account the needs of residents.

https://www.cipfa.org/policy-and-guidance/reports/financial-scrutiny-practice-guide

24

4. A Guide to Local Authority and Public Sector Asset Management, November 2020

This step by step guide to asset management in the public sector has been produced by CIPFA Property. It takes the reader on the asset management journey, from the development of strategic asset management policies and strategies designed to deliver corporate objectives through to the development, implementation, challenge and review of asset management practices and portfolios.

https://www.cipfa.org/policy-and-guidance/publications/a/asset-management-in-the-public-sector-a-practitioners-guide

NATIONAL PUBLICATIONS
Home Office

5. Fire and Rescue National Framework; 2020 Progress Report, July 2020

The report notes that each FRA in England has provided sufficient assurance that it is acting in accordance with the National Framework and material has been provided to demonstrate this including:

- assurance statements and, where appropriate, other documentation such as Integrated Risk Management Plans (IRMPs), governance statements and other operational and financial information (prepared by FRAs) for the period under review; and
- each FRA has provided assurance to their community on financial, governance and operational matters.

The Home Office also carried out an examination of a sample of FRA assurance statements to seek evidence that authorities have complied with the framework and to review their IRMPs and financial plans.

The Secretary of State confirmed satisfaction (based on the Home Office's assessment of assurances provided) that every FRA in England had acted in accordance with the requirements of the framework and so no formal steps had been taken to secure compliance since the last assurance in 2018.

https://www.gov.uk/government/publications/fire-and-rescue-national-framework-2020-progress-report

25

6. Fire and Rescue Incident Statistics, England : Year-ending 31 March 2020, August 2020

The report shows that in 2019/20 fire and rescue authorities attended 16% fewer fires than in 2018/19, although most of this reduction was due to secondary fires being unusually high in the relatively hot summer of 2018. The report also notes deaths and injuries fell slightly, the former to their lowest level recorded and 29% lower than ten years ago.

https://www.gov.uk/government/statistics/fire-and-rescue-incident-statistics-england-year-ending-march-2020

7. Fire Prevention and Protection Statistics, England : Year-ending 31 March 2020, September 2020

This report illustrates the continuing decline in the number of home fire safety checks performed since the peak in 2010/11, three per cent year on year and 25% over the ten year period. However, the percentage of households owning a working smoke alarm has continued to increase and has now reached 91%.

https://www.gov.uk/government/statistics/fire-prevention-and-protection-statistics-england-april-2019-to-march-2020

NATIONAL PUBLICATIONS
Home Office

8. Public Service Pension Schemes Guidance, September 2020

This consultation, which ended in October 2020 sets out options for how the Government will remove the discrimination against some younger pension scheme members identified in the McCloud / Sergeant judgements. These options involve providing members with a choice of which set of pension scheme benefits, those under their old scheme or the new scheme, they would like to receive for the remedy period and whether to make that choice immediately or defer it until retirement. The Government is expected to publish its response and final policy decision shortly.

https://www.gov.uk/government/publications/public-service-pension-schemes-guidance

9. Detailed Analysis of Fires Attended by Fire and Rescue Services in England, October 2020

The report shows that cooking fires represented about half of accidental dwelling fires but smoking fires, which only represented seven per cent of the total were more likely to result in fatality. Elderly men were more likely to be casualties than women and younger people.

https://www.gov.uk/government/collections/fire-statistics-great-britain

10. Fire safety, **October 2020**

The fire safety consultation, published alongside the draft Building Safety Bill, is key part of government's package of reform to improve building and fire safety in all regulated premises and to deliver key Grenfell Tower Inquiry recommendations. It closed in October 2020. If enacted, the Bill will require building control bodies to consult with Fire and Rescue Authorities and share fire safety information.

https://www.gov.uk/government/consultations/fire-safety

11. Fire and Rescue Workforce and Pensions Statistics, England: 2019/20, October 2020

This report shows that the number of full time firefighters has remained almost constant for three years. Seven per cent of firefighters are now female, compared to less than five per cent five years ago.

https://www.gov.uk/government/statistics/fire-and-rescue-workforce-and-pensions-statistics-england-april-2019-to-march-2020

12. **Fire and Rescue Authority Financial Reserves at March 2019, November 2020**

This report illustrates that fire and rescue authorities held reserves equivalent to 39% of core spending power at 31 March 2019. Leicestershire Fire's reserves were just above average, at 43%.

https://www.gov.uk/government/publications/fire-and-rescue-authority-financial-reserves-march-2019

NATIONAL PUBLICATIONS
MHCLG

13. Local Authority Financial Reporting and external audit: independent review, September 2020

This independent review, led by Sir Tony Redmond at the invitation of the Ministry of Housing, Communities and Local Government, considered the effectiveness of external audit and transparency of financial reporting in local authorities. The Redmond Report concluded that audit fees were at least 25% lower than is required to fulfil current local audit requirements effectively. Audit fees in the local authority sector have fallen significantly over the last five years, whereas audit fees in other sectors have significantly risen although audit suppliers have sought to bridge the gap with increasing fee variations, which averaged eight per cent in 2018/19. The report also suggests local authority accounts are currently too complex to make audit completion by 31 July feasible.

Redmond makes a number of recommendations in relation to:

- external audit regulation
- smaller authorities audit regulation
- financial resilience of local authorities
- transparency of financial reporting

https://www.gov.uk/government/publications/local-authority-financial-reporting-and-external-audit-independent-review

27

14. MHCLG's response to Sir Tony Redmond's independent review, December 2020

MHCLG has published its response to Sir Tony Redmond's Independent review into the oversight of local audit and the transparency of local authority financial reporting. The Redmond Review made 23 recommendations relating to the quality, timeliness and sustainability of local audit, and the transparency of local authority accounts. The department has grouped its response into 5 themes, which are summarised in Annex A to the response.

Amongst the responses MHCLG confirmed that they intend to amend existing regulations to extend the deadline for publishing audited local authority accounts from 31 July to 30 September, for a period of two years (i.e. covering the audit of the 2020/21 and 2021/22 accounting years). At the end of this period they will review whether there is a continued need to have an extended deadline.

They also confirmed that they did not intend to create an Office of Local Audit and Regulation (OLAR) stating in their response that they "*do not wish to re-create the costly, bureaucratic and over-centralised Audit Commission".* They added that they "*will commit to explore the full range of options as to how best to deliver Sir Tony's finding that a 'system leader' is required. This will include close consideration of whether existing bodies could take on this function*."

https://www.gov.uk/government/publications/local-authority-financial-reporting-and-external-audit-government-response-to-the-redmond-review/local-authority-financial-reporting-and-external-audit-government-response-to-the-independent-review

NATIONAL PUBLICATIONS
Public Sector Audit Appointments Limited

15. Quarterly Quality Monitoring Report for the financial year 2021-22: Q2, September 2020

Under the transitional arrangements, which followed the abolition of the Audit Commission, PSAA were responsible for monitoring the quality of the work undertaken by the audit suppliers at principal bodies. PSAA published the last report under these transitional arrangements in Autumn 2019 and Mazars received an overall amber rating, which matched the '*combined regime'* score across the 5 suppliers. This was slightly disappointing as in 2018 Mazars had been the only supplier awarded a green rating and the downgrading reflected weaknesses in the approach to auditing Property, Plant and Equipment and Pensions, which were common across suppliers.

PSAA explain in their latest quality monitoring report that they have appointed the Financial Reporting Council (FRC) and Institute of Chartered Accountants in England and Wales (ICAEW) to review audit quality from 2018/19 onwards and the results will be published in their 2020 Annual Monitoring Report, during 2021. However, they have continued to monitor delivery of local authority engagements and report any non-compliance with the terms of appointment.

The report indicates that in 2018/19 43% of local authority audits were not delivered by the 31 July 2019 deadline and eight per cent remained outstanding at 30 September 2020. Mazars were the top performer in terms of audit delivery with 20% of opinions late and two per cent still outstanding. Mazars were found to be fully compliant with the terms of appointment.

The report also notes that whilst only 18% of 2019/20 audits were reported as being at risk of being late this number was expected to increase and this forecast transpired to be accurate. The actual percentage of 2019/20 local authority audits outstanding at 30 November 2020 was 55%, an increase on 2018/19 (PSAA press release 4 December 2020).

https://www.psaa.co.uk/managing-audit-quality/audit-quality-monitoring-reports-from-2018-19/quarterly-reports/

The PSAA Press release regarding late 2019/20 opinions can be found at:

https://www.psaa.co.uk/2020/12/news-release-2019-20-audited-accounts/

NATIONAL PUBLICATIONS
Financial Reporting Council

16. Major Local Audits – Audit Quality Inspection, October 2020

The framework for the inspection of local audit work

Responsibility for the inspection of local audit work is now with the Financial Reporting Council (FRC) for '*major local audits'* (those with annual expenditure which exceeds £500m) and the ICAEW for those bodies which do not meet the major local audit definition. As part of their inspection of major local audits for the 2018/19 financial year, the Audit Quality Review (AQR) team of the FRC reviewed two of our major local audits and found these to require significant improvements in respect of our audit of the financial statements. The same reviews indicated that our work on value for money arrangements for those audits was of a good standard. Our non-major local audits for 2018/19 were not subject to inspection by the ICAEW.

Our response to the FRC's findings

29

We are committed to delivering high-quality audits to all of our clients and have responded robustly to the AQR's findings. Our Local Audit Quality Plan incorporates the risks to audit quality identified from a range of sources and identifies that actions we have put in place, or are taking, to mitigate these risks. Our Audit Quality Team is responsible for the maintenance of the plan which is also subject to oversight and scrutiny from the firm's Audit Board.

In addition, we have undertaken a detailed root cause analysis project to identify and understand the drivers of poor audit quality in some of our local audit work. This has focused on all local audits where the need for improvement or significant improvements have been identified either through external inspections or our programme of internal quality monitoring reviews.

We have taken steps to respond to the AQR's specific findings in relation to our work in the following areas of the audit:

- Testing the valuation of property assets;
- Exercising appropriate oversight of group audits, including the direction, supervision and review of the work of component auditors; and
- Document judgements made as part of the audit process, specifically those in relation to our testing of income and expenditure.

We have also strengthened our standard procedures in relation to the audit of net defined benefit pension liabilities arising from our clients' membership of local government pension schemes.

NATIONAL PUBLICATIONS
Financial Reporting Council

16. Major Local Audits – Audit Quality Inspection, October 2020 (continued)

What this means for the Authority

Although Leicestershire Fire is not a major audit and thus not subject to FRC quality reviews we adopt a common methodology across our public sector audits. It is important to note that the FRC were satisfied with that methodology, but not the way it had been applied on the two audits sampled. Although the FRC did not finalise its report until October 2020 the key messages were conveyed in advance of 2019/20 audits, giving us time to make improvements across all local authority audits.

We take the weaknesses identified by the FRC extremely seriously, and our response to the improvement areas has been robust. It is clear that on areas of the audit such as the valuation of property assets and the audit of defined benefit pension liabilities, we must do more to meet the regulator's expectations. This means that the time we spend on these areas of the audit will increase and the level of challenge we apply in auditing these areas will also increase. Your finance team and your experts will have seen the increase in the scope and scale of work we have undertaken in 2019/20 in terms of the granularity and depth of testing.

Going forward, our response and the increase in the challenge we make, is likely to include the engagement of our own experts (for example, property valuation experts) to fully consider the methodologies and judgements applied by the Authority's own experts. There will be consequential effects on the fee that we are likely to request from the Authority to undertake the audit.

https://www.frc.org.uk/news/october-2020/frc-publishes-major-local-audit-inspection-results

30

17. Responding to the pandemic: the fire and rescue service's response to the COVID-19 pandemic in 2020

HMICFRS concluded that "*overall, fire and rescue services responded very well to the outbreak. They maintained their ability to respond to fires and other emergencies in these extraordinary times. Many supported communities in ways that extended far beyond their statutory duties, with firefighters and staff stepping up to take on a range of pandemic activities, including driving ambulances, and delivering essential items to the most vulnerable and personal protective equipment (PPE) to those working in healthcare".* However, HMICRS also identified barriers in mobilising operational staff to assist with pandemic activities and they made six national recommendations to help overcome these barriers. In particular, HMICFRS challenge the need for the tripartite agreement between employers, unions and the National Fire Chief Council (NFCC), which they believed hindered the ability of chief fire officers to deploy their workforce rapidly, safely and effectively to protect the public at a time of national emergency.

HMICFRS' letter to Leicestershire Fire states that the Authority responded to the pandemic effectively, taking on additional roles whilst fulfilling statutory functions. The letter does not make any recommendations but indicates three areas to focus on as the pandemic continues to test its pandemic and business continuity plans.

https://www.justiceinspectorates.gov.uk/hmicfrs/publications/the-fire-and-rescue-services-response-to-the-covid-19-pandemic-in-2020/

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

*where permitted under applicable country laws.

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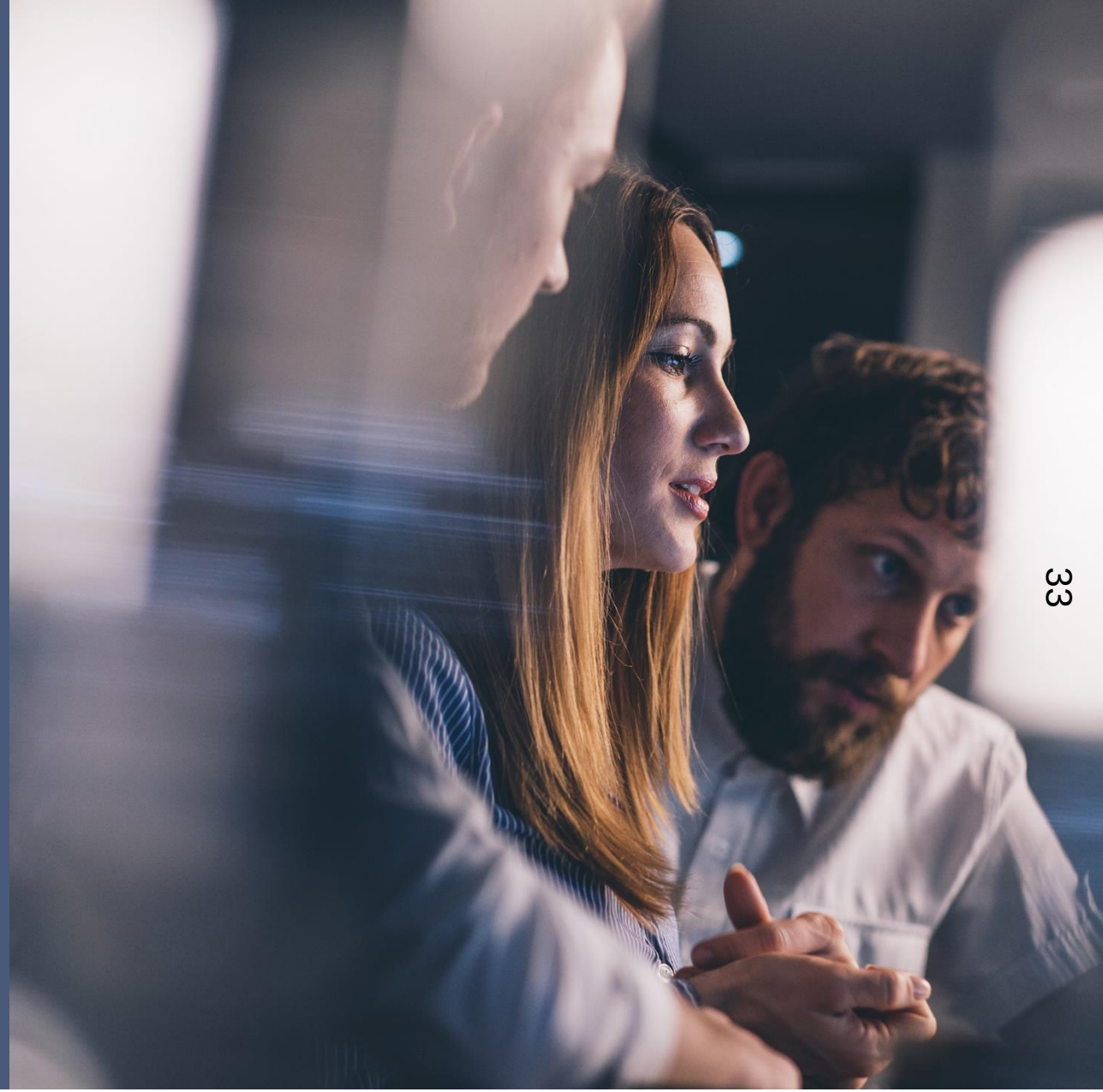
Audit Strategy Memorandum

Leicester, Leicestershire and Rutland Combined Fire Authority

Year ending 31 March 2021



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Contents

01 Engagement and responsibilities summary

02 Your audit engagement team

03 Audit scope, approach and timeline

04 Significant risks and other key judgement areas

05 Value for Money

06 Fees for audit and other services

07 Our commitment to independence

08 Materiality and misstatements

Appendix – Key communication points

34

This document is to be regarded as confidential to Leicester, Leicestershire and Rutland Combined Fire Authority. It has been prepared for the sole use of the Corporate Governance Committee. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

mazars

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18 February 2021

Dear Sirs / Madams

Audit Strategy Memorandum – Year ending 31 March 2021

We are pleased to present our Audit Strategy Memorandum for Leicester, Leicestershire and Rutland Combined Fire Authority for the year ending 31 March 2021. The purpose of this document is to summarise our audit approach, highlight significant audit risks and areas of key judgements and provide you with the details of our audit team. As it is a fundamental requirement that an auditor is, and is seen to be, independent of its clients, section 7 of this document also summarises our considerations and conclusions on our independence as auditors. We consider two-way communication with you to be key to a successful audit and important in:

- reaching a mutual understanding of the scope of the audit and the responsibilities of each of us;
- sharing information to assist each of us to fulfil our respective responsibilities;
- providing you with constructive observations arising from the audit process; and
- ensuring that we, as external auditors, gain an understanding of your attitude and views in respect of the internal and external operational, financial, compliance and other risks facing Leicester, Leicestershire and Rutland Combined Fire Authority which may affect the audit, including the likelihood of those risks materialising and how they are monitored and managed.

With that in mind, we see this document, which has been prepared following our initial planning discussions with management, as being the basis for a discussion around our audit approach, any questions, concerns or input you may have on our approach or role as auditor. This document also contains an appendix that outlines our key communications with you during the course of the audit,

Client service is extremely important to us and we strive to provide technical excellence with the highest level of service quality, together with continuous improvement to exceed your expectations so, if you have any concerns or comments about this document or audit approach, please contact me on 0191 383 6300.

Yours faithfully

Gavin Barker

Gavin Barker
Mazars LLP

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We are registered to carry on audit work in the UK by the Institute of Chartered Accountants in England and Wales. Details about our audit registration can be viewed at www.auditregister.org.uk under reference number C001139861. VAT number: 839 8356 73

01

Section 01:

Engagement and responsibilities summary

1. Engagement and responsibilities summary

Overview of engagement

We are appointed to perform the external audit of Leicester, Leicestershire and Rutland Combined Fire Authority for the year to 31 March 2021. The scope of our engagement is set out in the Statement of Responsibilities of Auditors and Audited Bodies, issued by Public Sector Audit Appointments Ltd (PSAA) available from the PSAA website: https://www.psaa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/. Our responsibilities are principally derived from the Local Audit and Accountability Act 2014 (the 2014 Act) and the Code of Audit Practice issued by the National Audit Office (NAO), as outlined below.

Audit opinion

We are responsible for forming and expressing an opinion on the financial statements. Our audit does not relieve management or the Authority, as those charged with governance, of their responsibilities.

Going concern

The Authority is required to prepare its financial statements on a going concern basis by the Code of Practice on Local Authority Accounting. The Treasurer is responsible for the assessment of whether is it appropriate for the Authority to prepare it's accounts on a going concern basis. As auditors, we are required to obtain sufficient appropriate audit evidence, and conclude on the appropriateness of the Treasurer's use of the going concern basis of accounting in the preparation of the financial statements and the adequacy of disclosures made.

Value for money

We are also responsible for reaching a conclusion on the arrangements that the Authority has in place to secure economy, efficiency and effectiveness in its use of resources. We discuss our approach to Value for Money work further in section 5 of this report.

Fraud

The responsibility for safeguarding assets and for the prevention and detection of fraud, error and non-compliance with law or regulations rests with both those charged with governance and management. This includes establishing and maintaining internal controls over reliability of financial reporting.

As part of our audit procedures in relation to fraud we are required to enquire of those charged with governance, including key as to their knowledge of instances of fraud, the risk of fraud and their views on internal controls that mitigate the fraud risks. In accordance with International Standards on Auditing (UK), we plan and perform our audit so as to obtain reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. However our audit should not be relied upon to identify all such misstatements.

Reporting to the NAO

We report to the NAO on the consistency of the Authority's financial statements with its Whole of Government Accounts (WGA) submission. We do this by issuing an assurance certificate which confirms that the Authority is below the threshold set by the NAO.

Electors' rights

The 2014 Act requires us to give an elector, or any representative of the elector, the opportunity to question us about the accounting records of the Authority and consider any objection made to the accounts. We also have a broad range of reporting responsibilities and powers that are unique to the audit of local authorities in the United Kingdom

02

Section 02:

Your audit engagement team

2. Your audit engagement team

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03

Section 03:

Audit scope, approach and timeline

3. Audit scope, approach and timeline

Audit scope

Our audit approach is designed to provide an audit that complies with all professional requirements.

Our audit of the financial statements will be conducted in accordance with International Standards on Auditing (UK), relevant ethical and professional standards, our own audit approach and in accordance with the terms of our engagement. Our work is focused on those aspects of your business which we consider to have a higher risk of material misstatement, such as those impacted by management judgement and estimation, application of new accounting standards, changes of accounting policy, changes to operations or areas which have been found to contain material errors in the past.

Audit approach

Our audit approach is a risk based approach primarily driven by the risks we consider to result in a higher risk of material misstatement of the financial statements. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to this assessment.

If we conclude that appropriately designed controls are in place then we may plan to test and rely upon these controls. If we decide controls are not appropriately designed, or we decide it would be more efficient to do so, we may take a wholly substantive approach to our audit testing. Substantive procedures are audit procedures designed to detect material misstatements at the assertion level and comprise: tests of details (of classes of transactions, account balances, and disclosures); and substantive analytical procedures. Irrespective of the assessed risks of material misstatement, which take into account our evaluation of the operating effectiveness of controls, we are required to design and perform substantive procedures for each material class of transactions, account balance, and disclosure.

Our audit will be planned and performed so as to provide reasonable assurance that the financial statements are free from material misstatement and give a true and fair view. The concept of materiality and how we define a misstatement is explained in more detail in section 8.

The diagram on the next page outlines the procedures we perform at the different stages of the audit.

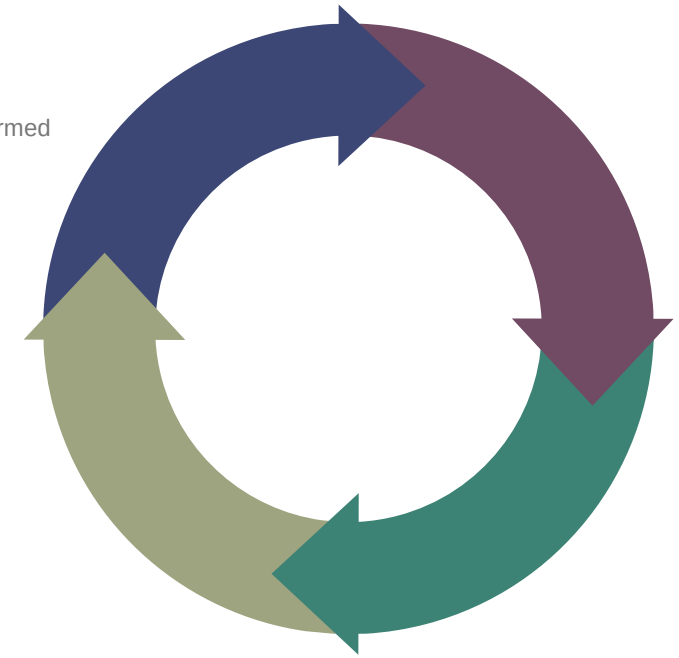
3. Audit scope, approach and timeline

Planning **February / March 2021**

- Planning visit and developing our understanding of the Authority
- Initial opinion and value for money risk assessments
- Considering proposed accounting treatments and accounting policies
- Developing the audit strategy and planning the audit work to be performed
- Agreeing timetable and deadlines
- Preliminary analytical review
- Documenting systems and controls
- Performing walkthroughs

Interim **March / April 2021**

- Interim controls testing including tests of IT general controls
- Early substantive testing of transactions
- Reassessment of audit plan and revision if necessary



Completion **November 2021**

- Final review and disclosure checklist of financial statements
- Final partner review
- Agreeing content of letter of representation
- Reporting to the Authority and Corporate Governance Committee
- Reviewing subsequent events
- Signing the auditor's report

Fieldwork **June to November 2021**

- Receiving and reviewing draft financial statements
- Reassessment of audit plan and revision if necessary
- Executing the strategy starting with significant risks and high risk areas
- Communicating progress and issues
- Clearance meeting

3. Audit scope, approach and timeline

Reliance on internal audit

Where possible we will seek to utilise the work performed by internal audit to modify the nature, extent and timing of our audit procedures. We will liaise with internal audit to consider the progress and findings of their work prior to the commencement of any controls testing.

If we decide to place reliance on the work on internal audit, we will evaluate the work performed by your internal audit team and perform our own audit procedures to determine its adequacy for our audit.

Management's and our experts

Management makes use of experts in specific areas when preparing the Authority's financial statements. We also use experts to assist us to obtain sufficient appropriate audit evidence on specific items of account.

Item of account	Management's expert	Our expert
Defined benefit liability	Government Actuary's Department (FFPS) and Hymans Robertson (LGPS.	NAO's Consulting Actuary (PWC)
Property, plant and equipment valuation	Fisher Hargreaves Proctor (FHP)	
Financial instruments	Arlingclose	

Service organisations

International Auditing Standards (UK) (ISAs) define service organisations as third party organisations that provide services to the Authority that are part of its information systems relevant to financial reporting. We are required to obtain an understanding of the services provided by service organisations as well as evaluating the design and implementation of controls over those services. The table below summarises the service organisations used by the Authority and our planned audit approach.

Items of account	Service organisation	Audit approach
Payroll Costs and Senior Officer Remuneration. Firefighters Pension Scheme	Leicestershire County Council (LCC) to July 2020 for payroll Warwickshire County Council (WCC) from July 2020 LCC for firefighters pensions up to December 2020 and West Yorkshire Pension Fund (WYPF) from 2021	We will review the controls operating at the Authority over these transactions pre and post the change of provider to gain an understanding of the services provided by the service organisation. We expect to be able to conclude that the Authority has sufficient controls in place over the services provided by LCC and WYPF and that we will be able to audit payroll and pensions based on the records held at the entity.
Treasury Management	Leicester City Council	We expect to conclude that the Authority has sufficient controls in place over the services provided by the City Council. We will write to all organisations which the Authority has invested in to obtain direct confirmation of all year end investment balances as at the 31 March 2020.

43

04

Section 04:

Significant risks and other key judgement areas

44

4. Significant risks and other key judgement areas

Following the risk assessment approach discussed in section 3 of this document, we have identified relevant risks to the audit of financial statements. The risks that we identify are categorised as significant, enhanced or standard. The definitions of the level of risk rating are given below:

Significant risk

A significant risk is an identified and assessed risk of material misstatement that, in the auditor's judgment, requires special audit consideration. For any significant risk, the auditor shall obtain an understanding of the entity's controls, including control activities relevant to that risk.

Enhanced risk

An enhanced risk is an area of higher assessed risk of material misstatement ('RMM') at audit assertion level other than a significant risk. Enhanced risks require additional consideration but does not rise to the level of a significant risk, these include but may not be limited to:

- key areas of management judgement, including accounting estimates which are material but are not considered to give rise to a significant risk of material misstatement; and
- other audit assertion risks arising from significant events or transactions that occurred during the period.

These should include all areas of judgement and significant estimation uncertainty reported by the Accounting Officer in the financial statements, which would be expected to give rise to enhanced audit risks as relevant.

Standard risk

This is related to relatively routine, non-complex transactions that tend to be subject to systematic processing and require little management judgement. Although it is considered that there is a risk of material misstatement (RMM), there are no elevated or special factors related to the nature, the likely magnitude of the potential misstatements or the likelihood of the risk occurring.

45

4. Significant risks and other key judgement areas

Summary risk assessment

The summary risk assessment, illustrated in the table below, highlights those risks which we deem to be significant and other enhanced risks in respect of the Authority. We have summarised our audit response to these risks on the next page.

1 Management override of controls

2 Net defined benefit liability valuation

3 Valuation of property, plant and equipment

Key: Significant risk Enhanced risk / significant management judgement

46

4. Significant risks and other key judgement areas

Specific identified audit risks and planned testing strategy

We have presented below in more detail the reasons for the risk assessment highlighted above, and also our testing approach with respect to significant risks. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during the course of our audit, we will report this to the Authority and Corporate Governance Committee.

	Description	Fraud	Error	Judgement	Planned response
1	**Management override of controls** This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur. Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.	●	○	○	We plan to address the management override of controls risk through performing audit work over accounting estimates, journal entries and significant transactions outside the normal course of business or otherwise unusual. We will use a computer audit analytical technique (CAAT) to efficiently identify journals with risk characteristics and test 100% of such adjustments to the financial ledger.

47

4. Significant risks and other key judgement areas

Significant risks

	Description	Fraud	Error	Judgement	Planned response
2	**Net defined benefit liability valuation** The financial statements contain material pension entries in respect of retirement benefits. The calculation of these pension figures, both assets and liabilities, can be subject to significant volatility and includes estimates based upon a complex interaction of actuarial assumptions. Moreover, in 2019/20 the local government pension fund property assets were subject to material valuation uncertainty and due to the ongoing COVID-19 pandemic there is a risk that this might recur in 2020/21. This results in an increased risk of material misstatement.	○	●	●	We will discuss with key contacts any significant changes to the pension estimates. In addition to our standard programme of work in this area, we will evaluate the management controls you have in place to assess the reasonableness of the figures provided by the Actuary and consider the reasonableness of the Actuary's output, referring to an expert's report on all actuaries nationally. We will review the appropriateness of the key assumptions included within the valuations, compare them to expected ranges and review the methodology applied in the valuation. We will consider the adequacy of disclosures in the financial statements. We will also seek assurance from the auditor of Leicestershire Pension Fund.
3	**Valuation of property, plant and equipment** The financial statements contain material entries on the Balance Sheet as well as material disclosure notes in relation to the Authority's holding of PPE. Although the Authority uses a valuation expert to provide information on valuations, there remains a high degree of estimation uncertainty associated with the revaluation of PPE due to the significant judgements and number of variables involved in providing revaluations. We have therefore identified the valuation of PPE to be an area of significant risk.	○	●	●	We plan to address this risk by considering the Authority's arrangements for ensuring that PPE values are reasonable and will assess whether valuation movements are in line with market expectations using available indices from our external advisor. This will enable us to assess the reasonableness of the valuations provided by the external valuer. We will also assess the competence, skills and experience of the valuer. We plan to discuss methods used with the valuer and challenge assumptions used by the valuer. We will use indices provided by our own advisor to confirm the assets not revalued are unlikely to have materially changed in value. We will test a sample of revaluations in year to valuation reports and supporting calculation sheets and ensure the calculations are correct and source data agrees with floor plans and other supporting evidence.

48

05

Section 05:

Value for Money

5. Value for Money

The framework for Value for Money work

We are required to form a view as to whether the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out in order to form our view, and sets out the overall criterion and sub-criteria that we are required to consider.

The new Code of Audit Practice (the Code) has changed the way in which we report our findings in relation to Value for Money (VFM) arrangements from 2020/21. Whilst we are still required to be satisfied that the Authority has proper arrangements in place, we will now report by exception in our auditor's report where we have identified significant weakness in those arrangements. This is a significant change to the requirements under the previous Code which required us to give a conclusion on the Authority's arrangements as part of our auditor's report.

Under the new Code, the key output of our work on VFM arrangements will be a commentary on those arrangements which will form part of the Auditor's Annual Report.

Specified reporting criteria

The Code requires us to structure our commentary to report under three specified criteria:

1. **Financial sustainability** – how the Authority plans and manages its resources to ensure it can continue to deliver its services
2. **Governance** – how the Authority ensures that it makes informed decisions and properly manages its risks
3. **Improving economy, efficiency and effectiveness** – how the Authority uses information about its costs and performance to improve the way it manages and delivers its services

Our approach

Our work falls into three primary phases as outlined opposite. We need to gather sufficient evidence to support our commentary on the Authority's arrangements and to identify and report on any significant weaknesses in arrangements. Where significant weaknesses are identified we are required to report these to the Authority and make recommendations for improvement. Such recommendations can be made at any point during the audit cycle and we are not expected to wait until issuing our overall commentary to do so.

Planning and risk assessment	Obtaining an understanding of the Authority's arrangements for each specified reporting criteria. Relevant information sources will include: • NAO guidance and supporting information • Information from internal and external sources including regulators • Knowledge from previous audits and other audit work undertaken in the year • Interviews and discussions with staff and members
Additional risk based procedures and evaluation	Where our planning work identifies risks of significant weaknesses, we will undertake additional procedures to determine whether there is a significant weakness.
Reporting	We will provide a summary of the work we have undertaken and our judgements against each of the specified reporting criteria as part of our commentary on arrangements. This will form part of the Auditor's Annual Report. Our commentary will also highlight: • Significant weaknesses identified and our recommendations for improvement • Emerging issues or other matters that do not represent significant weaknesses but still require attention from the Authority.

5. Value for Money

Identified risks of significant weaknesses in arrangements

The NAO's guidance requires us to carry out work at the planning stage to understand the Authority's arrangements and to identify risks that significant weaknesses in arrangements may exist.

Due to the late release of the NAO's Auditor Guidance Note and supporting information to auditors, we have not yet fully completed our planning and risk assessment work. We will report the results of our planning and risk assessment work at a later date.

Although we have not fully completed our planning and risk assessment work, we have held discussions with management and reviewed financial plans. We have not identified any significant weaknesses in arrangements from this initial planning and risk assessment.

06

Section 06:

Fees for audit and other services

6. Fees for audit and other services

Fees for work as the Authority's appointed auditor

In the Annual Audit Letter that we issued on the 21 December 2020 we explained that due to increased regulatory pressures there would be additional recurring fees of £4,606 as well as some one-off fees in respect of extra work arising from the COVID-19 pandemic. We are still awaiting approval from Public Sector Audit Appointments Limited for these fees, but we have included them in the table below for transparency.

In Section 5 we explained that we are still completing our planning and risk assessment in respect of the VFM Conclusion. We will communicate any fee implications to you when this work is complete.

Area of work	2020/21 Proposed Fee	2019/20 Actual Fee
Delivery of audit work under the NAO Code of Audit Practice	22,520	22,520
Recurring increases in the base audit fee arising from regulatory pressures	4,606	4,606
One-off fee increases for 2019/20 specific issues		2,052
Total audit fees *	**27,126***	**29,178**

- The revised Code of Audit Practice is likely to lead to additional audit work to support the new value for money conclusion and the changes in reporting requirements. It is currently unclear exactly what impact this will have on the work required and fees. We have consequently not reflected any impact in the proposed fee. We will update management, the Corporate Governance Committee and the Combined Fire Authority as the position is clarified.

07

Section 07:

Our commitment to independence

7. Our commitment to independence

We are committed to independence and are required by the Financial Reporting Council to confirm to you at least annually in writing that we comply with the FRC's Ethical Standard. In addition, we communicate any matters or relationship which we believe may have a bearing on our independence or the objectivity of the audit team.

Based on the information provided by you and our own internal procedures to safeguard our independence as auditors, we confirm that in our professional judgement there are no relationships between us and any of our related or subsidiary entities, and you and your related entities creating any unacceptable threats to our independence within the regulatory or professional requirements governing us as your auditors.

We have policies and procedures in place which are designed to ensure that we carry out our work with integrity, objectivity and independence. These policies include:

- All partners and staff are required to complete an annual independence declaration;
- All new partners and staff are required to complete an independence confirmation and also complete computer based ethical training;
- Rotation policies covering audit engagement partners and other key members of the audit team; and
- Use by managers and partners of our client and engagement acceptance system which requires all non-audit services to be approved in advance by the audit engagement partner.

We confirm, as at the date of this document, that the engagement team and others in the firm as appropriate, Mazars LLP are independent and comply with relevant ethical requirements. However, if at any time you have concerns or questions about our integrity, objectivity or independence please discuss these with Gavin Barker in the first instance.

Prior to the provision of any non-audit services Gavin Barker will undertake appropriate procedures to consider and fully assess the impact that providing the service may have on our auditor independence.

No threats to our independence have been identified.

Any emerging independence threats and associated identified safeguards will be communicated in our Audit Completion Report.

55

08

Section 08:

Materiality and other misstatements

56

8. Materiality and misstatements

Summary of initial materiality thresholds

Threshold	Initial threshold £'000s
Overall materiality	1,138
Performance materiality	854
Trivial threshold for errors to be reported to the Authority and Corporate Governance Committee	34

Materiality

Materiality is an expression of the relative significance or importance of a particular matter in the context of financial statements as a whole.

Misstatements in financial statements are considered to be material if they, individually or in aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Judgements on materiality are made in light of surrounding circumstances and are affected by the size and nature of a misstatement, or a combination of both. Judgements about materiality are based on consideration of the common financial information needs of users as a group and not on specific individual users.

The assessment of what is material is a matter of professional judgement and is affected by our perception of the financial information needs of the users of the financial statements. In making our assessment we assume that users:

- Have a reasonable knowledge of business, economic activities and accounts;
- Have a willingness to study the information in the financial statements with reasonable diligence;
- Understand that financial statements are prepared, presented and audited to levels of materiality;
- Recognise the uncertainties inherent in the measurement of amounts based on the use of estimates, judgement and the consideration of future events; and
- Will make reasonable economic decisions on the basis of the information in the financial statements.

We consider materiality whilst planning and performing our audit based on quantitative and qualitative factors.

