LEICESTERSHIRE
FIRE and RESCUE SERVICE

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# LEICESTER, LEICESTERSHIRE AND RUTLAND COMBINED FIRE AUTHORITY
## CORPORATE GOVERNANCE COMMITTEE

**To: Members of the Corporate Governance Committee**

Mr. R. Allen CC (Chairman)

| | |
|---|---|
| Mr. N. Bannister CC | Mr. D. Gamble CC |
| Mr. D. Grimley CC | Mrs. M. E. Newton CC |
| Cllr. H. Rae Bhatia | Cllr. S. Barton |
| Mr. K. Ghattoraya CC | Cllr. S. Harvey |

Copies by email to:
Other Members of the Combined Fire Authority for information only
Chief Fire Officer and Assistant Chief Fire Officers, Leicestershire Fire and Rescue Service.

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 on **WEDNESDAY 13 MARCH 2024** at **2.00pm** at **Leicestershire Fire and Rescue Service Headquarters, 12 Geoff Monk Way, Birstall** for the transaction of business set out on the attached Agenda.

Yours Faithfully

*Lauren Haslam*

Lauren Haslam
Monitoring Officer

# LEICESTER, LEICESTERSHIRE AND RUTLAND COMBINED FIRE AUTHORITY
# CORPORATE GOVERNANCE COMMITTEE
# 13 MARCH 2024 AT 2.00pm

*Location* **Leicestershire Fire and Rescue Service, 12 Geoff Monk Way, Birstall, Leicester, LE4 3BU**

*Officer to contact* **Gemma Duckworth (Tel. 0116 305 2583)**

*E-Mail* **gemma.duckworth@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.

4.  Chairman's Announcements.

5.  Minutes of the meeting held on 22 November                           (Pages 5 - 10)
    2023.

6.  Progress against the Internal Audit Plan         The Treasurer        (Pages 11 - 30)
    2023/24.

7.  Internal Audit Plan 2024/25, External Quality    The Treasurer        (Pages 31 - 52)
    Review of Leicestershire County Council's
    Internal Audit Service and the Internal Audit
    Charter for the CFA (February 2024).

8.  Organisational Risk Register.                    The Chief Fire and   (Pages 53 - 82)
                                                     Rescue Officer

9. Gender Pay Gap Report 2023/24.                     The Chief Fire and     (Pages 83 - 96)
                                                      Rescue Officer

10. Urgent Items.

11. Date of Next Meeting.

    The next meeting of the Corporate Governance Committee will be held on 10 July
    2024 at 2.00pm at Leicestershire Fire and Rescue Service Headquarters.

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# Agenda Item 5

Leicestershire County Council

Minutes of a meeting of the Leicester, Leicestershire and Rutland CFA - Corporate Governance Committee held at County Hall, Glenfield on Wednesday, 22 November 2023.

PRESENT

Mr. R. G. Allen CC (in the Chair)

| | |
|---|---|
| Cllr. Hemant Rae Bhatia | Cllr. S. Harvey |
| Mr. K. Ghattoraya  CC | Ms. Betty Newton CC |
| Mr. D. J. Grimley CC | Mrs. P. Posnett MBE CC |
| Cllr. A. Joel | |

In attendance

Callum Faint, Chief Fire and Rescue Officer
Paul Weston, Assistant Chief Fire and Rescue Officer
Stuart McAvoy, Head of Finance, Leicester City Council
Matt Davis, Audit Manager, Leicestershire County Council
Karl Bowden, Area Manager
Gemma Duckworth, Senior Democratic Services Officer
Gavin Barker, Mazars

58. Apologies for absence.

Apologies for absence were received from Mr. N. Bannister CC and Councillor S. Barton.

59. 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.

60. Urgent Items.

There were no urgent items.

61. Chairman's Announcements.

The Chairman made his announcements which covered the following matters:

- Variable Response Vehicles
- Mobilising System
- Introduction of New Technology

62. Minutes.

The minutes of the meeting held on 20 September 2023 were taken as read, confirmed and signed.

63. <u>Financial Monitoring to the end of September 2023.</u>

The Committee considered a report of the Treasurer which presented the financial monitoring to the end of September 2023, including key issues arising from the revenue budget and capital programme. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

Arising from the discussion, the following points were made:

i) In response to a query around underspends in staffing in support services, the Treasurer reported that this was made up of two areas – vacancies which it was the intention to fill and the fact that the budget assumed all staff were at the top of their salary band. It was acknowledged that there were recruitment issues, but it was not the intention to lose any posts.

ii) Inflation had been built into the 2023/24 budget, but inflationary pressures had exceeded the budget. The budget for the next financial year was currently being set, although the finalised pay award had not yet been agreed so it was likely that there would be a variance. In terms of reserves, the position would be set out in the 2024/25 budget.

iii) In relation to capital and financing slippage, this had largely been linked to vehicle availability. However, this was a national and global issue.

The recommendations contained within the report were moved by Mr Allen CC and seconded by Mrs Newton CC. The motion was put and carried unanimously.

**RESOLVED:**

To note:

a) The revenue budget and capital programme position as at the end of September 2023; and

b) The capital overspend of £422,000 to be funded from the Capital Fund Reserve and Estates Strategy Reserve, reducing resources available for future years' budgets.

64. <u>Completion of the 2020/21 Statement of Accounts.</u>

The Committee considered a report of the Treasurer which presented the Audit Completion Certificate for the year ended 31 March 2021, as signed by the CFA's External Auditors, Mazars. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

It was reported that it was the intention to issue the Audit Completion Certificate for the 2021/22 audit by the end of March 2024. For the 2022/23 audit, it was anticipated that Mazars would issue an unqualified opinion, but this would be confirmed. The CFA would then have a new external auditor from the 2023/24 financial year – Grant Thornton.

The recommendation contained within the report was moved by Mr Allen CC and seconded by Mrs Newton CC. The motion was put and carried unanimously.

**RESOLVED:**

That the completion of the Audit for the year ended 31 March 2021 and the issuing of the Audit Completion Certificate be noted.

65.   Performance Monitoring April - October 2023.

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 for the period April 2023 to October 2023.  A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from the discussion the following points were raised:

i)   It was reported that Leicestershire Police had launched an initiative – Most Appropriate Agency – whereby it was now only attending incidents that it felt were relevant to attend.  There was concern that this could have a significant impact on LFRS having to attend more incidents when its resources were already stretched. The situation would continue to be monitored.

ii)  The number of special service incidents attended had continued to increase, particularly road traffic collisions (RTCs).  The number of RTCs was increasing, along with the number of cars on the road and the number of journeys being taken. Although FRAs had no statutory responsibility to prevent RTCs, this was an area where lots of work was taking place locally and it was the intention to divert some resources to continue with this work.  Consideration was being given as to the best way to deliver this.  It was noted that there had also been an increase in flooding incidents in LLR, although there was again no statutory responsibility for the FRS to respond to this.

iii) In response to a query around suicide prevention, the Chief Fire and Rescue Officer confirmed that LFRS was well connected with local Community Safety Partnerships and was part of a wider strategic meeting to discuss suicide prevention.  It was also part of a national helpline for staff who had responded to a suicide incident. However, it was acknowledged that the number of incidents was increasing and would continue to do so.

iv) The level of emergency response service provision was an area which continued to be looked into, in particular ensuring that incidents were responded to.  It was hoped that the introduction of the new mobilising system would improve the time taken to get to incidents.

v)  In relation to KCI6 (Capacity, staff and availability), it appeared that staff sickness had been higher in this period.  However, assurance was given that nationally, LFRS was in the top five FRAs for the lowest sickness levels and the Service worked hard to reduce the number of shifts lost.  Where possible, staff returned to work on modified duties.

The recommendation contained within the report was moved by Mr Allen CC and seconded by Mrs Newton CC. The motion was put and carried unanimously.

**RESOLVED:**

That the performance of the Leicestershire Fire and Rescue Service for the period April to October 2023 be noted.

66.  Service Development Programme and 'Our Plan 2020-24' - Appendix A Tasks.

The Committee considered a report of the Chief Fire and Rescue Officer which presented the progress made since September 2023 in the delivery of 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 9' is filed with these minutes.

A query was raised around the dangers of E-Bikes and whether this was an increasing issue.  The Chief Fire and Rescue Officer reported that lithium-ion batteries were generally considered to be safe, but the number of devices using batteries was increasing.  There had been an increase in fire incidents involving E-Bikes and scooters which had been imported and a national safety campaign would be undertaken to highlight the correct way of charging the batteries.

The recommendation contained within the report was moved by Mr Allen CC and seconded by Mrs Newton CC. The motion was put and carried unanimously.

**RESOLVED:**

That the progress made since September 2023 in the delivery of projects within the Service Development Programme and the tasks that are included in Our Plan 2020-24 be noted.

67.  Progress against the Internal Audit Plan 2023/24.

The Committee considered a report of the Treasurer which provided an update of progress against the Internal Audit Plan for 2023/24.  A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The recommendations contained within the report were moved by Mr Allen CC and seconded by Mrs Newton CC. The motion was put and carried unanimously.

**RESOLVED:**

That the report be noted, in particular that:

a) three legacy partial assurance report ratings containing high importance recommendations remain outstanding and the ACFO (Service Support) continues to work to bring resolutions to these outstanding actions but there are continued delays; and

b) work is progressing well with the 2023/24 audit plan and is at the stage anticipated for this time of year.

68.  People Programme of Work.

The Committee considered a report which provided an update on the Cultural Survey actions and other people related plans, including the HMICFRS 'Spotlight' report and the external cultural review of the Service. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

It was pleasing to note the significant progress that had been made within the Service and the work undertaken around equality, diversity and inclusion was commended.

The recommendations contained within the report were moved by Mr Allen CC and seconded by Mrs Newton CC. The motion was put and carried unanimously.

**RESOLVED:**

To note:

a) the People Plan and programme of work being implemented across the Service; and

b) the information related to closed Discipline and Grievance cases between April 2022 – October 2023.

69. Review and Revision of the Constitution.

The Committee considered a report of the Monitoring Officer which sought approval for the submission of the revised CFA Constitution (Part 2 – Constitutional Framework) to the Combined Fire Authority for approval at its meeting on 29 November 2023. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

It was noted that further amendments would be presented to the Committee in the Spring relating to the Contract Procedure Rules and Finance Procedure Rules, which were currently being reviewed.

The recommendation contained within the report was moved by Mr Allen CC and seconded by Mrs Newton CC. The motion was put and carried unanimously.

**RESOLVED:**

That the changes to the Constitution, Part 2 – Constitutional Framework detailed in the Appendix to the report be approved and be submitted to the CFA for approval at its meeting on 29 November 2023.

70. Date of Next Meeting.

The next meeting of the CFA Corporate Governance Committee will be held on 13 March 2024 at 2.00pm.

2.00 - 3.00 pm                                                        CHAIRMAN
22 November 2023

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**Status of Report:   Public**

**Meeting:        Corporate Governance Committee**

**Date:           13 March 2024**

**Subject:        Progress against the Internal Audit Plan 2023/24**

**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 Corporate Governance Committee (the Committee) with an update of progress against the Internal Audit Plan for 2023/24.

**Recommendation**

2. The Committee is asked to note the report and that:

a) One legacy partial assurance report relating to a disaster recovery strategy and associated testing has now been addressed.

b) Two legacy partial assurance reports (relating to contract procedure rules and BACS respectively) containing high importance recommendations remaining outstanding.  These will be retested as part of the 2024/25 coverage.

c) Work is progressing well with the 2023/24 audit plan and is at the stage anticipated for this time of year.


**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 to this report.

4.  The Internal Audit Plan for 2023/24 was approved by the Committee at its meeting on 15 March 2023. Progress against planned work is summarised below and is then reported in more detail in Appendix 1. Updates to the 2023/24 plan are shown 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 per annum.

6.  Two legacy partial assurance reports containing high importance recommendations (in respect of Contract Procedure Rules and BACS audits) remain in the Committee's domain as these have not yet been addressed. One further partial assurance rating in respect of ICT Disaster Recovery strategy and testing has been successfully retested and can be closed subject to any comment from the committee. The detail is included at paragraph 12 below.

    Progress against the 2023/24 Internal Audit Plan:

7.  There were ten potential auditable areas within the approved 2023/24 Internal Audit plan (excluding any brought forward work). At the meeting of this committee on 13 July 2023, it was agreed that one audit (relating to Learning and Development) would be replaced by an audit of the of the Risk Based Inspection Programme. Of these ten individual pieces of work, progress can be summarised as follows:

    *   Five current year audits have been finalised and reported
    *   Five current year audits are at various stages of work in progress

**Background**

8.  The Committee is provided with a summary report of internal audit work undertaken in the period since the last meeting. Where applicable, an individual 'opinion' on each audit assignment is reported, for example 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.

9.  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.

10. The current position (and any outcomes) as at 28 February 2024 has been mapped onto the plan agreed by the Committee at its meeting on 15 March 2023. This forms Appendix 1 and is summarised as:

| Status of work | Additional Commentary |
|---|---|
| All Prior Year 2022/23 Reports Completed | • Reference in 2023/24 plan is 24/01 |
| Five audits finalised and reports issued | • Counter Fraud National Fraud Initiative – 24/07<br>• Contract Procedure Rules and associated Policies and Processes – 24/08<br>• Human Resources – Recruitment and onboarding processes – 24/09<br>• Risk Based Inspection Programme (RBIP) – 24/10<br>• Contingency – Emerging Issues – Counter Fraud VAT Numbers – 24/11a |
| Five audits at various stages of work in progress | • Key Financial Systems – Reconciliations and Balances – 24/03<br>• Key Financials Payroll – 24/04<br>• Key Financials Pensions – 24/05<br>• ICT Controls – 24/06<br>• ICT System and Process Connectivity – 24/02 *(note this audit will straddle two financial years at the request of the client)* |

\* May be utilised by the external auditor in planning their audit risk-assessment and their work in forming an opinion on the CFA's value for money arrangements.

Changes to Plan/Additional Time

11.   The approved plan was a statement of intent and whilst every effort will be made to deliver it, it is recognised that this needs to be flexible and it may be necessary 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.  Any additional audits that have been requested will also be reported. As stated previously, at the meeting of this Committee on 13 July 2023, it was agreed that one audit (relating to Learning and Development) would be replaced by an audit of the of the Risk Based Inspection Programme.

<u>High Importance Recommendations</u>

12. Three partial assurance reports and associated high importance recommendations currently require progress updates to be reported back to the Committee in order to provide assurance that they have been adequately addressed. Updates in respect of these audits are as follows:

| <u>Audit Name/Date</u> | <u>Ref</u> | <u>Area of focus/Date for review/date to report back to committee</u> |
|---|---|---|
| Contract Procedure Rules | Ref 22-09<br><br>(now superseded by Ref 24-08) | As reported to the November Committee, due to revised implementation dates agreed with the Assistant Chief Fire Officer this work will be picked up as part of our 24/25 Internal Audit coverage |
| ICT Controls 2021/22 (*) | Ref 22/07 | The two high importance recommendations in respect of Disaster Recovery (DR), originally due for implementation approximately one year ago, were retested, as part of our 2022/23 coverage and were found to remain outstanding. Latest progress is:<br><br>A Recovery Test Strategy has been developed. Internal Audit have been provided with a copy. This can be applied to the relevant system(s) due to be tested. The first DR Test Strategy has been completed for the Firewatch DR testing. Individual DR Test Strategies will then be developed as and when systems are due to be tested.<br><br>Due to an incident during a generator test, a live DR test had to be undertaken on 2nd January 2024. Following this another DR test was undertaken on 24th January 2024 to ensure that a 'power down' exercise could be undertaken without any systems going offline. This testing was successful. ICT will now ensure that regular DR tests are scheduled to be undertaken. |

| | | |
|---|---|---|
| | | Subject to approval from the committee, these high importance recommendations can now be closed down. |
| Accounts Receivables – BACS Payment Process | Ref 22/11 | An amendment to bank accounts report has been developed in a test environment by the developer and will now be rolled out to be tested at Leicestershire and, if successful, will be rolled out into the live environment.