Whilst planning, we make judgements about the size of misstatements which we consider to be material and which provides a basis for determining the nature, timing and extent of risk assessment procedures, identifying and assessing the risk of material misstatement and determining the nature, timing and extent of further audit procedures.

The materiality determined at the planning stage does not necessarily establish an amount below which uncorrected misstatements, either individually or in aggregate, will be considered as immaterial.

We revise materiality for the financial statements as our audit progresses should we become aware of information that would have caused us to determine a different amount had we been aware of that information at the planning stage.

Our provisional materiality is set based on a benchmark of 2% of the 2019/20 gross expenditure on the surplus/deficit on provision of services. We will identify a figure for materiality but identify separate levels for procedures design to detect individual errors, and also a level above which all identified errors will be reported to the Corporate Governance Committee. We consider that gross expenditure remains the key focus of users of the financial statements and, as such, we base our materiality levels around this benchmark.

8. Materiality and misstatements

Materiality (continued)

We expect to set a materiality threshold at 2% of gross revenue expenditure at the surplus / deficit level after excluding exceptional items and revaluation and impairment gains and losses. Based on the 2019/20 financial statements we anticipate the overall materiality for the year ending 31 March 2021 to be in the region of £1.1m (£1.2m in the prior year).

After setting initial materiality, we continue to monitor materiality throughout the audit to ensure that it is set at an appropriate level.

Performance Materiality

Performance materiality is the amount or amounts set by the auditor at less than materiality for the financial statements as a whole to reduce, to an appropriately low level, the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole. Our initial assessment of performance materiality is based on low inherent risk, meaning that we have applied 75% of overall materiality as performance materiality.

Misstatements

We accumulate misstatements identified during the audit that are other than clearly trivial. We set a level of triviality for individual errors identified (a reporting threshold) for reporting to the Authority and Corporate Governance Committee that is consistent with the level of triviality that we consider would not need to be accumulated because we expect that the accumulation of such amounts would not have a material effect on the financial statements. Based on our preliminary assessment of overall materiality, our proposed triviality threshold is £34,000, based on 3% of overall materiality. If you have any queries about this please do not hesitate to raise these with Gavin Barker.

Reporting to the Combined Fire Authority and Corporate Governance Committee

The following three types of audit differences will be presented to the Authority and Corporate Governance Committee.

- summary of adjusted audit differences;
- summary of unadjusted audit differences; and
- summary of disclosure differences (adjusted and unadjusted).

58

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Appendix: Key communication points

59

Appendix: Key communication points

We value communication with Those Charged With Governance as a two way feedback process at the heart of our client service commitment. ISA 260 (UK) 'Communication with Those Charged with Governance' and ISA 265 (UK) 'Communicating Deficiencies In Internal Control To Those Charged With Governance And Management' specifically require us to communicate a number of points with you.

Relevant points that need to be communicated with you at each stage of the audit are outlined below.

Form, timing and content of our communications

We will present the following reports:

- Our Audit Strategy Memorandum;
- Our Audit Completion Report; and
- Auditor's Annual Report.

These documents will be discussed with management prior to being presented to yourselves and their comments will be incorporated as appropriate.

Key communication points at the planning stage as included in this Audit Strategy Memorandum

- Our responsibilities in relation to the audit of the financial statements;
- The planned scope and timing of the audit;
- Significant audit risks and areas of management judgement;
- Our commitment to independence;
- Responsibilities for preventing and detecting errors;
- Materiality and misstatements; and
- Fees for audit and other services.

Key communication points at the completion stage to be included in our Audit Completion Report

- Significant deficiencies in internal control;
- Significant findings from the audit;
- Significant matters discussed with management;
- Our conclusions on the significant audit risks and areas of management judgement;
- Summary of misstatements;
- Management representation letter;
- Our proposed draft audit report; and
- Independence.

60

Appendix: Key communication points

ISA (UK) 260 'Communication with Those Charged with Governance', ISA (UK) 265 'Communicating Deficiencies In Internal Control To Those Charged With Governance And Management' and other ISAs (UK) specifically require us to communicate the following:

Required communication	Where addressed
Our responsibilities in relation to the financial statement audit and those of management and those charged with governance.	Audit Strategy Memorandum
The planned scope and timing of the audit including any limitations, specifically including with respect to significant risks.	Audit Strategy Memorandum
With respect to misstatements: • Uncorrected misstatements and their effect on our audit opinion; • The effect of uncorrected misstatements related to prior periods; • A request that any uncorrected misstatement is corrected; and • In writing, corrected misstatements that are significant.	Audit Completion Report
With respect to fraud communications: • Enquiries of the Corporate Governance Committee to determine whether they have a knowledge of any actual, suspected or alleged fraud affecting the entity; • Any fraud that we have identified or information we have obtained that indicates that fraud may exist; and • A discussion of any other matters related to fraud.	Audit Completion Report and discussion at the Authority and Corporate Governance Committee Audit Planning and Clearance meetings

Appendix: Key communication points

Required communication	Where addressed
Significant matters arising during the audit in connection with the entity's related parties including, when applicable: • Non-disclosure by management; • Inappropriate authorisation and approval of transactions; • Disagreement over disclosures; • Non-compliance with laws and regulations; and • Difficulty in identifying the party that ultimately controls the entity.	Audit Completion Report
Significant findings from the audit including: • Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures; • Significant difficulties, if any, encountered during the audit; • Significant matters, if any, arising from the audit that were discussed with management or were the subject of correspondence with management; • Written representations that we are seeking; • Expected modifications to the audit report; and • Other matters, if any, significant to the oversight of the financial reporting process or otherwise identified in the course of the audit that we believe will be relevant to the Authority and Corporate Governance Committee in the context of fulfilling their responsibilities.	Audit Completion Report
Significant deficiencies in internal controls identified during the audit.	Audit Completion Report
Where relevant, any issues identified with respect to authority to obtain external confirmations or inability to obtain relevant and reliable audit evidence from other procedures.	Audit Completion Report

Appendix: Key communication points

Required communication	Where addressed
Audit findings regarding non-compliance with laws and regulations where the non-compliance is material and believed to be intentional (subject to compliance with legislation on tipping off) and enquiry of the Authority and Corporate Governance Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Authority and Corporate Governance Committee may be aware of.	Audit Completion Report and Authority and Corporate Governance Committee meetings
With respect to going concern, events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: • Whether the events or conditions constitute a material uncertainty; • Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and • The adequacy of related disclosures in the financial statements.	Audit Completion Report
Reporting on the valuation methods applied to the various items in the annual financial statements including any impact of changes of such methods	Audit Completion Report
Indication of whether all requested explanations and documents were provided by the entity	Audit Completion Report

63

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

*where permitted under applicable country laws.

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Status of Report: **Public**

Meeting: **Corporate Governance Committee**

Date: **10th March 2021**

Subject: **External Audit – Annual Audit Letter 2019/20**

Report by: **The Treasurer**

Author: **Amy Oliver (Chief Accountant at Leicester City Council)**

For: **Discussion**

Purpose

1. The purpose of this report is to present the External Auditor's (Mazar's) Annual Audit Letter 2019/20.

Recommendation

2. It is recommended that the Corporate Governance Committee notes the External Audit Annual Audit Letter 2019/20.

Executive Summary

3. The Annual Audit Letter (attached at the Appendix) summarises the outcomes from audit work in relation to the 2019/20 audit year. This letter reflects the report received by the CFA on 23rd September 2020.

Background

4. The Annual Audit Letter (attached at the Appendix) summarises the findings of the 2019/20 audit. The External Auditor issued an unqualified opinion on the 2019/20 financial statements and in their Value for Money conclusion. They also agreed that the Annual Governance Statement was materially consistent with the audit and the financial statements and that no uncorrected audit differences were identified.

5. Representatives from Mazars will be attending the meeting to answer any questions Members may have on the Annual Audit letter.

Report Implications/Impact

6. Legal (including crime and disorder)

   None

7. Financial (including value for money, benefits and efficiencies)

   An additional fee of £6,658 was incurred due to regulatory pressures and the impact of Covid-19. The total audit fee was £29,178.

8. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

   External Audit provides reassurance to the general public that the CFA is meeting its statutory obligations.

9. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

   None

10. Environmental

    None

11. Impact upon "Our Plan" Objectives

    The external audit work will support the Finance and Resources and Governance strategies in demonstrating value for money and providing assurance.

Background Papers

Officers to Contact

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Annual Audit Letter

Leicester, Leicestershire & Rutland Combined Fire Authority

Year ending 31 March 2020

mazars

Contents

01 Executive summary

02 Audit of the financial statements

03 Value for money conclusion

04 Other reporting responsibilities

05 Our fees

06 Forward look

Our reports are prepared in the context of the 'Statement of responsibilities of auditors and audited bodies' issued by Public Sector Audit Appointments Ltd. Reports and letters prepared by appointed auditors and addressed to members or officers are prepared for the sole use of the Authority. No responsibility is accepted to any member or officer in their individual capacity or to any third party. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

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1. EXECUTIVE SUMMARY

Purpose of the Annual Audit Letter

Our Annual Audit Letter summarises the work we have undertaken as the auditor for Leicester, Leicestershire & Rutland Combined Fire Authority (the Authority) for the year ended 31 March 2020. Although this letter is addressed to the Authority, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 (the 2014 Act) and the Code of Audit Practice issued by the National Audit Office (the NAO). The detailed sections of this letter provide details on those responsibilities, the work we have done to discharge them, and the key findings arising from our work. These are summarised below.

Area of responsibility	Summary
Audit of the financial statements	Our auditor's report issued on 21 December 2020 included our opinion that the financial statements: • give a true and fair view of the Authority's financial position as at 31 March 2020 and of its expenditure and income for the year then ended; and • have been prepared properly in accordance with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2019/20.
Other information published alongside the audited financial statements	Our auditor's report included our opinion that: • the other information in the Statement of Accounts is consistent with the audited financial statements.
Value for money conclusion	Our auditor's report concluded that we are satisfied that in all significant respects, the Authority has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.
Reporting to the group auditor	In line with group audit instructions, issued by the NAO on 4th November, we reported to the group auditor in line with the requirements applicable to the Authority's WGA return.
Statutory reporting	Our auditor's report confirmed that we did not use our powers under s24 of the 2014 Act to issue a report in the public interest or to make written recommendations to the Authority.

2. AUDIT OF THE FINANCIAL STATEMENTS

Opinion on the financial statements	Unqualified

The scope of our audit and the results of our work

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Authority and whether they give a true and fair view of the Authority's financial position as at 31 March 2020 and of its financial performance for the year then ended.

Our audit was conducted in accordance with the requirements of the Code of Audit Practice issued by the NAO, and International Standards on Auditing (ISAs). These require us to consider whether:

- the accounting policies are appropriate to the Authority's circumstances and have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management in the preparation of the financial statements are reasonable; and
- the overall presentation of the financial statements provides a true and fair view.

Our auditor's report, stated that in our view, the financial statements give a true and fair view of the Authority's financial position as at 31 March 2020 and of its financial performance for the year then ended. We included an emphasis of matter paragraph in our report to highlight the material valuation uncertainty in relation to property assets arising due to the COVID-19 pandemic, that was disclosed by the Authority in the financial statements. Our opinion was not modified in respect of this matter.

Our approach to materiality

We apply the concept of materiality when planning and performing our audit, and when evaluating the effect of misstatements identified as part of our work. We consider the concept of materiality at numerous stages throughout the audit process, in particular when determining the nature, timing and extent of our audit procedures, and when evaluating the effect of uncorrected misstatements. An item is considered material if its misstatement or omission could reasonably be expected to influence the economic decisions of users of the financial statements.

Judgements about materiality are made in the light of surrounding circumstances and are affected by both qualitative and quantitative factors. As a result we have set materiality for the financial statements as a whole (financial statement materiality) and a lower level of materiality for specific items of account (specific materiality) due to the nature of these items or because they attract public interest. We also set a threshold for reporting identified misstatements to the Authority. We call this our trivial threshold.

The table below provides details of the materiality levels applied in the audit of the financial statements for the year ended 31 March 2020:

Financial statement materiality	Our financial statement materiality is based on 2% of Gross Operating Expenditure.	£,1,193,000
Trivial threshold	Our trivial threshold is based on 3% of financial statement materiality.	£36,000
Specific materiality	We have applied a lower level of materiality to the following areas of the accounts:	
	- Members allowances	£15,000
	- Senior officer remunerations	£5,000
	- Exit packages	£2,000

2. AUDIT OF THE FINANCIAL STATEMENTS

Our response to significant risks

As part of our continuous planning procedures we considered whether there were risks of material misstatement in the Authority's financial statements that required special audit consideration. We reported significant risks identified at the planning stage to the Corporate Governance Committee within our Audit Strategy Memorandum and provided details of how we responded to those risks in our Audit Completion Report. The table below outlines the identified significant risks, the work we carried out on those risks and our conclusions.

Identified significant risk	Our response	Our findings and conclusions
Management override of controls The International Standards on auditing presume that management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, it is a risk of material misstatement due to fraud and thus a mandatory significant risk on all audits.	We addressed this risk through performing audit work over: • Accounting estimates impacting on amounts included in the financial statements; • Consideration of identified significant transactions outside the normal course of business; and • Journals recorded in the general ledger and other adjustments made in preparation of the financial statements.	Our audit work has provided the assurance we sought and has not identified any material issues to bring to your attention. There is no indication of management override of controls.

2. AUDIT OF THE FINANCIAL STATEMENTS

Our response to significant risks (continued)

Identified significant risk	Our response	Our findings and conclusions
Property, Plant and Equipment Valuation The financial statements contain material entries on the Balance Sheet as well as material disclosure notes in relation to the Authority's holding of PPE. Although the Authority uses a valuation expert to provide information on valuations, there remains a high degree of estimation uncertainty associated with the revaluation of PPE due to the significant judgements and number of variables involved in providing revaluations. We have therefore identified the valuation of PPE to be an area of significant risk.	We addressed this risk by considering the Authority's arrangements for ensuring that PPE values are reasonable and used corroborative evidence to assess the reasonableness of the valuations provided by the Authority's valuer. We also assessed the competence, skills and experience of the valuer. We have reviewed the valuation methodology used for assets valued in 2019/20 and tested the underlying data and assumptions. We have compared the valuation output to market intelligence to gain assurance that the valuations are in line with market expectations. We have reviewed and considered the robustness of the approach taken by the Authority to address the risk of assets not subject to valuation in 2019/20 being materially misstated. We have also considered the movement in market indices between the date of valuation and the year end to determine whether values have moved materially between the dates. We also considered the impact of COVID-19 on the valuations to gain additional assurance on their reasonableness.	The valuer followed guidance issued by the Royal Institute of Chartered Surveyors and their valuation report disclosed a "material valuation uncertainty" in relation to the valuation of the Authority's land and buildings. This has been disclosed in note 15 of the final version of the financial statements. in line with normal practice, we included reference to this disclosure as an 'emphasis of matter' in our audit report. The purpose of this paragraph is to draw attention to this disclosure, it is not a qualification and does not modify our proposed unqualified opinion on the financial statements. We did not identify any other matters to draw to the attention of Members.

2. AUDIT OF THE FINANCIAL STATEMENTS

Our response to significant risks (continued)

Identified significant risk	Our response	Our findings and conclusions
Defined benefits liability valuation The financial statements contain material pension entries in respect of retirement benefits. The calculation of these pension figures, both assets and liabilities, can be subject to significant volatility and includes estimates based upon a complex interaction of actuarial assumptions. Moreover, in 2019/20 the local government pension assets and liabilities are subject to triennial revaluation. This results in an increased risk of material misstatement.	We discussed with key contacts any significant changes to the pension estimates. In addition to our standard programme of work in this area, we evaluated the management controls that you have in place to assess the reasonableness of the figures provided by the Actuary and considered the reasonableness of the Actuary's output, referring to our expert's report on all actuaries nationally. We reviewed the appropriateness of the key assumptions included within the valuations, compared them to expected ranges and reviewed the methodology applied in the valuation. We also considered the adequacy of disclosures in the financial statements. We received assurance from the auditor of the Leicestershire Pension Fund.	Our work provided the required assurance. Our Audit Report included an emphasis of matter associated with material uncertainty relating to valuations of Pension Fund property assets. One amendment to the financial statements was required in relation to the McCloud judgement which relates to potential age discrimination arising from transitional protections offered to some existing members of public service pension schemes that were not made available to younger members. As a result, the pension liabilities on the Firefighters' pension scheme reduced by £2.78m.

2. AUDIT OF THE FINANCIAL STATEMENTS

Our response to significant risks (continued)

Identified significant risk	Our response	Our findings and conclusions
Quality of Working Papers In our 2018/19 Audit Completion Report we highlighted the difficulties we experienced during the 2018/19 audit which led to the suspension of the audit and additional time being spent by the audit team to complete our procedures. These issues contributed to the late audit opinion and additional fees. The completion report highlighted the problems linked to the quality and timeliness of working papers as well as the initial draft accounts containing material errors.	We have followed up the implementation of the recommendations made in our 2018/19 Audit Completion Report to improve the accounts preparation process for the current year of audit. From discussions with the Finance Team we are aware of changes made to the finance team in 2019/20 to reduce the risk of similar issues impacting on this year's audit. These changes included the Chief Accountant from Leicester City Council overseeing the accounts production and audit process this year, the recruitment of an interim accountant and staff training and standard template working papers being introduced within the finance team. We kept arrangements under review during both the interim and final audit work and had regular meetings with finance officers enabling any issues arising to be addressed promptly.	Our work has provided the assurance we sought. Officers have worked hard to produce good working papers this year which were clear and easy to follow and also provided additional supporting evidence promptly when required. There has been a marked improvement in the quality of the working papers, and the availability of the supporting information that underpins the disclosures in the financial statements.

2. AUDIT OF THE FINANCIAL STATEMENTS

Internal control recommendations

As part of our audit we considered the internal controls in place that are relevant to the preparation of the financial statements. We did this to design audit procedures that allow us to express our opinion on the financial statements, but this did not extend to us expressing an opinion on the effectiveness of internal controls.

Our 2019/20 audit has not identified any significant deficiencies to report.

Follow up of previous internal control points

Last year, we raised three significant internal control issues. We are pleased to report that all of these issues have been addressed.

Preparation of the Financial Statements

Recommendations from last year

We recommend that the Authority fully reviews it processes for preparing the financial statements and makes improvements in its arrangements to prevent a recurrence of the problems with the 2018/19 financial statements in future years.

Key issues to address should include:

- A review of any gaps in the skills and competencies required in the production of the financial statements, and the provision of external support where needed, particularly in complex technical areas;
- Improvements in the level of supervision and review of the production of the draft financial statements;
- Improvements in the arrangements for compiling working papers and providing evidence to show how the figures reflected in the financial statements have been derived; this should include a clear mapping of the trial balance to the financial statements, ensuring that all transactions are properly reflected in the ledger and ensuring that any manual adjustments are properly documented and supported; and
- Implementation of quality assurance processes to ensure the risk of material error in the draft financial statements is minimised.

2019/20 update

The Authority has updated its procedures around the preparation of the accounts in 2019/20. Changes have been made to the finance team and the accounts process was also managed by the Chief Accountant from Leicester City Council to ensure this issue would not be repeated. Our testing of the draft accounts and working papers has not identified any areas of concern. Working papers produced were of good quality and followed a set template and had been subject to a quality review process.

Internal control recommendations (continued)

Accounting for Property, Plant and Equipment (PPE)

Recommendation from last year

We recommend that depreciation is not applied to assets under construction, the useful lives of assets are correctly input to the fixed asset register and checked, assets are correctly reflected in the correct category of the asset register so that it can be reconciled to the PPE note and additions are treated correctly in the revaluation reserve in future years. Management understanding and internal control checks on PPE accounting entries need to be improved.

2019/20 update

The Authority has updated its procedures around accounting for PPE and the update of entries to the Fixed Asset Register to ensure that this issue cannot be repeated. Our testing PPE in the current year has not identified any areas of concern.

Accounting for Pensions

Recommendation from last year

We recommend that officers ensure that pensions disclosures are properly reflected in the financial statements in future years.

2019/20 update

The Authority has updated its procedures around accounting for Pensions and the update of entries to the ledger at the year end to ensure that this issue cannot be repeated. Our testing of pensions in the current year has not identified any areas of concern.

3. VALUE FOR MONEY CONCLUSION

Value for money conclusion	Unqualified

Our audit approach

We are required to consider whether the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out in order to form our conclusion, and sets out the criterion and sub-criteria that we are required to consider.

The overall criterion is that, 'in all significant respects, the Authority had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.' To assist auditors in reaching a conclusion on this overall criterion, the following sub-criteria are set out by the NAO:

- informed decision making;
- sustainable resource deployment; and
- working with partners and other third parties.

Our auditor's report stated that that, is all significant respects, the Authority put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31st March 2020.

3. VALUE FOR MONEY CONCLUSION

Sub-criteria	Commentary	Arrangements in place?
Informed decision making	There is a Corporate Governance Framework in place which is subject to annual review. The framework includes a Code of Corporate Governance, the scheme of delegation, the decision making policy and financial and contract regulations. The Code is consistent with the seven principles of good governance as identified in the CIPFA/SOLACE framework - 'Delivering Good Governance in Local Governance A Corporate Governance Committee has been established to assist the Treasurer in discharging her statutory responsibilities. A Corporate risk register is maintained with progress reports being made to Corporate Governance Committee. There is an Internal Audit function in place who also report to the Corporate Governance Committee. There is regular reporting of financial and non financial performance to the Senior Management Team and the Combined Fire Authority and the Corporate Governance Committee. We considered the following aspects of proper arrangements specified by the National Audit Office as part of our risk assessment, and, based on our risk-based approach, we did not identify any significant issues or exceptions in the Authority's arrangements: a) Acting in the public interest, through demonstrating and applying the principles and values of sound governance; b) Understanding and using appropriate and reliable financial and performance information to support informed decision making and performance management; c) Reliable and timely financial reporting that supports the delivery of strategic priorities; and d) Managing risks effectively and maintaining a sound system of internal control.	Yes

3. VALUE FOR MONEY CONCLUSION (continued)

Sub-criteria	Commentary	Arrangements in place?
Sustainable resource deployment	The Authority's financial outturn for 2019/20 was positive. The authority underspent £894k on the revenue budget attributable to savings on employee costs as well as an upturn in controlled income. This underspend has been transferred to the capital fund earmarked reserve to fund future capital programmes. In addition there has been slippage on the capital programme of £2.4m of which £2.092m relates to slippage into 20/21 plus £286k of savings. A balanced budget has been set for 2020/21 and a MTFP which covers the period to 2021/22 was agreed by the Authority on the 12 February 2020. The MTFP and capital programmes have not been extended beyond 2 years due to uncertainty on funding. The detailed budget for 20/21 is balanced at £39.4m and does not plan to draw on reserves. The Authority plan to increase general reserves over the next 2 years. A large proportion of the savings plans have already been achieved. Contingencies exist to cover pay awards and strike action. The financial outlook remains challenging, with the added complexity of managing in the context of the COVID-19 pandemic and the continued uncertainty over future funding settlements. 'Our Plan' an Integrated Risk Management Plan (IRMP) and Corporate Plan is in place, this sets out how the Authority plans to deliver services to the local population from 2020 to 2024. This states the authority want to avoid new leases and borrowing and will set aside reserves to maintain the estate. In June 2019 HMICFRS rated the Authority as 'requires improvement' in all three inspection pillars. The improvement plan addresses these areas and this is also set out in the Corporate Plan. We considered the following aspects of proper arrangements specified by the National Audit Office as part of our risk assessment, and, based on our risk-based approach, we did not identify any significant issues or exceptions in the Authority's arrangements: a) Planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions; b) Managing and utilising assets effectively to support the delivery of strategic priorities; and c) Planning, organising and developing the workforce effectively to deliver strategic priorities.	Yes

3. VALUE FOR MONEY CONCLUSION (continued)

Sub-criteria	Commentary	Arrangements in place?
Working with partners and other third parties	The Authority has Corporate Plan in place called 'Our Plan' which sets out its strategic vision, priorities and objectives up until 2024. There are five corporate strategies of which safer communities features partnership working. Strengthening of partnership working with other community safety agencies has been identified as a way to improve data sharing and better target services which will assist in identifying the vulnerable more easily. The plans are facilitated by annual department and district level plans. The Corporate Governance Framework includes Contract Standing Orders which each relevant expenditure item must conform to. We considered the following aspects of proper arrangements specified by the National Audit Office as part of our risk assessment, and, based on our risk-based approach, we did not identify any significant issues or exceptions in the Authority's arrangements: a) Working with third parties effectively to deliver strategic priorities; b) Commissioning services effectively to support the delivery of strategic priorities; and c) Procuring supplies and services effectively to support the delivery of strategic priorities.	Yes

Significant audit risks

The NAO's guidance requires us to carry out work to identify whether or not a risk to the Value for Money conclusion exists. Risk, in the context of our Value for Money work, is the risk that we come to an incorrect conclusion rather than the risk of the arrangements in place at the Council being inadequate. In our Audit Completion Report, we reported that we had not identified any significant Value for Money risks.

Impact of the COVID-19 Pandemic

During March 2020, the significant impact of the COVID-19 pandemic began to have far reaching implications for us all, including an impact on the Authority. In particular, following the lockdown from 26 March 2020, the service needed to respond to the impact of the pandemic on its communities and also needed to adapt to new ways of working.

Our 2019/20 value for money conclusion is focused on the arrangements in place during the 2019/20 financial year. Given the timing of the major impact of the pandemic one week before the end of the financial year, the Authority did not have time to review its arrangements for informed decision making, sustainable resource deployment or working with partners and other third parties during the financial year under review. Consequently, we did not identify an additional significant risk relating to the COVID-19 pandemic in our 2019/20 value for money conclusion work.

The Authority's response to the pandemic will be a major focus of our 2020/21 audit. With this in mind, we have continued to liaise with officers and gain an understanding of the arrangements that have been put in place in the new financial year.

4. OTHER REPORTING RESPONSIBILITIES

Exercise of statutory reporting powers	No matters to report
Completion of group audit reporting requirements	Below Testing Threshold
Other information published alongside the audited financial statements	Consistent

The NAO's Code of Audit Practice and the 2014 Act place wider reporting responsibilities on us, as the Authority's external auditor. We set out below, the context of these reporting responsibilities and our findings for each.

Matters on which we report by exception

The 2014 Act provides us with specific powers where matters come to our attention that, in our judgement, require reporting action to be taken. We have the power to:

- issue a report in the public interest;
- make statutory recommendations that must be considered and responded to publicly;
- apply to the court for a declaration that an item of account is contrary to law; and
- issue an advisory notice under schedule 8 of the 2014 Act.

We have not exercised any of these statutory reporting powers.

The 2014 Act also gives rights to local electors and other parties, such as the right to ask questions of the auditor and the right to make an objection to an item of account. We did not receive any such objections or questions.

Reporting to the NAO in respect of Whole of Government Accounts consolidation data

The NAO, as group auditor, requires us to complete the WGA Assurance Statement in respect of its consolidation data. We submitted this information to the NAO on 21 December 2020.

Other information published alongside the financial statements

The Code of Audit Practice requires us to consider whether information published alongside the financial statements is consistent with those statements and our knowledge and understanding of the Authority. In our opinion, the other information in the Statement of Accounts is consistent with the audited financial statements.

5. OUR FEES

Fees for work as the Authority's auditor

We reported our proposed fees for the delivery of our work in the Audit Strategy Memorandum, presented to the Corporate Governance Committee on 11 March 2020. This was based on the scale fee set by Public Sector Audit Appointments Limited. As noted throughout the year, we highlighted that there would be additional recurring audit fees as a result of increased regulatory pressures and requirements. We also mentioned that we would review the final position on fees when the audit was concluded.

Following completion of the audit, we have revisited the fees for 2019/20. In addition to the increase in the base audit fee, there have been some one-off increases in the audit fee for the 2019/20 audit year, and mainly relate to audit issues arising from the Covid-19 pandemic and other matters.

Any variations to the final fee will also require the approval of Public Sector Audit Appointments Limited, which manages the contracts for our work.

Area of work	2019/20 proposed fee / PSAA scale fee (£)	2019/20 final fee (£)
Delivery of audit work under the NAO Code of Audit Practice	22,520	22,520
Recurring increases in the base audit fee arising from regulatory pressures		4,606
One-off fee increases for 2019/20 specific issues		2,052
Total Audit Fees	**22,520**	**29,178**

All fees are subject to VAT

Analysis of Recurring increases in the base audit fee arising from regulatory pressures

Audit area for recurring additional work	Final fee 2019/20
Additional work on PPE and related valuations	£1,612
Additional work on pensions	£1,382
Additional work on review of journals	£921
Additional work in relation to the consideration of going concern	£691
Total additional fee for 2019/20 (recurring in future years)	**£4,606**

5. OUR FEES

Analysis of One-off fee increases for 2019/20 specific issues

Additional work relating to the 2019/20 audit	Final fee 2019/20
Additional procedures to review the potential impact of the proposed remedy in the McCloud case against the pension liability disclosures, and consideration of the potential impact of the Goodwin case on pension liabilities – review of the revised disclosures for the firefighters' scheme in respect of McCloud	£1,026
Additional procedures in relation to Material Valuation Uncertainty of the Authority's property assets, including disclosures and the inclusion of an Emphasis of Matter paragraph in the audit report, which was subject to Consultant Partner Review	£513
Additional procedures in relation to Material Valuation Uncertainty of the Pension Fund's property assets, including disclosures and the inclusion of an Emphasis of Matter paragraph in the audit report, which was subject to Consultant Partner Review	£513
Total additional fee for 2019/20 (not recurring)	**£2,052**

Fees for other work

We confirm that we have not undertaken any non-audit services for the Authority in the year.

6. FORWARD LOOK

Financial outlook

There is considerable uncertainty about the Authority's financial outlook as the Government's review of the formula for funding local authorities has been postponed until late 2021. In addition, the COVID-19 pandemic is likely to reduce revenue from local taxation from 2021/22. The Authority has prudently maintained reserves to allow it to sustain strong performance whilst managing the financial challenges it has already faced and lie ahead.

Operational challenges

In June 2019 HMICFRS rated the Authority as 'requires improvement' in all three inspection pillars. The improvement plan addresses these areas and this is also set out in the Corporate Plan.

Legislative / environmental changes

Following the Police and Crime Act 2017, the Government are currently consulting on ways to improve the accountability of Police and Crime Commissioners to the communities they serve, which includes examining lessons learnt from different governance models for PCC representation on fire authorities. A decision on future governance arrangements for fire authorities in expected during 2021.

How we will work with the Authority

Our 2020/21 audit will focus on the risks that the challenges noted above present to the Authority's financial statements and ability to maintain proper arrangements for securing value for money. We have commented on the changes to the Value for Money requirements in the new Code of Audit Practice on the next page.

We will continue to support the Authority through our audit work and through our attendance at Corporate Governance Committee where we will inform the Committee about our progress on the audit, report our key findings and share our insight on any changes we are aware about in the sector. We will continue to offer accounting workshops to finance officers, and the audit team will continue to work with officers to share our knowledge of new accounting developments and we will be on hand to discuss any issues as and when they arise.

6. FORWARD LOOK

Changes to the Code of Audit Practice

The Code of Audit Practice (the Audit Code), issued by the Comptroller and Auditor General, prescribes the way we carry out our responsibilities as your auditors. On 1st April 2020 a new Code came in to force and will apply to our work from 2020/21 onwards.

The new Audit Code continues to apply the requirements of International Standards on Auditing (ISAs) to our audit of the financial statements. While there are changes to the ISAs that are effective from 2020/21 the Audit Code has not introduced any changes to the scope of our audit of the financial statements. We will continue to give our opinion on the financial statements in our independent auditor's report.

There are however significant changes to the work on value for money arrangements, and the way we report the outcomes of our work to you.

The auditor's work on value for money arrangements

From 2020/21 we are still required to satisfy ourselves that you have made proper arrangements for securing the economy, efficiency and effectiveness in your use of resources, however unlike under the 2015 Audit Code, we will no longer report in the form of a conclusion on arrangements. Instead, where our work identifies significant weaknesses in arrangements, we are required to report those weaknesses to you, along with the actions that need to be taken to address those weaknesses.

Our work on value for money arrangements will focus on three criteria, specified in the revised Audit Code:

- Financial sustainability: how the body plans and managers its resources to ensure it can continue to deliver its services;
- Governance: how the body ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the body uses information about its costs and performance to improve the way it manages and delivers its services.

Under the new Audit Code we will be expected to report and make recommendations as soon as we identify a significant weakness in arrangements, as opposed to reporting our conclusion on arrangements at the end of the audit cycle as has previously been the case.

Reporting the results of the auditor's work

We currently issue you with an Annual Audit Letter which provides a summary of our work across all aspects of our audit. From 2020/21 the Annual Audit Letter will be replaced by the Auditor's Annual Report. This will continue to provide a summary of our work over the year of audit but will also include a detailed commentary on your arrangements in place to achieve economy, efficiency and effectiveness. This commentary replaces the conclusion on arrangements that was previously provided and will include details of any significant weakness identified and reported to you, follow up of any previous recommendations made, and the our view as to whether recommendations have been implemented satisfactorily.

The guidance supporting the new Audit Code is being developed by the National Audit Office and we will provide you with any further updates to our approach arising from this guidance when it is released and we have considered the fee implications.

6. FORWARD LOOK

Redmond Review

In September 2020, Sir Tony Redmond published the findings of his independent review into the oversight of local audit and the transparency of local authority financial reporting. The report makes several recommendations that, if implemented, could affect both the financial statements that local authorities are required to prepare and the work that we as auditors are required to do.

The report and recommendations are wide-ranging, and includes:

- the creation of the Office of Local Audit and Regulation (OLAR), be created to manage, oversee and regulate local audit;
- reviewing reporting deadlines;
- reviewing governance arrangements in local authorities, including the membership of the Audit Committee; and
- increasing transparency and reducing the complexity of local authority financial statements.

The recommendations and findings are being considered by the Ministry of Housing, Communities and Local Government and we look forward to working with all stakeholders to implement changes to ensure the development and sustainability of local audit.

The full report is available here: https://www.gov.uk/government/publications/local-authority-financial-reporting-and-external-audit-independent-review

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Status of Report: Public

Meeting: Corporate Governance Committee

Date: 10 March 2021

Subject: Progress against the Internal Audit Plan 2020-21

Report by: The Treasurer

Author: Neil Jones, Head of Internal Audit Service Leicestershire County Council

For: Information Only

Purpose

1. The purpose of this report is to provide the Committee with an update of progress against the Internal Audit Plan for 2020-21.

Recommendation

2. The Committee is asked to note the report and to refer any observations to the Combined Fire Authority, Interim Chief Fire Officer (CFO) or Treasurer as they see fit.

Executive Summary

3. One of the functions of the Corporate Governance Committee is to monitor the adequacy and effectiveness of the internal audit function and, specifically, to monitor progress against the internal audit plan through the receipt of periodic progress reports. Background information on the statutory and constitutional requirements for internal audit, working arrangements and information on assurance gradings is contained in Appendix 2.

4. The Internal Audit Plan for 2020/21 was approved by the Committee at its meeting on 11 March 2020. Progress against planned work is summarised below and is then reported in more detail in Appendix 1. Changes to the previously reported position are typed in bold font.

5. The approved plan identified auditable areas, which also included follow-up on the implementation of high importance recommendations, and an allowance for 'client' management activity (report to committees, planning, advisory etc.). The number of days purchased is 85 days.

6. There were ten potential auditable areas that were approved (plus the follow up of High Importance Recommendations) so eleven areas in total. Of the ten individual pieces of work progress can be summarised as follows:

   - Seven audits have been completed to final stage;
   - Three are work in progress (see also paragraph 7 immediately below);

7. It is important to note that for varying reasons all three of the audits that are classified as 'work in progress' remain at the appropriate stage in their timetable for delivery - two of the three audits will straddle two financial years (jobs 1 and 8) and the other audit (job 3) will be completed by the end of this financial year.

8. Four legacy (2019/20) partial assurance reports and associated high importance recommendations remain within the domain of this Committee. Importantly there are no new partial assurance/high importance recommendations in the 2020/21 coverage to date.

Background

9. The Committee is provided with a summary report of internal audit work undertaken in the period prior to the meeting. Where applicable, an individual 'opinion' on each audit assignment is reported i.e. to what extent risk is being managed. The four levels of assurance are: full; substantial; partial and little. Further details explaining the levels of assurance are included at Appendix 2.

10. An assurance type audit report containing at least one high importance recommendation (see Appendix 2) would normally be classified as 'partial' assurance. Consulting type audits might also result in high importance recommendations.

11. The current position as at 22 February 2021 (and any outcomes) has been mapped onto the plan agreed by the Committee at its meeting on 11 March 2020. This forms Appendix 1 and is summarised as:

Status of work	Additional Commentary
7 to final report issued/advisory work complete	• Contract Compliance – Systel - Fire Control Mobilising System - 21/2 • Key Financials Payroll (*) - 21/4 • Payroll Replacement - 21/5 • Key Financials Pensions (*) – 21/6 • Pensions Replacement - 21/7 • National Fraud Initiative – 21/9 • Covid-19 IT Assurance – 21/10
3 areas of work in progress	• Workshop Services – 21/1 • Key Financial Systems – Reconciliations and Balances (*) - 21/3 • ICT controls (*) – 21/8

* = may be utilised by the external auditor.