A further update will be made to the next meeting of this committee. |

**Report Implications/Impact**

13. <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'. 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'.

14. <u>Financial (including value for money, benefits and efficiencies)</u>

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. – Amy Oliver, Treasurer, Leicester City Council Amy.oliver@leicester.gov.uk  0116 454 5667

15. <u>Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)</u>

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.

16. <u>Staff, Service Users and Stakeholders (including the Equality Impact Assessment)</u>

None.

17. <u>Environmental</u>

None.

18. <u>Impact upon Our Plan Objectives</u>

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 2023-24 (Corporate Governance Committee - 15 March 2023)

https://leics-fire.gov.uk/wp-content/uploads/2023/03/item-10-internal-audit-plan-202324.pdf

https://leics-fire.gov.uk/wp-content/uploads/2023/03/item-10-appendix-internal-audit-plan-for-leicestershire-fire-and-rescue-service-20232024.pdf

Internal Audit Charter (Corporate Governance Committee - 13 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 2023/24 as at 28 February 2024

Appendix 2 - Statutory and constitutional requirements and working arrangements

**Officers to Contact**

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**Appendix 1 – Progress against the Internal Audit Plan 2023-24 at 28 February 2024**

*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.

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

| No. | Category | Auditable area | Potential assurance requirements…. | Position at 28/02 | Summary of High Importance recommendations | Opinion |
|---|---|---|---|---|---|---|
| 24/1 | Various | Completion of any residual work on 22/23 audits | Completion of any residual work on 22/23 audits | All 8 Final Reports issued as follows:<br><br>Safeguarding<br>Fire Protection<br>HR Recruitment & Retention<br>Key Financial Systems Recs & Balances<br>Key Financials Payroll<br>Key Financials Pensions<br>Key Financials ICT Controls *1<br>Bank Mandate Fraud *1 | All prior year reports issued | 6 x Substantial and 2 x partial (see *1) |
| 24/7 | Internal Control | Counter Fraud: National Fraud Initiative | • Ensure relevant output reports are assessed with the overall objective of results being correctly interpreted and investigated with | Final Report Issued closing off all work undertaken during the for the 22/23 National Fraud Exercise. | N/A | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | due regard for a segregation of duties. | | | |
| 24/8 | Internal Control | Contract Procedure Rules and associated Policies and Processes | Further follow up of key areas that previously resulted in partial assurance reporting | Final Report Issued | Overall partial opinion – recs are:<br><br>• Signed digital copies of all contracts are centrally held<br><br>• Training for all staff with authority to procure goods or services/in a procurement role (existing staff and as part of induction for new starters)<br><br>• Monitor and report training levels to management for further action where required | Partial Assurance |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | • Periodic benchmarking/ market testing for value for money if purchasing multi-items from a single supplier with no contract. | |
| 24/9 | Internal Control | Human Resources – Recruitment and onboarding processes | • Recruitment and onboarding processes is robust and maximises system-based efficiencies and minimises the need for manual intervention. | **Final Report Issued.** | **N/A** | **Substantial Assurance** |
| 24/10 b | Internal Control | Risk Based Inspection Programme (RBIP) | • Risk Based Inspection Programme is robust and targets the correct high-risk buildings within its remit. | **Final Report Issued** | **N/A** | **Full Assurance** |

| 24/11 | Various | Contingency - Emerging Issues | | | | |
|---|---|---|---|---|---|---|
| | | Counter Fraud VAT Numbers | Data Analytics check that supplier VAT numbers are valid | Final report issued | N/A | Substantial |
| | | Advice | Contributions to reports on mobilisation and governance update including providing additional controls in the revised Anti-Fraud and Corruption policy and procedure | Complete | N/A | N/A |
| | | | Assist the Monitoring Officer in planning the appointment of Independent Members of the Corporate Governance Committee | | | |
| | | | **Training for Independent Members** | **Part complete** | | |
| | | | **Follow up of High Importance Recommendations** | **Ongoing** | | |

**Work in progress**

| No. | Category | Auditable area | Potential assurance requirements…. | Position at 28/02 | Summary of High Importance recommendations | Opinion |
|---|---|---|---|---|---|---|
| 24/3 | Internal Control | Key Financial Systems – Reconciliations and Balances | • Key reconciliations and other agreed in scope processes are undertaken accurately and promptly<br><br>(*Note, where applicable this will include follow up of any recommendations in the Auditor's Annual Report*). | **Testing being undertaken** | N/A | N/A |
| 24/4 | Internal Control | Key Financials Payroll | • Payroll Starters, leavers, and variations to pay are valid and accurately accounted for | **Testing being undertaken** | N/A | N/A |
| 24/5 | Internal Control | Key Financials Pensions | To provide assurance regarding operational processes for Fire Fighter Pensions. | **Testing being undertaken**<br><br>. | N/A | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 25 | | Topic area(s) will be risk assessed and then selected from the following:<br><br>• Starters, leavers, and variations to pension are accurately accounted for in respect of pensionable adjustments required.<br>• Contribution banding, pensions increases, and dependants' pension requirements are correctly applied.<br>• To review the validity and accuracy of calculations with regard to payments for new pensions and lump sums<br><br>• | | | |

| 24/6 | Internal Control | ICT Controls | • 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 | **Draft being reviewed** | N/A | N/A |
|---|---|---|---|---|---|---|
| 24/2 | Governance | ICT System and Process Connectivity | • A high-level review to ensure that all key ICT systems and processes within the service and/or outsourced by the service are able to seamlessly connect/communicate where required/desired | **Work in progress but a slight delay at the client end (due to a new member of staff starting) means this work will now be completed within 2024/25.** | N/A | N/A |

**Audits not started**

None

**Areas of the original plan that will not be undertaken and associated rationale/associated substitute job(s)**

| No. | Category | Auditable area | Potential assurance requirements…. | Position at 28/02 | Summary recommendations | Opinion |
|---|---|---|---|---|---|---|
| 24/10 a | Internal Control | Learning and Development | • Mandatory learning and development requirements are identified, addressed and evidenced within a satisfactory period for all new starters and refresher training is undertaken and evidenced in a timely manner for all existing employees. | Committee approval on 13 July 2023 to replace this audit with the Risk Based Inspection Programme Audit detailed above<br><br>*(Due to a service restructure which has seen the roles and responsibilities for the function move Directorate. To give the new managers the opportunity to embed within the function, it has been agreed that the audit be deferred for a period of time')* | N/A | N/A |

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**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**<br><br>A HI recommendation denotes that there is either an absence of control or evidence that a designated control is <u>not</u> 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.<br><br>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. | **Little or no assurance** |

# Agenda Item 7

| | |
|---|---|
| **Status of Report:** | **Public** |
| **Meeting:** | **Corporate Governance Committee** |
| **Date:** | **13 March 2024** |
| **Subject:** | **Internal Audit Plan 2024-25, external quality review of Leicestershire County Council's Internal Audit Service and the Internal Audit Charter for the CFA (February 2024)** |
| **Report by:** | **The Treasurer** |
| **Author:** | **Neil Jones (Head of Internal Audit & Assurance Service, Leicestershire County Council)** |
| **For:** | **Information only** |

## Purpose

1.  To provide the Corporate Governance Committee (the Committee): -

    a.  the opportunity to review the Internal Audit Plan 2024-25

    b.  brief details on the plans for an External Quality Assessment (EQA) of Leicestershire County Council's Internal Audit Service (LCCIAS)

    c.  the revised Internal Audit Charter which is a key governance document.

## Recommendations

2.  The Committee is asked to: -

    a.  Consider the Internal Audit Plan 2024-25, make any observations and note that the detail of the plan may change during the year in response to emerging issues and risks

    b.  As part of its function to monitor the adequacy and effectiveness of the Internal Audit Service

        i.   Note the plans for an EQA of LCCIAS

        ii.  Approve the revised Internal Audit Charter for the CFA

## 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 29 November 2023.

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 2023-24 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.

7.  Public Sector Internal Audit Standards (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 2024/25 relate to:

    Core Auditable Areas:

    *   Traditional key financial systems audits (covering Reconciliations and Balances, Payroll, Pensions and Key ICT Controls). Additionally, the External Auditor may choose to liaise with internal audit to inform its continual risk assessment although it does not intend to rely on the work of internal audit.

    *   Participation in the National Fraud Initiative requirements. Additionally, as part of its audit procedures in relation to fraud, the External Auditor is required to enquire of those charged with governance, including key management and Internal audit, as to their knowledge of instances of fraud, the risk of fraud and their views on internal controls that mitigate the fraud risks.

    Service Specific Areas:

    *   ICT System and Process Connectivity
    *   People Plan

Key Risks/High Importance Recommendations

- Contract Procedure Rules
- Revised Procurement Regulations
- Addressing the implications of Pensions Judgements

(An element of the plan is kept allowing 'emerging issues' to be addressed)

10. A further requirement of the PSIAS is that an assessment of the internal audit function's overall conformance with the Standards is conducted once every five years by a qualified, independent assessor, or assessment team from outside the organisation.

11. The PSIAS also mandate that the purpose, authority, and responsibility of the internal audit activity must be formally defined in an internal audit charter (the Charter). This important governance document was last reported to, and approved by, the Committee at its meeting on 13 March 2019. Although there haven't been any changes to the PSIAS, membership of the Committee has changed significantly since the last approval and so it is considered prudent to review and refresh the Charter and also to send it as evidence to the external assessor. Revised global Internal Auditing Standards were launched in January but it will be some time before they are interpreted into revised PSIAS.

## Background

## The Internal Audit Plan 2024-25

12. 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.

13. 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.

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

15. The Internal Audit Plan for 2024-25 is shown at Appendix 1 to this report.

16. 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 area may change.

- Changes that may occur as a result of emerging issues/risks e.g. legislation, inspectorate concerns, security and/or health and safety concerns

17. 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.

18. 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 report and reflected in the annual opinion.

19. 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.

20. The appendix also 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 can perhaps be 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 (Grant Thornton) to ensure no unnecessary duplication or indeed omission of work.

21. 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.

22. 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.

23. 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.

24. 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.

In conclusion, the Internal Audit Plan for 2024-25 aims to give the CFA optimum audit coverage within the resources available.

**External Quality Assessment**

25. The previous External Quality Assessment (EQA) of Leicestershire County Council's Internal Audit Service was undertaken in March 2018 and was an independent validation of the HoIAS' self-assessment. The results were reported to the Committee at its meeting on 25 July 2018 with the overall conclusion that the Service generally conformed (the top rating) to the PSIAS.

26. In October, the County Council commissioned Robin Pritchard, a very experienced internal audit and risk professional, to undertake an EQA by March 2024. It was agreed that an assessment would be based upon a review (validation) of an evidenced internal self-assessment exercise. This was the same methodology applied in 2018. The EQA will be undertaken remotely and will be conducted in two stages with a readiness check towards the end of January (with an opportunity to make any improvements) before a final and full report in March/April (scheduled to be reported to the Committee at its meeting in July 2024). As well as submission of evidence, the assessor will conduct interviews which may include the Chair of the Committee and a selection of Officers or use a digital survey questionnaire to gain insight into the value and performance of the internal audit service.

27. Work is underway to provide the assessor with initial documentation for review.

**Internal Audit Charter**

28. The Internal Audit Charter (the Charter) establishes the Internal Audit function's position within the CFA, including the nature of the HoIAS' functional reporting relationship with the Corporate Governance Committee, (the Committee); authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities. Final approval of the Charter resides with the Committee.

29. Providing a formal, written Charter is important to managing the provision of internal audit activity by LCCIAS. The Charter provides a recognised statement for review and acceptance by the Chief Fire and Rescue Officer and the Treasurer and Monitoring Officer and for approval by the Committee. It also facilitates a periodic assessment by the HoIAS of the adequacy of the internal audit activity's purpose, authority, and responsibility and whether LCCIAS continues to be adequate and accomplish its objectives.

30. The Charter has been reviewed and minor changes have been made which are highlighted in yellow. It has 8 distinct sections: -

   **Section Content**

   1. Introduction
   2. Mission of Internal Audit
   3. Purpose (PSIAS definition of the internal audit activity)
   4. The Core Principles
   5. Definitions (including the Board and Senior Management)
   6. Authority (afforded to the internal audit activity)
   7. Responsibility (of the Committee, Officers and the HoIAS)
   8. The scope of the internal audit activity

31. The Internal Audit Charter for the CFA (February 2024) is included as Appendix 2.

**Report Implications/Impact**

32. 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'. 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'.

33. 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. - Amy Oliver, Treasurer, Leicester City Council, 0116 454 5667

   The CFA will not incur any charge for the independent external quality assessment of Leicestershire County Council's Internal Audit Service

34. <u>Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)</u>

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.

35. <u>Staff, Service Users and Stakeholders (including the Equality Impact Assessment)</u>

None

36. <u>Environmental</u>

None

37. <u>Impact upon Our Plan 2020-24 (2022 Refresh)</u>

Within the CFA's priority of Finance and Resources is the aim to deliver value for money quality services. 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**

The Public Sector Internal Audit Standards (revised 2017)
https://www.cipfa.org/policy-and-guidance/standards/public-sector-internal-audit-standards

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

Internal Audit Service – Outcome of Peer Review (Corporate Governance Committee 25 July 2018)
https://leics-fire.gov.uk/wp-content/uploads/2016/06/internal-audit-service-outcome-of-peer-review.pdf

**Appendices**

1. The Internal Audit Plan 2024-25
2. The Internal Audit Charter for the CFA (February 2024)

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**Internal Audit Plan for Leicestershire Fire & Rescue Service 2024-25**

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

| Ref | Category | Auditable area | Potential assurance requirements…. |
|---|---|---|---|
| 25/1 | Various | Completion of any residual work on 23/24 audits | Completion of any residual work on 23/24 audits |
| 25/2 | Governance | ICT System and Process Connectivity | A high-level review to ensure that all key ICT systems and processes within the service and/or outsourced by the service are able to seamlessly connect/communicate where required/desired<br><br>*Note: This work commenced in 23/24 but will continue into 24/25* |
| 25/3 | Internal Control | Key Financial Systems – Reconciliations and Balances | Key reconciliations and other agreed in scope processes are undertaken accurately and promptly<br><br>(*Note, where applicable this will include follow up of any recommendations in the Auditor's Annual Report*). |
| 25/4 | Internal Control | Key Financials Payroll | Payroll Starters, leavers, and variations to pay are valid and accurately accounted for |