Virements/Additional Time

12. The approved plan was a statement of intent and whilst every effort will be made to deliver it, the Treasurer recognises that it needs to be flexible and be prepared to revise activities in response to changing circumstances or emerging risks. Therefore, during the year, Leicestershire County Council Internal Audit Service (LCCIAS) will report to the Committee any audits that will not be undertaken as part of the 85-day coverage and the rationale for such decisions including where other lines of defence are deemed sufficient. It will also report any additional jobs that have been requested. It should be noted that additional 20/21 time has been spent on some jobs as per the table below:

Job Name and Reference	Reason for additional time
Contract Procedure Rules *(N/A – Follow up of a partial assurance)*	Turnover of LFRS staff/work not complete
Key Financials 19/20 *(Job 3)*	COVID delayed work into 20/21
Key ICT Controls 19/20 *(Job 8)*	COVID delayed work into 20/21
COVID-19 Controls *(Job 10)*	Additional piece of work *2
Payroll Replacement Project *(Job 5)*	Larger scope than originally planned *2
COVID ICT Assurance (Job 10)	Commissioned additional piece of work *2

**2 = Time offset by viring time from 'emerging issues' already into the 20/21 plan*

Whilst all jobs in the plan are either complete or work in progress, the following two jobs will now straddle the two financial years in order to ensure sufficient coverage

- Workshop Services – 21/1
- ICT controls 20/21 (*) – 21/8

High Importance Recommendations

13. A total of four partial assurance reports and associated high importance recommendations are currently requiring progress updates to be reported back to the Committee in order to provide assurance that they have been adequately addressed. All the work relates to coverage in 2019/20 and there have been no additional partial assurance/high importance recommendations in 2020/21 to date. Updates in respect of these audits is as follows:

Job Name/Date	Ref	Area of focus/Date for review/date to report back to committee
Contract Procedure Rules	N/A - Original Job 20-4	• Whilst considerable progress has been made in respect of this work, the service is not yet in a position where it would be able to have this retested • Internal Audit has requested that it can test this in the first quarter of 21/22 so that it can report back progress to the Committee at its meeting on 14 July 2021
Change Control – Follow up of High Recommendation	N/A - Original Job 20-8	• Change Control through a new Service Desk Management tool – a walkthrough of the tool was undertaken as part of the Covid IT assurance work and it will be tested as part of the Key ICT Controls coverage • An update on progress was due to be given at this Committee, however this piece of work will now be completed in the first quarter of 21/22 and therefore will be reported back to the meeting on 14 July 2021.

14. As agreed by this Committee in September 2020, coverage of two further legacy 2019/20 partial assurance ratings (in respect of Key Controls Payroll and Key Financial Controls) were to be addressed and contained within the following two jobs detailed in the 2020/21 plan:

Job Name	Ref	Area of focus/update
Key Financials	Job 20/5	Focus on prompt independent reconciliations – to be followed up within the 20/21 Key Financial coverage (Job 8) – this job remains 'work in progress' as at the date of publication of this report and therefore will be reported to the meeting on 14 July.
Key Controls Payroll	Job 20/6	Accurate processing of payroll – particularly amendments and pensionable affect – this was followed up in 20/21 Key Financial Payroll coverage (Job 4) and substantial assurance was given and therefore this specific partial assurance rating has been lifted and is no longer required to be reported to this Committee.

Report Implications/Impact

15. Legal (including crime and disorder)

Section 112 of the Local Government Finance Act 1988 requires that the CFA '…shall make arrangements for the proper administration of its financial affairs' and to ensure that '…one of its officers has responsibility for the administration of those affairs'. Within the CFA this officer is the Treasurer, and this is reflected in the CFA's Constitution.

The Accounts and Audit Regulations 2015 require under Part 2 'Internal Control' at Regulation 5(1) that, 'A relevant authority (including fire authorities) must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance'.

16. Financial (including value for money, benefits and efficiencies)

There are no direct financial implications arising from this report. However, as a result of the work carried out, assurance regarding the operation of key financial systems is gained and there would be an expectation that implementing internal audit recommendations could improve effectiveness, efficiency and economy. - Colin Sharpe, Deputy Director of Finance, Leicester City Council, 0116 454 4081

17. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

    Internal audit provides reassurance that effective governance, risk management and internal control procedures are in place. Internal audit reports are used to inform the Treasurer and the Chief Fire and Rescue Officer of the detailed findings of the audit and highlight actions that are required to safeguard the CFA's interests.

18. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

    None.

19. Environmental

    None.

20. Impact upon Our Plan Objectives

    The provision of a robust internal audit function assists both effective and efficient management and good corporate governance. This should assist with meeting the challenges outlined in the CFA's Finance and Resources and Governance Strategies.

Background Papers

Internal Audit Plan 2020-21 (Corporate Governance Committee - 11 March 2020)

https://leics-fire.gov.uk/wp-content/uploads/2020/03/internal-audit-plan.pdf
https://leics-fire.gov.uk/wp-content/uploads/2020/03/appendix-ia-plan.pdf

Internal Audit Charter (Corporate Governance Committee - 13th March 2019)

https://leics-fire.gov.uk/wp-content/uploads/2019/03/the-internal-audit-charter-for-the-cfa-february-2019-1.pdf

https://leics-fire.gov.uk/wp-content/uploads/2019/03/appendix-1-the-internal-audit-charter-for-the-cfa-february-2019-1.pdf

Appendices

Appendix 1 - Progress against the Internal Audit Plan 2020/21 as at 22 February 2021

Appendix 2 - Statutory and constitutional requirements and working arrangements

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Leicestershire County Council

LEICESTERSHIRE FIRE and RESCUE SERVICE

Appendix 1 – Progress against the Internal Audit Plan 2020-21 at 22nd February 2021

Audits marked (*) may be utilised by the external auditor in their annual assessment of the likelihood of material misstatement in the Authority's financial accounts so the detailed scope will be subject to the External Auditor's (EA's) approach

ToE – terms of engagement

***HI** – high importance recommendation*

Institute of Internal Auditors definitions: -

- The first line of defence – functions that own and manage risk
- The second line of defence – functions that oversee or specialise in risk management, compliance
- The third line of defence – functions that provide independent assurance, including internal audit.

Leicestershire County Council

LEICESTERSHIRE FIRE and RESCUE SERVICE

Work completed (to at least draft report issued stage or complete for the financial year)

No.	Category	Auditable area	Potential assurance requirements….	Position at 22/02	Summary recommendations	Opinion
21/2	Risk Management	Contract Compliance – Systel - Fire Control Mobilising System	• Robust contract management and compliance is in place to mitigate risk to an acceptable level	• Advisory Work complete	N/A	N/A
21/4	Internal Control	Key Financials Payroll (*)	• Payroll Starters, leavers and variations to pay are valid and accurately accounted for	Final Report Issued.	Seek confirmation from the payroll provider than one non-material system error found during the audit has been rectified and no similar errors have been found that require correction. Our substantial assurance rating meant that we were able to recommend lifting the legacy partial assurance rating associated with the level of errors found with the previous payroll provider. *Note: Work could not commence*	Substantial Assurance

					until at least November 2020 to allow enough testing periods from the current financial year in order to provide a representative 20/21 sample.	
21/5	Governance	Payroll Replacement	• To provide on-going advice throughout the project lifecycle especially data migration plans	Final Report Issued	Areas raised and areas for future consideration: • Need for review of 'As is' processes • Issue with Segregation of Duties identified – resolved at the close of the audit (e.g. an officer had HR input rights and Authoriser rights) • Need for documenting of User Acceptance Testing • Need for documenting of Project meetings • Update and sign off of the Business Continuity Plan • General Ledger interface file issue (resolved at the close of the audit) • Process to be developed on maintaining consistency between information on Firewatch and ITrent in relation to Occupancy Post	N/A - Advisory

					Reference Numbers	
21/6	Internal Control	Key Financials Pensions (*)	To provide assurance regarding operational processes for Fire Fighter Pensions. Topic area(s) will be risk assessed and then selected from the following: • Starters, leavers and variations to pension are accurately accounted for in respect of pensionable adjustments required. • Contribution banding, pensions increases, and dependants' pension requirements are correctly applied. • To review the validity and accuracy of calculations with regard to payments for new pensions and lump sums	Final Report Issued	• Two recommendations in respect of resolving a current issue with the Pension Administrator as to whether payment should be in advance or arrears (known to affect three distinct individuals, but also need to confirm rules for any future payments) • Resolving a specific issue regarding an overpayment of pension (circa £3k) • Two recommendations to consider strengthening the rules surrounding payments to child dependents if evidence of continued eligibility is outstanding and/or life certificates not returned • Ensure the Pensions Administrator is aware of and contractually required to checking continued entitlement of dependents pension due to disability.	Substantial Assurance

					Note: Work could not commence until February 2021 both to allow enough testing periods from the current financial year in order to provide a representative 20/21 sample and to enable the work to be undertaken in conjunction with the new providers.	
21/7	Governance	Pensions Replacement	• To provide on-going advice through the project lifecycle especially data migration plans	Advisory work completed for 20/21.	Work completed for 20/21 has involved reviewing: • Project Initiation Document (PID) • Data Questionnaire *(review document and provide wording for the audit section)* • Data Transfer Questionnaire • Risks and Issues log • Project Plan • Stakeholder Analysis document	N/A - Advisory

					In addition, advice issued re retention of Project Board minutes and evidence of testing undertaken The final stage of the work will be a retrospective post implementation review in Quarter One of 2021/22	
21/9	Internal Control	National Fraud Initiative	• To ensure that data requirements and matches identified as part of the 2020/21 NFI submission have all been adequately investigated and concluded and action taken where appropriate.	Complete for 2020/21	Work complete for 2020/21. NFI output reports have now been received back from the Cabinet Office and have been distributed to key officers within the service for further investigation. Findings will be reported on 2021/22.	N/A
21/10		Emerging Issues	Emerging issues As agreed at September 2020 Committee, time was used for the following audit: <u>Covid-19 IT Assurance</u>	Final advisory report with client for feedback with no significant issues	Recommendations related to: • Procurement of a new Wide Area Network (WAN) supplier • Reminders re how to keep data secure when working remotely and associated	N/A - Advisory

			• Remote Access and Security • Network Performance and Capacity Management • Access Management • Cyber Security Risks • Patching • Collaboration Tools • Asset Management • Change Control • IT expenditure monitoring	identified to date	technology • Patching of standalone devices • Patching of Firewatch between upgrades • Recording ICT peripherals that have been taken offsite • Interfacing Microsoft Outlook meeting requests & the Service Desk Management Tool • Document and circulate the new change control process	

Work in progress

No.	Category	Auditable area	Potential assurance requirements….	Position at 22/02	Summary recommendations	Opinion
21/1	Governance	Workshop Services	• Work undertaken delivers value for money and is undertaken by suitably qualified staff.	Terms of engagement being agreed, and testing records being obtained	N/A – Work in Progress but complete for 20/21 *(Work will straddle two financial years)*	N/A
21/3	Internal Control	Key Financial Systems – Reconciliations and Balances (*)	• Key reconciliations and other agreed in scope processes are undertaken accurately and promptly (*Note, where applicable this will include follow up of any material internal control weaknesses defined in the International Standard on Auditing (ISA260) report).*	Testing commenced *(slight delay to align with new Finance Manager joining the service)* Testing in progress and will incorporate follow up of partial assurance in 19/20.	N/A – Work in progress *Note: Work could not commence until Quarter 4 to allow enough testing periods from the current financial year in order to provide a representative 20/21 sample.*	N/A
21/8	Internal Control	ICT controls (*)	• Robustness and integrity of the ICT infrastructure and associated	At testing stage. Complete for 20/21	N/A	N/A

			applications that either directly or indirectly contribute to the production of the financial statements or associated management decision making	and will straddle two financial years. Note: Work could not commence until November 2020 to allow enough testing periods from the current financial year in order to provide a representative 20/21 sample.		
N/A	Various	High Importance Recs	• Follow up testing of any high importance recommendations within our 19/20 coverage (and any in year high importance recommendations during 20/21) to ensure they have been addressed in a timely manner in order to mitigate risk to an acceptable level.	<u>Key ICT Controls</u> A walk through of the new Service Desk Management System (live from September) has been undertaken as part of our COVID related IT assurance work. The ability to successfully manage changes through the application (which corresponds with the remaining high	N/A	N/A

				importance recommendation) will be tested as part of our Key ICT controls coverage (ref 21/8). <u>Key Controls Payroll</u> Follow up of partial assurance was completed as part of our 20/21 testing (ref 21/4) and the level of errors was reduced enough to recommend lifting this high importance rec. <u>Key Financials</u> Follow up of partial assurance to be part of our 20/21 testing (ref 21/4). <u>Contract Procedure Rules</u> As agreed by this Committee in		

				September, due to the longer lead time for remedial action, this partial assurance report would not be followed up until March 2021 – however this will now be completed in quarter 1 2021/22 as whilst considerable progress has been made by the service, it is not at the stage where audit sign off can be completed.		

Jobs not started

None

Areas of the original plan that will not be undertaken and associated rationale

None specified – note the jobs that will straddle two financial years though.

Potential Substitute Jobs

None specified as yet

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Appendix 2

Statutory & constitutional requirements and working arrangements

Section 112 of the Local Government Finance Act 1988 requires that any combined fire authority '…shall make arrangements for the proper administration of its financial affairs' and to ensure that '…one of its officers has responsibility for the administration of those affairs'. Within the Constitution of the CFA (the Constitution) approved by the CFA at its meeting on 20th June 2018, Part 2 - The Constitutional Framework sets out under Article 9.4(f) – Functions of the Treasurer, that 'The Treasurer will ensure an efficient and effective internal audit of the CFA's activities is maintained'. Further detail is contained in Financial Procedure Rule 23.1.

A further statutory requirement for the CFA to have an effective internal audit function is contained within the Accounts and Audit Regulations 2015.

Article 5 of the Constitution explains the composition and functions of the Corporate Governance Committee (the Committee) including at 5(f) that the Committee has a function to 'Monitor the adequacy and effectiveness of the Internal Audit Service', and specifically to 'Monitor progress against the (Internal Audit) plan through the receipt of periodic progress reports…consider major internal audit findings and recommendations and monitor the response to implementation of (those) recommendations.'

The CFA's internal audit function is outsourced to Leicestershire County Council's Internal Audit Service (LCCIAS) led by the Head of Internal Audit Service (HoIAS). Additionally, in November 2017, Leicester City Council delegated its internal audit function to the County Council.

LCCIAS plans and undertakes audits and provides reports to the Treasurer. Most planned audits undertaken are 'assurance' type, which requires undertaking an objective examination of evidence to reach an independent opinion on whether risk is being mitigated. Other planned audits are 'consulting' type, which are primarily advisory and guidance to management. These add value, for example, by commenting on the effectiveness of controls designed before implementing a new system. An opinion isn't formed in these circumstances. Unplanned 'investigation' type audits may be undertaken.

To enable it to fulfil its monitoring function, the HoIAS provides the Committee with a summary report of work undertaken in the period prior to the meeting. Each audit has a designated reference number to assist with tracking progress from planned to complete. Audits are categorised so that the HoIAS can meet a requirement of the Public Sector Internal Audit Standards to form an opinion on the overall adequacy and effectiveness of the CFA's control environment (the framework of governance, risk management and internal control). The HoIAS opinion informs the Annual Governance Statement.

Where applicable an individual 'opinion' on each audit assignment is also reported i.e. based on the answers and evidence provided during the audit and the testing undertaken, what assurance can be given that the internal controls in place to reduce exposure to those risks currently material to the system's objectives are both adequate and are being managed effectively (see table overleaf). There are usually four levels of assurance: full; substantial; partial; and little/no. An assurance type audit report containing at least one high importance (HI) recommendation would normally be classified as 'partial' assurance. Consulting type audits might also result in high

importance recommendations.

All internal audit recommendations are assessed in terms of risk exposure using the CFA's Risk Management Framework. If audit testing revealed either an absence or poor application of a key control, judgement is applied as to where the risk would fall (in terms of impact and likelihood), if recommendations to either install or improve control were not implemented. If material risk exposure is identified, then a high importance (HI) recommendation is likely. It is important that management quickly addresses those recommendations denoted as HI and implements an agreed action plan without delay.

The Committee is tasked with considering major internal audit findings and (HI) recommendations and monitoring the response to implementation of (those) recommendations. Progress against implementing HI recommendations will be reported to the Committee and will remain in its domain until the HoIAS is satisfied, based on the results of specific re-testing, that the HI recommendation has been implemented.

LEVELS OF ASSURANCE

OUTCOME OF THE AUDIT	**ASSURANCE RATING**
No recommendations or only a few minor recommendations	**Full assurance**
A number of recommendations made but none considered to have sufficient significance to be denoted as **HI** (high importance)	**Substantial assurance**
Recommendations include at least one **HI** recommendation, denoting that (based upon a combination of probability and impact) in our opinion a significant weakness either exists or potentially could arise and therefore the system's objectives are seriously compromised.	**Partial assurance** A HI recommendation denotes that there is either an absence of control or evidence that a designated control is not being operated and as such the system is open to material risk exposure. It is important that management quickly addresses those recommendations denoted as **HI** and implements an agreed action plan without delay. Alternatively, whilst individually none of the recommendations scored a HI rating, collectively they indicate that the level of risk to is sufficient to emphasise that prompt management action is required.
The number and content of the **HI** recommendations made are sufficient to seriously undermine any confidence in the controls that are currently operating.	L**ittle or no assurance**

Status of Report:	**Public**
Meeting:	**Corporate Governance Committee**
Date:	**10 March 2021**
Subject:	**Internal Audit Plan 2021-22**
Report by:	**The Treasurer**
Author:	**Neil Jones (Head of Internal Audit and Assurance Service, Leicestershire County Council)**
For:	**Information only**

Purpose

1. The purpose of this report is to provide the Committee with the opportunity to review the Internal Audit Plan 2021-22

Recommendation

2. The Committee is asked to note: -

    a. the report and the Internal Audit Plan 2021-22 and make any observations

    b. that the detail of the plan may change during the year in response to emerging issues and risks.

Executive Summary

3. An effective internal audit function is a mandatory statutory requirement for the Combined Fire Authority (CFA). Detail is contained in the revised Constitution last formally approved by the CFA at its meeting on 12 December 2018 and then updated in November 2020.

4. One of the functions of the Committee is to consider the annual internal audit plan (the Plan).

5. An internal audit function works to an agreed plan that is designed to give the Committee a reasonable amount of independent and objective assurance that significant risks (both new risks and business as usual) are being managed appropriately by the risk owners. Appendix 1 is the Plan of essential areas of internal audit coverage together with potential replacement audits should this be required.

6. The CFA's internal audit function is outsourced to Leicestershire County Council's Internal Audit Service (LCCIAS), led by the Head of Internal Audit Service (HoIAS). The HoIAS has devised the Internal Audit Plan for 2021-22 after consultation with the Treasurer, the Monitoring Officer and the Senior Management Team and has taken account of the content of the most up to

date version of the Organisational Risk Register (last reported to Committee 16 September 2020).

7. Public Sector Internal Audit Standards 2013 (the PSIAS) were further revised in April 2017. PSIAS require the HoIAS to develop a risk based plan and undertake risk based audits so as to provide, at the year's end, an opinion on the overall adequacy and effectiveness of the organisation's control environment (its framework of governance, risk management and internal control). The opinion is in turn one of the sources of assurance that the CFA relies on for its annual governance statement.

8. Planned days remain at 85, including time for reporting to this Committee.

9. The plan is made up of three elements, firstly the core auditable areas that would always be part of annual assurance coverage as defined by the Treasurer in conjunction with the HoIAS, secondly service specific priorities defined by the Leadership Team and thirdly a retained element for strategic/emerging issues. Key areas of coverage for 21/22 relate to:

   Core Auditable Areas:

   - Traditional key financial systems audits which historically have been referenced by the External Auditor (covering Reconciliations and Balances, Payroll, Pensions and Key ICT Controls)
   - Participation in the National Fraud Initiative requirements

   Service Specific Areas:

   - Workshop Services
   - Risk Management Review
   - Contract Procedure Rules and associated Policies and Processes
   - Segregation of duties within the finance function
   - Accounts Receivables – BACS Payment Process

   (In addition, an element of the plan has been held back to allow 'emerging issues' to be addressed

Background

The Internal Audit Plan 2021-22

10. The Public Sector Internal Audit Standards (PSIAS) define internal auditing as an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. Internal audit helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

11. Internal audit scope should be wide ranging across the CFA's activities to allow an adequate balance of audits relating to governance, risk management and internal control. Internal audit resource is limited, and takes into account other sources of assurance, but it is important that time is concentrated in areas

where the need for coverage is considered high. The Plan has been prepared by the HoIAS taking into account (amongst other things): -

- previous audits conducted on the maturity of the CFA's risk management framework and the contents of the Organisational Risk Register;
- the robustness of governance arrangements;
- responses to previous audit reports and the implementation of audit recommendations;
- the Authority's strategic plans and its assurance and performance management frameworks; and
- where assurance is required by others, for example, the External Auditor.

12. The HoIAS has consulted to identify any significant changes due which could impact on the control environment, for example, changes in key ICT systems.

13. The Internal Audit Plan for 2021-22 is shown in Appendix 1

14. Whilst the plan lists the individual audits anticipated, it should be recognised that it is only a statement of intent, and there is a need for flexibility to review and adjust it as necessary in response to changes in the CFA's business, risks, operations, programs, systems, and controls. The reasons for this are:-

    - The potential for priorities and associated risks to change during the year, such that the focus of audit effort in any particular area may change.
    - The continuing changes in the CFA's governance and management arrangements both locally and nationally.

15. Whilst every effort will be made to deliver the plan, the Treasurer recognises that it needs to be flexible and be prepared to revise its activities in response to changing circumstances or emerging risks. It is likely that the 2021-22 plan will be more fluid than normal as a result of the continuing impact of the pandemic on the CFA's operations. The HoIAS has taken account of new audit priorities to cover the new risks and changes from the impact of COVID-19 and that work will provide support for the annual opinion. The impact of COVID-19 and the capacity of the CFA to respond will likely continue to vary as a result of a number of factors, for instance further operational disruptions that impact on the access of internal auditors to key staff, information or systems.

16. Where the HoIAS identifies other sources of assurance, and reliance can be placed on those other sources, it will be recorded in specific Terms of Engagement and reported and reflected in the annual opinion.

17. There are other potential replacement or additional audits that could be substituted into the plan at the discretion of the Treasurer in conjunction with the HoIAS. Furthermore, virement between audits or indeed the cancellation of audits could occur if there are emerging issues either nationally or locally that require more urgent attention.

18. Appendix 1 reports that time will be devoted to audits of the Key Financial Systems in place covering Reconciliations and Balances, Payroll, Pensions and ICT systems. This work has traditionally been utilised by the External Auditor in their risk assessment to plan their annual audit of the financial statements and close dialogue and working continues to take place with the External Auditor (Mazars) to ensure no unnecessary duplication or indeed omission of work.

19. The appendix also provides details of other work undertaken, including the HoIAS responsibilities to report to this Committee and liaise with the External Auditor, especially to understand where internal audit might complement its work on the revised value for money opinion arrangements.

20. Most planned audits undertaken are of an 'assurance' type, which requires undertaking an objective examination of evidence to reach an independent opinion on whether risk is being mitigated. Other planned audits are of a 'consulting' type, which are primarily advisory and guidance to management. These add value, for example, by commenting on the effectiveness of controls designed before implementing a new system. Also, unplanned 'investigation' type audits may be undertaken.

21. Audits are categorised so that the HoIAS can meet a requirement of the Public Sector Internal Audit Standards to form an opinion on the overall adequacy and effectiveness of the CFA's control environment (the framework of governance, risk management and internal control). The opinion is reported in the Annual Governance Statement.

22. Individual audits will be agreed in advance with the Treasurer, following consultation with other relevant officers and staff; in most cases there will be specific terms of engagement. Regular update reports on progress against the Plan will be presented to the Corporate Governance Committee.

23. In conclusion, the Internal Audit Plan for 2021-22 aims to give the CFA optimum audit coverage within the resources available.

Report Implications/Impact

24. <u>Legal (including crime and disorder)</u>

Section 112 of the Local Government Finance Act 1988 requires that the CFA '…shall make arrangements for the proper administration of its financial affairs' and to ensure that '…one of its officers has responsibility for the administration of those affairs'. At the CFA this officer is the Treasurer.

Part 2 'Internal Control' of the Accounts and Audit Regulations 2015 require, 'A relevant authority (including fire authorities) must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance'.

25. Financial (including value for money, benefits and efficiencies)

Under the current Service Level Agreement LCCIAS is scheduled to provide 85 days of audit time each year.

As a result of the work carried out, assurances regarding the operation of key financial systems are gained and there would be an expectation that implementing Internal Audit recommendations could improve effectiveness, efficiency and economy. - Colin Sharpe, Deputy Director of Finance, Leicester City Council, 0116 454 4081

26. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

Internal audit provides reassurance that effective governance, risk management and internal control procedures are in place. Internal audit reports are used to inform the Treasurer, Monitoring Officer and the Chief Fire and Rescue Officer of the detailed findings of the audit and highlight actions that are required to safeguard the CFA's interests.

27. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

None

28. Environmental

None

29. Impact upon Our Plan Objective – Please detail from "Our Plan 2020-24"

Within the CFA's priority of Finance and Resources is the aim of providing a value for money service. The provision of an internal audit function assists both effective and efficient management and good corporate governance. It also externally validates the CFA's progress in this area.

Background Papers

Internal Audit Charter for the CFA (Corporate Governance Committee 13 March 2019)
https://leics-fire.gov.uk/wp-content/uploads/2019/03/appendix-1-the-internal-audit-charter-for-the-cfa-february-2019-1.pdf

Appendix 1

The Internal Audit Plan 2021-22

Officers to Contact

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Appendix 1

Leicestershire County Council

LEICESTERSHIRE FIRE and RESCUE SERVICE

Internal Audit Plan for Leicestershire Fire & Rescue Service 2021-22

Ref	Category	Auditable area	Potential assurance requirements….
22/1	Governance	Workshop Services	• Work undertaken delivers value for money and is undertaken by suitably qualified staff. *(This audit straddles the two financial years of 20/21 and 21/22)*
22/2	Risk Management	Risk Management Review	• Continuous improvement of the risk management framework
22/3	Internal Control	Key Financial Systems – Reconciliations and Balances (*)	• Key reconciliations and other agreed in scope processes are undertaken accurately and promptly (*Note, where applicable this will include follow up of any material internal control weaknesses defined in the International Standard on Auditing (ISA260) report).*
22/4	Internal Control	Key Financials Payroll (*)	• Payroll Starters, leavers and variations to pay are valid and accurately accounted for **Note: the service provider changed during 2020-21**

Ref	Category	Auditable area	Potential assurance requirements….
22/5	Internal Control	Key Financials Pensions (*)	To provide assurance regarding operational processes for Fire Fighter Pensions. Topic area(s) will be risk assessed and then selected from the following: • Starters, leavers and variations to pension are accurately accounted for in respect of pensionable adjustments required. • Contribution banding, pensions increases, and dependants' pension requirements are correctly applied. • To review the validity and accuracy of calculations with regard to payments for new pensions and lump sums **Note: the service provider changed during 2020-21**
22/6	Internal Control	Key ICT Controls 2020/21 (*)	• Robustness and integrity of the ICT infrastructure and associated applications that either directly or indirectly contribute to the production of the financial statements or associated management decision making *(Note: This is to complete our 20/21 coverage including addressing the high importance recommendation remaining within the Corporate Governance Committee arena)*
22/7	Internal Control	ICT Controls 2021/22 (*)	• Robustness and integrity of the ICT infrastructure and associated applications that either directly or indirectly contribute to the production of the financial statements or associated management decision making

22/8	Internal Control	National Fraud Initiative	• To ensure that data requirements are matches identified as part of the 2020/21 NFI submission have all been adequately investigated and concluded and action taken where appropriate.
22/9	Internal Control	Contract Procedure Rules and associated Policies and Processes	• Follow up of partial assurance report Note the degree of detailed testing required for this specific audit means this cannot be absorbed from the allocation of time further below
22/10	Internal Control	Segregation of duties within the finance function	• To ensure that an adequate segregation of duties exists within the restructured finance function
22/11	Internal Control	Accounts Receivables – BACS Payment Process	• BACS runs, and Direct Debit payments made are valid, accurate and complete and that they are processed in a timely and secure manner with due regard for segregation of duties.
22/12	Various	Emerging Issues	• Emerging issues affecting the service e.g. Forge Health, Residual Brexit Issues, Climate Change, New Legislation etc

Audits marked (*) within this section may be utilised by the external auditor in their annual assessment of the likelihood of material misstatement in the Authority's financial accounts so the detailed scope will be subject to the EA approach

	Client Management Routines	
N/A	High Importance Recommendations	Follow up testing of any high importance recommendations within our 19/20 legacy and 20/21 coverage (and any in year high importance recommendations during 21/22) to ensure they have been addressed in a timely manner

		in order to mitigate risk to an acceptable level.
N/A	Client Management	• Development of delegation arrangements with the Treasurer and Monitoring Officer • Planning & reporting • Head of Internal Audit Service duties – Committees, Opinions, Reports, Maintenance of a Charter etc. • External Audit liaison – including developing protocols, providing views on fraud etc. • Emerging Issues and Advice

Note: Virement between audits or indeed the cancellation of audits could occur if there are emerging issues either nationally or locally that require more urgent attention.

Status of Report: Public

Meeting: Corporate Governance Committee

Date: 10th March 2021

Subject: Financial Monitoring to end December 2020

Report by: The Treasurer

Author: Amy Oliver (Chief Accountant at Leicester City Council)

For: Discussion

Purpose

1. The purpose of this report is to present the financial monitoring to the end of December 2020. This report is the third in the budget monitoring cycle and presents the key issues arising from the revenue budget and capital programme as at the end of December 2020 (Financial Period 9 in 2020/21 year).

Recommendation

2. The Committee is asked to

    a. note the revenue budget and capital programme position as at the end of December 2020;

    b. approve the transfer of £363,900 grant income to implement the recommendations from the Grenfell Tower Inquiry to an earmarked reserve to fund expenditure in 2021/22, when the work is planned to be completed.

Executive Summary

3. This report indicates the current financial position compared to the updated budget for 2020/21 Revenue Budget and the 2020/21 Capital Programme.

4. The revenue position shows an overall forecast underspend of £731,000. This is mainly as a result of underspends on employee costs of £771,000, due to vacancies throughout the year, firefighters on development pay and a reduction in retained call outs due to the pandemic. However, the overall impact of this underspend is being reduced by some additional costs due to the Covid-19 pandemic. The use of the underspend will be considered in the outturn report when the accounts for the year have been finalised.

5. The capital programme is forecasting to spend £1,604,000 at the end of the year. Slippage of £3,009,000 has been identified, along with some savings.

6. As previously reported, unbudgeted grant income mainly for Covid-19 and the New Dimensions Grant has been received; this has been transferred to an

earmarked reserve, following approval by the Corporate Governance Committee at its meeting on 16 September 2020.

Background

Revenue Budget

7. The budget figures have been updated to reflect a number of virements and corrections within expenditure categories agreed by the service. These have had no impact upon net expenditure. The updated revenue budget position is summarised in Table 1 below. The forecast overall underspend is approximately £731,000.

Table 1 - 2020/21 Revenue Budget	**Annual Budget £000**	**Forecast Outturn £000**	**Variance £000**
Employees	29,283	28,512	(771)
Premises	2,459	2,437	(22)
Transport	983	938	(45)
Supplies and Services	3,460	3,567	107
Capital Financing	3,328	3,328	0
Total Expenditure	39,513	38,782	(731)
Income	(39,513}	(39,513)	0
(Under)/Over Spend	0	(731)	(731)

8. The following notes relate to issues currently highlighted:

Employees

i. Firefighters pay is forecasted to underspend by £340,000. This is due to firefighters on trainee and development salaries during the year, along with a small number of vacancies.

ii. The support staff pay budget is currently forecasting an underspend of £88,000. This is due to several vacancies within the establishment, offset by temporary agency cover.

iii. Retained staffing is currently forecasting an underspend of £303,000 due to the reduced level of activity experienced during the Covid-19 pandemic lockdown and being below full establishment.

iv. Overall, an underspend of approximately £771,000 is expected at this stage.

Other Expenditure

v. Premises costs are forecasted to have a slight underspend of £22,000. This is due to underspends in building maintenance and utilities of £50,000, partially offset by the purchase of additional cleaning materials due to the Covid-19 pandemic.

vi. Transport costs are forecasted to underspend by £45,000. This is largely due to the reduction of fuel consumption and travel expenses.

vii. Supplies and services are forecasted to overspend by £107,000. Most of this can be directly attributable to additional costs incurred as a result of Covid-19.

Income

viii. Additional grant income of £363,900 has been received since the last report to assist with the implementing the national recommendations arising from the Grenfell Tower Inquiry. The table assumes the income has been transferred directly to reserves in order to ensure that these funds are available in 2021/22, when the work is planned to be completed.

Capital Programme

9. After inclusion of carry forwards totalling £2,092,000, the capital programme for 2020/21 totals £4,887,000. This is summarised in Table 2 below.

Table 2 2020/21 Capital Programme	Programme after Carry Forwards	Actual YTD	Forecast Outturn	Slippage	Forecast (Savings)/ Overspends
	£'000	£'000	£'000	£'000	£'000
Vehicles	2,586	586	1,070	1,331	(185)
Property	630	0	100	530	0
IT and Equipment	1,303	157	434	780	(89)
Fire Control	318	0	0	318	0
Life Safety Sprinkler	50	0	0	50	0
TOTAL	**4,887**	**743**	**1,604**	**3,009**	**(274)**

Vehicles

10. The current slippage relates to five vehicles, four are appliances where the order has been placed but they will not be delivered until 2021/22. The fifth is the Aerial Ladder Platform, for which the procurement has started but will not be purchased this financial year. Savings have been identified following a review of the specification on some vehicles and savings on the vehicles purchased for officers.

Property

11. The majority of the slippage relates to the HQ scheme.

IT and Equipment

12. Slippage of £780,000 is forecasted and relates to ICT provisions and development, the operational equipment replacement programme and various other smaller projects. Total savings of £89,000 are forecast in operational equipment no longer required, savings in installing hydraulic chairs and demountable appliance devices to vehicles.

Fire Control

13. Slippage of £318,000 is forecast for the Fire Control Project. This represents the balance of the £1,800,000 capital grant awarded by the government for the Tri-Service Control Project. Final payments to the supplier are anticipated to occur in 2021/22.

Report Implications/Impact

14. Legal (including crime and disorder)

There are no legal implications arising from this report.

15. Financial (including value for money, benefits and efficiencies)

These are included in the main body of the report.

16. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

It is important to be aware of how the budget is progressing as it enables early action to be taken to address any issues that arise.

17. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

There are no staff, service user or stakeholder implications arising from this report.

18. Environmental

There are no environmental implications arising from this report.

19. Impact upon "Our Plan" Objectives

The Finance and Resources strategic aim of demonstrating value for money is supported by the effective monitoring and review of the revenue and capital budgets throughout the year.

Background Papers

Report to the Combined Fire Authority 12 February 2020 - Budget Strategy 2020/21 to 2021/22
https://leics-fire.gov.uk/your-fire-service/decision-making/cfa-meetings/

Report to the Combined Fire Authority 29 July 2020 - Revenue and Capital Outturn 2019/20
https://leics-fire.gov.uk/wp-content/uploads/2020/07/revenue-and-capital-outturn-2019.pdf

Report to the Corporate Governance Committee 16 September 2020 – Financial Monitoring to end of July 2020
https://leics-fire.gov.uk/wp-content/uploads/2020/09/financial-monitoring-final.pdf

Report to the Corporate Governance Committee 18 November 2020 – Financial Monitoring to end of September 2020
https://leics-fire.gov.uk/wp-content/uploads/2020/11/item-6-budget-monitoring.pdf

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Status of Report: **Public**

Meeting: **Corporate Governance Committee**

Date: **10 March 2021**

Subject: **Performance Monitoring April 2020 to January 2021**

Report by: **Chief Fire and Rescue Officer**

Author: **Chris Moir, Planning Manager**

For: **Information Only**

Purpose

1. The purpose of this report and the accompanying appendix is to present the Corporate Governance Committee with an update on the performance of the Leicestershire Fire and Rescue Service for the period April 2020 to January 2021.

Recommendation

2. The CFA Corporate Governance Committee is asked to note the performance of the Leicestershire Fire and Rescue Service for the period April 2020 to January 2021.

Executive Summary

3. A comprehensive performance update is attached at the Appendix to this report. It contains full details of the key performance indicators and provides further analysis and comparison information.

4. Service performance is measured through corporate performance indicators. Where the data is available, each indicator is monitored against an average of the previous three years.

5. The reporting period aligns with the height of the Covid-19 pandemic and as such many of the figures are significantly less than the 3 year average. January 2021 saw the lowest monthly figure for incidents during this financial year (538), with the total number of fire related incidents (96) also being the lowest for the year to date. Due to reduced traffic on the roads, the number of road traffic collisions attended is also at its lowest (38) since the first lockdown in April 2020 (31).

6. The total average response times to life threatening incidents is slightly above the target of 10 minutes as detailed in the latest Integrated Risk Management Plan at 10 minutes 13 seconds for the year to date. This is however an improvement on the previous three year average which was 10 minutes 48 seconds. The average response times to non-life risk incidents is 9 minutes 56 seconds and primary fires is 9 minutes 37 seconds.

7. The appliance availability figures for the year to date are 99.1% for Wholetime appliances and 77.1% for On-Call appliances. Both figures are an improvement on the previous 3 year average.

Background

8. The detailed Performance Report, attached at the Appendix, has been created following consultation with members of the Corporate Governance Committee at a Performance Reporting Workshop held on 20 November 2019. The agreed changes became effective from April 2020.

9. One report is now published for the Committee, the Senior Management Team (SMT) and the Tactical Management Team (TMT). The report is more detailed and easier to understand. Targets and the Red, Amber, Green (RAG) status methodology is removed as requested by members, with performance now being compared against the last three-year average.

10. Life risk incident attendance times (KCI 3.2) are now measured against a 10-minute average as agreed in the Integrated Risk Management Plan. To ensure consistency with the Home Office and the reporting mechanisms of Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services the average response time to primary fires is also included.

Report Implications/Impact

11. Legal (including crime and disorder)

    The timely production of relevant performance information and the achievement of continuous improvement is a statutory duty as described in the Local Government Act 1999.

12. Financial (including value for money, benefits and efficiencies)

    There are no financial implications arising from this report.

13. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

    Effective performance management including the reporting, monitoring and analysis of performance indicators enables proactive control measures to be implemented to reduce risk and demand.

14. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

    Any identified action plans will be developed and delivered by relevant managers and staff.

15. Environmental

    There are no environmental implications arising from this report.

16. Impact upon Our Plan Objectives

Active monitoring of performance indicators allows the Service to assess the effectiveness of delivering corporate objectives, influencing changes to strategies and policies where necessary. It also meets the Governance Strategy outcomes of well-informed communities and well-informed staff and the objective of 'monitor and report on our performance so everyone knows how we are doing'.

Background Papers

None.

Appendix

Performance Update – April 2020 to January 2021.

Officers to Contact

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Performance Update: April 2020 to January 2021

Table 1: Key Performance Indicators

Ref	Key Corporate Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	3-Year Average	Differ
KCI 1	**Incidents Attended**															
1.1	**Total incidents**	**580**	**741**	**644**	**618**	**662**	**714**	**646**	**690**	**602**	**538**			**6435**	**7083**	**-648**
1.2	Fire incidents	172	248	189	184	168	175	119	175	136	96			1662	1998	-336
a	Primary fire incidents	76	106	94	82	79	96	71	88	88	62			842	1052	-210
b	Secondary fire incidents	90	140	94	99	88	78	46	79	38	23			775	894	-119
c	Chimney fire incidents	6	2	1	3	1	1	2	8	10	11			45	52	-7
1.3	Fire false alarms	218	261	233	195	230	283	260	277	200	202			2359	2409	-50
a	Due to apparatus	98	101	117	89	123	153	151	146	114	103			1195	1428	-233
b	Good intent	114	151	113	104	103	121	103	119	78	87			1093	889	204
c	Malicious attended	6	9	3	2	4	9	6	12	8	12			71	92	-21
1.4	Non-fire incidents	190	232	222	239	264	256	267	238	266	240			2414	2676	-262
a	Non-fire false alarms	7	7	6	8	4	12	7	10	11	13			85	90	-5
b	Special service	183	225	216	231	260	244	260	228	255	227			2329	2586	-257
-	Road traffic collision (RTC)	31	42	45	53	60	55	67	49	55	38			495	611	-116
-	Assist other agencies	68	82	78	70	80	75	86	72	82	78			771	508	263
-	Medical incident - co-responder/first responder	12	12	8	15	6	17	14	9	8	15			116	477	-361
-	Effecting entry / exit	18	14	14	13	20	32	23	26	18	13			191	264	-73
KCI 2	Fatalities and casualties															
2.1	Fatalities in fires	0	0	0	0	1	1	2	0	1	0			5	7	-2
2.2	Non-fatal casualties in fires	2	3	3	1	1	1	1	2	6	2			22	61	-39
2.3	Fatalities in non-fire incidents	9	3	4	4	3	6	9	7	8	9			62	52	10
2.4	Non-fatal casualties in non-fire incidents	37	53	57	63	66	62	62	44	63	47			554	810	-256
2.5	Number of TRIM (Trauma Risk Management):															
a	Notifications	10	4	6	5	4	8	18	11	16	10			92	N/A	N/A

Ref	Key Corporate Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	3-Year Average	Differ
b	Interventions	5	3	2	2	2	4	8	2	6	15			49	N/A	N/A
c	1 to 1's	0	0	1	0	0	2	4	0	4	2			13	N/A	N/A
2.6	Number of LFRS employees injured whilst attending incidents	3	0	1	1	1	2	1	0	1	2			12	13	-1
KCI 3	Level of emergency response service provision															
3.1	Number of emergency calls received	1327	1569	1430	1338	1438	1553	1407	1428	1369	1277			14136	15246	-1110
3.2	The total average response times of life threatening incidents (minutes)	9:18	9:21	10:12	10:29	9:59	10:21	10:01	9:42	11:34	10:49			10:13	10.45	-0:32
a	Average call handling time	2:03	1:51	1:53	1:56	2:10	1:56	2:02	2:10	2:34	2:24			2:06	2:14	-0:08
b	Average appliance mobilisation time	1:30	1:28	1:35	1:32	1:22	1:35	1:30	1:21	1:33	1:38			1:30	1:58	-0:28
c	Average time to drive to the incident	5:45	6:02	6:44	7:01	6:27	6:50	6:29	6:11	7:27	6:47			6:37	6:33	0:04
d	Number of life threatening incidents attended	54	54	59	74	91	80	88	71	80	52			703	1276	-573
3.3	The total average response times of non-life threatening incidents (minutes)	10:10	9:41	10:14	9:56	9:37	10:08	9:28	9:58	10:01	10:13			9:56	9:49	0:07
a	Average call handling time	2:27	2:01	2:24	2:06	2:06	2:23	2:05	2:13	2:22	2:10			2:14	2:12	0:02
b	Average appliance mobilisation time	1:47	1:38	1:44	1:38	1:39	1:44	1:31	1:45	1:39	1:46			1:41	1:36	0:05
c	Average time to drive to the incident	5:56	6:02	6:06	6:12	5:52	6:01	5:52	6:00	6:00	6:17			6:01	6:01	0:00
d	Number of non-life risk incidents attended	518	671	574	536	563	626	552	613	513	473			5639	5836	-197
3.4	The total average response times to primary fires (as recorded by Home Office)	9:01	9:07	10:00	10:27	8:57	9.32	10:00	9:33	9:24	10:32			9:37	9:46	-0:09
a	Average call handling time	1:34	1:32	1:38	1:39	1:30	1.37	1:52	1:42	1:43	1:36			1:38	1:44	-0:06
b	Average appliance mobilisation time	1:53	1:30	1:26	1:41	1:30	1.40	1:41	1:40	1:23	1:51			1:36	1:35	0:01
c	Average time to drive to the incident	5:34	6:05	6:56	7:07	5.57	6:15	6:27	6:11	6:18	7:05			6:23	6:27	-0:04
d	Number of primary fire incidents attended	70	95	86	72	76	86	62	77	80	52			756	860	-104
3.5	The % availability of Wholetime fire appliances	99.8%	99.5%	99.1%	99.0%	98.2%	98.1%	99.3%	98.7%	99.3%	99.7%			99.1%	98.2%	0.9%
3.6	The % availability of On-Call fire appliances	87.5%	85.2%	83.1%	75.3%	70.3%	72.8%	71.6%	75.9%	73.5%	76.2%			77.1%	61.4%	15.7%
3.7	*The % of people satisfied with our overall response*	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%			99%	100%	-1%
a	*The % of people satisfied with their initial contact with the service*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	0%
b	*The % of people satisfied with the service they received at the scene*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	100%	0%

Ref	Key Corporate Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	3-Year Average	Differ
KCI 4	*Home Fire Safety Checks and Smoke Alarms*															
4.1	Home safety checks	446	277	493	517	787	870	1035	739	589	987			6740	5833	907
4.2	Home safety feedback surveys	230	135	164	139	179	172	148	128	73	100			1468	New Indictor	
a	Percentage satisfied	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%			99.9%	New Indicator	
KCI 5	Fire Protection and Enforcement															
5.1	The % of fire safety audits that result in action plans and enforcement notices	0%	0%	0%	13%	18%	8%	12%	10%	10%	13%			11%	30%	-19%
a	Fire safety audits	1	6	14	39	49	83	67	82	63	87			491	280	211
b	Action plans and enforcement notices	0	0	0	5	9	7	8	8	6	11			54	85	-31
5.2	Fire protection survey – Overall how satisfied were you with the service received	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%			99%	100%	-1%
KCI 6	Capacity, staff and availability															
6.1	Average number of days/shifts lost to sickness by operational staff per person (inc COVID 19)	1.07 (1.77)			1.02 (1.37)			1.28 (2.49)			-			3.37 (5.63)	4.28	-0.91
a	Days/shifts lost to short-term sickness	90.94			121.46			91.58			-			303.98	483.35	-179.37
b	Days/shifts lost to long=term sickness	313.02			265.00			389.68						967.70	1115.76	-148.06
c	Total days/shifts lost to sickness (COVID 19)	403.96 (263.86)			386.46 (135.99)			481.26 (456.01)			-			1271.68 (855.86)	1599.11	-327.43
6.2	Average number of days/shifts lost to sickness by support staff per person (inc COVID 19)	1.44 (2.44)			1,51 (1.75)			0.88 (1.48)			-			3.83 (5.67)	7.34	-3.51
a	Days/shifts lost to short-term sickness	8.84			27.97			26.03			-			62.84	203.97	-141.13
b	Days/shifts lost to long-term sickness	145.27			139.08			69.24			-			353.59	570.08	-216.49
c	Total days/shifts lost to sickness (COVID 19)	154.11 (107.47)			167.05 (27.10)			95.27 (65.75)						416.43 (200.32)	774.05	-357.62
6.3	Average number of staff on modified duties for the entire month	5	4	6	11	6	11	8	10	10	7			7.80	9.33	-1.53
a	Wholetime	1	2	3	6	1	5	3	5	4	4			3.40	4.77	-1.37
b	On-Call	3	2	3	4	4	5	4	4	6	3			3.80	4.43	-0.63
c	Support	1	0	0	1	1	1	1	1	0	0			0.60	0.13	0.47
6.3	Average number of staff on modified duties at some point throughout the month	14	13	16	4	12	11	16	10	10	17			12.30	12.16	0.14
a	Wholetime	10	10	12	2	8	6	9	4	7	10			7.80	8.63	-0.83
b	On-Call	3	2	3	2	3	4	6	4	1	4			3.20	2.66	0.54

Ref	Key Corporate Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actual	3-Year Average	Differ
c	Support	1	1	1	0	1	1	1	2	2	3			1.30	0.87	0.43

Please note figures are subject to change as outstanding fire reports may be completed after this report has been issued.
3.2 The total average response times of life threatening incidents (minutes) is based on incidents categorised by control as being life risk when the emergency call is received. Comparisons for all response indicators is based on previous year, as data not available on IRS due to change of system.

1.1 Total incidents – April 2020 to January 2021

Of the 6435 incidents April 2020 to January 2021, 2414 (37%) non-fire incidents, 2359 (37%) were fire false alarms, and 1662 (26%) were fire incidents. Most incidents occurred in Western, followed by Charnwood and Eastern. The 3-year average is 7083, so in comparison to this, there are 648 fewer incidents. The effects of COVID 19 has had a considerable impact on the number and types of incidents we have attended this year.

Table 2: Total incidents – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
1.1	**Total incidents**	740	820	1021	472	285	262	266	447	983	519	620	6435

Looking at the 3 areas:
Fire incidents – reduction of 336 incidents compared to 3-year average.
False alarms – reduction of 50 incidents compared to the 3-year average.
Non-fire incidents – reduction of 262 incidents compared to 3-year average.

The number of fire related incidents and non-fire related incidents would normally be a lot higher, especially in what has been one of the driest summers on record. The number of special service incidents attended has decreased, which in some ways is a result of our reduced capability this year to carry out emergency co-responder/first responder incidents and also the considerable reduction in RTC's over the period. The reduction in special service incidents would have been larger, but the number of assist other agencies incidents has increased significantly.

January 2021

Of the 538 incidents in January, 240 (45%) were non-fire incidents, 202 (37%) were fire false alarms and 96 (18%) were fire incidents. Most incidents occurred in Western, followed by Central and Eastern. The decrease in incidents in January is due in most to a significant decrease in fire incidents from December (136) and a decrease in non-fire incidents from December (266).

Table 3: Total incidents – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
1.1	**Total incidents**	71	71	95	40	28	18	20	35	66	42	52	538

Chart 1: The total number of incidents by day in January 2021 shows the number of incidents by day, ranging from 11 at its lowest in a day on 10th January, to 26 incidents at its peak on the 1st of January. The number of incidents has remained quite consistent throughout the month, raising slightly towards the end of the month. On average, there were 17.35 incidents attended each day. The 538 incidents include fires, fire false alarms and non-fire related incidents.

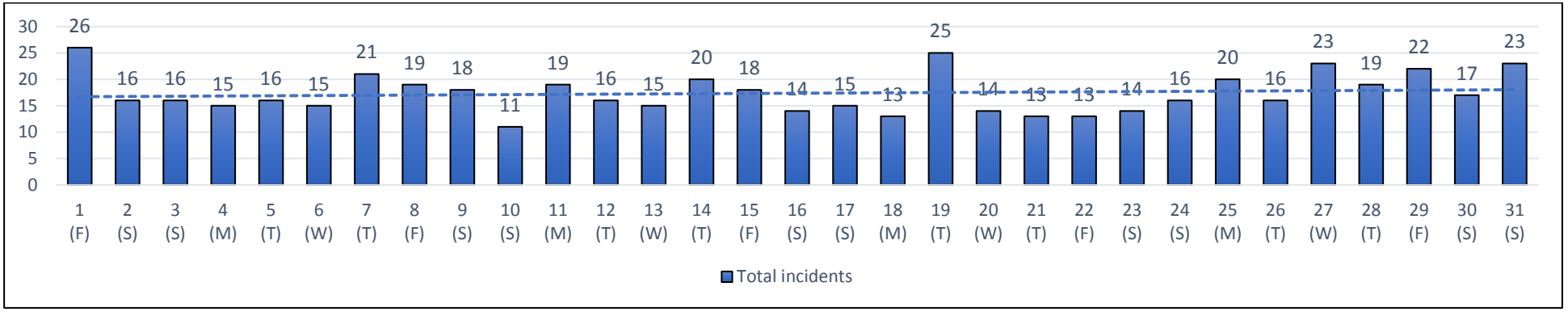
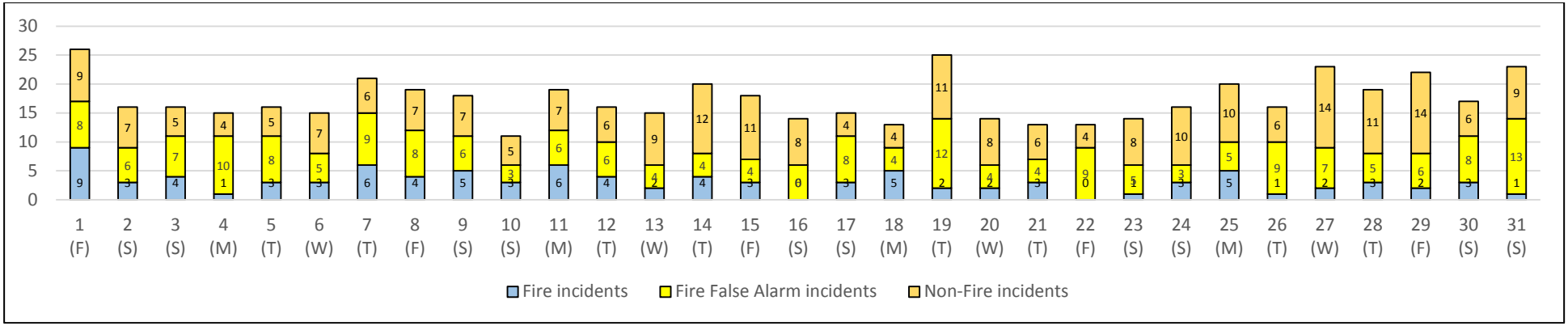


Chart 2: The total number of incidents broken down by type and day in January 2021 shows the 26 incidents on the 1st of January broken down into 9 fire incidents, 9 non-fire incidents and 8 fire false alarm incidents. The 10th January, was the day with the least amount of incidents in the month, showing 11 incidents, with 5 non-fire incidents, 3 fire incidents and 3 fire false alarm incidents.



1.2 Fire incidents – April 2020 to January 2021

Of the 1662 fire incidents April 2020 to January 2021, 842 were primary fires, 775 were secondary fires and 45 were chimney fires. Most incidents occurred in Charnwood, Western and North West Leicester (NWL). The 3-year average is 1998, so to have less is pleasing, especially as we are now into the colder period of year, when numbers in secondary fires are at its lowest.

Table 4: Fire incidents – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
1.2	Fire incidents	129	181	257	152	100	53	60	129	266	137	198	1662
a	Primary fire incidents	64	98	139	85	49	25	34	60	125	75	88	842
b	Secondary fire incidents	65	82	118	59	48	26	19	67	131	58	102	775
c	Chimney fire incidents	0	1	0	8	3	2	7	2	10	4	8	45

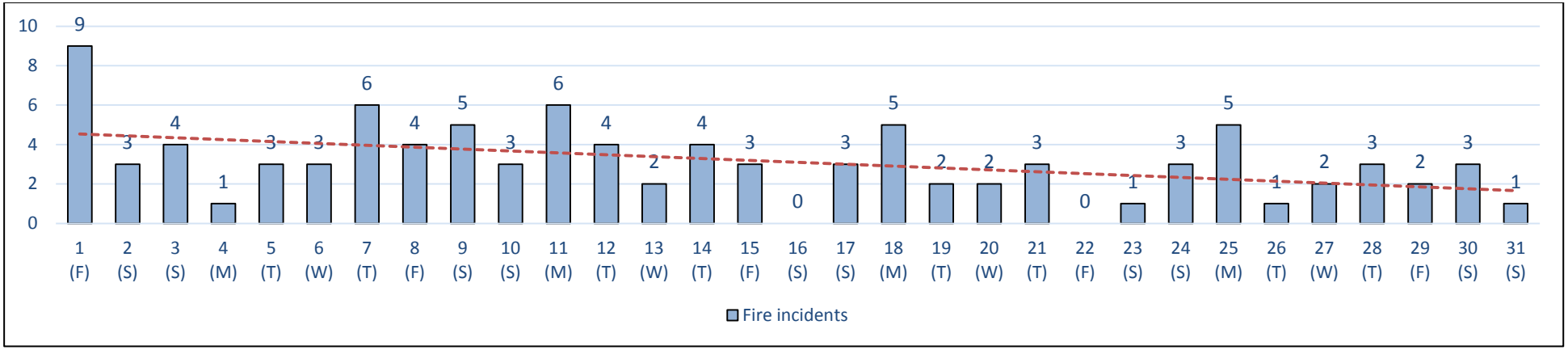
January 2021

Of the 96 incidents in January, 62 (64%) were primary fires, 23 (15%) were secondary fires and 11 (11%) were chimney fires. Most incidents occurred in Western, Charnwood and NWL. This is a decrease of 40 incidents from December (136).

Table 5: Fire incidents – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
1.2	Fire incidents	8	9	16	11	11	1	4	6	12	7	11	96
a	Primary fire incidents	5	7	11	5	7	1	3	4	10	3	6	62
B	Secondary fire incidents	3	2	5	3	3	0	0	1	1	2	3	23
c	Chimney fire incidents	0	0	0	3	1	0	1	1	1	2	2	11

Chart 3: The total number of fire incidents by day in January 2021 shows the number of incidents by day, ranging from 0 at its lowest in a day on two different days, to 9 incidents at its peak on the 1st of January. The number of incidents has decreased steadily as the month has progressed. On average, there were 3.09 incidents attended each day.



1.2a Primary fire incidents

There were 62 primary fire incidents in January, a decrease of 26 from December (88). Of these, 44 were accidental fires and 18 were deliberate fires. Western had the most incidents with 11, followed by Charnwood 10, Eastern 7 and Melton 7.

Of the 44 accidental fires, there were 29 dwelling, 8 non-residential, 4 road vehicle, 2 outdoor structure and 1 other residential. The main fire cause shows there were 12 fault in equipment or appliance and 10 faulty fuel supply – electricity. The main ignition source shows 11 were cooking appliance and 9 were electricity supply. The main times of the incidents show 4 of the incidents occurring between the hours of 9.00pm – 10.00pm and 11.00pm – 12.00am each.

Of the 18 deliberate fires, the main property category was 10 road vehicle, 6 dwelling, 1 other residential and 1 outdoor structure.

1.2b Secondary fire incidents

There were 23 secondary fire incidents in January, which is 15 less than December (38). Of these, 11 were accidental fires and 12 were deliberate fires. Western had the most incidents with 5.

Of the 11 accidental fires, the main types of property were fence 2, loose refuse (incl in garden) 2 and other outdoor items including roadside furniture 2. The main times of the incidents shows 4 incidents occurring between the hours of 11.00am – 12.00pm

Of the 12 deliberate fires, the main types of property were small refuse/rubbish/recycle container (excluding wheelie bin) 5 and loose refuse (incl in garden) 3. The main times of the incidents show 3 of the incidents occurring between the hours of 6.00pm – 7.00pm.

1.2c Chimney fire incidents

There were 11 chimney fire incidents in January. There were 3 in Harborough, 2 in Hinckley and Bosworth, 2 in NWL, 1 in Blaby, 1 in Charnwood, 1 in Melton and 1 in Rutland.

1.3 Fire false alarms – April 2020 to January 2021

Of the 2359 fire false alarm incidents April 2020 to January 2021, 1195 were due to apparatus, 1093 were good intent and 71 were malicious. Most incidents occurred in Western, Central and Charnwood. The 3-year average is 2409, so compared to the average, figures have decreased by 50.

Table 6: Fire false alarms – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
1.3	Fire false alarms	357	312	399	151	80	102	121	145	322	172	198	2359
A	Due to apparatus	263	151	211	68	37	48	75	59	157	69	57	1195
B	Good intent	75	152	173	81	41	52	39	83	157	101	139	1093
C	Malicious attended	19	9	15	2	2	2	7	3	8	2	2	71

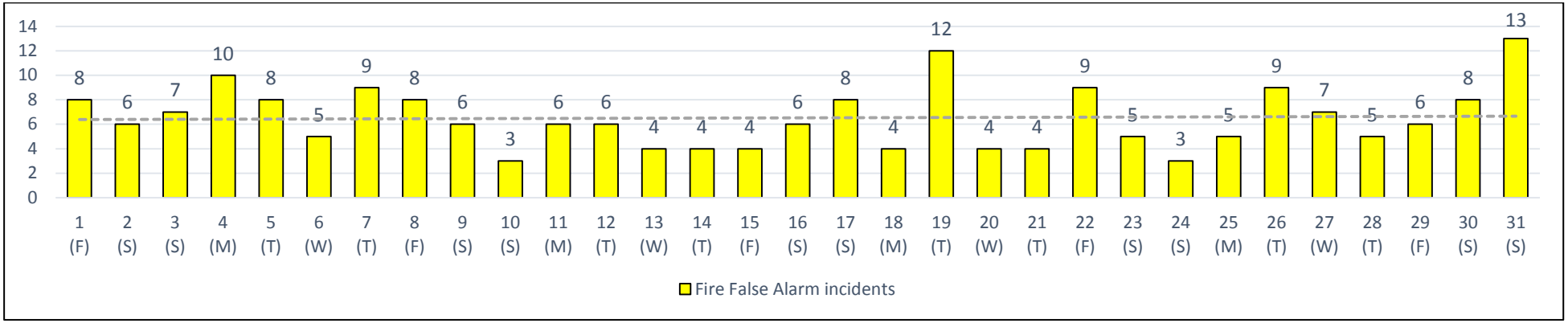
January 2021

Of the 202 fire false alarm incidents in January, 103 were due to apparatus, 87 were good intent and 12 were malicious. Most incidents occurred in Western, Central and Eastern. There were 200 in December, so January has seen an increase of 2.

Table 7: Fire false alarms – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
1.3	Fire false alarms	36	32	38	12	6	11	6	12	15	15	19	202
A	Due to apparatus	26	15	25	3	2	4	3	5	8	6	6	103
B	Good intent	7	14	11	8	4	7	1	7	6	9	13	87
C	Malicious attended	3	3	2	1	0	0	2	0	1	0	0	12

Chart 4: The total number of fire false alarm incidents by day in January 2021 shows the number of incidents by day, ranging from 3 at its lowest in a day on two different days, to 13 incidents at its peak on the 31st of January. The number of incidents has remained quite consistent throughout the entire month. On average, there were 6.52 incidents attended each day.



1.3a Due to apparatus

There were 103 false alarms due to apparatus in January, a decrease of 11 from December (114). Of these, 59 were dwelling, 30 were non-residential and 14 were other residential.

Of the false alarms due to apparatus in dwellings, the main causes were cooking/burnt toast 18, unknown 13 and faulty 8. The main times of the incidents show 6 of the incidents occurring between the hours of 1.00pm – 2.00pm and 5.00pm – 6.00pm each.

Of the false alarms due to apparatus in non-residential, the main causes were faulty 11 and unknown 6.

Of the false alarms due to apparatus in other residential, the main causes were faulty 4, accidentally/carelessly set off 3 and cooking burnt/toast 3.

1.3b Good intent

There were 87 good intent false alarms in January, an increase of 9 from December (78). Of these, 52 were dwelling, outdoor 18, road vehicle 7, non-residential 6, outdoor structures 3 and aircraft 1.

Of the good intent false alarms, the main causes were other 14, controlled burning 11 and other cooking 11. The main times of the incidents show 9 of the incidents occurring between the hours of 4.00pm – 5.00pm.

1.3c Malicious attended

There were 12 malicious false alarms in January, an increase of 4 from December (8). Of these, 3 were in Central, 3 Eastern, 2 Rutland, 2 Western, 1 in Charnwood and 1 in Harborough.

1.4 Non-fire incidents – April 2020 to January 2021

Of the 2414 non-fire incidents April 2020 to January 2021, 85 were non-fire false alarms and 2329 were special service. Looking at the table below the most incidents occurred in Charnwood, Western and Eastern. The 3-year average is 2676, so compared to the average, figures have decreased by 262.

Data is provided for road traffic collision, assist other agencies, medical Incident - co-responder/first responder and effecting entry / exit, which are the main categories in special service. There are many other categories in special service and analysis will be provided if figures spike. Suicide was one category along with flooding that was highlighted last year. So far this year, we have attended 40 suicide attempts, with 1 in January.

Table 8: Non-fire incidents – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
1.4	Non-fire incidents	254	327	365	169	105	107	85	173	395	210	224	2414
a	Non-fire false alarms	9	11	17	5	2	4	1	5	13	11	7	85
b	Special service	245	316	348	164	103	103	84	168	382	199	217	2329
-	Road traffic collision (RTC)	27	41	46	62	29	14	18	59	81	59	59	495
-	Assist other agencies	84	113	129	51	31	32	18	48	139	54	72	771
-	Medical incident - co-responder/first responder	8	10	18	4	4	16	11	3	17	10	15	116
-	Effecting entry / exit	25	32	48	5	10	6	5	11	20	17	12	191

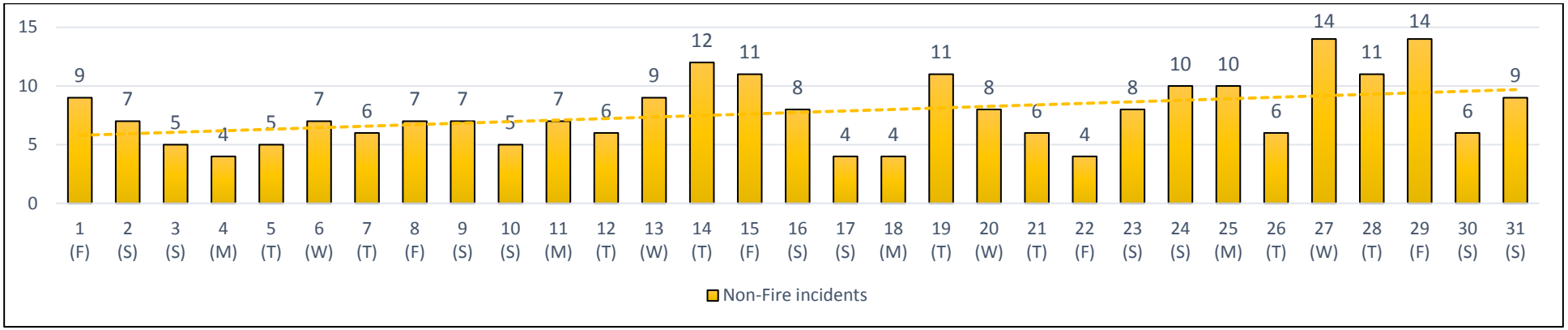
January 2021

Of the 240 incidents in January, 13 were non-fire false alarms and 227 were special service. Looking at the table below the most incidents occurred in Western, Charnwood and Eastern. There were 266 in December, so January has seen a decrease of 26.

Table 9: Non-fire incidents – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
1.4	Non-fire incidents	27	30	41	17	11	6	10	17	39	20	22	240
A	Non-fire false alarms	3	1	5	0	0	0	0	0	1	2	1	13
B	Special service	24	29	36	17	11	6	10	17	38	18	21	227
-	Road traffic collision (RTC)	2	4	4	5	3	1	0	5	5	4	5	38
-	Assist other agencies	6	10	14	7	5	2	4	6	9	6	9	78
-	Medical incident - co-responder/first responder	0	2	4	0	0	0	3	0	4	1	1	15
-	Effecting entry / exit	1	3	6	0	1	0	0	1	0	0	1	13

Chart 5: The total number of non-fire incidents by day in January 2021 shows the number of incidents by day, ranging from 4 at its lowest in a day on 4 different days, to 14 incidents at its peak on the 27th and 29th of January. The number of incidents steadily increased as the month progressed. On average, there were 7.74 incidents attended each day.



1.4a Non-fire false alarms

Of the 13 non-fire false alarms in January, 5 were in Western, 3 Central, 2 Hinckley, 1 Charnwood, 1 Eastern and 1 NWL. This is 2 more than the number in December (11).

1.4b Special service

There were 227 special service incidents in January, a decrease of 28 from December (255). Of these, there were 78 assist other agencies, RTCs 38, medical incident - co-responder/first responder 15 and flooding 15. Charnwood had the most incidents with 38, followed by Western 36 and Eastern 29. Assist other agencies has had 78 incidents in January, which is a decrease of 4 from December (82) and this type of incident has increased substantially over the past few years. There have now been 771 assist other agency incidents from April 2020 to January 2021, compared to the 3-year average of (508). RTCs has remained low and this can be related to the significant reduction in traffic on the roads during lockdown. Medical incident - co-responder/first responder continues to be extremely low with 15 incidents attended in January and a total of 116 so far this year, compared to the 3 year-average (477). This is due to first responding being suspended.

2.1 Fatalities in fires – April 2020 to January 2021

There have been 5 fatalities in fires April 2020 to January 2021. This is 2 less than the 3-year average of 7. Of the 5 fatalities in fires, 3 have occurred in fires in Charnwood and 2 in Eastern.

The first fatality occurred on the early evening of Thursday 6 August, when fire crews from Loughborough attended a person on fire on wasteland off Cotes Road, Burton on the Wolds. A full scene examination was carried out by a Tier 2 fire investigation officer and crime scene investigation. A fire investigation report was submitted to the HM Coroner and investigations by the police are continuing. The victim was a male and was 35 years old. An inquest date has now been set for March 2021.

The second fatality occurred in the early hours of Wednesday 30 September in Belgrave, Leicester. The call initially came in as an automated fire alarm in sheltered accommodation. Once in attendance, this incident became a confirmed flat fire on the ground floor, persons reported. An assistance message was relayed to control confirming this and requesting a total of 3 fire appliances and 2 Breathing Apparatus (BA) teams were committed to extinguish the fire and undertake search and rescue activities. One adult male casualty was located in the bedroom, unconscious and not breathing and carried by the BA teams from the property to fresh air. Once outside, the casualty was handed to East Midlands Ambulance Service (EMAS) who commenced CPR. The main cause of the fire was fault in equipment or appliance, fire was located in the corridor/hall, appliance was a mobility scooter and ignition source was apparatus - batteries, generator. A multi-agency scene examination was carried out and a full fire report has been completed by a Tier 2 fire investigation officer and submitted to the HM Coroner. Extensive follow up work has been carried out with the importers of the mobility scooter, Cambridge Forensics Ltd, Leicestershire Police, Trading Standards in both Leicester and Essex and the Medicines and Healthcare products Regulatory Agency (MHRA). To date, no inquest date has been confirmed.

The third fatality occurred on the early morning of Saturday 3 October in Loughborough, when fire crew's crews from Shepshed found a male being treated by EMAS outside the property. A 56 year old male had sustained injuries following a chip pan fire and unfortunately later died as a result of the injuries he had sustained. A full fire report has been completed by a Tier 2 fire investigation officer and submitted to the HM Coroner. To date, no inquest date has been confirmed.

The fourth fatality occurred on the early evening of Friday 23 October in Loughborough, when fire crews attended an incident where on arrival they located a 46 year old male, who was already deceased. The cause of the fire was attributed to the ignition of combustible items. Currently, there is no evidence to suggest this is a deliberate act. A full fire report has now been completed by a Tier 2 fire investigation officer and submitted to the HM Coroner. To date, no inquest date has been confirmed.

The fifth fatality occurred on the early evening of Tuesday 29 December in Leicester, when fire crews attended an incident where on arrival, firefighters and EMAS provided CPR to a 37 year old male. A Tier 2 fire investigation officer attended with crime scene investigation and the cause was attributed to a slow smouldering fire. A full fire report will be completed by a Tier 2 fire investigation officer and submitted to the HM Coroner. To date, no inquest date has been confirmed.

2.2 Non-fatal casualties in fires – April 2020 to January 2021

There have been 22 non-fatal casualties in fires April 2020 to January 2021. This is 39 less than the 3-year average of 61. Of the 22 non-fatal casualties, 11 have occurred in fires in the City, 5 in Charnwood, 2 in Melton, 1 in Harborough, 1 in Hinckley, 1 in Oadby and Wigston and 1 in Rutland.

Table 10: Non-fatal casualties in fires – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
2.2	Non-fatal casualties in fires	1	3	7	1	2	1	1	0	5	1	0	22

January 2021

There were 2 non-fatal casualties in fires in January, which is 4 less than in December (6). There was 1 in Hinckley and 1 in Charnwood.

The first non-fatal casualty in a fire occurred in the very early hours of Saturday 9 January in Catherine's and Lash Hill Ward in Hinckley. The occupant had been cooking in the oven, but turned on the grill by mistake. Subsequently, a ceramic bowl on the hob cracked and the contents within fell to the floor alight. The sleeping occupant was woken by their smoke alarm. They smothered the fire with a tea towel and left the flat. However, they then re-entered the flat and fell over. Smoke inhalation rendered the person unable to escape. A firefighter opened the door and rescued the occupant from the hallway. EMAS took the 80 year old female occupant to hospital suffering from smoke inhalation. They have subsequently been discharged.

The second non-fatal casualty in a fire occurred in the early evening of Sunday 17 January in Loughborough Outwoods Ward in Loughborough. Crews attended a bedroom fire that was out on arrival. A box containing smoldering material was removed from property. The female injured was 52 years of age, she was taken to hospital, where the injuries appeared to be slight.

2.3 Fatalities in non-fire incidents – April 2020 to January 2021

There have been 62 fatal casualties in non-fire incidents April 2020 to January 2021. This is 10 more than the 3-year average of 52
Of the 62 fatalities, 38 were attended to assist other agencies, 10 were RTCs, 5 were effecting entry / exit for a medical case, 4 were suicide/attempts, 2 were other rescue/release of persons, 1 was making safe (not RTC) removal/retrieval of dead body, 1 was no action (not false alarm) and 1 was spills and leaks (not RTC). When looking at the circumstances, 42 were thought to be already dead when firefighters arrived, 16 were unable to resuscitate, confirmed dead at scene, 2 were not known and 2 were unable to resuscitate at scene, confirmed dead at hospital. There were 45 male fatalities and 17 female fatalities. The cause of death shows 30 were not known, 10 chest

pain/heart condition/cardiac arrest, 6 head injury, 5 other medical condition, 4 other, 2 other physical injury, 2 chest/abdominal injury, 1 back/neck injury (spinal), 1 drowning and 1 overcome by gas, smoke or toxic fumes; asphyxiation.

Table 11: Fatalities in non-fire incidents – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
2.3	Fatalities in non-fire incidents	6	7	8	7	2	1	4	7	10	3	7	62

January 2021

There were 9 fatalities in non-fire incidents in January, compared to 8 in December.

Of the 9 fatalities, 5 were assist other agencies, 2 were RTCs, 1 was effecting entry / exit for a medical case and 1 was a suicide/attempt. When looking at the circumstances, 5 were thought to be already dead when firefighters arrived, 3 were unable to resuscitate, confirmed dead at scene and 1 was unable to resuscitate at scene, confirmed dead at hospital. There were 6 male fatalities and 3 female fatalities, aged 28, 34, 47, 51, 52, 57, 60, 65 and 73 years of age. The cause of death shows 3 chest pain/heart condition/cardiac arrest, 3 not known, 2 head injury and 1 other. There were 2 in NWL, 2 in Rutland, 1 in Blaby, 1 in Charnwood, 1 in Eastern, 1 in Harborough and 1 in Western.

Table 12: Fatalities in non-fire incidents – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
2.3	Fatalities in non-fire incidents	0	1	1	1	0	0	2	1	1	0	2	9

2.4 Non-fatal casualties in non-fire incidents – April 2020 to January 2021

There have been 554 non-fatal casualties in non-fire incidents April 2020 to January 2021. This is 256 below the 3-year average of 810. Of the 554 non-fatal casualties in non-fire incidents, 334 were in road vehicles, 190 in buildings, 28 in the outdoors, 1 on a train and 1 on an aircraft. The main types of injury attended, show back/neck injury 98, bruising 68 and fracture 63. There were 309 male non-fatal casualties, 238 female non-fatal casualties and 7 not known. Charnwood has had most non-fatal casualties with 106. These can be related somewhat to the high number of special service incidents and road traffic collisions.

Table 13: Non-fatal casualties in non-fire incidents – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
2.4	Non-fatal casualties in non-fire incidents	45	48	52	51	40	9	16	66	106	50	71	554

January 2021

There were 47 non-fatal casualties in non-fire incidents in January, compared to 63 in December.

Of the 47 non-fatal casualties in non-fire incidents, 23 were in road vehicles, 20 in buildings and 4 outdoors. The main types of injury attended, show chest/abdominal injury 8, head injury 6 and cuts/lacerations 5. There were 24 male non-fatal casualties, 22 female non-fatal casualties and 1 not known. The district with the most non-fatal casualties in non-fire incidents in January was Blaby with 9.

Table 14: Non-fatal casualties in non-fire incidents – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
2.4	Non-fatal casualties in non-fire incidents	1	8	5	5	5	1	0	9	6	1	6	47

2.5 Number of TRiM (Trauma Risk Management) – April 2020 to January 2021

The indicator Trauma Risk Management is a new indicator this year and looks at the number of notifications, interventions and 1 to 1's.

There have been 92 TRiM notifications April 2020 to January 2021.

January 2021

There were 10 TRiM notifications in January, compared to 16 in December.
Of the 10 incidents that were reported, 5 incidents were gain entry with a fatality, 2 incidents were RTCs with a fatality, 1 incident was a special service with a fatality and 1 was a fire with a fatality. One of the RTC incidents was high profile and led to 12 interventions and 2 1 to 1's. None of the gain entry incidents required any interventions due to EMAS being in attendance and no further action required after gaining entry. The training/continuous professional development event with Leicestershire Police has been postponed due to Covid and is now planned for April 2021.