| Ref | Category | Auditable area | Potential assurance requirements…. |
|---|---|---|---|
| 25/5 | 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:<br><br>• Starters, leavers, and variations to pension are accurately accounted for in respect of pensionable adjustments required.<br>• Contribution banding, pensions increases, and dependants' pension requirements are correctly applied.<br>• To review the validity and accuracy of calculations with regard to payments for new pensions and lump sums |
| 25/6 | Internal Control | ICT Controls | 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 |
| 25/7 | Internal Control | Counter Fraud: National Fraud Initiative | Ensure relevant data is extracted at 30 September 2024, uploaded in October 2024 and assessment of output reports commenced in Feb 2025 with the overall objective of results being correctly interpreted and investigated on a risk-assessed basis and have due regard for a segregation of duties (report of resultant findings in Q1/2 of 25/26) |

| 25/8 | Internal Control | Contract Procedure Rules and associated Policies and Processes | Further follow up of key areas that previously resulted in partial assurance reporting. To allow timely reporting to committee this coverage will be split into four parts to include:<br><br>• Centrally held signed contracts (due April 2024)<br><br>• Training for all staff with authority to procure goods or services/in a procurement (due March 2024)<br><br>• Monitoring and reporting training levels to management for further action where required (due September 2024)<br><br>• Periodic benchmarking/market testing for value for money if purchasing multi-items from a single supplier (due December 2024) |
|---|---|---|---|
| 25/9 | Governance | Procurement | Policies and procedures in place have due regard for legislative requirements and timeliness and appropriateness of decision making (Key focus being Transforming Public Procurement requirements and associated governance and training) |
| 25/10 | Risk Management | Addressing Implications of Pensions Judgements: | To provide assurances to management that:<br><br>1. accurate salary information is provided to the Scheme Administrator for the production of Remedial Service Statement;<br>2. Salary and service data is being collated for RDS firefighters eligible for the 2nd option exercise |

| | | | |
|---|---|---|---|
| | | | *(Relates to Sargeant/McCloud Age Discrimination Remedy & Matthews 2nd Option Data Collection)* |
| 25/11 | Governance | People Plan | Actions detailed within the people plan are implemented in accordance with timetable to move the service forward in implementing the people strategy. |
| 25/12 | Various | Contingency - Emerging Issues | • Emerging issues affecting the service e.g. New Legislation, further follow up of areas identified through National Fraud Initiative work, Major Projects, Whistleblowing, Ad hoc advice etc |
| | **Client Management Routines** | | |
| N/A | High Importance Recommendations | Follow up testing of any high importance recommendations within our legacy and 23/24 coverage (and any in year high importance recommendations during 24/25) to ensure they have been addressed in a timely manner in order to mitigate risk to an acceptable level. | |
| N/A | Client Management | • Planning & reporting – including any further consideration of Redmond proposals<br>• Head of Internal Audit Service duties – Committees, Opinions, Reports, Training, Maintain Charter etc.<br>• External Audit liaison – including developing protocols, providing views on fraud etc. | |

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# Internal Audit Charter for the CFA (<mark>February 2024</mark>): Contents

## 1. Introduction

1.1. The Public Sector Internal Audit Standards (the PSIAS), provide a consolidated approach to the function of internal auditing across the whole of the public sector enabling continuity, sound corporate governance and transparency. The PSIAS encompass the mandatory elements of the Global Institute of Internal Auditors (IIA) standards, and also additional requirements and interpretations for the UK public sector. The PSIAS were further revised from 1st April 2017. A Local Government Application Note (LGAN) developed by CIPFA provides practical guidance on how to apply the PSIAS.

1.2. The PSIAS mandate that the purpose, authority, and responsibility of the internal audit activity must be formally defined in an internal audit charter (the Charter), consistent with the Mission of Internal Audit and the mandatory elements of the International Professional Practices Framework (the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards, and the Definition of Internal Auditing). The chief audit executive (the term is explained at 5.10 below) must periodically review the Charter and present it to senior management and the board for approval. Responsibility for, and ownership of, the Charter remains with the organisation and final approval of the Charter resides with the Board (the term is explained in 5.12 and 5.13 below).

## 2. The Mission of Internal Audit

2.1. *To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.*

## 3. Purpose

3.1. The Combined Fire Authority (CFA) outsources its internal audit function to Leicestershire County Council. Leicestershire County Council Internal Audit Service (LCCIAS) has adopted the Definition of Internal Auditing from the PSIAS. The definition explains the purpose of the internal audit activity: -

*Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.*

3.2. The LGAN further explains that '*the organisation* (the CFA) *is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements (known as the control environment). Internal audit plays a vital part in advising the organisation that these arrangements are in place and operating properly. The annual internal audit opinion, which informs the governance statement, both emphasises and reflects the importance of this aspect of internal audit work. The organisation's response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisation's objectives.*'

**4. Core Principles for the Professional Practice of Internal Auditing**

4.1. The Core Principles, taken as whole, articulate internal audit effectiveness.

4.2. For an internal audit function to be considered effective, all Principles should be present and operating effectively. The County Council's Head of Internal Audit and Assurance Service providing the role of the CFA's Head of Internal Audit Service (HoIAS) is responsible for ensuring individual internal auditors, as well as the internal audit activity, demonstrate achievement of the Core Principles.

4.3. The Core Principles are: -

   a.   Demonstrates integrity.
   b.   Demonstrates competence and due professional care.
   c.   Is objective and free from undue influence (independent).
   d.   Aligns with the strategies, objectives, and risks of the organisation.
   e.   Is appropriately positioned and adequately resourced.
   f.   Demonstrates quality and continuous improvement.
   g.   Communicates effectively.
   h.   Provides risk-based assurance.
   i.   Is insightful, proactive, and future-focused.
   j.   Promotes organisational improvement.

**5. Definitions**

**Independence**

5.1. The PSIAS define independence as '*the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity requires the head of the activity to have direct and unrestricted access to senior management and the board. This can be achieved through a dual-reporting relationship. Threats to independence must be managed at the individual auditor, engagement, functional and organisational levels*'.

**Objectivity**

5.2. The PSIAS define objectivity as '*an unbiased mental attitude that allows internal auditors to perform engagements in such a manner that they believe in their work product and that no quality compromises are made. Objectivity requires that internal auditors do not subordinate their judgment on audit matters to others. Threats to objectivity must be managed at the individual auditor, engagement, functional and organisational levels*'.

**Assurance activity**

5.3. This is defined in the PSIAS as '*An objective examination of evidence for the purpose of providing an independent assessment on governance, risk management and control processes for the organisation. Examples may include financial, performance, compliance, system security and due diligence engagements'.*

5.4. LCCIAS conducts a wide range of engagements (assignments) designed to evaluate the quality of risk management processes, systems of internal control and corporate governance processes, across all aspects of the CFA's control environment (including where it works in partnership with and leads on behalf of others).

5.5. LCCIAS aims to co-ordinate its assurance activity with other internal and external providers of assurance services to ensure sufficient and proper coverage over the CFA's control environment and minimise duplication of efforts.

**Consulting activity**

5.6. This is defined in the PSIAS as '*Advisory and related client service activities, the nature and scope of which are agreed with the client, are intended to add value and improve an organisation's governance, risk management and control processes without the internal auditor assuming management responsibility'.*

5.7. LCCIAS often acts in a consulting role and provides support for improvement in the CFA's systems, procedures, and control processes without assuming management responsibility. Examples include advice, commentary on management's intended control design and framework and potential implications of changes to systems, processes, and policies. The provision of such advice does not prejudice LCCIAS' right to evaluate the established systems and controls at a later date. Other consulting includes counsel, facilitation, and training.

5.8. There is a specific public sector requirement that '*Approval must be sought from the board* (see 5.12 below) *for any significant additional consulting services not already included in the audit plan, prior to accepting the engagement*. The HoIAS' determination of 'significant' is 5% of total available planned days.

5.9. The combined results and outcomes of assurance and consulting activities are fundamental to determining the annual internal audit opinion on the overall adequacy and effectiveness of the CFA's control environment.