2.6 Number of LFRS employees injured whilst attending incidents – April 2020 to January 2021

There have been 12 personal injuries whilst attending incidents April 2020 to January 2021. This is 1 less than the 3-year average of 13. Of the 12 personal injuries, 9 were classed as minor and 3 moderate, with 3 occurring at Eastern station, 3 at Oakham station and 2 at Melton station. The personal injuries were castegorised further as 4 - injured while lifting or manual handling, 4 - slipped, tripped and fell on same level, 1 - hit by flying or falling object, 1 - other - burn/scald, 1 - other - not listed and 1 - overexertion. Of the total personal injuries, 8 of the injuries occurred whilst at fires, 3 occurred at special service incidents and 1 occurred at an RTC. Based on the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reporting, there were no sickness or modified duties for 5 of the injuries, 5 of the injuries resulted in periods of sickness over 7 days, 1 injury resulted in a period of sickness over 3 days and 1 injury was recorded as a 'specified injury'.

January 2021

There have been 2 personal injuries whilst attending incidents in January, which is 1 more than in December (1). Of the 2 personal injuries, both were classed as minor, with 1 at Melton station and 1 at Oakham station. The 2 injuries were castegorised further as 1 - injured while lifting or manual handling and 1 - slipped, tripped and fell on same level. One of the injuries occurred whilst at a special service incident and the other occurred at an RTC. Both of the injuries recorded led to periods of sickness over 7 days.

3.1 Number of emergency calls received – April 2020 to January 2021

There have been 14136 emergency calls received April 2020 to January 2021. This is 1110 below the 3-year average of 15246.

January 2021

There were 1277 emergency calls received in January, which is 92 less than December (1369). This is the fewest amount of calls received in a month so far this year. Emergency calls are dealt with by our Control Centre at Southern Fire and Rescue Station. Not all of these calls would have led to mobilisations and there will have been multiple calls for one incident. On average emergency calls were answered in 4.13 seconds in January.

3.2 The total average response times of life threatening incidents – April 2020 to January 2021

There have been 703 incidents classed as life risk by Control between April 2020 and January 2021. This is 573 below last year's total of 1276. The total average response time for the 703 incidents was 10 minutes 13 seconds, compared to 10 minutes 45 seconds last year.

The 10 minutes 13 seconds can be broken down further:

Average call handling was 2 minutes 6 seconds, a reduction of 8 seconds on last years' time (2 minutes 14 seconds).
Average mobilisation time was 1 minute 30 seconds, a reduction of 28 seconds on last years' time (1 minute 58 seconds).
Average drive time was 6 minutes 37 seconds, an increase of 4 seconds on last years' time (6 minutes 33 seconds).

The reason for the big reduction in the number of life risk incidents attended is mainly due to the fact that we are not currently attending first responder incidents, due to it being suspended. This will have also contributed to the reduction in mobilisation time as well. The majority of emergency first responder incidents are classed as life risk by Control and looking at the data are mainly attended by Coalville On-Call. Once we resume attending these types of incidents, it is likely that total response times will increase.

Any incidents that take over 3 minutes in call handling, 3 minutes in mobilisation time for Wholetime, 7 minutes in mobilisation time for On-Call and 10 minutes in drive time, get investigated. During April 2020 to January 2021 there have been 96 investigations carried out by Control, 27 mobilisation investigations and 111 drive time investigations. This picks up any anomalies with the system and highlights any possible areas of concern.

Table 15: The total average response times of life threatening incidents (minutes) – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
3.2	The total average response times of life threatening incidents (minutes)	7:37	7:28	8:16	12:22	11:17	8:03	15:01	12:17	10:16	11:55	10:36	10:13
A	Average call handling time	1:56	2:08	1:51	2:05	2:03	2:07	2:36	2:24	2:06	2:20	1:59	2:06
B	Average appliance mobilisation time	1:15	1:08	1:22	1:39	2:00	1:26	1:47	1:25	1:18	1:48	1:50	1:30
C	Average time to drive to the incident	4:26	4:12	5:03	8:38	7:14	4:30	10:38	8:28	6:52	7:47	6:47	6:37
d	Number of life threatening incidents attended	58	67	105	64	38	25	29	61	109	65	82	703

January 2021

There have been 52 incidents classed as life risk by Control in January. This is 28 less than December (80).
The total average response time for the 52 incidents was 10 minutes 49 seconds, compared to 11 minutes 34 seconds in December.

The 10 minutes 49 seconds can be broken down further:
Average call handling was 2 minutes 24 seconds, a reduction of 10 seconds on the time in December (2 minutes 34 seconds).
Average mobilisation time was 1 minute 38 seconds, an increase of 5 seconds on the time in December (1 minute 33 seconds).

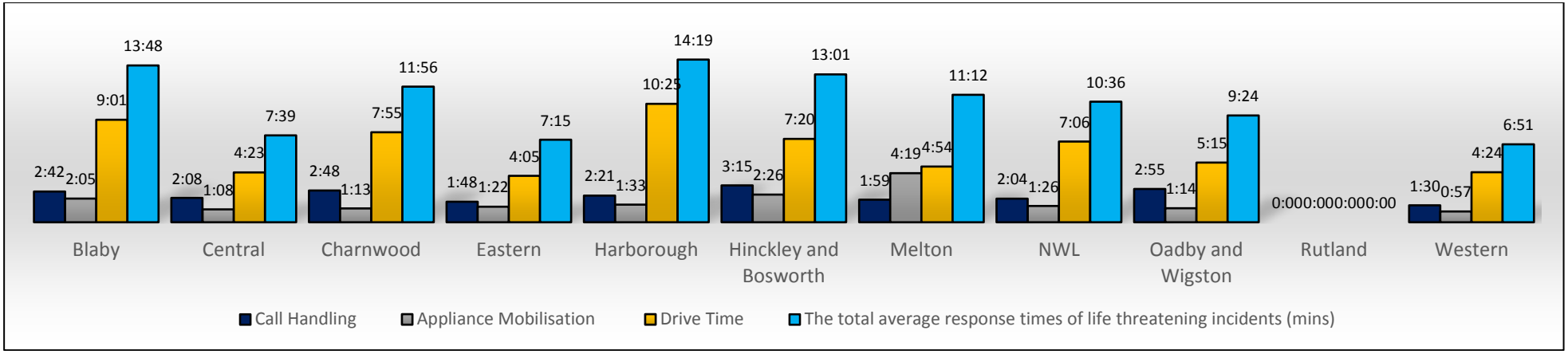
Average drive time was 6 minutes 47 seconds, a reduction of 40 seconds on the time in December (7 minutes 27 seconds).

During January there have been 12 investigations carried out by Control, 3 mobilisation investigation and 7 drive time investigations. This picks up any anomalies with the system and highlights any possible areas of concern.
Please note that small numbers are being analysed here.

Table 16: The total average response times of life threatening incidents (minutes) – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
3.2	The total average response times of life threatening incidents (minutes)	7:39	7:15	6:51	14:19	11:12	9:24	0.00	13:48	11:56	13:01	10:36	10:49
a	Average call handling time	2:08	1:48	1:30	2:21	1:59	2:55	0.00	2:42	2:48	3:15	2:04	2:24
b	Average appliance mobilisation time	1:08	1:22	0:57	1:33	4:19	1:14	0.00	2:05	1:13	2:26	1:26	1:38
c	Average time to drive to the incident	4:23	4:05	4:24	10:25	4:54	5:15	0.00	9:01	7:55	7:20	7:06	6:47
d	Number of life threatening incidents attended	4	4	6	4	2	3	0	6	8	7	8	52

Chart 6: The total average response times of life threatening incidents in January 2021 shows the average call handling time, average mobilisation time, average time to drive and average total response time broken down by district. Western shows the quickest average response time and Harborough shows the longest average response time to life threatening incidents.



3.3 The total average response times of non-life threatening incidents – April 2020 to January 2021

There have been 5639 incidents classed as non-life risk by Control April 2020 to January 2021. This is 197 below last year's total of 5836. The total average response time for the 5639 incidents was 9 minutes 56 seconds, compared to 9 minutes 49 seconds last year.

The 9 minutes 56 seconds can be broken down further:
Average call handling was 2 minutes 14 seconds, an increase of 2 seconds on last years' time (2 minutes 12 seconds).
Average mobilisation time was 1 minute 41 seconds, an increase of 5 seconds on last years' time (1 minute 36 seconds).
Average drive time was 6 minutes 1 second, which is the same as last years' time (6 minutes 1 second).

Please note: There were a total of 5732 non-life risk incidents attended April 2020 to January 2021. 93 incidents have been excluded as per Home Office guidelines. Some examples of exclusions are incidents with a total response time of less than a minute, or over an hour and any incident where any call handling, mobilisation time or drive time has a null value.

Table 17: The total average response times of non-life threatening incidents (minutes) – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
3.3	The total average response times of non-life threatening incidents (minutes)	8:17	8:08	8:55	12:46	11:29	8:45	11:15	11:09	9:39	11:10	11:53	9:56
a	Average call handling time	2:17	2:04	2:10	2:23	2:02	2:15	2:10	2:17	2:09	2:24	2:24	2:14
b	Average appliance mobilisation time	1:25	1:14	1:19	2:28	2:55	1:27	2:05	1:30	1:36	1:52	2:09	1:41

c	Average time to drive to the incident	4:35	4:50	5:26	7:55	6:32	5:03	7:00	7:22	5:54	6:54	7:20	6:01
d	Number of non-life threatening incidents attended	678	733	902	403	243	230	237	378	861	446	528	5639

January 2021

There have been 473 incidents classed as non-life risk by Control in January. This is 40 less than December (513).
The total average response time for the 473 incidents was 10 minutes 13 seconds, compared to 10 minutes 1 second in December.

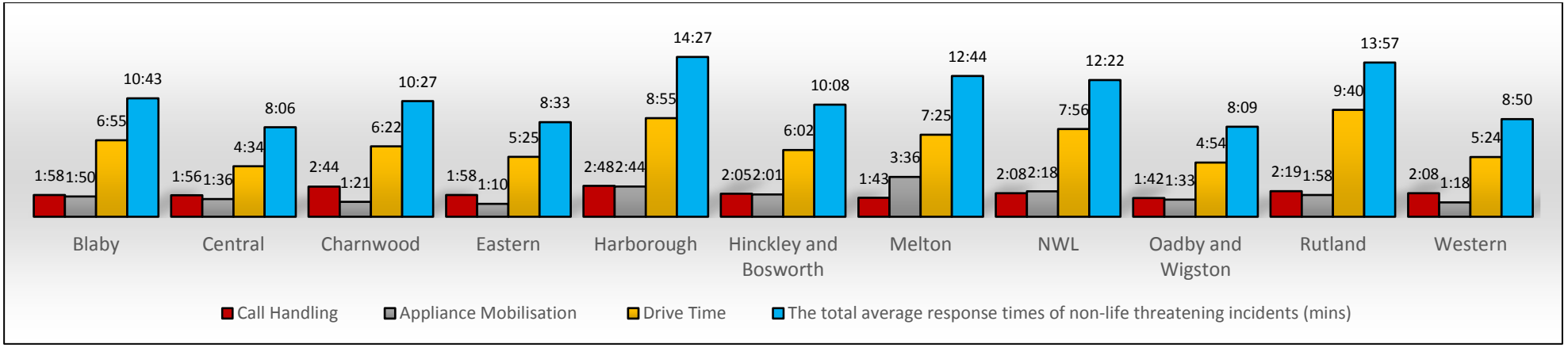
The 10 minutes 13 seconds can be broken down further:
Average call handling was 2 minutes 10 seconds, a reduction of 12 seconds on the time in December (2 minutes 22 seconds).
Average mobilisation time was 1 minute 46 seconds, an increase of 7 seconds on the time in December (1 minute 39 seconds).
Average drive time was 6 minutes 17 seconds, an increase of 17 seconds on the time in December (6 minutes 0 seconds).

Currently no investigations are carried out.

Table 18: The total average response times of non-life threatening incidents (minutes) – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
3.3	The total average response times of non-life threatening incidents (minutes)	8:06	8:33	8:50	14:27	12:44	8:09	13:57	10:43	10:27	10:08	12:22	10:13
a	Average call handling time	1:56	1:58	2:08	2:48	1:43	1:42	2:19	1:58	2:44	2:05	2:08	2:10
b	Average appliance mobilisation time	1:36	1:10	1:18	2:44	3:36	1:33	1:58	1:50	1:21	2:01	2:18	1:46
c	Average time to drive to the incident	4:34	5:25	5:24	8:55	7:25	4:54	9:40	6:55	6:22	6:02	7:56	6:17
d	Number of non-life threatening incidents attended	65	66	88	33	26	15	20	26	56	34	44	473

Chart 7: The total average response times of non-life threatening incidents in January 2021 shows the average call handling time, average mobilisation time, average time to drive and average total response time broken down by district. Central shows the quickest average response time and Harborough shows the longest average response time to non-life threatening incidents.



3.4 The total average response times to primary fires (as recorded by Home Office) – April 2020 to January 2021

There were a total of 842 primary fires attended April 2020 to January 2021. 86 incidents have been excluded as per Home Office guidelines. So, the response time calculations for primary fires are based on 756 primary fires April 2020 to January 2021. The total average response time for the 756 primary fires is 9 minutes 37 seconds, compared to 9 minutes 46 seconds last year.
The 9 minutes 37 seconds can be broken down further:
Average call handling was 1 minute 38 seconds, a reduction of 6 seconds on last years' time (1 minutes 44 seconds).
Average mobilisation time was 1 minute 36 seconds, an increase of 1 second on last years' time (1 minute 35 seconds).
Average drive time was 6 minutes 23 seconds, a reduction of 4 seconds on last years' time (6 minutes 27 seconds).

Table 19: The total average response times of primary fire incidents (minutes) – April 2020 to January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	Apr 2020 to Jan 2021
3.3	The total average response times of primary fire incidents (minutes)	7:53	7:08	7:54	12:50	13:02	7:43	12:22	9:22	8:42	10:32	11:02	9:37
a	Average call handling time	1:32	1:29	1:30	1:55	1:54	1:16	1:43	1:36	1:32	1:50	1:44	1:38
b	Average appliance mobilisation time	1:27	1:12	1:21	2:11	2:13	1:25	2:37	1:21	1:19	1:40	1:48	1:36
c	Average time to drive to the incident	4:54	4:27	5:03	8:44	8:55	5:02	8:02	6:25	5:51	7:02	7:30	6:23
d	Number of primary fire incidents attended	57	92	111	78	47	25	32	55	111	66	82	756

January 2021

There have been 52 primary fires in January. This is 28 less than December (80).
The total average response time for the 52 incidents was 10 minutes 32 seconds, compared to 9 minutes 24 seconds in December.

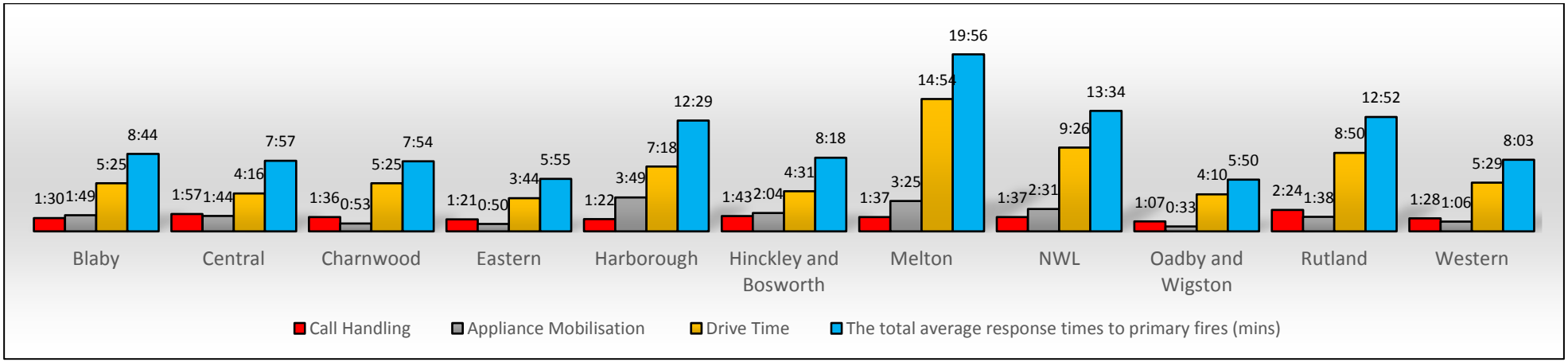
This 10 minutes 32 seconds can be broken down further:
Average call handling was 1 minute 36 seconds, a reduction of 7 seconds on the time in December (1 minute 43 seconds).
Average mobilisation time was 1 minute 51 seconds, an increase of 28 seconds on the time as in December (1 minute 23 seconds).
Average drive time was 7 minutes 5 seconds, an increase of 47 seconds on the time in December (6 minutes 18 seconds).

Table 20: The total average response times of primary fire incidents (minutes) – January 2021

Ref	Key Corporate Indicator	Central	Eastern	Western	Harborough	Melton	Oadby and Wigston	Rutland	Blaby	Charnwood	Hinckley	North West Leicester	January 2021
3.3	The total average response times of primary fire incidents (minutes)	7:57	5:55	8:03	12:29	19:56	5:50	12:52	8:44	7:54	8:18	13:34	10:32
a	Average call handling time	1:57	1:21	1:28	1:22	1:37	1:07	2:24	1:30	1:36	1:43	1:37	1:36
b	Average appliance mobilisation time	1:44	0:50	1:06	3:49	3:25	0:33	1:38	1:49	0:53	2:04	2:31	1:51
c	Average time to drive to the incident	4:16	3:44	5:29	7:18	14:54	4:10	8:50	5:25	5:25	4:31	9:26	7:05
d	Number of primary fire incidents attended	4	6	8	4	7	1	3	4	8	2	5	52

The average response time at Melton looks very high for January. However, this is due to 1 incident on the 25th of January at 02:04:13 in Long Clawson, where a caller had rung to say a stable was on fire with horses in it. That night there was a lot of snow in the area and conditions on the road were extremely hazardous. The caller actually rang back to at 02:16:45 to say that the fire was out and the horses were out of the building and that the fire service did not need to attend. They also said that the roads up to the farm were bad with snow and didn't think a fire engine would be able to get to the address, but Control said they would still attend to check. The road conditions were that bad, that crews had trouble actually getting to the station and at least one person ended up running from his house to get to the station to get the appliance mobile. This of course led to an extended turn out time and the drive time was also extended due to the nature of the roads and the bad conditions. One pump actually ended up getting stuck and the crews eventually got in attendance at approximately 02:58:00. This incident has adversely affected the average timings this month, but is important to see the reasons behind the data.

Chart 8: The total average response times of primary fire incidents in January 2021 shows the average call handling time, average mobilisation time, average time to drive and average total response time broken down by district. Oadby and Wigston shows the quickest average response time and Melton shows the longest average response time to primary fire incidents.



3.5 The % availability of Wholetime fire appliances – April 2020 to January 2021

For April 2020 to January 2021, Wholetime fire appliances have been available 99.1% of the time due to crewing, an increase of 0.9% compared to the 3-year average (98.2%). Please note these figures are calculated based purely on the crew/skill availability held on the Systel Data Warehouse. Any unavailability due to mechanical reasons are not included.

Table 21: The % availability of Wholetime fire appliances – April 2020 to January 2021

Station	Appliance	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Castle Donington	18P1	Wholetime	99.98%	100.00%	100.00%	99.87%	99.73%	99.73%	99.44%	99.63%	99.87%	100.00%			99.82%
Birstall	19P2	Wholetime	99.72%	100.00%	99.86%	99.73%	100.00%	100.00%	100.00%	97.80%	99.87%	99.73%			99.68%
Loughborough	20P1	Wholetime	100.00%	98.79%	99.86%	99.33%	98.66%	99.73%	100.00%	98.61%	100.00%	99.87%			99.48%
Loughborough	20P2	Wholetime	99.54%	95.03%	94.44%	91.13%	86.47%	84.49%	97.38%	96.04%	97.98%	99.55%			94.21%
Melton	21P1	Wholetime (07.00 – 19.00)	99.44%	100.00%	99.35%	99.46%	99.73%	99.72%	99.60%	99.35%	98.84%	98.39%			99.39%
Eastern	23P1	Wholetime	100.00%	100.00%	98.89%	100.00%	100.00%	98.75%	99.73%	98.80%	99.73%	100.00%			99.60%

Eastern	23P2	Wholetime	99.79%	100.00%	98.33%	99.73%	99.60%	94.31%	96.75%	97.73%	99.26%	99.33%			98.50%
Western	24P1	Wholetime	100.00%	99.87%	97.59%	99.87%	92.61%	98.47%	100.00%	99.17%	98.66%	100.00%			98.62%
Coalville	25P1	Wholetime	100.00%	99.87%	99.58%	99.87%	99.60%	100.00%	99.60%	99.12%	100.00%	100.00%			99.77%
Central	30P1	Wholetime	99.58%	99.87%	100.00%	99.46%	99.73%	100.00%	99.73%	100.00%	99.87%	100.00%			99.82%
Central	30P2	Wholetime	99.28%	99.87%	99.93%	97.31%	97.72%	98.13%	99.40%	99.26%	94.98%	98.79%			98.46%
Wigston	31P1	Wholetime	99.86%	99.87%	100.00%	99.87%	99.87%	99.65%	99.19%	96.46%	99.87%	99.87%			99.46%
Oakham	33P1	Wholetime	99.93%	99.87%	100.00%	99.80%	100.00%	100.00%	100.00%	99.26%	99.46%	99.46%			99.78%
Market Harborough	36P1	Wholetime (07.00 – 19.00)	99.44%	99.19%	99.44%	99.60%	99.15%	98.33%	99.33%	99.77%	99..73%	99.60%			99.36%
Lutterworth	37P1	Wholetime (07.00 – 19.00)	99.72%	99.46%	99.72%	100.00%	100.00%	99.26%	99.73%	98.94%	99.73%	99.33%			99.59%
Hinckley	38P1	Wholetime	99.86%	99.87%	99.72%	99.87%	100.00%	99.72%	99.73%	99.84%	99.80%	99.73%			99.81%
Southern	40P1	Wholetime	99.98%	100.00%	98.61%	98.92%	98.52%	98.47%	98.66%	99.31%	100.00%	100.00%			99.25%
Total			99.79%	99.50%	99.10%	98.99%	98.19%	98.07%	99.29%	98.71%	99.26%	99.68%			99.06%

January 2021

For January, Wholetime fire appliances have been available 99.7% of the time due to crewing, an increase of 0.4% compared to December (99.3%).

3.6 The % availability of On-Call fire appliances – April 2020 to January 2021

For April 2020 to January 2021, On-Call fire appliances have been available 77.1% of the time due to crewing, an increase of 15.7% compared to the 3-year average (61.4%). Please note these figures are calculated based purely on the crew/skill availability held on the Systel Data Warehouse. Any unavailability due to mechanical reasons are not included. The effects of COVID 19 have had a dramatic increase on the availability of On-Call appliances.

Table 22: The % availability of On-Call fire appliances – April 2020 to January 2021

Station	Appliance	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Melton	21P1	On-Call (19.00 – 07.00)	100.00%	100.00%	99.94%	99.69%	100.00%	100.00%	99.55%	100.00%	99.82%	99.87%			99.89%

	21P2	On-Call	97.44%	97.60%	96.90%	90.64%	87.19%	92.50%	92.19%	97.80%	98.70%	99.40%			95.02%
	Total	On-Call Station	99.43%	99.82%	99.58%	95.28%	95.77%	95.30%	97.11%	98.47%	99.71%	99.80%			98.02%
Coalville	25P3	On-Call	94.10%	93.66%	91.90%	90.97%	82.28%	87.96%	88.89%	90.56%	89.09%	86.65%			89.59%
Ashby	26P2	On-Call	97.13%	93.62%	93.26%	82.08%	87.43%	88.22%	99.10%	88.73%	94.62%	96.10%			91.12%
Shepshed	28P2	On-Call	98.54%	98.39%	95.90%	76.75%	84.03%	77.82%	85.22%	91.92%	91.69%	97.63%			88.77%
Wigston	31P2	On-Call	96.90%	89.67%	81.76%	80.51%	53.99%	54.54%	58.33%	72.20%	60.75%	74.04%			72.22%
Billesdon	32P2	On-Call	20.74%	23.59%	18.19%	26.61%	14.94%	19.31%	23.63%	39.14%	19.38%	14.83%			22.01%
	32P3	On-Call	54.95%	49.46%	41.85%	31.59%	36.11%	40.62%	37.82%	29.70%	36.91%	46.33%			40.52%
	Either	Total	75.69%	73.05%	60.04%	58.20%	51.05%	59.93%	61.45%	68.84%	56.29%	61.16%			62.52%
Oakham	33P3	On-Call	76.57%	69.67%	64.10%	79.03%	68.17%	73.94%	72.04%	73.17%	65.88%	72.63%			71.51%
Uppingham	34P2	On-Call	88.13%	89.36%	81.37%	70.95%	66.73%	61.78%	67.25%	73.13%	72.94%	57.39%			72.86%
	34P3	On-Call	10.16%	8.67%	14.12%	20.34%	23.84%	26.53%	24.64%	21.82%	16.58%	26.79%			19.36%
	Either	Total	98.29%	98.03%	95.49%	91.29%	90.57%	88.31%	91.89%	94.95%	89.52%	84.18%			92.23%
Kibworth	35P2	On-Call	92.31%	82.75%	78.56%	71.10%	63.42%	60.49%	65.01%	69.24%	69.78%	75.99%			72.84%
Market Harborough	36P1	On-Call (19.00 – 07.00)	97.50%	98.57%	99.68%	97.13%	91.85%	94.03%	93.64%	93.89%	95.21%	97.18%			95.86%
	36P3	On-Call	57.92%	47.63%	66.85%	36.02%	38.42%	33.10%	19.98%	31.14%	12.86%	6.84%			34.91%
	Total	On-Call Station	79.86%	65.86%	80.95%	60.46%	61.56%	56.16%	54.41%	58.71%	50.23%	49.47%			61.67%
Lutterworth	37P1	On-Call (19.00 – 07.00)	99.81%	99.55%	99.35%	98.92%	98.12%	98.94%	98.70%	99.68%	99.15%	99.64%			98.18%
	37P3	On-Call	61.02%	66.60%	61.72%	49.58%	45.41%	57.75%	49.71%	57.85%	64.85%	74.49%			58.89%
	Total	On-Call Station	80.63%	81.05%	74.38%	65.91%	65.01%	64.88%	62.70%	68.20%	74.89%	78.03%			71.56%
Hinckley	38P2	On-Call	88.38%	86.18%	84.98%	72.98%	57.72%	72.70%	54.57%	65.00%	66.85%	44.18%			69.20%
Market Bosworth	39P2	On-Call	85.46%	89.87%	83.43%	65.28%	64.83%	62.45%	62.66%	51.69%	58.02%	83.36%			70.70%
Total			87.48%	85.23%	83.06%	75.33%	70.31%	72.81%	71.58%	75.85%	73.52%	76.21%			77.10%

January 2021

For January, On-Call fire appliances have been available 76.2% of the time due to crewing, an increase of 2.7% compared to December (75.9%).

3.7 The % of people overall satisfied with our response – April 2020 to January 2021

We have received 159 public responses to our After the Incident Survey April 2020 to January 2021. 99% of people responding to the survey stated that they are ‘satisfied or very satisfied’ with the overall service they received from Leicestershire Fire and Rescue Service. 1% of people responding stated they were neither ‘satisfied’ nor ‘dissatisfied’ with the overall service. This is 1% less than the previous year figure of 100%. The survey in this format is new and has only been running for the past year.

January 2021

For January, we have received 24 responses to our After the Incident Survey, which is 19 more than we have received in December (5). All 24 responses stated that they were ‘very satisfied’ with the overall service.

3.7a The % of people satisfied with their initial contact with the service – April 2020 to January 2021

We have received 92 public responses to this question in our After the Incident Survey April 2020 to January 2021. 100% of people responding to the survey stated that they are ‘satisfied or very satisfied’ with the initial contact when they called Leicestershire Fire and Rescue Service. This is the same as the previous year figure of 100%.

January 2021

For January, we have received 22 responses to this question in our After the Incident Survey, which is 17 more than we have received in December (5). All 22 responses stated that they were ‘very satisfied’ with their initial contact with the service.

3.7b The % of people satisfied with the service they received at the scene – April 2020 to January 2021

We have received 155 public responses to this question in our After the Incident Survey for April 2020 to January 2021. 100% of people responding to the survey have stated that they are ‘satisfied or very satisfied’ with the service they received at the scene from Leicestershire Fire and Rescue Service. This is the same as the previous year figure of 100%.

January 2020

For January, we have received 24 responses to our After the Incident Survey, which is 19 more than we have received in December (5). All 24 responses stated that they were ‘satisfied or very satisfied’ with the service they have received at the scene.

4.1 Home safety checks – April 2020 to January 2021

The impact by COVID 19 has resulted in new ways of working, as the service has not been able to carry out home safety checks as it has done previously. The number of home safety checks include the number of successful gain entry, successful advice no entry and follow-ups.

There have been 6740 home safety checks April 2020 to January 2021. This is 907 more than the 3-year average of 5833. The previous year shows there were 5547 home safety checks completed during the same period.

The 6740 home fire safety checks can be broken down further:
Successful gain entry 892, a decrease of 3878 home safety checks on last year's (4770).
Successful advice no entry 4826, an increase of 4426 home safety checks on last year's (400).
Follow ups 1022, an increase of 645 home safety checks on last year's (377).

Table 23: Home safety checks – April 2020 to January 2021

Ref	Key Corporate Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 2020 to Jan 2021
4.1	Home safety checks	446	277	493	517	787	870	1035	739	589	987			6740
a	Successful gain entry	32	42	65	65	113	101	124	102	126	122			892
b	Successful advice no entry	328	196	347	348	627	643	740	478	387	732			4826
c	Follow ups	86	39	81	104	47	126	171	159	76	133			1022

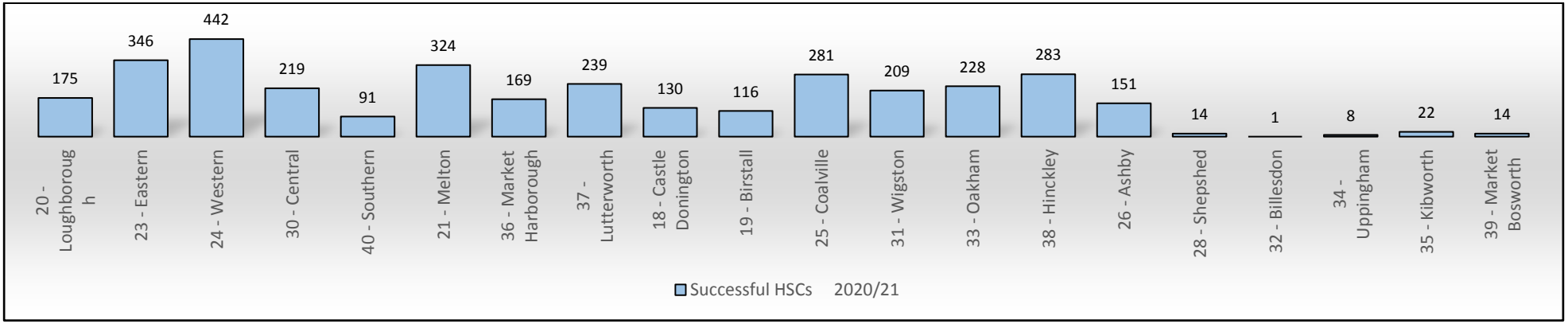
The number of home safety checks are carried out by stations, community safety educators, control, partners and LFRS (website).
The 6740 home fire safety checks can be broken down further:
Stations 3462, an increase of 924 home safety checks on last year's (2538).
Community safety educators 3207, an increase of 551 home safety checks on last year's (2656).
Control 2, an increase of 2 home safety checks on last year's (0).
Partners 55, a decrease of 298 home safety checks on last year's (353).
LFRS (Website) 14, an increase of 14 home safety checks on last year's (0).

Table 24: Home safety checks carried out by stations, community safety educators, control, partners and LFRS (website) – April 2020 to January 2021

Ref	Key Corporate Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr 2020 to Jan 2021
4.1	Home safety checks	446	277	493	517	787	870	1035	739	589	987			6740
a	Stations	39	38	176	164	468	494	619	404	393	667			3462
b	CSE	407	237	297	343	296	374	412	327	196	318			3207
c	Control	0	0	0	0	0	0	0	0	0	2			2
d	Partners data	0	2	20	10	11	0	4	8	0	0			55
e	LFRS (Website)	0	0	0	0	12	2	0	0	0	0			14

The 3462 home safety checks carried out April 2020 to January 2021 by stations are shown below.

Chart 9: The Total Successful HSCs by Station April 2020 to January 2021 shows the number of number completed by stations, ranging from 1 to 442. The stations delivering less than 10 home safety checks were On-Call stations. The stations delivering the most home safety checks were Western (442), Eastern (346) and Melton (324).



January 2021

For January, there were 987 home safety checks, which is 398 more than December (589).

Of the 987, there were 122 successful gain entry. 732 successful advice no entry and 133 follow ups. There were 667 carried out by stations, 318 carried out by community safety educators and 2 by control.

4.2 Home safety feedback surveys – April 2020 to January 2021

There have been 1468 home safety feedback surveys April 2020 to January 2021. This is a new indicator, which is new for this year.

Of the 1468 surveys, 1233 were first visits and 235 were repeat visits. Of the 1233 first visits, 99.9% were satisfied (1 person wasn't satisfied) and of the 235 repeat visits, 100% were satisfied.

January 2021

For January, we have received 100 home safety feedback surveys, which is 27 more than in December (73). Of this, 91 were first visits in January, which is 29 more than in December (62) and 100% were satisfied. There were 9 repeat visits in January, which is 2 less than in December (11) and 100% were satisfied.

5.1 The % of fire safety audits that result in action plans and enforcement notices – April 2020 to January 2021

There have been 491 fire safety audits carried out April 2020 to January 2021 and there have been 54 action plans or enforcement notices. The number of fire safety audits carried out is 211 more than the 3-year average of 280 and the number of action plans or enforcement notices is 31 less than the 3-year average of 85.

The Fire Protection Department continue to work flexibility with a combination of remote 'virtual' audits together with the reintroduction of direct engagement with the Responsible Person on site. The ability for the team to be flexible in their approach is important as the lockdown restrictions continue. Across Leicester, Leicestershire and Rutland, this blended approach has enabled an increase in completed audits from the Risk Based Inspection Programme.

January 2021

For January, there were 87 fire safety audits carried out, which is 24 more than in December (63). There were 11 action plans or enforcement notices issued, which is 5 more than was issued in December (6).

5.2 Fire protection Survey – Overall how satisfied were you with the service received – April 2020 to January 2021

There have been 99 completed surveys received April 2020 to January 2021 and 98 were satisfied with the service they have received, with 1 dissatisfied. As mentioned previously, at present, we only send the survey form to people after a fire safety audit has been completed. We are beginning to carry out more audits, so the number of surveys returned is expected to increase.

January 2021

For January, there were 22 completed surveys received and 21 were satisfied with the service they have received, with 1 dissatisfied. There were 12 more completed than in December (10).

6.1 Average number of days/shifts lost to sickness by operational staff per person – April to December 2020

An average of 3.37 days/shifts per person were lost to sickness by operational staff during April to December, compared to the 3-year average of 4.28 days/shifts lost per person. In total, there have been 1271.68 days/shifts lost to sickness, compared to the 3-year average of 1599.11 days/shifts lost.

The 1271.68 days/shifts lost April to December can be broken down further:
There were 303.98 short term days/shifts lost, a reduction of 179.37 days/shifts lost compared to the 3-year average of 483.35 days/shifts lost. Of the 303.98 short term days/shifts lost, 90.94 short term days/shifts were lost April to June, 121.46 short term days/shifts were lost July to September and 91.58 short term days/shifts were lost October to December.

There were 967.70 long term days/shifts lost, a reduction of 148.06 days/shifts lost compared the 3-year average of 1115.76 days/shifts lost. Of the 967.70 long term days/shifts lost, 313.02 long term days/shifts were lost April to June, 265.00 long term days/shifts were lost July to September and 389.68 long term days/shifts were lost October to December.

The result of COVID 19 has also had an impact on sickness. If you include this data, an average of 5.63 days/shifts would be lost by operational staff during April to December. In total, there have been 855.86 days/shifts lost to COVID 19. There were 263.86 days/shifts lost to COVID 19 April to June, 135.99 days/shifts lost to COVID 19 July to September and 456.01 days/shifts lost to COVID 19 October to December. Looking at the number of days/shifts lost by quarter, the period October to December has been far greater than the first two quarters. There were more days/shifts lost in this quarter, than the first two quarters put together. In respect of operational staff, although the ability to work from home has been significantly more challenging, a number of personnel have been able to do so, and as such it would be impossible to consider the COVID 19 information as lost shifts in its purest sense. It would however, be pertinent to view this figure as the amount of operational shifts impacted, which does have a direct correlation with crewing/resilience requirements during the period. A full detailed report on sickness and reasons for sickness has been produced.

Table 25: The total operational sickness – April to December 2020

Operational Sickness

Wholetime	Short Term Sickness Days/Shifts Lost	Long Term Sickness Days/Shifts Lost	Total Sickness Days/Shifts Lost	Average FTE	Average No of Days/Shifts Lost per person
20 - Loughborough	37.50	110.50	148.00	34.00	4.35
23 – Eastern	26.50	131.50	158.00	41.67	3.79
24 – Western	34.00	175.50	209.50	22.89	9.15
30 – Central	44.50	21.50	66.00	40.67	1.62
40 – Southern	31.00	10.00	41.00	28.00	1.46
Total	173.50	449.00	622.50	167.22	3.72
DC					
21 – Melton	5.57	36.15	41.72	11.00	3.79
36 – Market Harborough	6.90	32.50	39.40	11.50	3.43
37 – Lutterworth	5.89	0.00	5.89	11.00	0.54
Total	18.36	68.65	87.01	33.50	2.60
DCP					
18 – Castle Donington	9.98	15.03	25.01	11.67	2.14
19 – Birstall	10.62	0.00	10.62	11.89	0.89
25 – Coalville	2.85	0.00	2.85	11.67	0.24
31 – Wigston	8.80	46.28	55.08	11.33	4.86
33 – Oakham	16.70	176.06	192.76	14.00	13.77
38 – Hinckley	7.17	75.18	82.35	12.00	6.86
Total	56.12	312.55	368.67	72.56	5.08
Control	29.50	69.00	98.50	26.00	3.79
Non Station	26.50	68.50	95.00	78.33	1.21
Total Operational	303.98	967.70	1271.68	377.61	3.37

Operational Sickness including COVID 19

Total Sickness Days/Shifts Lost	Total Sickness Days/Shifts Lost to COVID 19	Total Sickness Days/Shifts Lost	Average FTE	Average No of Days/Shifts Lost per person
148.00	100.50	248.50	34.00	7.31
158.00	50.00	208.00	41.67	4.99
209.50	52.00	261.50	22.89	11.42
66.00	96.50	162.50	40.67	4.00
41.00	129.00	170.00	28.00	6.07
622.50	428.00	1050.50	167.22	6.28
41.72	6.84	48.56	11.00	4.41
39.40	19.95	59.35	11.50	5.16
5.89	21.66	27.55	11.00	2.50
87.01	48.45	135.46	33.50	4.04
25.01	15.48	40.49	11.67	3.47
10.62	89.28	99.90	11.89	8.40
2.85	35.79	38.64	11.67	3.31
55.08	29.37	84.45	11.33	7.45
192.76	9.51	202.27	14.00	14.45
82.35	17.48	99.83	12.00	8.32
368.67	196.91	565.58	72.56	7.80
98.50	65.50	164.00	26.00	6.31
95.00	117.00	212.00	78.33	2.71
1271.68	855.86	2127.54	377.61	5.63

6.2 Average number of days/shifts lost to sickness by support staff per person – April to December 2020

An average of 3.83 days/shifts per person were lost to sickness by support staff during April to December, compared to the 3-year average of 7.34 days/shifts lost per person. In total, there have been 416.43 days/shifts lost to sickness, compared to the 3-year average of 774.05 days/shifts lost.

The 416.43 days/shifts lost April to December can be broken down further:

There were 62.84 short term days/shifts lost, a reduction of 141.13 days/shifts lost compared to the 3-year average of 203.97 days/shifts lost. Of the 62.84 short term days/shifts lost, 8.84 short term days/shifts were lost April to June, 27.97 short term days/shifts were lost July to September and 26.03 short term days/shifts were lost October to December.

There were 353.59 long term days/shifts lost, a reduction of 216.49 days/shifts lost compared the 3-year average of 570.08 days/shifts lost. Of the 353.59 long term days/shifts lost, 145.27 long term days/shifts were lost April to June, 139.08 long term days/shifts were lost July to September and 69.24 long term days/shifts were lost October to December.

The result of COVID 19 has also had an impact on sickness. If you include this data, an average of 5.67 days/shifts would be lost by support staff during April to September. In total, there have been 200.32 days/shifts lost to COVID 19. There were 107.47 days/shifts lost to COVID 19 April to June, 27.10 days/shifts lost to COVID 19 July to September and 65.75 days/shifts lost to COVID 19 October to December. The last quarter has not seen the increase in day/shifts lost to COVID 19 that the wholetime staff have.

The majority of support staff have maintained working from home and as such, COVID 19 should not be considered as part of lost shifts, more the impact of COVID on Service support staff, is simply identified by the total shifts affected. The loss (in productivity) would likely be minimal in comparison to natural 'shifts lost' data. A full detailed report on sickness and reasons for sickness has been produced.

Table 26: The total support sickness – April to December 2020

Support Sickness

Support	Short Term Sickness Days/Shifts Lost	Long Term Sickness Days/Shifts Lost	Total Sickness Days/Shifts Lost	Average FTE	Average No of Days/Shifts Lost per person
Business Support					
Area Manager	0.00	0.00	0.00	0.78	0.00
Estates and Facilities	3.50	0.00	3.50	4.00	0.88
Finance	5.73	0.00	5.73	6.36	0.90
Information and Technology	0.00	52.00	52.00	10.95	4.75
Service Support	12.43	0.00	12.43	12.83	0.97
Total	21.66	52.00	73.66	34.91	2.11
People and Organisational Development					
Area Manager	0.00	0.00	0.00	1.00	0.00
Human Resources	0.00	78.04	78.04	7.81	10.00
Learning and Development	4.00	63.62	67.62	10.57	6.40
Occupational Health	6.32	10.00	16.32	2.92	5.59
Total	10.32	151.66	161.98	22.30	7.26
Community Risk					
Corporate Risk and Resilience	0.00	0.00	0.00	2.00	0.00
Operational Risk	5.00	11.50	16.50	5.48	3.01
Safer Communities	12.50	127.00	139.50	18.55	7.52
Total	17.50	138.50	156.00		

Support Sickness including COVID 19

Total Sickness Days/Shifts Lost	Total Sickness Days/Shifts Lost to COVID 19	Total Sickness Days/Shifts Lost	Average FTE	Average No of Days/Shifts Lost per person
0.00	0.00	0.00	0.78	0.00
3.50	8.00	11.50	4.00	2.88
5.73	0.00	5.73	6.36	0.90
52.00	3.00	55.00	10.95	5.02
12.43	31.00	43.43	12.83	3.39
73.66	42.00	115.66	34.91	3.31
0.00	0.00	0.00	1.00	0.00
78.04	0.00	78.04	7.81	10.00
67.62	2.50	70.12	10.57	6.63
16.32	0.00	16.32	2.92	5.59
161.98	2.50	164.48	22.30	7.38
0.00	1.00	1.00	2.00	0.50
16.50	3.00	19.50	5.48	3.56
139.50	117.00	256.50	18.55	13.83

Directors										
Support Staff	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00
Total	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00
Operational Response										
Station Support Staff	2.00	0.00	2.00	6.11	0.33	2.00	0.75	2.75	6.11	0.45
Total	2.00	0.00	2.00	6.11	0.33	2.00	0.75	2.75	6.11	0.45
Service Assurance										
Business Assurance	3.00	0.00	3.00	1.00	3.00	3.00	25.50	28.50	1.00	28.50
Corporate Communications	1.00	0.00	1.00	2.78	0.36	1.00	0.00	1.00	2.78	0.36
Information Governance	3.86	11.43	15.29	9.85	1.55	15.29	2.57	17.86	9.85	1.81
Planning and Performance Management	3.50	0.00	3.50	4.56	0.77	3.50	6.00	9.50	4.56	2.09
Total	11.36	11.43	22.79	18.18	1.25	22.79	34.07	56.86	18.18	3.13
Service Delivery										
Service Delivery – Fire Control	0.00	0.00	0.00	0.33	0.00	0.00	0.00	0.00	0.33	0.00
Total	0.00	0.00	0.00	0.33	0.00	0.00	0.00	0.00	0.33	0.00
Total Support	62.84	353.59	416.43	108.86	3.83	416.43	200.32	616.75	108.86	5.67

6.3 Average number of staff on modified duties for the entire month – April 2020 to January 2021

There have been on average, 7.80 members of staff that have been on modified duties for the entire month, per month April 2020 to January 2021. This is 1.53 less than the 3-year average of 9.33.
The breakdown includes 3.40 from Wholetime, 3.80 from On-Call and 0.60 from Support.

January 2021

The breakdown of 7 members of staff on modified duties for the entire month in January:

- Wholetime - 4 - 1 Market Harborough, 1 Western and 2 Non Station.
- On-Call - 3 –, 1 Billesdon, 1 Kibworth and 1 Oakham.
- Support - 0.

6.4 Average number of staff on modified duties at some point throughout the month – April 2020 to January 2021

There have been on average, 12.30 members of staff that have been on modified duties at some point throughout the month, per month April 2020 to January 2021. This is 0.14 more than the 3-year average of 12.16.

The breakdown includes 7.80 from Wholetime, 3.20 from On-Call and 1.30 from Support.

January 2021

The breakdown of 17 members of staff on modified duties at some point throughout the month in January:

- Wholetime – 10 – 2 Hinckley, 2 Loughborough, 2 Non Station, 1 Central, 1 Market Harborough, 1 Melton and 1 Western.
- On-Call – 4 – 2 Market Harborough, 1 Billesdon and 1 Shepshed.
- Support – 3 – 2 People and Organisational Development and 1 Community Risk.

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Status of Report: **Public**

Meeting: **Corporate Governance Committee**

Date: **10 March 2021**

Subject: **Service Development Programme and 'Our Plan 2020-24' – Appendix A tasks**

Report by: **Callum Faint, Chief Fire and Rescue Officer**

Author: **Chris Moir, Planning Manager**

For: **Information**

Purpose

1. The purpose of this report is to inform the Corporate Governance Committee (CGC) of progress made since January 2021 in the delivery of projects within the Service Development Programme and the tasks included in Appendix A of Our Plan 2020-24.

Recommendation

2. The Corporate Governance Committee is asked to note the progress made since January 2021 in the delivery of projects within the Service Development Programme and the tasks that are included in Our Plan 2020-24.

Executive Summary

3. Progress is reported in respect of 14 projects that are currently in various stages of development or implementation. The report also includes progress against the 24 outstanding tasks from Appendix A of Our Plan 2020-24.

Background

4. Below is a summarised update on the status of the projects that are currently being delivered by staff and officers.

Service Development Programme - Project Updates

<u>Emergency Services Network (ESN)</u>

5. A general update from the Government programme has been received regarding some further delays relating to the availability of certain technical elements. On that basis there is a suggestion that full transition may not be achieved until 2025. The Government is currently re-planning based on these delays and will provide an update when this work is completed.

6. Despite these delays, work is progressing locally. The latest coverage testing work packages have all been successfully completed and submitted. The Service Information Team spent two days reviewing the minor roads coverage on the internet portal and produced a report showing that there were still 173 minor roads that need to be tested for coverage. This report was shared with Police and the Ambulance Service. The three Services will discuss how to get these roads tested.

Views Replacement

7. The project will replace the decommissioned ‘views system’ used for performance management and will seek to implement additional planning, risk management and project monitoring capability within the system.

8. The data warehouse continues to be developed internally by the ICT department. An automatic daily update of the Incident Recording System (IRS) information has been successfully established. Initial dashboards, focusing on IRS based key performance indicators were available from 27 January 2021.

9. Work continues with the integration of the risk and vulnerable person information, which should enable dashboards presenting this data to be available from the end of March 2021.

High Reach Appliance Replacement

10. This project has been created to procure and deliver a high reach appliance to replace one of the existing Aerial Ladder Platform vehicles.

11. The options analysis and recommendation report for the high reach appliance type has been approved by the Tactical Management Team (TMT).

12. The supplier selection process has commenced and is due to be completed by the end of June 2021.

Appliance Replacement Project

13. Four replacement pumping appliances have been delivered and are all now operationally available. The project was extended to include the procurement of four further appliances identified in the 2020/2021 capital budget.

14. The current estimate is that those appliances will be built by the end of April 2021 and handed over to Operational Response by the end of July 2021.

Devolved Budget Management Project

15. A project to devolve budget management to department and district managers. The initial implementation took place at the start of the 2019/2020 financial year. The project was paused by SMT until the new Finance Manager was in post. This position has now been filled and a review of the project will be undertaken in line with other Service priorities towards the summer. The Finance Manager will decide if this should continue as a formal project or whether training and embedding of devolved budget management will become a business as usual activity.

On-Call Review Project

16. A project to review, adopt or change procedures or practices to meet the needs of organisational, societal or demographic change within On-Call reward, recruitment, retention and conditions.

17. The final recommendations of the project were submitted to SMT on 27 January 2021. Dedicated SMT workshops have taken place to review the findings and recommendations in detail and agree which elements will be progressed to implementation. The approved recommendations will be shared with TMT in March 2021.

Personal Protective Equipment (PPE) Replacement Project

18. A project to procure replacement operational PPE is progressing well. The sizing exercise has been completed and Bristol Uniforms are currently manufacturing the items. The rollout is on-schedule to be completed before the current contract expires at the end of March 2021.

Virtual Fatal 4 (VF4) Replacement Project

19. A project to develop a VF4 van to replace the existing VF4 car. Unfortunately, there have been significant delays to the project supply chain caused by the Covid-19 pandemic, most recently with suppliers unavailable to complete the vehicle painting and technical fit out. A revised completion date is not known at this time, although a formal launch of the vehicle is still planned to take place later in the year when social distancing restrictions are lifted.

Web GIS Project

20. A project to upgrade to a web-based geographical information mapping system.

21. Stage 2 of the project, which included the creation and live deployment of Firemap (a desktop application providing easier access to map-based incident and hydrant information) was successfully completed on 12 January 2021.

22. The final stage, linking maps to other systems is due to be completed by the end of May 2021.

eOPAS Optimisation Project

23. A project to re-implement eOPAS, the occupational health system, making it fit for purpose to the benefit of Forge Health and LFRS.

24. Stage 1 involved the pre-employment screening process, which was successfully implemented for internal staff on 23 October 2020, however this still needs to be completed to benefit external customers (Forge Health).

25. To progress this effectively and further aspects of the project, the project board have suggested that the input from the Occupational Health Manager role, which is currently vacant, is vital.

26. As such, TMT in December 2020 agreed that further work on the project should be suspended until an Occupational Health Manager is in place.

FireWatch Project

27. A project to develop and improve the functionality of FireWatch, the HR and personnel recording system.

28. Stage 2 focuses on process and reporting improvements. However, given the current capacity of project resources, other commitments and service priorities the original project implementation dates are unachievable. The tasks and timescales within the project will need to be reviewed and re-planned. An exception report outlining the revised plan will be presented to TMT in March 2021 for approval.

Learning Management System Project

29. A project to develop a comprehensive Learning Management System.

30. A system called ORACLE provided by ‘Learning Pool’ was selected and successfully implemented on 30 November 2020.

31. The next project stage, which includes learning pathways and maintenance of competence programmes, and development of the promotions process is due to be completed by the end of February 2021.

Fleet Replacement Project 2020-2021

32. A Project to manage replacement of vehicles identified and supported via agreed Capital Bids.

33. The procurement of three Director cars, nine Fire Protection Officer cars and the non-specialist replacement vehicles (station and workshop vans) was successfully completed at the end of December 2020.

34. The specialist vehicles, including a fogging unit, a welfare vehicle and a rope rescue van have all been ordered and are expected to be delivered by the end of March 2021.

Health and Safety Process Enhancement Project

35. A project to redesign Health and Safety Processes.

36. The first stage of the project, which concentrated on the safety event reporting form and the creation of the SQL database was successfully completed at the end of December 2020.

37. The subsequent stages have been refreshed to ensure that the tasks are delivered in the most appropriate order. The original deliverables and timescales remain unchanged.

Our Plan Action Plan 2020-24 - Appendix A Tasks

Aim 1 – Fewer incidents with lower impact

Continue to undertake our education and enforcement activities, targeting those most at risk.

38. A significant proportion of the year has been spent in some form of national or local Covid lockdown restriction. This has impacted on how both Prevention and Protection activity continues to be delivered across Leicester, Leicestershire and Rutland (LLR). Innovative solutions have continued to be introduced across the organisation to continue to interact with members of the community. The solutions being in the form of both direct interactions with the communities of LLR or if more appropriate a remote form of interaction. The Community Safety Team have been supporting Response in introducing ways to conduct Home Safety Checks (HSC). Virtual HSC's, social media advice and guidance and web-based interaction have all proved successful.

39. The inclusion of safe and well advice has been beneficial as members of the community have continued to face the challenge of Covid-19. In order to ensure members of the community continue to remain safe and well, follow up HSC visits are scheduled with individuals when appropriate. The team of Community Educators have spent time over recent months' quality assuring the HSC's given by response crews. In this way the service can be confident that across the organisation HSCs are consistent in content and delivery. Throughout the pandemic if a highly vulnerable member of the community is identified as requiring a HSC, then the team of CE's will continue to carry out an appropriate socially distanced 'door step' HSC.

40. The team of Fire Safety Inspecting Officers within the Protection Department have returned to conducting the majority of fire safety audits via direct interaction with the community, only visiting premises that are able to demonstrate being Covid compliant. The focus within the Fire Protection

Department and the team of Fire Safety Inspecting Officers continues to be the completion of the annual Risk Based Inspecting Programme (RBIP).

41. The team are also involved with the Building Risk Review (BRR) Programme. The programme is an outcome of the Phase 1 Grenfell Tower Inquiry (GTI). This has identified a significant number of tall buildings in LLR. The team have contacted all Responsible Persons for the identified tall buildings to detail the recommendations of the Phase 1 GTI, offering guidance where required.

Develop an assurance process to indicate how effectively we identify new risks.

42. The assurance procedure indicating how effectively the service identifies new risks has been completed and published.

Evaluate how effective our protection and prevention work is and use the information for future plans.

43. A survey has been used widely used across the organisation during the year to capture and evaluate the work carried out within Protection and Prevention. The information gathered is then evaluated across a number of areas. This includes satisfaction rating, equality diversity and inclusion and behavioural change. The evaluation is being analysed jointly with the Planning and Performance Department and its purpose is to establish if all community groups are being engaged with across LLR.

44. The evaluation will then allow for a more focused and targeted approach with a wider section of the community ensuring all community groups are considered and engaged with. This targeted approach will form the basis of both department and district plans in the future. The analysis of evaluation statistics benefits Community Safety, enabling a more targeted approach to HSCs as well as the Fire Protection Department by ensuring that the 2021-2022 RBIP is based on the very high and high risk premises. As well as being based on operational incident statistical data.

45. Behavioural change evaluation is important as this demonstrates that interaction over a number of visits brings tangible benefits compared to just a single interaction. Follow up visits reinforce behavioural change in individuals, as this is an opportunity to confirm understanding and witness lifestyle changes.

Deliver any required improvements identified in the reports following the Grenfell fire.

46. 48% of the 46 Grenfell Phase 1 inquiry recommendations have been closed with evidence provided. By April 2021 the service forecasts another 14% being closed. Covid-19 has impacted on the planning arrangements for closing recommendations and the remaining 38% will be undertaken during the next financial year. This means the changes to operational response will be delivered during 2021/22. Key deliverables so far include: improvements to the Major Incident procedures; notification of Major Incidents to blue light partners; improved radio communications; Fire Protection department engagement with

building Responsible Persons, and purchasing smoke hoods for casualty rescue.

Aim 2 – Respond effectively to incidents

Use our fire engines flexibly, aiming to attend life threatening incidents in an average of 10 minutes.

47. Total number of standbys from 1 April 2020 to 31 January 2021 is 869 with an average duration of 2hrs 2minutes. This is where fire appliances are moved from their usual base to another location during periods where other appliances are committed to incidents, undertaking training events, community engagements or undergoing unplanned maintenance, to provide an operational response.

Use our firefighters efficiently and flexibly to maximise our appliance availability.

48. To maximise fire appliance availability, the service utilises On-Call staff to provide cover at Wholetime stations where there are crewing deficiencies, for reasons such as sickness, training events or Covid partnership working. On-Call staff were used 264 times for this purpose between April 2020 and January 2021.

Implement alternative crewing arrangements in the event of the Service moving away from the current Day Crewing Plus (DCP) duty system.

49. A service project to identify alternative arrangements for the DCP duty system has been initiated and will deliver alternative solutions during the period of the current IRMP. There have been two project board meetings held to date. Membership includes Trade Union Representatives (FBU and FOA), staff working the DCP shift pattern and Service managers.

Increase the availability of our On-Call appliances to respond to incidents.

50. To assist in the increase of on-call appliance availability the Service has undertaken a number of pieces of work:

    i. Initiated a project to review the On-Call provision with an aim of increasing availability to as close to 100% as possible. The report and recommendations are currently with SMT to consider;

    ii. Increased recruitment. Currently 3 recruitment campaigns per year with 12 individuals recruited per campaign;

    iii. Reduced training times for new starters. In the last 12 months this has reduced from 24 months to train an On-Call member of staff to now 10 months meaning new starters are available to crew appliances in a shorter period of time. The reduced time to train has not reduced the training programme each Firefighter receives.

iv. Trials of alternative contracts. Three On-Call sections are trialling new contracts of employment allowing a flexible approach to hours of availability and use of leave. This has led to increased availability from individuals.

51. At the beginning of the work in 2018 On-Call availability was 50%. Since 1 April 2020 the average availability of On-Call appliances is 79%. (Covid has had a positive impact on On-Call appliance availability as many On-Call staff have been working from their home addresses and supplying additional cover).

Aim 3 – Deliver value for money quality services

Purchase a second high reach appliance to replace the older one of the two vehicles.

52. The Combined Fire Authority approved the procurement of a replacement high reach appliance in February 2020 as proposal 3 of the 2020-2024 Integrated Risk Management Plan (IRMP). Project progress is outlined in paragraphs 10, 11 and 12 above.

Relocate and centralise our Learning and Development facilities.

53. A report outlining the current progress was presented to the Combined Fire Authority (CFA) at its meeting on 10 February 2021.

54. The project is scaling back from a single consolidated site for the Learning and Development Centre to a cost-effective split site solution.

Procure replacement Personal Protective Equipment (PPE) for our firefighters.

55. As outlined in paragraph 19 above, the project is progressing well with all firefighter personal protective equipment on schedule to be replaced by the end of March 2021.

Continue to collaborate with other blue light services and our partner agencies to support our purpose of safer people, safer places.

56. A significant amount of collaboration continues to take place due to the Covid-19 pandemic and this will continue over the coming months. Attendance at the Strategic and Tactical Coordinating Groups and the Local Resilience Forum ensures the Service has the latest information and is able to offer help and assistance where required.

57. The Road Safety Team continue with their positive relationship with Leicestershire Road Safety Partnership. The partnership has confirmed their continued funding for 2021/2022 and this allows the Road Safety Team to continue to focus on and target the agreed road user group of 15-24 year-olds and the new user group of 12-18 year-olds for pedestrian safety.

58. The positive relationships established as part of the HSC process has resulted in a significant number of referrals being received from partner agencies. Across all partner agencies a total of 413 referrals were received and appropriately triaged and prioritised by the team.

59. The Vulnerable Persons (VP) module continues to receive referrals on a weekly basis. On average the team are receiving 40 VP referrals per week. Each referral will require the team to triage the referral and contact partner agencies as necessary. Several referrals require the input of the Vulnerable Adult Risk Management (VARM) Framework to ensure the correct level of multi-agency involvement. The VP referral process has received positive feedback from a number of partner agencies but specifically the Leicester Clinical Commissioning Group Complex Care Team.

60. 84 Operational Response training exercises that included three fire appliances or more have been completed between April and December 2020. These included cross border exercises with neighbouring fire and rescue services, other blue light services and a selection of partner agencies. These were undertaken at a range of risk locations and involved specialist exercises such as Urban Search and Rescue.

<u>Develop the bistro area of the headquarters building to maximise office space and explore opportunities for leasing the space to generate income.</u>

61. The development of the Bistro area at Headquarters has not been progressed significantly to date. SMT are however considering the use of the area by internal LFRS departments.

Aim 4 – An engaged and productive workforce

<u>Enable our staff to do the right thing to help our communities.</u>

62. Despite the impact of Covid-19, the Learning and Development team have continued to deliver operational training to suit current conditions to ensure that staff remain competent in skills required to respond to incidents. They have secured additional kit (360-degree cameras etc.) under the Covid-19 budget to further adapt training to be delivered in a compliant way. They are currently exploring the concept of web streaming training to stations.

63. The service continues to use competency based interviewing for all roles. This has been based on frameworks that staff agreed for operational roles. Most support roles have now been mapped and these frameworks will go on to be used in the development of appraisals on the Oracle (learner management system).

64. The first stage of Oracle launched early, providing on-line learning material on safeguarding and mental health and wellbeing. The project continues to progress and all operational technical competencies are being mapped onto the system to facilitate recording of evidence linked to maintenance of competence.

Implement a Learning Management System (LMS) to record operational competence.

65. The new LMS has been implemented as detailed in paragraphs 31 to 33. The project team continue to work with individual teams/stakeholders to create the required look, feel and content of the courses within the system.

Undertake a staff survey, sharing the results and developing improvement plans.

66. The 2020 staff survey has been completed and the results communicated. The six initial themes from the Survey which were identified as requiring attention have been shared with staff. Actions to address these themes will feature in individual district and department plans during 2021/2022.

Embed the Service's values and behaviours throughout the organisation.

67. The staff survey and the HMICFRS Covid survey results confirmed that LFRS staff have a high level of awareness of the Service behaviours.

68. Embedding of the Service values and behaviours will continue during 2021/2022 alongside the new National Fire Chiefs Council Code of Ethics. The Code is designed to guide all Fire and Rescue Service employees in their day-to-day conduct, providing professional standards of practice and behaviour to carry out business honestly and with integrity and to underpin organisational culture. It provides the expectations for how employees should behave in any given situation, to assist with decision-making.

Aim 5 – Provide assurance

Implement a performance management system.

69. The internal development is continuing with the creation of a data warehouse with links to some of the Service's major data systems. An update is provided in paragraphs 7 to 9. Early provision of dashboard performance reports for key performance indicators and community safety feedback are now available. Further dashboards linking to other system data will be introduced on a phased basis through to August 2021.

Complete the Black, Asian and minority ethnic (BAME) community safety initiative.

70. A summary report created by the University of Leicester which outlined the findings and recommendations for improving engagement with BAME communities was presented to TMT on 21 January 2021. The main recommendations, which were approved for implementation, include the creation of a visual strategy for a person-centred approach to fire safety and the creation and delivery of a training package for community engagement and fire safety.

Implement our HMICFRS Improvement Plan.

71. Progress is continuing on the Improvement Plan produced to address the areas highlighted in the inspection report produced by Her Majesty's Inspectorate of Constabulary's and Fire and Rescue Services (HMICFRS). A separate detailed report has been submitted to the Corporate Governance Committee meeting on 10 March 2021.

Implement a universal web-based mapping system.

72. The project to implement Cadcorp GIS Web Mapping (Corporate platform of Web based maps and data) is covered in paragraphs 22 to 24 above.

Publish Annual Data Protection Officer's (DPO) report.

73. The Data Protection Officer (DPO) continues to publish quarterly monitoring and update of activity reports to TMT, the latest being quarter 4 covering activities between 1 September and 31 December 2020. The annual DPO report (covering the period 1 January to 31 December 2020) was presented to TMT on 18 February 2021. Following approval there, the report will now be presented to the Senior Management Team.

Improve how we communicate using social media and our website.

74. Over the last months of the financial year, LFRS have been targeting a lot of social media in line with the weather warnings received in the county. Timely messages were sent out in line with flood warnings, showing photos from real incidents of cars stuck in floodwater, to try and 'hit home' to audiences the reasons why they should not drive through floods. Social posts were also scheduled for the snow with safety messaging. The format of these posts was varied with a mixture of new animations and static images. These were all tailored to the current lockdown, reminding audiences to only drive 'if it is an essential journey'.

75. On-Call recruitment was the main focus on social media throughout January and February. Brand new profiles of current On-Call Firefighters were shared to encourage people to apply. We also pushed the 'Workshop Wednesday' Zoom meetings. A press release was written and shared on social media and the website, focusing on Meghan, an On-Call Firefighter at Ashby. This was picked up from the channels by the Leicester Mercury and later BBC Radio Leicester, who spoke to Meghan (promoting On-Call Recruitment and more females becoming Firefighters) on 17 February.

76. Overall, social posts promoting On-Call recruitment reached 8,381 people.

Improve engagement with our communities.

77. Targeted engagement for festivities has continued – for example for Chinese New Year, the service shared topical and timely posts on why it is dangerous to use paper lanterns, and cooking safely.

78. Supporting partner agencies with messaging about the Coronavirus vaccine – helping to share the message of what age groups it is available for and how to book in, sharing myth busting messages, and showing that the fire service is 'Ready, Willing and Able' to step up to provide support. Though volunteering has not been required from LFRS, posts have been shared from other fire and rescue services who have been volunteering, such as by administering vaccines – to show communities that they are supported in many ways, 'not just fires'.

79. As always, engagement has taken place with communities on national campaigns – such as 'Time to Talk Day' for mental health – signposting support, and acknowledging that the lockdown restrictions could be impacting our communities.

Report Implications/Impact

80. Legal (including crime and disorder)

    Legal issues are dealt with within each project or task. There are no items for Corporate Governance Committee's attention.

81. Financial (including value for money, benefits and efficiencies)

    Financial issues are dealt with within each project or task. There are no items for Corporate Governance Committee's attention.

82. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

    The current Covid-19 situation represents a risk to some of the projects currently being undertaken. Individual project risk registers will continue to be maintained; however, it should be noted the uncertainty around allocation of internal resources and when suppliers will return to 'normal', means that the situation is changing regularly and as such it may not be possible to detail the absolute latest position in this report.

83. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

    Stakeholder engagement is considered within the delivery of each project or task. An Equality Impact Assessment will be undertaken where necessary on all activities.

84. Environmental

    Environmental impacts are considered within the delivery of each project or task. There are no items for Corporate Governance Committee's attention.

85. Impact upon Our Plan Objective

These projects and tasks are designed to assist the CFA in meeting all of the objectives detailed in 'Our Plan 2020-24'.

Background Papers

None.

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Status of Report: **Public**

Meeting: **Corporate Governance Committee**

Date: **10 March 2021**

Subject: **Organisational Risk Register**

Report by: **The Chief Fire and Rescue Officer**

Author: **Stuart Brewer, Corporate Risk and Resilience Manager**

For: **Information**

Purpose

1. The purpose of this report is to inform the Corporate Governance Committee (CGC) of the progress made in the identification, documentation and management of organisational risk through the Organisational Risk Register (ORR).

Recommendation

2. The Committee is asked to note the content of the report and the Organisational Risk Register (see attached Appendix).

Executive Summary

3. The ORR contains high level details of the risks faced by the Service and the control measures applied to mitigate the likelihood and/or impact of the risk.

4. The ORR consists of three parts:

    a. Corporate Risk Register (CRR) – hazards posing a potential for significant risk to day to day running of the Service;
    b. Project Risk Register (PRR) – highest level risks affecting the delivery of Service projects; and
    c. Risks arising from the Health, Safety and Welfare process and procedure.

5. The Covid-19 outbreak continues to have a significant impact on the Organisational Risk process. The additional demands made on staff by the response to Covid-19 has resulted in delays to the regular review process. However, key individual risk assessments were kept up to date and new assessments were undertaken throughout.

6. The overall level of assessed risk has remained steady since the last report to the Committee. The long-term trend in risk continues downward due to the implementation of planned control measures.

7. Two (2) new risks have been highlighted in Chapter 2 that are identified as requiring STRATEGIC oversight; these are being managed by the individual Programme Boards with oversight by Senior Management Team (SMT).

Background

8. The ORR is a live document. Regular review is essential to ensure it remains current and accurate, reflecting risks and the control measures applied to mitigate them. The current ORR was validated by the SMT in February 2021. The revised Register can be found in the Appendix to this report.

9. The ORR does not cover areas of risk to the Service where the hazard can be adequately managed within existing risk management processes such as health and safety reporting or debriefs. This helps to prevent duplication of effort.

10. The underpinning detail that supports the ORR is recorded on Risk Assessment Templates (RATs). These are created by Risk Owners and are subject to regular review.

11. The overall level of risk has remained steady. There has been some incremental change to the individual risk assessments, mainly as a result of planned risk mitigation work. Changes of note include:

    a. 17/05 “Grenfell Tower review” updated to include lessons from The Cube and Manchester Arena Attack work streams. It is recommended that the hazard statement is reconsidered at next review to incorporate this assessment into a wider “Failure to Learn” risk assessment.

    b. 15/07 “Mass Absence due to Pandemic Diseases” moved to TOLERATE due to implementation of all reasonable control measures.

    c. 18/07 “…failure of the mobilising system” returned to TREAT from TOLERATE due to addition of new control measures.

    d. 16/06 “Targeted Theft” rewording of Hazard Statement for clarity and addition of further control measures with no impact on the overall assessment.

    e. 18/01 “Failure to comply with GDPR” all control measures in place reducing risk to residual levels. This will be recommended for re-designation to TOLERATE and removal from the register at next review.

    f. 18/03 “Financial Challenges” underwent a full review of Control Measures and validation of risk scoring.

g. 17/06 “Lack of qualified command staff” recommended for removal from the register as all control measures are now in place and further oversight can be managed within normal operating procedures.

h. 20/02 “…adoption of new technology” was also recommended for removal from the register as all control measures are now in place and further oversight can be managed within normal operating procedures.

i. The Risk Management Matrix has been amended to reflect lessons learned during the last twelve months and now better reflects the management level required for STRATEGIC risks.

j. Project risk as detailed on the Register has changed significantly with the subsequent increase from one risk to three. The two new risks have both been assessed as requiring STRATEGIC oversight and will be managed by the individual Project Boards with SMT providing oversight.

- 20/P01 “Views Replacement Project” has been identified as a VERY HIGH risk requiring STRATEGIC oversight due to lack of specialist resource

- 20/P02 “Web GIS Project” has been identified as a VERY HIGH risk requiring STRATEGIC oversight due to lack of specialist resource

12. Chapter Three has been reformatted to move away from the broad-brush statements of concerns previously used. The content of the Health and Safety chapter is now linked directly to the other risks identified in Chapter One and Chapter Two allowing direct comparison of risk across the whole of the ORR. This not only improves our ability to compare risks across all three chapters but also meets the recommendations on reporting risk from a peer review of our Health and Safety processes.

13. There are some differences in the formatting of the risk reporting in Chapter Three with risks divided into “Specific Hazards” and “Management Risks” and a supporting rationale for the reported risk is given.

14. The Health and Safety Department has provided the following rationale intended to help explain the reason and methodology behind the new input and format of Chapter Three:

15. Health safety and welfare risks may present themselves in two categories;

a. Risks relating to **specific hazards** faced by our staff - Risks relating to specific hazards are focussed on the health and safety impact of that hazard not being properly controlled within the service in light of new information, new activities, or because the service hasn’t fully put in place a control strategy.

b. Wider risks relating to the management of health and safety more broadly - Wider health and safety **management risks** relate to issues with one of our main control measures such as management training or the conduct of risk assessments where they might not be fully implemented within the service. The impact of this type of risk may occur amongst different types of staff undertaking different activities and facing different hazards, therefore, the likely impact may be widespread and difficult to predict.

16. This new style of reporting was approved by SMT in February 2021.

17. A training session for CFA Members was held on 20 January 2021; this was to refresh understanding on the Members' role in the Risk Management process. Learning from this session and from the ongoing process of revision and review has resulted in the commencement of a full refresh of the Risk Management Guidance document and the updating of the Risk Management Policy. It is intended that these are completed by the end of June 2021.

Report Implications/Impact

18. Legal (including crime and disorder)

    Anticipating and responding to emerging risks will assist the Service in meeting its legal obligations.

19. Financial (including value for money, benefits and efficiencies)

    The financial expenditure needed to mitigate risk will vary according to the control measures applied to them. Adopting best value principles ensures expenditure does not outweigh the benefits. Early identification and mitigation of risks has been shown to reduce potential costs, through avoidance of risk or reduction in impact where risks come to fruition.

20. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

    The effective management of risk enables the Service to deliver all of its Strategy Outcomes. Failure to manage risk appropriately may result in criticism in future audits/peer reviews.

21. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

    Risk owners should ensure that timely reviews of their risks are carried out and the Risk Assessment Template (RAT) updated accordingly. This will assist in embedding the risk management process into mainstream activities.

22. Environmental

    None.

23. Impact upon Our Plan Objectives

Effective management of risk will assist in early identification and treatment of hazards that threaten the ability to deliver all of our objectives.