**The Chief Audit Executive**

5.10.     Although the PSIAS and LGAN have both adopted the original IIA Standards term 'Chief Audit Executive', it is recognised that this only

describes a role which at the CFA is performed by the County Council's Head of Internal Audit & Assurance Service (HoIAS) when undertaking the role of Head of Internal Audit Service (HoIAS) for the CFA. Within this Charter, all references from hereon are to the HoIAS.

**The Board and Senior Management**

5.11.      A public sector requirement of the PSIAS is for the Charter to '*define the terms 'board' and 'senior management' for the purposes of internal audit activity*'. The LGAN advises the terms must be interpreted in the context of the governance arrangements within each individual organisation.

**The Board**

5.12.      The PSIAS definition of the Board informs that it, '*…may refer to a committee or another body to which the governing body has delegated certain functions (e.g. an audit committee)*'. For the CFA, within the Constitutional Framework, Article 5, (Function 5.2f) the Corporate Governance Committee (the Committee) under its function to promote and maintain high standards within the CFA, has a responsibility to monitor the adequacy and effectiveness of the Internal Audit Service.

5.13.      Consequently, at the CFA the Committee will perform the function of the Board. Within this Charter, all references from hereon are to the Committee.

**The Senior Management Team**

5.14.      There is not a specific definition of 'senior management' in either the PSIAS or the LGAN. However, the PSIAS *states that the HoIAS 'must establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals',* and the LGAN advises that *'an effective internal audit service should understand the whole organisation, its needs and objectives'*. In order to fully understand and be able to fulfill its responsibilities, the HoIAS and his/her team requires unfettered access to the Principal Officers who make up the Senior Management Team and the Statutory Officers (the Officers) i.e. the: -
   a.   Chief Fire and Rescue Officer & Chief Executive -Head of Paid Service (non-statutory)
   b.   Assistant Chief Fire & Rescue Officers
   c.   Treasurer to the CFA – Director of Finance (Leicester City Council)
   d.   Monitoring Officer – Director of Law & Governance (Leicestershire County Council)

5.15.      Consequently, at the CFA, the posts listed above will perform the functions of the Senior Management Team.

6. **Authority**

**Statutory and Professional Requirements for internal audit activity**

6.1. The Accounts and Audit Regulations 2015 (the Regulations), require 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'.*

6.2. 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, both at 9.4 'Functions of the Treasurer' and also Financial Procedure Rule 23.1 'Audit and Irregularities' i.e. that 'The Treasurer is responsible for ensuring the provision of an internal audit service'.

6.3. The relationship between the head of the internal audit activity, namely the HoIAS, and the Treasurer is of particular importance in local government. The CIPFA Statement on the Role of the Chief Financial Officer (CFO) in public service organisations (September 2023) states that the CFO:
   a. *works closely with the organisation's internal audit team, and recognises the team's role in providing assurance in respect of the organisation's governance, risk management and internal control frameworks*
   b. *acknowledges the internal audit team's role in helping the organisation to learn from others and to improve continuously the way that it works*
   c. *supports the head of internal audit in the fulfilment of their role, but does not seek to direct or to control the work of the internal audit team.*

6.4. At the CFA, the Treasurer/CFO: -
   a. contributes to and agrees the overall annual internal audit plan
   b. receives periodic updates on progress and performance against the plan and approves major variations before they are reported to the Committee
   c. commissions (or approves) unplanned audits
   d. determines LCCIAS resources and approves the boundaries and limits for any external trading
   e. reviews maintenance of standards

**Access**

6.5. The PSIAS require the Charter to '*authorise access to records, personnel and physical properties relevant to the performance of engagements'.*

6.6. The CFA's Constitution Finance Procedure Rule 23.4 states that internal (and external) auditors have the right of access at all times to the service's premises, assets, data and records. They may require such information and explanations as they see fit.

6.7. Whilst not explicit, Rule 23.4 is a conduit to seeking agreement to access relevant records (whether electronic or otherwise) for services provided under contracts and partnership arrangements of all kinds including joint, shared and pooled arrangements. This right of access should be incorporated within all relevant contract or service agreement documents involving CFA services provided other than internally. It applies to all internal auditors legitimately engaged on CFA internal audit business.

6.8. Where services subject to audit are provided to the CFA through partnership arrangements, the HoIAS shall decide, in consultation with all parties, the extent to which reliance shall be placed on assurances provided on behalf of partner organisations or their internal auditors. Where appropriate, adequate access rights will be agreed if it is determined that Internal Audit should conduct its own work to derive relevant assurances rather than rely on other parties.

6.9. LCCIAS will safeguard all information obtained in the carrying out of its duties and will only use it for the purposes of an audit or investigation. LCCIAS will make no disclosure of any information held unless this is authorised or there is a legal or professional requirement to do so.

**Organisational independence**

6.10. The PSIAS require that '*reporting and management arrangements must be put in place that preserves the HoIAS (and LCCIAS) independence and objectivity, in particular with regard to the principle that they must remain independent of the audited activities*'. Provision of the CFA's internal audit function is outsourced to Leicestershire County Council, and so there is clear independence.

6.11. PSIAS 1110 on Organisational Independence states that '*the HoIAS must report to a level within the organisation that allows the internal audit activity to fulfil its responsibilities. The HoIAS must confirm to the Committee, at least annually, the organisational independence of the internal audit activity*'. An additional requirement of standard 1110 is that '*The HoIAS must also establish effective communication with, and have free and unfettered access to, the chief executive (or equivalent) and the chair of the audit committee*'.

6.12. The HoIAS reports to the Treasurer and to the Committee. The HoIAS has direct access to all of the CFA's Principal Officers their management teams, the Monitoring Officer and Treasurer, and, if required, to the Chair of the Committee. In accordance with PSIAS 1110A.1, there is acknowledgement amongst these parties that '*the internal audit activity must be free from interference in determining the scope of internal auditing, performing work and communicating results*'.

6.13. In accordance with PSIAS 1112, the HoIAS is not expecting to have to disclose roles and/or responsibilities at the CFA that fall outside of internal auditing which would create impairments to his independence or objectivity.

### 7. Responsibility

This section of the Charter summarises the key responsibilities of the Committee, Senior Management Team (SMT) and the HoIAS and LCCIAS internal auditors

**The Committee's responsibilities**

7.1. Examples of key duties within the PSIAS which align to the Committee's Terms of Reference (ToR) are as follows: -

   a. fulfil the role of 'the Board' for the purposes of the Public Sector Internal Audit Standards (the PSIAS);
   b. Approve the internal audit charter;
   c. Consider risk based Internal Audit plans;
   d. monitor progress against plans through the receipt of periodic progress reports and an annual Internal Audit report containing the HoIAS' annual opinion on the overall adequacy and effectiveness of the control environment and conformance to PSIAS;
   e. consider major Internal Audit findings and recommendations;
   f. monitor the response to major Internal Audit findings and the implementation of its recommendations;
   g. make appropriate enquiries of management and the HoIAS to determine whether there are inappropriate scope or resource limitations.
   h. receive an annual confirmation from the HoIAS with regard to the organisational independence of the internal audit activity
   i. contribute to and support an external quality assessment of the internal audit function.

**SMT's responsibilities**

7.2. The effectiveness of the internal audit activity relies upon the full co-operation of management. Under this Charter, SMT co-operates with the HoIAS in the following: -
   a. providing input to the annual risk based internal audit plan
   b. agreeing Terms of Engagement for audits within agreed timescales
   c. sponsoring each audit at Assistant Director level
   d. providing LCCIAS with full support and co-operation including access to relevant records and personnel
   e. responding to LCCIAS reports within agreed timescales;
   f. ensuring that recommendations are implemented within agreed timescales;
   g. providing assurance that management actions have been implemented
   h. notifying the Treasurer of any significant changes in the control environment and proposed changes and developments in systems;
   i. notifying the Treasurer and Monitoring Officer of all suspected or detected fraud, corruption or impropriety.