Background Papers

Report to the Corporate Governance Committee 16 September 2020- Organisational Risk Register
https://leics-fire.gov.uk/your-fire-service/decision-making/cfa-meetings/

Appendix

Appendix– Organisational Risk Register

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LEICESTERSHIRE
FIRE and RESCUE SERVICE

Organisational Risk Register

2021

SAFER PEOPLE SAFER PLACES

Created: January 2021
Reviewed: February 2021
Owner: Corporate Risk

Safer Communities

SAFER COMMUNITIES

AIM: **FEWER INCIDENTS WITH LOWER IMPACTS**

OUTCOMES:

1) Targeted prevention and protection activities
2) Recognise and reduce the impact of hazards
3) Resilient operational risk information
4) Effective partnership working

RAT ID	HAZARD	STRATEGY OUTCOME AT RISK	EXISITING CONTROL MEASURES	CURRENT RISK (with control measures)				CONTROL MEASURES TO BE IMPLEMENTED	CONTROL MEASURE OWNER	IMPLEMENTATION DATE	RESIDUAL RISK (after all control measures)				RISK MANAGEMENT PROCESS (Tolerate, Treat, Transfer, Terminate)
				L	I	R	ML				L	I	R	ML	
17/05	Failure to meet Central Government and public expectations in relation to the Grenfell Tower review	1,2,3,4	Collaboration Policy and Procedure Communications	**3**	**3**	**H**	**TC**	Review to include lessons from incidents such as The Cube and Manchester Arena attack.	Community Risk	December 2021	**2**	**2**	**M**	**OP**	Treat

Response

RESPONSE

AIM: RESPOND EFFECTIVELY TO INCIDENTS

OUTCOMES:

1) Manage calls to fires and other emergency incidents
2) Provide a 24/7 response to local, regional, national and international incidents
3) Supply the appropriate resources and attend incidents to meet the needs of our communities
4) Meet our communities' expectations in resolving incidents

RAT ID	HAZARD	STRATEGY OUTCOME AT RISK	EXISITING CONTROL MEASURES	CURRENT RISK (with control measures)				CONTROL MEASURES TO BE IMPLEMENTED	CONTROL MEASURE OWNER	IMPLEMENTATION DATE	RESIDUAL RISK (after all control measures)				RISK MANAGEMENT PROCESS (Tolerate, Treat, Transfer, Terminate)
				L	I	R	ML				L	I	R	ML	
15/07	Mass absence of staff due to pandemic disease, impacting on our ability to meet the Priorities identified in Our Plan 2020.	1,2,3,4	Collaboration Policy and Procedure Communication	**2**	**3**	**M**	**TC**	NONE	N/A	N/A	**2**	**3**	**M**	**TC**	Tolerate
17/03	Systel failure leading to loss of risk information (Cat 1/2/3/4)	3,4	Collaboration Policy and Procedures Communications	**1**	**4**	**M**	**TC**	NONE	N/A	N/A	**1**	**4**	**M**	**TC**	Tolerate

15/05	Industrial action by operational staff	1,2,3,4	Collaboration Policy and Procedures Communications	**5**	**3**	**H**	**ST**	NONE	N/A	N/A	**5**	**3**	**H**	**ST**	Tolerate
15/04	Failure of any part of the mobilising system	1,2,3,4	Collaboration Assurance Learning and Development Resources	**3**	**5**	**VH**	**ST**	Fault identification and management guide issued to Control Automated monitoring and reporting of critical areas Scheduled maintenance plan	Tri-Service Tri-Service Tri-Service	Mar 2020 Mar 2020 Mar 2020	**2**	**3**	**M**	**TC**	Treat
17/01	Not enough On-Call duty system appliances available	2,3,4	Policy and Procedure Learning and Development Resources	**3**	**3**	**H**	**TC**	On-Call Project aimed at improving On-Call availability	ACO Service Delivery	Ongoing	**2**	**2**	**M**	**OP**	Treat
17/04	Lack of specialist resources	2,3,4	Collaboration Policy and Procedure Resources	**2**	**3**	**M**	**TC**	NONE	N/A	N/A	**2**	**3**	**M**	**TC**	Tolerate

18/07	Inability to detect faults at one of the three data centres hosting the mobilising system	1,2,3,4	N/A	**2**	**4**	**H**	**TC**	Re-design of START Mobilising system Decommissioning redundant data centre Infrastructure update	AM Tri-Service Control AM Tri-Service Control AM Tri-Service Control	Prior to de-commission of NFRS site Prior to de-commission of NFRS site April 2021	**1**	**3**	**L**	**OP**	Treat
20/05	Harm to staff and the wider Service as a result of the undertaking of additional duties outside of the norm whilst assisting other agencies as part of the response to the COVID 19 outbreak.	3,4	Policy and Procedure Learning and Development Resources	**3**	**3**	**H**	**TC**	None	N/A	N/A	**3**	**3**	**H**	**TC**	Tolerate

FINANCE AND RESOURCES

Finance and Resources

AIM: **DELIVER VALUE FOR MONEY QUALITY SERVICES**

OUTCOMES:

1) A well-managed and transparent budget
2) Robust and efficient procurement activities
3) Reliable and effective ICT systems
4) Fit for purpose estate, vehicles and operational equipment

RAT ID	HAZARD	STRATEGY OUTCOME AT RISK	EXISITING CONTROL MEASURES	CURRENT RISK (with control measures)				CONTROL MEASURES TO BE IMPLEMENTED	CONTROL MEASURE OWNER	IMPLEMENTATION DATE	RESIDUAL RISK (after all control measures)				RISK MANAGEMENT PROCESS (Tolerate, Treat, Transfer, Terminate)
				L	I	R	ML				L	I	R	ML	
16/06	Targeted theft from Service premises resulting loss or damage to operational equipment and vehicles and subsequent reduction in operational capability.	4	Policy and Procedure Assurance Communications Resources	**3**	**1**	**L**	**OP**	Review of adequacy of arrangements	Estates Dept.	July 2021	**2**	**1**	**L**	**OP**	Treat

18/01	Failure to comply with the General Data Protection Regulation and subsequent Data Protection Act		Assurance Learning and Development Resources	**1**	**3**	**M**	**TC**	Provide a process for managing the Corporate Register of Personal Data Processing Activity Review Data protection compliance post EU Brexit transition period	IG Manager (DPO) IG Manager (DPO)	January 2021 January 2021	**1**	**3**	**M**	**OP**	Treat
18/02	Failure to prevent loss of data due to malicious action or negligence		Policy and Procedure Communications Resources	**3**	**5**	**VH**	**ST**	Cyber Essentials Plus	ICT Manager	Apr 2021	**3**	**4**	**H**	**ST**	Treat

18/03	LFRS fails to respond adequately to the financial challenges facing them. This can be due to a reduction of spending power as a consequence of the COVID-19 pandemic or changes in government funding. Along with being unable to fund any additional statutory requirements places on the Service.	1	Assurance Resources	**4**	**4**	**VH**	**ST**	Budget balanced in 2021/22 Consider use of reserves in short term Revise obligations in Our Plan 2021-2024 Medium Term Financial Plan 2021 – 24 (1-year settlement only) 75% compensation for National Non Domestic Rates shortfall	Treasurer CFO CFO/SMT Treasurer Treasurer	Feb 2021 Feb 2021 Feb 2021 Feb 2021 2021/22	**3**	**4**	**VH**	**ST**	Treat

20/04	Failure of key suppliers	1,2,4	Assurance Governance	**1**	**2**	**L**	**OP**	NONE	N/A	N/A	**1**	**2**	**I**	**OP**	Tolerate

People

PEOPLE

AIM: **AN ENGAGED AND PRODUCTIVE WORKFORCE**

OUTCOMES:

1) The right people
2) In the right place
3) Doing the right thing
4) In the right way

RAT ID	HAZARD	STRATEGY OUTCOME AT RISK	EXISITING CONTROL MEASURES	CURRENT RISK (with control measures)				CONTROL MEASURES TO BE IMPLEMENTED	CONTROL MEASURE OWNER	IMPLEMENTATION DATE	RESIDUAL RISK (after all control measures)				RISK MANAGEMENT PROCESS (Tolerate, Treat, Transfer, Terminate)
				L	I	R	ML				L	I	R	ML	
19/01	A death or serious injury occurs as a result of a failure to operate safe systems of work	1,2,3,4	Policy and procedure Assurance Learning and Development Resources Communications	**2**	**5**	**VH**	**ST**	Review of Health and Safety Risk Assessments	Health and Safety	Mar 2021	**1**	**5**	**H**	**TC**	Treat

20/03	Staff coming to harm due to contracting Coronavirus whilst undertaking training courses at the Learning and Development Centre.	1,2,3,4	Learning and Development Health and Safety	**1**	**4**	**M**	**TC**	NONE	N/A	N/A	**1**	**4**	**M**	**TC**	Tolerate

Governance

GOVERNANCE

AIM: **PROVIDE ASSURANCE**

OUTCOMES:

1) Well informed communities
2) Well informed staff
3) We'll know what our communities think of us
4) We'll know what our staff think of us

RAT ID	HAZARD	STRATEGY OUTCOME AT RISK	EXISITING CONTROL MEASURES	CURRENT RISK (with control measures)				CONTROL MEASURES TO BE IMPLEMENTED	CONTROL MEASURE OWNER	IMPLEMENTATION DATE	RESIDUAL RISK (after all control measures)				RISK MANAGEMENT PROCESS (Tolerate, Treat, Transfer, Terminate)
				L	I	R	ML				L	I	R	ML	
N/A	N/A	N/A	N/A	-	-	-	-	N/A	N/A	N/A	-	-	-	-	N/A

Assessments Removed or Archived During the Current Year

RAT ID	HAZARD	STRATEGY OUTCOME AT RISK	FINAL RISK SCORE				REASON FOR REMOVAL	DATE REMOVED
			L	I	R	ML		
18/04	Failure to adhere to procurement rules resulting in vulnerability to legal challenge and non- achievement of value for money	FINANCE and RESOURCES 1,2	**2**	**4**	**H**	**TC**	Procurement programmes now based on use of Frameworks or in collaboration with partners (i.e. purchase of software in collaboration with Leicester City Council). Risk to be reviewed following outcome of internal audit.	August 2020
20/06	Staff at risk of fraudulent action due to exploitation of the Test and Trace program for COVID-19	FINANCE and RESOURCES 1,2,3,4	**5**	**3**	**H**	**ST**	All control measures put into place. National Test and Trace did not materialise and therefore risk did not fully materialise.	August 2020
17/06	Lack of qualified Incident Command staff at Levels 1,2,3 and 4	PEOPLE 1,3,4	**1**	**3**	**M**	**OP**	Control measures in place. New programme of Incident Command refresher courses in place.	January 2021
20/02	Damage to reputation and/or financial loss as a result of adopting new communication technology during the COVID-19 outbreak without the usual extended testing and validation.	FINANCE and RESOURCES 3	**1**	**2**	**M**	**OP**	Control measures in place	January 2021

Project Risks

PROJECT REF	HAZARD STATEMENT	RISK ASSESSMENT SCORES				PROJECT CONTROL MEASURES
		L	I	R	O	
18/P03	**ESN Project** There is a possibility that the Home Office will select Plan D (project pause/shutdown) which will mean that the ESN project will be stopped and a suitable replacement will need to be selected and chose.	**3**	**4**	**VH**	**ST**	• Information to be provided by the Centre • Risk has been elevated to the Chief Fire Officer
21/P01	**Views Replacement Project:** Lack of development resource to complete data warehouse work.	**5**	**4**	**VH**	**ST**	• Increase in ICT establishment to allow for a full time development role
21/P02	**Web GIS Project:** Lack of development resource to complete data warehouse work.	**5**	**4**	**VH**	**ST**	• Increase in ICT establishment to allow for a full time development role

Health, Safety and Welfare Risks

H&S REF	HAZARD STATEMENT	RATIONALE	RISK ASSESSMENT SCORES				CONTROL MEASURES
			L	I	R	O	
21/HS01	**Management of contaminants (Specific Hazard)** There is a possibility that staff could come to harm as a result of exposure to contaminants during their employment with the Service. LFRS has a moral and legal obligation to reduce the risk posed to staff in the long, medium and short term.	The interim guidance from the UCLAN / FBU research has now been published. The HSE has been asked for this to form the basis of risk control for contaminants The scientific review identifies significant potential risks for Firefighters and other staff who attend fire scenes and identify control measures which will require planning, investment and cultural changes to implement. The impact of the risk is very high as it is linked to fatal illness as well as other issues such as morale. The likelihood is medium/low as the impact is likely to be experienced in the long term.	**2**	**5**	**VH**	**ST**	• Consideration of PDA review. • Review of risk assessments for • staff activities and third parties. • Review of station layout & zoning. • Review of provisions for maternity and new mothers. • Review of SCBA use for post fire activities. • Management of contaminants procedure. • Training to be provided to a more diverse range of staff following an update informed by the research.

21/HS02	**Management of manual handling (Specific Hazard)** There is a possibility that staff may come to harm as a result of the failure to apply appropriate manual handling techniques. LFRS has a morale and legal obligation to reduce the risk posed to staff in the long, medium and short term.	Manual handling is especially problematic within fire services as lifts have to take place in time critical scenarios when staff are already fatigued. This puts the individual at greater risk as they are less likely to lift in a textbook manner and are more vulnerable to injury when already fatigued. In non-fire scenarios, lifts are often undertaken in poor postural positions due to the layout of domestic premises. The impact of this risk is significant as many lifts could have the potential to injure operational staff as textbook technique cannot be applied due to the limitations detailed above plus there is a specific risk of injuring a vulnerable person such as a bariatric person or elderly, infirm or end of life patient as lifting them could be inherently hazardous. Likelihood is medium high as these lifts are commonplace and the standard control measures in the hierarchy of control are not available to the service in most instances.	**3**	**4**	**VH**	**ST**	• Training improvements. • Lifting sheet roll out. • Manual handling procedure. • Liaison regarding care plans. • Manual handling assessments to be developed further.

21/HS03	**Health and Safety training provision (Management Risk)** There is a risk that LFRS may not meet its obligations to provide effective health and safety training for staff resulting in a potential for harm and possible breach of statutory duty.	The service has a legal responsibility to provide effective H&S training for managers to ensure that these managers understand their responsibilities and implement the control measures relevant for the protection of our staff and others. This lack of training may result in the service being found directly in breach of its duties or it may lead to a breach in another statutory H&S duty. The risk's impact is significant due to the potential for statutory breach, however, likelihood should reduce.	**2**	**5**	**VH**	**ST**	• Completion of roll out of management training.
21/HS04	**Failure to complete suitable and sufficient Health and Safety Risk Assessments (Management Risk)** There is a risk that LFRS may fall in its duty to ensure an adequate and effective system of H&S risk assessment is in place, which may result in harm to staff and failure to meet statutory obligations.	A number of LFRS staff have successfully passed the IOSH risk assessment course provided by Leicestershire Police. Despite this cadre of trained staff being available, fewer risk assessments have been developed than was originally intended. Impact is high as lack of risk assessments and the actions that they drive can be a breach of duty, however, the likelihood of this happening will diminish under the new system when implemented.	**2**	**5**	**VH**	**ST**	• Roll out of new risk assessment form and monitoring of adoption.

Risk Assessment Matrix

IMPACT	5		19/01 21/HS01 21/HS03 21/HS04	15/04 18/02		
	4	17/03 20/03	18/07	18/P03 21/HS02	18/03	21/P01 21/P02
	3	18/01	15/07 17/04	17/01 17/05 20/05		15/05
	2	20/04				
	1			16/06		
		1	2	3	4	5

LIKELIHOOD	
VERY HIGH	High level risk with the potential to cause catastrophic damage to the reputation, finances or governance of the Service
HIGH	Mid-high level risk possibly requiring significant amendment to policy/procedure and significant financial outlay
MEDIUM	Low-mid level risk possibly requiring new policy and/or some financial outlay
LOW	Low level risk capable of being managed within normal service policy and procedure

Risk Management Matrix

IMPACT						
	5		19/01 21/HS01 21/HS03 21/HS04	15/04 18/02		
	4	17/03 20/03	18/07	18/P03 21/HS02	18/03	21/P01 21/P02
	3	18/01	15/07 17/04	17/01 17/05 20/05		15/05
	2	20/04				
	1			16/06		
		1	2	3	4	5

LIKELIHOOD

CORPORATE	Those risks likely to require management oversight by the CFA and/or SMT
STRATEGIC	Those risks likely to require management oversight by SMT
TACTICAL	Those risks likely to require management oversight by the HSW Committee and sub-groups, Tactical Manager's Team (TMT) and/or individual Directors
OPERATIONAL	Those risks likely to require management oversight by individual Group and Station Managers and/or TMT

Glossary of Terms and Abbreviations

Likelihood (L) - A measurement of how frequent and/or probable it is that a consequence will actually be realised

Impact (I) - An estimate of the harm that could be caused by an event

Operational (OP) - Those risks likely to require management oversight by individual Group and Station Managers and/or GMT

Tactical (TC) - Those risks likely to require management oversight by the HSW and CRM Committee and sub-groups, Group Manager's Team (GMT) and/or individual Director

Strategic (ST) - Those risks likely to require management oversight by SMT

Corporate (C) - Those risks likely to require management oversight by the CFA and/or SMT

Low (L) - Low level risk capable of being managed within normal service policy and procedure

Medium (M) - Low –mid level risk possibly requiring new policy and/or some financial outlay

High (H) - Mid-high level risk possibly requiring significant amendment to policy/procedure and significant financial outlay

Very High (VH) – High level risk with the potential to cause catastrophic damage to the reputation, finances or governance of the Service

Status of Report: **Public**

Meeting: **Corporate Governance Committee**

Date: **10 March 2021**

Subject: **Industrial Action Business Continuity Planning**

Report by: **The Chief Fire and Rescue Officer**

Author: **Andy Galway, Area Manager – Service Assurance**

For: **Decision**

Purpose

1. The purpose of this report is to inform the Committee that the appropriate arrangements are in place to support the third party providers internally within Leicestershire Fire and Rescue Service (LFRS) with the activation of the business continuity plan, should the arrangements be called upon.

Recommendation

2. It is recommended that the Committee closes this item. No additional reports will be presented to the Committee unless the 'Industrial Action Business Continuity' arrangements need to be activated, or arrangements need to be significantly adjusted.

Executive Summary

3. The Combined Fire Authority (CFA) is required by law to have effective Business Continuity Plans and make every effort in the event of Industrial Action to maintain the full range of response services.

4. The CFA agreed at its meeting in September 2019 to approve the use of third-party contingency providers, supported by internal arrangements, in order to satisfy the minimum response suggested by the Home Office of maintaining six fire engines during periods of industrial action.

5.

Background

6. In November 2020 a report was presented to this Committee which confirmed that the request in September 2019 to arrange with a third party provider to ensure that suitable business continuity arrangements were in place, had been implemented.

7. At that time, the Committee noted the following: *'the arrangements in place to employ a third-party contingency provider in order to put in place appropriate*

business continuity arrangements should the Leicestershire Fire and Rescue Service be exposed to periods of industrial action.

8. Following the Committee noting the report, a number of internal arrangements then needed to be facilitated to ensure that should the plan be activated, LFRS could do so effectively and efficiently.

9. These arrangements were reviewed by the Corporate Risk and Resilience team and this included the production of any new processes, and ensuring that any existing procedures were suitable and sufficient, is now complete.

10. These processes and procedures are now in place, and have been set future review dates to ensure that they remain current and appropriate.

Report Implications/Impact

Legal (including crime and disorder)

12. The Civil Contingencies Act 2004 requires Category 1 responders to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency so far as is reasonably practicable. The duty relates to all functions, not just their emergency response functions.

Financial (including value for money, benefits and efficiencies)

13. The costs associated with the implementation of this third party provider have been previously reported to this Committee. No further costs have been identified in establishing the supporting procedures and processes.

Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

14. The Contingency Response Arrangements project has assessed all aspects of risk associated with the use of the third-party provider crews.

Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

15. No further issues have been identified in establishing the supporting

Environmental

16. There are no environmental implications arising from this report.

Impact upon Our Plan Objective

17. The Business Continuity Plan supports the Response strategy aim - respond effectively to incidents.

Background Papers

Report to the CFA December 2018 - Agenda item 9, Home Office Industrial Action Business Continuity Plan Review https://leics-fire.gov.uk/my-calendar/?mc_id=123

Report to the CFA 27 September 2019 – Agenda item 12, Industrial Action Business Continuity Planning https://leics-fire.gov.uk/my-calendar/?mc_id=140

Report to the CGC 11 March 2020 – Agenda item 13, Industrial Action Business Continuity Planning https://leics-fire.gov.uk/your-fire-service/decision-making/cfa-meetings/

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Status of Report:	**Public**
Meeting:	**Corporate Governance Committee**
Date:	**11th March 2021**
Subject:	**Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services Improvement Plan**
Report by:	**The Chief Fire and Rescue Officer**
Author:	**Station Manager Steve Kisby, Business Assurance**
For:	**Information**

Purpose

1. The purpose of this report is to inform the Corporate Governance Committee (CGC) of how the Service is progressing with the implementation of the Improvement Plan which was developed in response to the inspection report by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS), following the report to the Committee at its meeting in September 2020. An updated Plan, showing the progress made so far, is attached as Appendix A to this report.

Recommendation

2. The Committee is recommended to note the progress of the Improvement Plan.

Executive Summary

3. The HMICFRS inspection was completed in November 2018, with the inspection report issued in June 2019 identifying 24 Areas for Improvement. In response, the Service has produced an Improvement Plan addressing these areas and 20 other identifiable comments from within the report that required attention. This Improvement Plan consists of a total of 88 actions for the Service to progress.

4. A report was presented to the CGC in September 2020 showing progress made against the Improvement Plan, in which 37 actions were completed. This report details progress to March 2021, and shows that 47 actions are now complete. Work continues to complete the outstanding actions. A further report to update on progress will be produced in September 2021.

Background

5. Following the inspection in November 2018, HMICFRS produced a report in June 2019 detailing its findings which were focussed on three areas –

effectiveness, efficiency and people. The Leicestershire Fire and Rescue Service was graded as 'Requires Improvement' in all three areas.

6. Within the report, HMICFRS has recommended that 24 'Areas for Improvement' (AFI) are considered. In addition to these, the Service found 20 other comments or observations contained within the report which require consideration. The Improvement Plan was produced to put in place actions to address the areas highlighted within the report. There are 88 actions in total.

7. The table below indicates the number of areas for improvement for each pillar and the number of actions within the Improvement Plan that required attention in total:

Table showing Areas for Improvement and Actions to be Undertaken		
HMICFRS Pillar	**Areas for Improvement**	**Actions to be undertaken**
Effectiveness	10	29
Efficiency	4	8
People	10	31
Other comments	N/A	20
TOTAL	**24**	**88**

8. Since the Improvement Plan was published in August 2019, the Service has been working hard to improve. The table below shows the position reported to CGC in September 2020:

Table showing progress made by August 2020				
HMICFRS Pillar	**Total actions**	**Actions in progress**	**Actions complete**	**Actions not started**
Effectiveness	29	12	17	0
Efficiency	8	5	3	0
People	31	19	11	1
Other comments	20	12	6	2
TOTAL	**88**	**48**	**37**	**3**

This compares to progress made as of March 2021:

Table showing progress made by March 2021				
HMICFRS Pillar	**Total actions**	**Actions in progress**	**Actions complete**	**Actions not started**
Effectiveness	**29**	**10**	**19**	**0**
Efficiency	**8**	**2**	**6**	**0**
People	**31**	**16**	**14**	**1**
Other comments	**20**	**12**	**8**	**0**
TOTAL	**88**	**40**	**47**	**1**

9. As the table for March 2021 shows, an additional ten actions are complete. Below is a brief overview of how the Improvement Plan has progressed since September 2020:

   i. Increased knowledge of the built environment and fire protection is being achieved through Level 3 Fire Protection courses. Some Watch Managers and Fire Protection staff have completed this course and will be qualified to carry out audits of premises. Plans are now in place to roll this out to all operational Watch Managers to enable them to audit premises and an introductory course will be focussed at Crew Managers, to enable them to hazard spot at buildings.

   ii. Training is now complete for staff on Marauding Terror Attack. This course is now on the learning management system (Oracle) and is on a two year rolling cycle to ensure knowledge and understanding remains current.

   iii. The Service has an intranet site which is used by all departments to log any areas of collaboration with other fire or emergency services and other partners. This site is kept up to date and is reviewed by the Tactical Management Team (TMT) every six months. When an item of collaboration is closed, it is reviewed by TMT and lessons learnt are shared with department heads.

   iv. There is now a Business Continuity (BC) testing and exercise programme in place. This is across all stations, departments and Fire Control. It will ensure that BC plans are suitable and fit for purpose.

   v. The corporate risk assessment has been reviewed and updated for the Incident Command validation and re-validation programme for

commanders at all levels. This reflects the excellent work done by the Learning and Development department to ensure all Incident Commanders are accredited to national recognised levels.

vi. The Service has an Equalities, Diversity and Inclusion (EDI) team, including a new Watch Manager, who will be responsible for the delivery of EDI training across the Service, to ensure a better understanding by staff of key issues. The Tactical EDI Board that meets monthly now updates the Tactical Managers Team to share learning across all department heads. All district plans and department plans will report on EDI and any policies or procedures that are agreed will contain an equality impact assessment.

vii. Recruitment campaigns have been analysed to view the effectiveness in attracting people from under-represented groups. The recruitment methodology has been reviewed and changed. The 'Have a Go Days' aimed at under-represented groups have continued and their effectiveness has been measured. This work will continue to evolve.

viii. The new learning management system – Oracle- is now in place and is used by managers to view their team's development and by staff to access e-learning courses. One such course is the Safeguarding training which all staff complete. This is on a rolling two-year frequency to ensure that staff knowledge and understanding remains constant.

10. There are many other areas of work in progress. Examples of actions near to completion include:

i. Quality assurance (QA) of staff who undertake Home Safety Checks is being put in place. A QA plan is also in place for staff who undertake Fire Protection audits. Both of these plans will ensure consistency of performance in the respective areas.

ii. Work continues to reduce the number of repeat false alarms (or unwanted fire signals (UFS)). A procedure is now in place that will allow the Service to monitor premises with higher UFS and ensures that these are dealt with appropriately with an elevated response for premises with repeat calls.

iii. Exercising of the MTA procedure has been affected by COVID-19. However, the Service is to take part in a joint exercise with the Police in March, which will test current plans and training.

iv. Department Business Continuity plans are near to completion.

v. A Health and Wellbeing strategy is being produced. This will incorporate all of the excellent work and procedures that are already in place that benefit staff. The Service has now embedded its Trauma Risk Incident Management (TRiM) process, for helping staff cope with traumatic

incidents that they attend. The Health and Wellbeing team has been tasked to produce this strategy and present it to staff.

vi. The new promotion procedure is in place and has been used for Station Manager and Watch Manager promotions. These have produced Talent Pools of individuals ready for promotion. It also identifies development opportunities for individuals placed in a Development Pool. This procedure is now being reviewed and evaluated.

vii. The On Call review project is now complete and the outcomes are being reviewed by the Senior Management Team.

11. The Service Liaison Officer continues to monitor progress and updates the Senior Management Team (SMT), Tactical Management Team and the HMICFRS Service Liaison Lead (Leanne McMahon).

12. The Improvement Plan Update was made available on the Service website in September 2020 and has been subject to widespread engagement with Service staff. Progress mentioned within this report will be made available to Service staff via presentations, social media and the internal magazine 'Service Matters'.

Report Implications/Impact

13. Legal (including crime and disorder)

The HMICFRS inspection programme is the Governmental check that fire and rescue services are carrying out their statutory duties as laid out in the Fire and Rescue Services National Framework contained within the Fire and Rescue Services Act 2004. By embracing the inspection process and by detailing an Improvement Plan, the Service is committed to showing progress and diligence in its function in carrying out these duties.

14. Financial (including value for money, benefits and efficiencies)

The costs of delivering the Improvement Plan is factored into the agreed 2020-21 budget. Senior officers are responsible for improvements within their specific areas and any requirements for additional resources to deliver the Improvement Plan will need a business case to be created and approved by SMT.

15. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

There is reputational risk to the Service if it fails to achieve improvement in areas that are identified in the Improvement Plan. This could lead to negative media reporting and lower community confidence in the Service.

16. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

The actions contained within the Improvement Plan may require prioritisation against other work-streams. In some areas, it may increase workload for departments.

17. Environmental

None.

18. Impact upon Our Plan Objective

Delivery of the Improvement Plan will positively contribute towards the aims and objectives of Our Plan 2020-24.

Background Papers

Report to the Corporate Governance Committee September 2020 - HMICFRS Improvement Action Plan.
https://leics-fire.gov.uk/your-fire-service/decision-making/cfa-meetings/

Appendix

Appendix - Improvement Plan Update March 2021

Officers to Contact

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LEICESTERSHIRE
FIRE and RESCUE SERVICE

HMICFRS Improvement Plan

Progress Update - March 2021

SAFER PEOPLE SAFER PLACES

Version 3.0

HMICFRS Improvement Plan

Effectiveness: Preventing fires and other risks

Area for improvement:	**Background information:**
Ref No. E1 'The Service should make sure it appropriately trains staff to undertake prevention activity'	The report identified that only our Community Educators are trained to carry out 'Safe and Well' checks in people's homes. These checks include social welfare, wellbeing and advice on security, as well as fire safety in the home. HMICFRS would like all staff who carry out Home Safety Checks to now be trained in, and deliver 'Safe & Well' checks.

Ref:	**Action:**	**Achievements:**
E1.1	There will be a review of the Home Safety Check (HSC) policy and associated procedures.	• Community Safety Policy published • Vulnerable person module established • HSC procedure ready for approval by Representative Bodies
E1.2	'Maximising capacity' training has taken place with the majority of crews. However, a continuing training programme to ensure all staff have the skills to deliver 'Safe and Well' Home Safety Checks is needed. All relevant staff will be trained by the end of 2019.	• Max Cap training delivered to all Whole-time and On Call firefighters • Training presentation delivered to non station staff
E1.3	The database that we use to prioritise our HSCs will be reviewed to ensure that it is 'fit for purpose' for the Safe and Well visits. Once reviewed, any changes will be adopted and appropriate training will be given. It is expected that this work will be completed by November 2019.	• Principles to prioritise HSC agreed • Revised HSC questionnaire established
E1.4	An assurance process will be put in place that demonstrates continued and consistent outcomes are maintained by all staff who deliver HSCs.	• Quality Assurance (QA) form created supporting Community Educators to assess crews • Commenced QA of station based HSCs • Plan in place to QA rest of station based staff
E1.5	A review of the approach of Disclosure and Barring Service (DBS) checks on our staff will ensure that our Service, staff members and vulnerable people are offered an appropriate level of protection.	• New employees are subject to DBS checks • Staff working with vulnerable people are subject to enhanced checks • NFCC guidance being considered

Strategic Lead: Area Manager Community Risk

HMICFRS Improvement Plan

Effectiveness: Preventing fires and other risks

Area for improvement:	**Background information:**
Ref No. E2 'The Service should better evaluate its prevention work, so it has a clearer understanding of the benefits'	The report from HMICFRS recognises the valuable prevention work that we carry out. They mention many prevention activities that our staff are involved with on a regular basis. These include initiatives like Fatal 4, Biker Down, and Fire-Beat and also includes the work we do with our diverse communities. They would like us to evaluate our prevention work more, to help us to understand how effective these activities are.

Ref	**Action:**	**Achievements:**
E2.1	A team will be established to identify a preferred option for a tool that allows us to evaluate our Community Safety activities. This will be a survey tool that allows the Service to monitor public opinion at all community events and Home Safety Checks. Staff will be trained to use this tool and it will be embedded in all Community Safety activities.	• Survey project complete • Evaluation work commenced using identified survey tool
E2.2	The Service will review how it evaluates its Community Safety activities by looking at behaviour change, targeting risk and service user satisfaction. This information will be used for future plans.	• Survey now widely used by all staff carrying out HSCs. • Now looking at how the results will influence department plans • Evaluation of Community Safety activities is now part of a project

Strategic Lead: Area Manager Community Risk

HMICFRS Improvement Plan

Effectiveness: Protecting the public through fire regulation

Area for improvement:	**Background information:**
Ref No. E3 'The Service should ensure it allocates enough resources to a prioritised and risk based inspection programme'	HMICFRS recognised that we take a targeted, risk based approach to inspect high risk premises within the Service area. Examples of high risk premises includes sleeping risks such as care homes, hotels and high rise flats. The Service is not on schedule to meet all those premises it has targeted. HMICFRS have asked that we ensure we allocate resources to address this.

Ref	**Action:**	**Achievements:**
E3.1	Policies and procedures affecting this area will be reviewed and updated. This includes such items as the Fire Safety Audit procedure and the Enforcement procedure.	• Fire Protection Policy published • Work ongoing on procedures
E3.2	Concluding in October 2019 there will be a review of work activities of the Fire Protection (FP) team to ensure they are working effectively and efficiently. This will include a review of how we manage: • Building regulations • Fire Safety audits • Primary Authority scheme • Day duty officer roles Following evaluation, any changes will be embedded within the FP department.	• Review of Fire Protection work activities complete • Identified improvements established
E3.3	There will be a review of the size of the Fire Protection team with a clear rationale on what resources are required.	• Risk and Resource Methodology produced and agreed by senior management
E3.4	We will develop an approach to train relevant staff outside of the Fire Protection department. This will allow us to maintain an appropriate risk based inspection programme and this work will also support the departmental succession plan.	• All operational staff have received Fire Protection input • Level 3 Fire Protection course being delivered to station based staff

Strategic Lead: Area Manager Community Risk

HMICFRS Improvement Plan

Effectiveness: Protecting the public through fire regulation

Area for improvement:	**Background information:**
Ref No. E4 'The Service should ensure its staff work with local businesses to share information and expectations on compliance with fire safety regulations'	At present, the Service works with local businesses and organisations to help educate in fire regulations compliance. It does this through, for example, the Better Business for All, fire safety education following Grenfell and the Leicester and Leicestershire Enterprise Partnership. The report states that HMICFRS would like us to extend our work in this area, taking a more pro-active approach to educate businesses.

Ref	**Action:**	**Achievements:**
E4.1	We will develop an engagement approach to interact with businesses. This approach will consider: • Planned events calendar • Business seminars • Social media interaction which will include promotion of fire safety along with encouraging economic growth	• Success of Fire Protection social media output examined using Facebook and twitter analytics
E4.2	We will look at 'maximising capacity' with specific fire crews, training them to enable them to give advice on compliance with appropriate fire safety regulations for businesses.	• Operational staff have received Fire Protection input • Level 3 Fire Protection course being delivered to station based staff

Strategic Lead: Area Manager Community Risk

HMICFRS Improvement Plan

Effectiveness: Protecting the public through fire regulation

Area for improvement:	**Background information:**
Ref No. E5 'The Service should ensure it has an effective system in place to address repeat false alarms'	The report from HMICFRS recognises the burden on the Service caused by false alarms. Currently, the Service has seen a 48% reduction of false alarms since 2011/12 which is the third best percentage reduction in the country. The report has asked that we continue to try to identify ways to further challenge and reduce false alarms.

Ref	**Action:**	**Achievements:**
E5.1	The procedure that is currently in place for addressing repeat false alarms will be reviewed to ensure that they are fit for purpose. This will indicate areas of responsibility for identifying repeat offenders and monitoring them. It will also ensure that appropriate actions to tackle repeat 'offenders' are delegated accordingly to departments (Operational Risk, Response).	• Review shows the effectiveness of call challenging by Fire Control • Process flow now in place to allow escalation of response to repeat false alarms • Repeat false alarms are monitored and premises reported to District Managers
E5.2	Response teams (fire crews) will also receive training which will allow them to give suitable fire safety advice to help reduce unwanted fire signals.	• Operational staff have received Fire Protection input • Operational staff are being trained in Level 3 Fire Protection • Repeat false alarms now feature on District Plans with targets for reduction

Strategic Lead: Area Manager Community Risk

HMICFRS Improvement Plan

Effectiveness: Responding to fires and other emergencies

Area for improvement:	**Background information:**
Ref No. E6 'The Service should have a clear policy around the deployment of its Tactical Response Vehicles'	The report recognised that the Service has new Tactical Response Vehicles (TRVs) available. These can be crewed with two firefighters and can be sent by the Fire Control Operators to deal with smaller incidents or as an additional resource at larger incidents. HMICFRS state that some staff may be unsure of when it is appropriate to send a TRV and have asked that we ensure our staff are aware at what incidents TRVs are appropriate.

Ref	**Action:**	**Achievements:**
E6.1	Revise the mobilising protocols and Service procedure for Tactical Response Vehicles and communicate across the Service.	• TRV mobilising protocols reviewed • Revised TRV mobilising protocols communicated to staff
E6.2	An online presentation is being prepared to re-familiarise all staff with these vehicles. It will be necessary for all operational staff to view this. The presentation will also cover how the TRV is mobilised and it will detail the type of incidents that it attends. The newer TRVs will then be on request to visit each Watch/Station, for refresher training on the vehicles. The presentation will be available on SharePoint (Service Intranet) and Service Matters (Service Newsletter). Crews will then submit a training return (TNG2) as proof that they have received the information.	• On line presentation created and delivered • Presentation delivered to staff through internal communication channels
E6.3	The training return will be evaluated after six months, to ensure understanding.	• Training return produced to show completion of training in February 2020 • District Managers tasked to check understanding

Strategic Lead: Area Manager Operational Response

HMICFRS Improvement Plan

Effectiveness: Responding to fires and other emergencies

Area for improvement:	**Background information:**
Ref No. E7 'The Service should ensure staff know how to command fire service assets assertively, effectively and safely at incidents'	At every incident that we attend, an incident commander is appointed. They will often be overseen by a further officer of a higher rank, who carries out 'Operational Performance Monitoring', ensuring compliance with current best practice. Some of our managers have not received refresher training or re-assessment in incident command. The report suggests that we addresses this.

Ref	**Action:**	**Achievements:**
E7.1	See area for Improvement P5. All incident commanders are now fully trained and have been assessed to the current standard. A process is in place to ensure continued professional development and a programme set up that will see re-assessment every two years for those at Level 1,2,3 incident command.	• All incident commanders have been re-assessed • A programme to assess incident commanders every 2 years is in place • A schedule enabling incident commanders to attend a development day each year is established • Level 3 and 4 incident commanders are programmed in to attend multi agency exercises
E7.2	The Operational Performance Monitoring process and form that is completed following incidents will be reviewed to ensure learning from incidents is captured.	• Operational Assurance processes (including Operational Performance Monitoring) agreed • Operational Assurance process is being planned with training for Station Managers and above.

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan

Effectiveness: Responding to fires and other emergencies

Area for improvement:	**Background information:**
Ref No. E8 'The Service should ensure its mobile data terminals are reliable so that firefighters have good access to relevant and up-to-date risk information'	All fire appliances are equipped with a mobile data terminal (MDT) that allows crews to access valuable risk information about buildings, procedures and plans that are essential when managing an incident. Sometimes, as with all technology, an individual screen can freeze and need to be reset. The report from HMICFRS identified that the we need to ensure these MDTs are reliable.

Ref	**Action:**	**Achievements:**
E8.1	The Mobile Data Terminals (MDTs) are subject to improvements in the future. This is an on-going work stream which will see an upgrade of MDTs, which should improve their performance.	• A demountable tablet is now installed on every fire engine delivering enhancements and resilience to the existing MDTs
E8.2	The Service intends to install mobile devices on each fire appliance. These devices will have the majority of information that is available on the MDTs at present. It will give up-to-date mapping, site specific risk information, operational procedures as well as forms and guidance for crews. The devices will be on a 4G connection and serve as a back up to the MDTs.	• Functional, secure, demountable tablets are now installed on every fire engine containing relevant information to assist incident commanders manage emergency incidents

Strategic Lead: Area Manager Operational Response

HMICFRS Improvement Plan

Effectiveness: Responding to National risks

Area for improvement:	**Background information:**
Ref No. E9 'The Service should ensure it is well prepared to form part of a multi-agency response to an incident and staff know how to apply Joint Emergency Services Interoperability Principles'	In responding to major incidents, often the Service works in conjunction with other Emergency Services and partner agencies. There is a protocol for this known as the Joint Emergency Services Interoperability Principle (JESIP). This sets out best practice guidelines for us all, to ensure that we all work together to resolve the incident. The report has found that some incident commanders require refresher training on JESIP, to ensure that they fully understand the principles involved.