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**The HoIAS' responsibilities**

**Code of Ethics**

7.3. The HoIAS must ensure that LCCIAS internal auditors conform to the Code of Ethics (the Code), which promotes an ethical and professional culture and comprises both principles that are relevant to the profession and practice of internal auditing, and rules of conduct that describe behaviour norms and guide the ethical conduct expected of internal auditors. The Code does not supersede or replace either individuals' own professional bodies' codes of ethics or those of the CFA. A PSIAS public sector requirement is that LCCIAS internal auditors must have regard to the Committee on Standards in Public Life's 'Seven Principles of Public Life'.

**International Standards for the Professional Practice of Internal Auditing**

7.4. The HoIAS must ensure that there is a robust framework supporting the activity of internal audit and that LCCIAS' internal auditors are trained and guided, and their performance monitored, to ensure they conform to the detailed attribute and performance standards within the PSIAS.

7.5. LCCIAS conforms to the full range of the standards. Nevertheless, the HoIAS has interpreted that many of the detailed PSIAS requirements for planning, performing, communicating results and monitoring progress merely reinforce practices and procedures that are already firmly embedded in LCCIAS' approach to internal audit activity and so those details are not repeated in this Charter.

8. **The Scope of Internal Audit Activity**

8.1. SMT is responsible for establishing and maintaining appropriate governance, risk management and control arrangements (i.e. the control environment), for not only the CFA's activities, but also for those provided in conjunction with, and/or on behalf of its partners. LCCIAS' remit extends to the CFA's entire control environment.

8.2. However, limitations on internal audit resource requires the HoIAS to understand and take account of the position with respect to the CFA's other sources of assurance (internal and external) and plan internal audit work accordingly so that activity can be co-ordinated, ensuring proper coverage and minimising duplication of effort.

8.3. Internal audit activity for the CFA (and, where appropriate its partners) includes:
   - providing assurance services i.e. reviewing, appraising and reporting on:
     o the soundness, adequacy and application of governance processes, risk management frameworks and internal controls;
     o the extent to which assets are accounted for and safeguarded from losses of all kinds;
     o the suitability and reliability of financial and other data;

- o reviewing compliance and conformance to rules, regulations, laws, codes of practice, guidelines and principles;
- o The economy, efficiency and effectiveness with which resources are deployed;
- o The extent to which operations are being carried out as planned and objectives and goals are met;

- providing consulting services - the provision of such advice does not prejudice the right of LCCIAS subsequently to review, comment on and make recommendations on the relevant systems or controls in appropriate circumstances;
- undertaking studies, reviews or assignments as directed (or approved) by the Treasurer, Monitoring Officer or SMT;

**The role of internal audit in compiling the annual governance statement**

8.4. The HoIAS delivers an annual internal audit opinion and report that can be used by the CFA to inform its annual governance statement. Should there be any non-conformance with the Code of Ethics or the Standards and it impacts the overall scope or operation of the internal audit activity, the HoIAS must disclose the non-conformance and the impact to CMT and the Committee, and be considered for inclusion in the governance statement

**The role of internal audit in fraud and corruption**

8.5. SMT is responsible for developing and maintaining a control environment that mitigates the risk of fraud and corruption.

8.6. The HoIAS is responsible for developing and maintaining advice and guidance on the CFA's approach to managing the risks of fraud, bribery and corruption. This includes:
- Ensuring that strategies, policies and procedures are kept up to date and align with relevant codes of conduct.
- Ensuring adherence to the CIPFA Code of Practice on Managing the Risk of Fraud and Corruption.
- Developing training and guidance on fraud awareness.
- Compiling a fraud risk assessment that is the basis for planning anti-fraud audits.
- Coordination of the CFA's involvement in national anti-fraud projects.
- Informing Committee of initiatives, progress and outcomes.

8.7. LCCIAS does not have specific responsibility for the detection or prevention of fraud and corruption, but it considers those risks when undertaking its activities. The independence of the internal audit activity leaves it well placed to undertake (or guide) any investigations that are required. The HoIAS will determine the level and scope of LCCIAS' involvement including delegating the investigation of specific allegations to the service itself following an assessment of risk and financial impact.

**Status of Report:   Public**

**Meeting:        Corporate Governance Committee**

**Date:           13 March 2024**

**Subject:        Organisational Risk Register**

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

**Author:        Stuart Brewer, Corporate Risk and Resilience Manager**

**For:             Information**

## Purpose

1. This report informs 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 (attached as an Appendix).

## Executive Summary

3. The ORR details risks that have been subject to an assessment using a Risk Assessment Template, a Project Risk Assessment or have been identified as relevant by the Health and Safety Department. It contains high level detail of the risks faced by the Service and the control measures applied to mitigate the likelihood and/or consequence 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. Health, Safety Risk – highest level risk identified by the Health and Safety Department through its own process and procedure.

5. The ORR has been updated to include five new strategy risks. These provide an element of risk assessment to the creation of the five strategies contained within the Community Risk Management Plan (CRMP). This provides assurance that effort and resource is allocated to strategies based on risk. This is in line with Paragraph 9 of the report to the CGC on 20 September 2023, which stated "work has begun on linking the risks identified in the Community Risk Management Plan more closely with the Organisational Risk Register".

6. The overall level of assessed risk has remained slightly reduced due to the implementation of planned control measures. However, two risks remain in the CORPORATE level for management oversight. One new risk (24/01 – "Workforce Planning") has been added to Chapter One.

7. All four risks previously identified by the Programme Management Board for inclusion in Chapter 2 of the ORR have been successfully managed off the Register.

8. Chapter 3, "Health and Safety Risks" has seen one risk - 22/HS01 "Injury whilst carrying out fitness training" - removed due to the completion of control measures and a move to business as usual. All other health and safety risks have been reviewed by the Health and Safety Committee, and remain as previously assessed, although with the addition of some new control measures.

9. A workshop has been held with the Tactical Management Team (TMT) to establish the risk landscape as seen by the tactical level and how this differs from the strategic risk contained on the ORR. The TMT members found this workshop to be highly useful in advance of developing their business plans for the forthcoming year.

10. As reported in the March CGC update, work has begun to link the output of the Local Resilience Forum Community Risk Register (LRF CRR) with the Organisational Risk Register.

**Background**

11. 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 Senior Leadership Team (SLT) in February 2024. The revised Register can be found at the Appendix to this report.

12. The ORR does not cover areas of risk to the Service where the hazard can be adequately managed within existing risk management processes.

13. The underpinning detail that supports the Corporate Risk Register (CRR) is recorded on Risk Assessment Templates (RATs). These are created by Risk Owners and are subject to regular review.

14. The overall level of risk has decreased slightly. This is mainly as a result of the implementation of control measures. Changes of note include:

    a. 23/S1 – "Fewer incidents with reduced consequences" is a new risk that links the CRMP Safer Communities Strategy to the CRR.

b.	23/S2 – "Respond effectively to incidents" is a new risk that links the CRMP Operational Response Strategy to the ORR.

c.	23/S3 – "Deliver value for money quality services" is a new risk that links the CRMP Finance and Resources Strategy to the CRR.

d.	23/S4 – "An engaged and productive workforce" is a new risk that links the CRMP People Strategy to the CRR.

e.	23/S5 – "Provide assurance" is a new risk that links the CRMP Governance Strategy to the CRR.

f.	24/01 – "Workforce Planning" is a new risk that assesses the potential impact of a lack of skilled staff to deliver response functions across the entire organisation.

g.	15/04 – "Failure of the mobilising system" and 20/04 – "Failure of a Key Supplier" remain the top priority risks on the CRR. Work to implement control measures and reduce risk continues.

h.	18/02 – "Cyber-attack" remains as a VERY HIGH risk.

i.	15/05 – "Industrial Action" has been reviewed in light of the recent changes to legislation following the introduction of the Strikes (Minimum Service Levels) Act 2023. Since the review was carried out, details of the likely level of service required from Trades Unions has been published. Internal planning arrangements are under review to reflect these changes. Once complete, it is probable that the risk assessment will change.

j.	15/07 – "Pandemic Disease" has been subject to a light touch review. At next review, it is suggested that this risk may be amalgamated into a wider "Staff absence as a result of any reason other than industrial action."

k.	18/01 – "GDPR" has decreased from a HIGH to a MEDIUM risk as a result of control measures put into place since last report.

l.	21/06 – "External data loss" has seen the risk assessment increased from HIGH to VERY HIGH due to the likelihood score being raised.