Ref	**Action:**	**Achievements:**
E9.1	There is a review of the current provision of Incident Command training which will incorporate JESIP training that is applicable to all operational staff. A presentation is available from the JESIP website which will be used as refresher training for all operational staff. This will be recorded as an Electronic Personal Development Record (EPDR) on the Firewatch system, with a frequency requirement. It will allow managers to run a report to ensure that all relevant personnel are competent in current procedures.	• Presentation delivered to all operational staff • JESIP material disseminated through internal communication channels
E9.2	The Joint Decision Making (JDM) model has now been adopted by the Service. All incident command training now focuses on this model. Command wallet inserts have been updated to reflect this. District Managers will ensure that all relevant staff have updated the wallet contents.	• Command wallets updated and checked by District Managers • JESIP posters on station • Incident command training includes JESIP
E9.3	JESIP principles are taught at all levels of incident command training. This is an integral part of command training and is tested as part of our assessment process at all levels.	• Incident command workbooks include JESIP • Crew Manager development portfolios include JESIP • Incident command re-validation includes JESIP

Strategic Lead: Area Manager Operational Response

HMICFRS Improvement Plan

Effectiveness: Responding to National risks

Area for improvement:	**Background information:**
Ref No. E10 'The Service should ensure it is well prepared to form part of a multi- agency response to a terrorist-related and that its procedures for responding are understood by all staff and are well tested'	The Service has a standard operating procedure (SOP) for dealing with a Marauding Terrorist Firearms Active Shooter (MTFA). We also have officers that are specially trained to liaise with the Police, in case of such an event. The report recognised that the Service needs to ensure that all staff understand their duties with regards to Marauding Terrorist Attack (MTA) and that they are tested in these.

Ref	**Action:**	**Achievements:**
E10.1	Officers and middle managers have been appraised of new protocols during an in-house presentation. Updated principles and working practices will be delivered through the National Inter-Agency Liaison Officers (NILO's).	• MTA presentation delivered by NILOs to middle and senior managers and officers
E10.2	Standard operating procedure 7.12.2 Firearms Active Shooter will be replaced with MTA procedure.	• Operational Information Note produced on MTA • Service Specific procedure in place for NILO deployment • Material disseminated through internal communication channels
E10.3	Training in MTA will be cascaded to all operational personnel via online videos.	• Training available online for staff • Training of staff has taken place • This training is now on a 2yr cycle on Oracle (our Learning Management System)
E10.4	We will work in collaboration with our partners to test the MTA procedures at multi-agency levels.	• Tactical and Strategic desktop exercises being held during Incident Command training • Desktop Exercise with Police booked in for March 2021

Strategic Lead: Area Manager Operational Response

HMICFRS Improvement Plan

Efficiency: Making the best use of resources

Area for improvement:	**Background information:**
Ref No. F1 'The Service needs to show a clear rationale for the resources allocated between prevention, protection and response activities'	HMICFRS are satisfied that the Service manages its budget and that it has 'robust and realistic' financial plans in place to manage its overall resources. However, they have asked the Service to consider how it allocates its resources between its core duties.

Ref	**Action:**	**Achievements:**
F1.1	A review of the allocation of resource and/or capacity of both Fire Protection and Fire Prevention departments will be carried out. This will identify what resources are required for each and why. A directorate plan will then be produced that will run in line with the Service Integrated Risk Management Plan (IRMP).	• A Risk and Resource Methodology for Response, Protection and Prevention document has been produced and agreed by senior managers

Strategic Lead: Assistant Chief Fire and Rescue Officer Service Delivery

HMICFRS Improvement Plan

Efficiency: Making the best use of resources

Area for improvement:	**Background information:**
Ref No. F2 'The Service should ensure there is effective monitoring, review and evaluation of the benefits and outcomes of any collaboration'	The Service collaborates in many areas. As examples, we share our buildings, have Tri-Service Fire Control (with Derby and Nottingham Fire Services) and work within the community with such projects as Braunstone Blues with the Police and Ambulance. HMICFRS would like us to monitor and evaluate the benefits of this collaboration.

Ref	**Action:**	**Achievements:**
F2.1	All areas of collaboration by each department within the Service will be listed on the Other Agencies Collaboration Sharepoint site. This identifies a Strategic Lead and also a Tactical Lead responsible for each area of Collaboration. Each area of Collaboration will be reviewed by the Leads on a regular basis. Tactical Management Team meeting will review all areas of Collaboration every six months. This will ensure any collaboration is still relevant, working and benefitting the Service.	• Collaboration database updated and reviewed • Collaboration database and intranet site is now used by all departments • Each area of collaboration is reviewed by Tactical leads and 6 monthly by the Tactical Managers Team meeting
F2.2	When an item of Collaboration is closed, an evaluation will take place. This will detail reasons for the closure and identify any lessons learnt.	• Evaluation of closed items has commenced • Evidence in place of evaluation – which is shared with Tactical Managers in order to enhance organisational learning. • Evaluation is reviewed every 6 months

Strategic Lead: Assistant Chief Fire Officer Service Support

HMICFRS Improvement Plan

Efficiency: Making the best use of resources

Area for improvement:	**Background information:**
Ref No. F3 'The Service needs to prioritise implementing new business continuity plans and test them as soon as possible'	It is essential that the Service carries out regular testing of its continuity plans. This will ensure it can provide the correct level of service in case of an event that damaged core functions. HMICFRS recognised this and suggested that the Service implement plans and regularly assess them.

Ref	**Action:**	**Achievements:**
F3.1	A further staff member will be employed to ensure that the Corporate Risk and Resilience department has the appropriate number of people to enable the tasks to be completed within the department plan.	• A new staff member is now employed
F3.2	The business continuity (BC) plans that are in place at present will be reviewed to ensure that they are fit for purpose.	• Business Continuity procedure is now in place • All stations have BC plans in place • Department BC plans are being developed • Fire Control Business Continuity plans are in place and tested regularly
F3.3	A test regime will be put in place.	• Fire Control Business Continuity Plans tested regularly • An BC exercise plan is now in place and testing has begun

Strategic Lead: Area Manager Community Risk

HMICFRS Improvement Plan

Efficiency: Making the fire and rescue service affordable now and in the future

Area for improvement:	**Background information:**
Ref No. F4 'The Service should ensure itself it fully exploits external funding opportunities and options for generating income, in particular that it is recouping costs for use of its premises by other emergency services'	The Service generates income from leasing areas within its buildings to Leicestershire Police and East Midlands Ambulance Service and from Forge Health, our occupational health facility. HMICFRS has suggested that the Service seek to ensure that the revenue from the leases is recouped.

Ref	**Action:**	**Achievements:**
F4.1	There is now a formula set by the Service for sharing premises. Rent is based upon an agreed amount per square foot, with shared space at 50% of this amount. Rent is subject to increase in relation to RPI (Retail Price Index). A service charge is also levied as a percentage of actual costs of maintaining the building (including rates and utilities) based upon the net floor area occupied in proportion to the total floor area. All LFRS premises that are shared with other Services are now paying the required amounts.	• Formal agreement in place for shared premises and rented space
F4.2	The Service currently receives external funding from mobile phone masts housed on Stations, from driver training with the Police and from Forge Health.	• Annually published Statement of Accounts details income • Spreadsheet to be produced showing current external funding

Strategic Lead: Assistant Chief Fire Officer Service Support

HMICFRS Improvement Plan

People: Promoting the right values and culture

Area for improvement:	**Background information:**
Ref No. P1 'The Service should ensure its values and behaviours are understood and demonstrated at all levels of the organisation'	The Service recognises that its organisational values have been under review for a period of time. HMICFRS have identified this and have suggested that these core values and behaviours are published and adhered to at all levels of the organisation.

Ref	**Action:**	**Achievements:**
P1.1	Staff engagement sessions on Culture, Values and Behaviours have been carried out during June and July 2019. From these sessions, the Service will identify 'Champions' who will then deliver similar sessions to their peers. This will allow the Service to gather data and information on what staff would like to include as Service Values and Behaviours.	• Values and Behaviours engagement sessions complete • Data gathering exercise complete
P1.2	Once Behaviours and Values have been discovered, there will be a Service wide roll out to cascade the information to all staff by the 'Champions'. This will consist of engagement with all departments. This will begin the process of embedding these behaviours into the culture of the Service.	• Value and Behaviours established and communicated • Process to embed Values and Behaviours in to mainstream activities commenced
P1.3	The desired behaviours will be embedded throughout the Service. From 'on-boarding' of new employees, through training, promotion and appraisals of all staff, these Service behaviours will form expectations that all staff will be encouraged to continually demonstrate.	• Staff survey indicates 96% of those who responded knew the Values and Behaviours • Now features in promotion process and recruitment • Presentations given to staff

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan

People: Promoting the right values and culture

Area for improvement:	**Background information:**
Ref No. P2 'The Service should ensure staff have access to trauma support and counselling services'	The Service has trauma counselling available through its occupational health facility. All managers are also now trained as Mental Health First Aiders, to recognise symptoms and signs affecting wellbeing. The report states that a formal process should be put in place to ensure that staff receive counselling when necessary.

Ref	**Action:**	**Achievements:**
P2.1	A 'Health and Wellbeing' policy is soon to be published, which will formalise the Service's actions and responsibilities for employee wellbeing, including following traumatic incidents. The SharePoint 'Employee Health and Wellbeing' site will be updated to reflect the new policy and what can be offered to staff.	• Health and Wellbeing strategy being worked on by Health and Wellbeing Team • Staff are aware of up to date Wellbeing advice, information and training via our intranet
P2.2	Post incident trauma training will be given to appropriate staff within the Service. These members of staff will become points of contact for post incident care. A procedure will be produced to formalise this.	• Trauma Risk Incident Management (TRiM) is now in place and widely used to support staff • TRiM actions and interventions are reported and monitored monthly
P2.3	Mental Health First Aid(MHFA) training will continue within the Service. This will continue to target any supervisory managers who have not received it yet. A rolling programme of two training sessions per year will ensure this is embedded throughout the Service and that staff will receive refresher training (every 2 years).	• Most supervisory staff are mental health first aid trained • MHFA will feature as part of the Health and Wellbeing strategy

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan

People: Promoting the right values and culture

Area for improvement:	**Background information:**
Ref No. P3 'The Service should ensure it has an up-to-date Health and Safety policy and procedure and that staff understand and follow its health and safety policy and procedure.'	The Service has rigorous procedures to protect its staff. However, some of the policies that surround this require reviewing. HMICFRS has recognised this and suggested that the Service ensure that policies and training are reviewed and brought in date.

Ref	**Action:**	**Achievements:**
P3.1	A review of Health and Safety (H and S) policy, procedures and guidance will be carried out. This will include a 'peer review' by H and S staff from Cambridgeshire Fire Service. Outcomes from this review will be implemented.	• Peer review by Cambs Fire and Rescue Service complete • 3 year Implementation plan in place
P3.2	H and S training needs for staff across the Service will be addressed.	• Training needs analysis for staff complete • Mechanisms to communicate operational learning and safety information established
P3.3	The success of this review and outcomes will be monitored through reporting of H and S issues (locally, regionally and nationally), auditing and themed reviews.	• Process for monitoring H and S issues agreed • We have closed 33 items from the review • We have conducted 3 themed reviews

Strategic Lead: Area Manager Community Risk

HMICFRS Improvement Plan

People: Getting the right people with the right skills

Area for improvement:	**Background information:**
Ref No. P4 'The Service should ensure its electronic system for recording and monitoring operational staff competence is accurate and accessible.'	We currently have an electronic recording system that can ensure crews can record their competence, following training or assessment. This is a centrally based system which ensures firefighters with the correct skills are mobilised to incidents. HMICFRS found that, after sampling a few firefighters, their records were not showing 'competent'. They have asked the Service to ensure that all training and competency records are up to date.

Ref	**Action:**	**Achievements:**
P4.1	There will be an immediate review of how the Service currently records competence to ensure that all Firefighters are recorded correctly, in line with current procedures. A training programme will be put in place to ensure that supervisory staff are recording this competence correctly.	• A Learning Management System has been procured • Work in line with National Fire Chiefs Council on competence is ongoing • Oracle has been procured as the Service learning management system
P4.2	There will be a review of courses offered by Learning and Development including qualifications. This should simplify how this information is recorded. This will include a review of expiry dates of these qualifications (which is linked to mobilisation).	• Review of courses undertaken • 350 E-learning packages now in place • E-learning put onto Oracle with refresher timelines in place
P4.3	The ongoing Learning Management System (LMS) project is also currently looking at addressing this issue, with a review of frequency of training, how it is linked to mobilisation and core competencies. This will then give an up to date and accurate picture of competencies within the Service.	• Oracle is now in place and is being used by all staff

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan

People: Getting the right people with the right skills

Area for improvement:	**Background information:**
Ref No. P5 'The Service should ensure staff are appropriately trained in safety-critical skills, such as incident command'	HMICFRS found that some higher level incident commanders had not received further training or re-assessment following their initial training. They ask that the Service ensures it trains and assesses all its incident commanders to the appropriate level.

Ref	**Action:**	**Achievements:**
P5.1	A procedure is already in place to ensure that all Level 1 commanders are currently re-assessed within a 2-year time period to maintain their command status.	• All Level 1 incident commanders have been re-assessed • A programme to assess Level 1 incident commanders every 2 years is in place
P5.2	A procedure is now in place to ensure that Level 2 and 3 commanders attend an accredited command course / revalidation at the relevant level and then be reassessed within two years to maintain their command status. All Level 2 and 3 commanders are currently 'in date' following recent accreditation and re-assessments.	• All Level 2 and 3 incident commanders have been re-assessed • A programme to assess Level 2 and 3 incident commanders every 2 years is in place
P5.3	Level 4 commanders (and above) will attend a command course at the relevant level and will maintain the frequency of this. A procedure will be put in place to ensure this.	• All Level 4 incident commanders have been re-assessed • A programme to assess Level 4 incident commanders every 2 years is in place
P5.4	Level 1,2 and 3 commanders will attend 'competence days' at L and D. This attendance will be mandatory. Level 4 commanders and above will also attend. This will ensure continued competence and professional development for all levels.	• A schedule enabling incident commanders to attend a development day each year is established
P5.5	Tactical and Strategic Coordinating Groups training scenarios will be implemented with attendees from a multi-agency arena to train and practice at tactical and strategic levels.	• Tactical and Strategic coordinating training sessions are in place and are attended • Positive feedback received on TCG session
P5.6	The Risk assessment for all the above will be reviewed on a rolling basis.	• This features on the Organisational Risk Register and has been reviewed

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan

People: Ensuring fairness and promoting diversity

Area for improvement:	**Background information:**
Ref No. P6 'The Service should ensure that it has effective grievance procedures. It should identify and implement ways to improve staff confidence in the grievance process'	The Service has a Grievance procedure which allows staff to challenge when they see the organisation as acting unfairly or in an unjust way. In the report, HMICFRS found that some staff didn't have confidence in the process of raising a grievance. Some staff also felt that negative consequences would occur, if they were to raise a grievance. HMICFRS have asked that the Service recognise this and that they should re-assure these staff in the grievance process to gain further confidence in it.

Ref	**Action:**	**Achievements:**
P6.1	There will be a review of the Service Grievance Procedure which will consult with employees and representative bodies. Part of the staff engagement process about Values and Behaviours (P1) will also address the lack of confidence with the Grievance Procedure. Following this work and review, the procedure (including any revisions) will be relaunched. This will include communicating Service wide via Service Matters and staff engagement at Middle Managers and Supervisory Managers staff forums. Work is also ongoing which includes a review of the Bullying and Harassment procedure to align with the Grievance procedure.	• Review being undertaken by Leicester City Council • Engagement sessions with staff and representative bodies complete • Staff survey completed • Draft procedure produced and with staff consultation • Managers have been trained how to carry out investigations as part of this procedure
P6.2	Following the review, there will be an evaluation. This will be reported to the Corporate Governance Committee of the Combined Fire Authority.	

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan

People: Ensuring fairness and promoting diversity

Area for improvement:	**Background information:**
Ref No. P7 'To identify and tackle barriers to equality of opportunity, and make its workforce more representative, the Service should ensure diversity and inclusion are well understood and become important values of the Services'	Over the last few years, the Service has worked really hard to reflect the community it serves. In the report, it is identified that some staff do not have a good understanding of what 'positive action' means. They also heard some gender specific language such as 'firemen' being used. HMICFRS has asked that the Service looks into these matters and addresses them, capitalising on the good work carried out in recent years in being more inclusive and diverse.

Ref	**Action:**	**Achievements:**
P7.1	The Service has a Strategic Equality and Diversity Inclusion Board (SEDIB). At present, they are carrying out a gap analysis on the Fire and Rescue Service Equalities Framework document and also considering the 'Smoke and Mirrors' report published by Asian Fire Service Association (AFSA).	• Gap analysis complete • 5 year Equality Diversity and Inclusion (EDI) Plan agreed by senior managers
P7.2	Following the gap analysis, any areas identified for improvement will be addressed to ensure compliance with 'best practice'. Engagement will follow with all department heads to ensure equality, diversity and inclusion is included in all areas of work within the Service.	• EDI officer and manager post established • EDI features in all department and district plans • Tactical EDI Board reports on progress and issues to the Tactical Management Team each month • All new or reviewed policies and procedures require an Equality Impact Assessment
P7.3	Training of staff will take place to address issues such as understanding positive action, bullying and harassment and discrimination.	• Engagement sessions with staff in progress • A Watch Manager has been appointed to train staff in EDI matters
P7.4	Training of staff (Crew Manager and above) will also take place on 'unconscious bias' and on recruitment / promotion processes.	• A Watch Manager has been appointed to train staff in EDI matters • Plan agreed for appropriate staff to receive unconscious bias training

P7.5	A recruitment campaign, including positive action targeting BAME, LGBT+ and women, is currently underway for recruitment of 18 Firefighters in January 2020. The Service has engaged with Community Groups via Fire, Police Advisory Group for Equalities and removed the requirement for a driving licence and adjusted numeracy and literacy qualification requirements. The equalities impact for both these changes will be monitored.	• Recruitment methodology reviewed and changes identified • Process is established and used to evaluate the benefits of these changes after each recruitment drive • The effectiveness of social media targeting of diverse groups has been analysed • The 'Have a go days' have been evaluated and continue to be effective
Strategic Lead: Area Manager People and Organisational Development		

HMICFRS Improvement Plan

People: Managing performance and developing leaders

Area for improvement:	**Background information:**
Ref No. P8 'The Service should ensure it has an effective system in place to manage staff development, performance and productivity'	The Service carries out staff appraisals on an annual basis. These are monitored by line managers who see them as a valuable tool to highlight good work practices. The HMICFRS said that some staff haven't had this appraisal in two years and that the current appraisal process is ineffective. The Service accepts this and is currently reviewing the process. HMICFRS has recommended that the Service puts a system in place to manage productivity and staff development.

Ref	**Action:**	**Achievements:**
P8.1	There is a review of the staff appraisal system currently underway as part of the Learning Management System (LMS) project. This project will align appraisals and allow the Service a central view to monitor staff development. Part of this appraisal system will include performance review and productivity of staff. The LMS will include all staff, support and operational and it will serve as a tool to support them in whatever stage of their career they are in. This project is due to be completed in December 2019.	• Learning Management System – Oracle is now in place and used by staff • Oracle allows managers to monitor staff development
P8.2	Once the LMS project is complete, training will take place to ensure all staff are familiar with it. Appraisals will be completed at least once per year for all staff.	• Staff are trained and using Oracle for E-learning

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan

People: Managing performance and developing leaders

Area for improvement:	**Background information:**
Ref No. P9 'The Service should ensure its selection, development and promotion of staff is open, transparent and fair'	HMICFRS has pointed out that some staff don't see the current promotion process as open and fair. The Service is now reviewing its promotions policy and the report recognises this taking place.

Ref	**Action:**	**Achievements:**
P9.1	A staff task and finish group has been set up to address the promotion process for Crew, Watch and Station Manager. This group is made up of Tactical Managers, recently promoted staff, representative bodies and human resource personnel. The aim of the group will be to review the current procedure and ensure that staff views are taken into account.	• Engagement sessions complete • Staff views known through completion of survey
P9.2	Engagement sessions with staff will be included in the plan to ensure transparency and engender involvement in building the promotion process. Relevant staff will be engaged with recruitment and staff selection training which will include hard and soft skills to ensure that those involved in selection decisions on promotions are adequately supported and trained including unconscious bias training.	• Unconscious bias training delivered to staff who interview for new starters • Engagement continued to understand and decide on competencies for each role
P9.3	A new procedure will be written and applied by the Service that will be open and fair. It will also be relevant to roles that it is applied to. Following the next promotion process, this will then be evaluated.	• New procedure in use • Candidates in the promotion process able to feedback their experiences through survey • Evaluation of those in the Watch Manager process found it to be 'open, fair and transparent' • Process used for Station Manager promotion process • Talent Pools and Development Pools made up of staff ready for next promotions have been identified • Development training in place • 1st stage of review has been carried out

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan

People: Managing performance and developing leaders

Area for improvement:	**Background information:**
Ref No. P10 'The Service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders'	HMICFRS has asked that the Service has systems in place to recognise talent, manage and nurture it and put in place a leadership training programme.

Ref	**Action:**	**Achievements:**
P10.1	The Service will look at ways to develop a formal talent management process in the future. Part of the promotions review will include having a 'talent pool' of people to develop into the next role. The Service will also set up a group to look at a 'future leaders' programme.	• New procedure in use • Successful candidates now placed into talent pools • Mechanism to select the best candidate for each post from the talent pool established • Development of staff in place to allow them to move from Development Pool to the Talent Pool

Strategic Lead: Area Manager People and Organisational Development

HMICFRS Improvement Plan			
Points identified in the report			
Ref No.	**Point:**	**Lead:**	**Achievements:**
AR1	Staff would benefit from refresher Safeguarding training to increase their confidence.	Area Manager Community Risk	• Vulnerable person module established • Safeguarding training is now on Oracle and is on a 2 year rolling programme
AR2	The Service's procedure on planned levels of fire engines and crewing availability is out of date.	Area Manager Response	• Crewing of Fire and Special Appliances updated • Operational Degradation procedure reviewed, updated and agreed • Guidance for Fire Control Watch Managers implemented
AR3	Recruitment, retention and availability of On-Call staff.	Area Manager Response	• On-Call improvement project now complete • Outcomes of project are being considered
AR4	Staff were still quoting the 'London Model' of decision making and should move to the joint decision making model.	Area Manager Community Risk	• The Decision Control process embedded in all training, guidance and assessment material
AR5	Operational discretion is not recorded.	Area Manager Community Risk	• Fire Control have Information Note on the procedure to follow if Ops Discretion is declared • Process for when Ops Discretion is used has been tested

AR6	The Service should carry out cross border exercises with all of its neighbours	Area Manager Response	• Operational Exercise procedure reviewed and updated • Planned exercises feature in District Plans • Reporting activity relating to cross border exercises to HMICFRS established
AR7	The Service currently lacks a way to check workforce productivity and could do more to assure itself that its workforce's time is used effectively.	All Area Managers	• Learning Management System – Oracle is now in place
AR8	Actions from the H and S Committee have not been completed.	Assistant Chief Fire and Rescue Officer Service Delivery	• Actions reviewed and prioritised • Action plan in place to complete outstanding actions
AR9	Staff are aware of Service Matters but there is no way of ensuring that they read and take in the information.	Area Manager Community Risk	• Monitoring software purchased enabling activity levels to be known • Quarterly process in place evaluating use of Service Matters using randomly selected staff • Outcomes indicate that 80% are reading Service Matters articles
AR10	The use of gender exclusive language.	All Area Managers	• Included within the Values and Behaviours work • Unconscious bias training included gender exclusive language
AR11	The workforce plan lacks detail about how the Service will meet its resourcing needs.	Area Manager Response	• Quarterly report showing workforce planning presented to senior managers • Report shows details of forecasted staffing levels and how resource needs will be met
AR12	Operational staff haven't received training in gathering site specific risk information or health and safety training.	Area Manager Community Risk	• Site specific risk training complete • H and S training needs analysis complete

AR13	The Service doesn't fully understand the skills and capabilities of staff.	Area Manager People and Organisational Development	• Learning Management System – Oracle is now in place and used by all staff • Quarterly report showing operational skill levels presented to senior managers
AR14	There is less evidence of learning and improvement in non-operational areas.	Area Manager People and Organisational Development	• All departments have fed into training analysis • Training courses are now on Oracle to benefit all staff
AR15	The Representative bodies would like involvement in decisions at an earlier stage.	Assistant Chief Fire and Rescue Officer Service Delivery	• Engagement of Representative Bodies at Staff Consultation Forum • Representative Body engagement at strategic Covid 19 meetings • Meeting minutes indicate Representative Body's satisfaction level with engagement
AR16	In some departments, staff do not have their performance managed.	All Area Managers	• All managers informed and influenced to complete appraisals
AR17	Call handling times – Control.	Area ManagerTri-Service Control	• New ways of working being trialled in Fire Control to reduce call handling times •

AR18	All training recorded and managed on one system.	Area Manager People and Organisational Development	• A review of all courses has been carried out • All training is held and coordinated on Oracle
AR19	Time spent by crew and watch managers on station arranging covers and organising overtime	Area Manager Response	• Crewing levels during Covid 19 has seen a reduction in the need to arrange covers or overtime
AR20	Quality assurance (QA) of audits by Fire Safety Inspectors	Area Manager Community Risk	• QA procedure in place for Inspectors • QA of staff has begun and plan is being put in place on a rolling annual programme

Status of Report: Public

Meeting: Corporate Governance Committee

Date: 10 March 2021

Subject: The Government's response to the Redmond Review recommendations

Report by: The Treasurer and the Monitoring Officer

Author: Neil Jones, Head of Internal Audit and Assurance Service Leicestershire County Council

For: Information Only

Purpose

1. The purpose of this report is to provide the Committee with a brief explanation of the Government's response to recommendations made following an independent review of the effectiveness of local (external) audit and the transparency of local authority financial reporting (the Redmond Review).

Recommendation

2. The Committee is asked to note the report and to refer any observations to the Combined Fire Authority, Interim Chief Fire Officer (CFO), Treasurer or the Monitoring Officer as they see fit.

Executive Summary

3. In June 2019 Sir Tony Redmond was asked by the Ministry of Housing Communities and Local Government (MHCLG) to undertake an independent review of the effectiveness of local (external) audit and the transparency of local authority financial reporting.

4. The Committee has previously received two reports on this matter. The first on 20 November 2019 explained about the formal call for views and contained the questions being asked by the review. The second report on 17 November 2020, summarised the review's key findings, outlined its 23 recommendations, explained how the report was being taken forward and communicated to stakeholders, and what the next steps were, including awaiting a formal response from MHCLG, which occurred on 17 December 2020.

5. A link to the full response from MHCLG is found below. A summary of the responses to the recommendations is contained in Appendix A to this report. Overall, there was a positive response to most of the review's recommendations and the MHCLG has agreed to work with a wide range of key stakeholders to deliver implementing them. However, for recommendations relating to system leadership options, including creating a new body, the Office of Local Audit and Regulation (OLAR) to manage, oversee and regulate local

audit, MHCLG said it is considering those further and will make a full response by spring 2021.

6. In its response to two recommendations designed to enhance the functioning of local audit, and the governance for responding to its findings, MHCLG stated that Redmond's recommendations (and MHCLG's responses) applied only to principal local authorities (i.e. not fire and rescue authorities). However, a view from the Governance Advisor at the public sector accounting body CIPFA was sought. In their opinion, that there wasn't anything in the Redmond report that would say that these two recommendations wouldn't apply to fire authorities. The Government's response was from MHCLG i.e. not from the Home Office (HO) which is responsible for fire authorities, so any changes on governance for fire would need to be endorsed by the HO.

Background

7. MHCLG's response reconfirms the importance of external audit in providing assurance to councils and local taxpayers, particularly at a time when local authorities are exposed to greater risks.

8. A key area of disagreement was the recommendation to develop and implement a new body, the Office of Local Audit and Regulation (OLAR), to manage, oversee and regulate local audit. MHCLG had concerns this would mark a significant departure from the 2014 Act, it remained committed to a locally-led audit regime. Furthermore, it was the government's long-standing intention not to create new arms-length bodies. Primary legislation would be required, which could take up to three years, and a new body would take time to establish itself. Finally, MHCLG was mindful that there are significant interdependencies between local and health audits: both sectors share the same regulatory framework and code of audit practice, the work is undertaken by the same audit firms, and both sectors are confronted by similar market capacity issues. There would need to be consideration of how a 'systems leader' for local audit would interface with health bodies to ensure that it did not create divergence. Nevertheless, MHCLG recognised that certain areas needed to be addressed so it proposed further engagement with the sector leaders so that ideas can be put forward in the Spring.

9. Regarding the recommendations on action to support immediate market stability, MHCLG is proposing changes to regulations to allow greater flexibility on the setting of scale fees for additional work. It supported additional funding to the sector to meet additional audit fees. It agreed to look to extend the deadline for publishing audited local authority accounts from 31 July to 30 September for two years, and then review the situation.

10. MHCLG welcomed initiatives in developing local auditor training. There was some overlap with another (Brydon) review on the auditing profession. MHCLG would also focus on capacity and capability issues in local authorities and would engage with local government to better understand the issues and consider how they might best be addressed.

11. Regarding the governance arrangements for responding to local audit findings, MHCLG strongly agreed that the local auditor should present an annual audit report to a meeting of the full Council and it agreed with the recommendation to consider an independent member on the audit committee. MHCLG agreed there should be closer working relationships between external audit and internal audit and it will work with the National Audit Office (NAO) and Chartered Institute of Public Finance and Accountancy (CIPFA) to deliver it.

12. For the recommendations to improve the transparency of local authority accounts, MHCLG agreed on producing an annual standardised statement of service information and costs, to be prepared by each authority and to be compared with the budget agreed to support the council tax/precept/levy and presented alongside the statutory accounts. MHCLG will work with CIPFA to roll them out in 2021-22. Additional funding would be available to local authorities to enable them to prepare.

Next stages

13. The Treasurer and Monitoring Officer (and potentially the HoIAS) will undertake a detailed analysis of the review recommendations and government responses. A further report will be brought back to this Committee at the appropriate time.

Report Implications/Impact

14. Legal (including crime and disorder)

    The proposals in the recent review call for some potentially significant changes to how the Corporate Governance Committee performs its functions. Further reflection and analysis will follow, after which time any local Constitutional implications can be considered. Lauren Haslam, Director of Law & Governance, Leicestershire County Council, 0116 305 6240

15. Financial (including value for money, benefits and efficiencies)

    There are no resource implications arising directly from this report at this stage, although there is a potential for higher external audit fees and accounts preparation costs in future years. In its response MHCLG stated it would provide relevant authorities with £15m in additional funding in 2021/22 to meet the anticipated rise in audit fees driven by new requirements on auditors, including the 2020 Code of Audit Practice, as well as enabling authorities to develop standardised statements of service information and costs. - Colin Sharpe, Deputy Director of Finance, Leicester City Council, 0116 454 4081

16. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

    There are no risks arising from this report.

17. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)
None.

18. Environmental

None.

19. Impact upon Our Plan Objectives

Within the CFA's priority of Finance and Resources is the aim of providing a value for money service. The provision of a robust local (external) audit provides assurance to Members and local taxpayers that value for money is being delivered and provides public confidence in the system of local democracy.

Background Papers

Local authority financial reporting and external audit: government response to the Redmond review

https://www.gov.uk/government/publications/local-authority-financial-reporting-and-external-audit-government-response-to-the-redmond-review

Report to Corporate Governance Committee 20 November 2019 - Developments in audit and governance

https://leics-fire.gov.uk/wp-content/uploads/2019/11/item-10-developments-in-audit-and-governance.pdf

Report to Corporate Governance Committee 18 November 2020 - Update on developments on local (external) audit arrangements

https://leics-fire.gov.uk/wp-content/uploads/2020/11/item-9-update-on-audit-dev-final.pdf

Appendices

Appendix - Summary of MHCLG's response to the recommendations made by the Redmond Review

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Summary of MHCLG's response to the recommendations made by the Redmond Review

Action to support immediate market stability (recommendations 5, 6, 8, 10, 11)

Recommendation	MHCLG Response
5. All auditors engaged in local audit be provided with the requisite skills and training to audit a local authority irrespective of seniority.	**Agree**; we will work with key stakeholders to deliver this recommendation
6. The current fee structure for local audit be revised to ensure that adequate resources are deployed to meet the full extent of local audit requirements.	**Agree**; we will look to revise regulations to enable PSAA to set fees that better reflect the cost to audit firms of undertaking additional work
8. Statute be revised so that audit firms with the requisite capacity, skills and experience are not excluded from bidding for local audit work.	**Part agree**; we will work with the FRC and ICAEW to deliver this recommendation, including whether changes to statute are required
10. The deadline for publishing audited local authority accounts be revisited with a view to extending it to 30 September from 31 July each year.	**Part agree**; we will look to extend the deadline to 30 September for publishing audited local authority accounts for two years, and then review
11. The revised deadline for publication of audited local authority accounts be considered in consultation with NHSI(E) and DHSC, given that audit firms use the same auditors on both Local Government and Health final accounts work.	**Agree**

Consideration of system leadership options (recommendations 1, 2, 3, 7, 13, 17)

Recommendation	MHCLG response

Recommendation	MHCLG response
1. A new body, the Office of Local Audit and Regulation (OLAR), be created to manage, oversee and regulate local audit with the following key responsibilities: - procurement of local audit contracts - producing annual reports summarising the state of local audit - management of local audit contracts - monitoring and review of local audit performance - determining the code of local audit practice - regulating the local audit sector	**We are considering these recommendations further** and will make a full response by spring 2021.
2. The current roles and responsibilities relating to local audit discharged by the: - Public Sector Audit Appointments (PSAA) - Institute of Chartered Accountants in England and Wales (ICAEW) - FRC/ARGA - The Comptroller and Auditor General (C&AG) to be transferred to the OLAR	**We are considering these recommendations further** and will make a full response by spring 2021.
3. A Liaison Committee be established comprising key stakeholders and chaired by MHCLG, to receive reports from the new regulator on the development of local audit.	**We are considering these recommendations further** and will make a full response by spring 2021.
7. That quality be consistent with the highest standards of audit within the revised fee structure. In cases where there are serious or persistent breaches of expected quality standards, OLAR has the scope to apply proportionate sanctions.	**We are considering these recommendations further** and will make a full response by spring 2021.
13. The changes implemented in the 2020 Audit Code of Practice are endorsed; OLAR to undertake a post implementation review to assess whether these changes have led to more effective external audit consideration of financial resilience and value for money matters.	**We are considering these recommendations further** and will make a full response by spring 2021.
17. MHCLG reviews its current framework for seeking assurance that financial sustainability in each local authority in England is maintained.	**We are considering these recommendations further** and will make a full response by spring 2021.

Enhancing the functioning of local audit, and the governance for responding to its findings (recommendations 4, 9, 12, 18)

Recommendation	MHCLG response
4. The governance arrangements within local authorities be reviewed by local councils with the purpose of: - an annual report being submitted to Full Council by the external auditor	**Agree**; we will work with the LGA, NAO and CIPFA to deliver this recommendation **Note: This recommendation (and the department's response) applies only to principal**

Recommendation	MHCLG response
- consideration being given to the appointment of at least one independent member, suitably qualified, to the Audit Committee - formalising the facility for the CEO, Monitoring Officer - Chief Financial Officer (CFO) to meet with the Key Audit Partner at least annually.	**local authorities (i.e. not police and crime commissioners or fire and rescue authorities)**
9. External Audit recognises that Internal Audit work can be a key support in appropriate circumstances where consistent with the Code of Audit Practice.	**Agree**; we will work with the NAO and CIPFA to deliver this recommendation
12. The external auditor be required to present an Annual Audit Report to the first Full Council meeting after 30 September each year, irrespective of whether the accounts have been certified; OLAR to decide the framework for this report.	**Agree**; we will work with the LGA, NAO and CIPFA and other key stakeholders to deliver this recommendation, including whether changes to statute are required **Note: This recommendation (and the department's response) applies only to principal local authorities (i.e. not police and crime commissioners or fire and rescue authorities)**
18. Key concerns relating to service and financial viability be shared between local auditors and inspectorates including Ofsted, Care Quality Commission and HMICFRS prior to completion of the external auditor's annual report.	**Agree**; we will work with other departments and the NAO to deliver this recommendation

Improving transparency of local authorities' accounts to the public (recommendations 19, 20, 21, 22)

Recommendation	MHCLG response
19. A standardised statement of service information and costs be prepared by each authority and be compared with the budget agreed to support the council tax/precept/levy and presented alongside the statutory accounts.	**Agree**; we will look to CIPFA to develop a product through consultation with local government. We will work with CIPFA to deliver this recommendation
20. The standardised statement should be subject to external audit.	**Agree**; we will work with CIPFA, the LGA and the NAO to deliver this recommendation
21. The optimum means of communicating such information to council taxpayers/service users be considered by each local authority to ensure access for all sections of the communities.	**Agree**; we will work with the LGA and CIPFA to deliver this recommendation
22. CIPFA/LASAAC be required to review the statutory accounts, in the light of the new requirement to prepare the standardised statement, to determine whether there is scope to simplify the presentation of local authority accounts by removing disclosures that may no longer be considered to be necessary.	**Agree**; we will look to CIPFA to deliver this recommendation

Action to further consider the functioning of local audit for smaller bodies (recommendations 14, 15, 16, 23)

Recommendation	MHCLG response
14. SAAA considers whether the current level of external audit work commissioned for Parish Councils, Parish Meetings and Internal Drainage Boards (IDBs) and Other Smaller Authorities is proportionate to the nature and size of such organisations.	**Agree**; we will look to SAAA to deliver this recommendation
15. SAAA and OLAR examine the current arrangements for increasing audit activities and fees if a body's turnover exceeds £6.5m.	**We are considering this recommendation further** and will make a full response by spring 2020
16. SAAA reviews the current arrangements, with auditors, for managing the resource implications for persistent and vexatious complaints against Parish Councils.	**Agree**; we will look to SAAA to deliver this recommendation
23. JPAG be required to review the Annual Governance and Accountability Return (AGAR) prepared by smaller authorities to see if it can be made more transparent to readers. In doing so the following principles should be considered: - whether "Section 2 – the Accounting Statements" should be moved to the first page of the AGAR so that it is more prominent to readers - whether budgetary information along with the variance between outturn and budget should be included in the Accounting Statements - whether the explanation of variances provided by the authority to the auditor should be disclosed in the AGAR as part of the Accounting Statements.	**Agree**; we will work to JPAG to deliver this recommendation

By virtue of paragraph(s) 3, 10 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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