15.	Four project risks previously found in Chapter Two have been managed off the Register as a result of closure of various projects and action taken to address the source of the risk.

16.	Chapter 3, "Health and Safety Risks" has seen one risk, 22/HS01 "Injury whilst carrying out fitness training" removed due to the completion of control measures and a move to business as usual. All other health and safety risks have been reviewed by the Health and Safety Committee, and remain as previously assessed, although with the addition of some new control measures.

**Report Implications/Impact**

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

    Anticipating and responding to emerging risks will assist the Service in meeting its legal obligations.

18. <u>Financial (including value for money, benefits and efficiencies)</u>

    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.

19. <u>Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)</u>

    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.

20. <u>Staff, Service Users and Stakeholders (including the Equality Impact Assessment)</u>

    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.

21. <u>Environmental</u>

    None.

22. <u>Impact upon Our Plan Objectives</u>

    Effective management of risk will assist in early identification and treatment of hazards that threaten our ability to deliver all of our objectives.

**Background Papers**

Report to the Corporate Governance Committee, 20th September 2023 – Item 10, Organisational Risk Register

**Appendix**

Appendix– Organisational Risk Register

**Officers to Contact**

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# Organisational Risk Register

# 2024

**SAFER PEOPLE SAFER PLACES**

**Created:** January 2022

**Reviewed:** March 2024

**Owner:** Corporate Risk

# Chapter 1 – Corporate Risk Register

## SAFER COMMUNITIES

**AIM:** FEWER INCIDENTS WITH LOWER IMPACTS

**OUTCOMES:**

1) Targeted prevention and protection activities
2) Manage business and community risk effectively
3) Effective partnership working

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 23/S1 | The Service will fail to meet the Aim of "Fewer incidents with reduced consequences" as set out in our Safer Communities Strategy | A lack of collaboration / partnership working could prevent accurate, timely information/activities being shared to enable effective interventions.<br><br>Failure to engage effectively increases the risk of information and help not being received by those who would benefit from it most.<br><br>Failure to deliver an effective Fire Protection Risk-Based Inspection Programme, | Failure to target prevention, protection and resilience activities.<br><br>Failure to manage business and community risk effectively.<br><br>Failure to ensure effective partnership working. | 1,2,3 | Community Risk Management Plan (Safer Communities Strategy)<br><br>Directorate and Department Plans | 2 | 3 | M | TC | Collaborate and work with partners to reduce the risk to our communities.<br><br>Implement an effective Fire Protection Risk Based Inspection Programme for commercial buildings.<br><br>Implement an effective programme of Home Safety Check visits to reduce domestic dwelling fires.<br><br>Target and help those vulnerable to fire and rescue related incidents.<br><br>Improve community engagement and equality of access. | AM Community Risk<br><br>AM Community Risk<br><br>AM Community Risk<br><br>AM Community Risk<br><br>AM Community Risk | 01/20/2026<br><br>31/05/2025<br><br>31/05/2025<br><br>01/09/2026<br><br>01/02/2026 | 2 | 2 | M | OP | Treat |

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| | quality Home Safety Checks and community engagement work increases the risk to individuals and communities being affected by fire and rescue related incidents. | | | | | | | | | | | | | | | | |
| 17/05 | We fail to meet Central Government and public expectations in relation to the Grenfell Tower review | Additional workload, resources and training | The inability to deliver our core functions and priorities identified in Our Plan 2020-24 | 1,2,3 | Collaboration<br><br>Policy and Procedure<br><br>Communications<br><br>Training and Exercising | 2 | 2 | M | OP | Further training and exercising to improve understanding and embed new processes | Service Delivery | October 2024 | 2 | 2 | M | OP | Tolerate |

# 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 | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 23/S2 | The Service will fail to meet the Aim of "Respond effectively to incidents" as set out in our Operational Response strategy. | Appliance availability and our response times to fire and rescue related incidents is ineffective or doesn't meet our target of attending all Primary Domestic Dwelling fires in an average of 10 Minutes (including the call time) and all "other types" of life risk incidents in an average of 12 minutes (Including the call time). Climate change will see an increase in flooding, water rescue and wildfire incidents. The impact and frequency of road traffic collisions on major and rural roads. An increase in 'special service' incidents (e.g. bariatric transfer, gaining entry on | Failure to manage calls to fires and other incidents. Failure to provide 24/7 response to local, regional and international incidents. Failure to supply the appropriate resources and attend incidents to meet the needs of our communities. Failure to meet our communities' expectations in resolving emergencies. | 1,2,3,4 | Community Risk Management Plan (Response Strategy) Directorate and Department Plans | 2 | 4 | H | TC | Castle Donington - Change from DCP duty system to Day Crewed. Appliance crewed at night by combining the tactical response crews from Loughborough and Western Stations. Loughborough - Introduction of an On-Call section and an additional appliance. Tactical Response Vehicle to relocate to Castle Donington at night. Western - Introduction of an additional Tactical Response Vehicle during the day, in addition to the existing appliance. Tactical Response Vehicle to relocate to Castle Donington at night. On completion of a trial, consider deploying Variable Response Vehicles. Provide additional | Director of Operational Response <br><br> Director of Operational Response <br><br> Director of Operational Response <br><br> Director of Operational Response <br><br> Director of | | 2 | 3 | M | TC | Treat |

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| | behalf of partners etc.) reducing our availability for traditional fire and rescue incidents.<br><br>An increase in the utilisation and disposal of lithium-ion battery related incidents may cause longer more protracted incident attendance.<br><br>The staff and public impact from the effects of contaminants and effluents in smoke from some fire incidents will need to be considered. | | | | | | | VH | C | water rescue capability to two further Wholetime stations, increasing the total to five across the Service (Birstall, Loughborough, Oakham, Southern and Wigston)<br><br>Internal and external education and process change to reduce the impact of contaminants on our staff and our communities.<br><br>Embedded business continuity management programme.<br><br>Introduction of a new mobilising system. | Operational Response<br><br>Training & Development<br><br>Director of Director of Service Assurance<br><br>Director of Operational Response | | | | | | |
| 15/04 | There will be a partial or complete failure of the mobilising system | ICT equipment failure, loss of staff and/or failure of the joint enterprise between Leicestershire, Derbyshire and Nottinghamshire Fire and Rescue Services | Delays to mobilisation, reduced Service performance, impacts on Firefighter and public safety and or impacts on other Service departmental functions | 1,2,3,4 | Collaboration<br><br>Assurance<br><br>Learning and Development<br><br>Resources | 4 | 5 | VH | C | First Line fault identification, troubleshooting and resolution guide provided for Control<br><br>Automated monitoring and reporting of all mobilisation critical elements of the mobilising system<br><br>Scheduled System maintenance plan for updates, hot fixes, patches and | Tri-Service SDM<br><br>SYSTEL FRANCE / Tri-Service ICT DEPTS<br><br>SYSTEL UK / SYSTEL FRANCE / Tri-Service SDM / Tri-Service ICT | March 2020<br><br>November 2022<br><br>March 2020 | 4 | 5 | VH | C | Treat |

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| | | | | | | | | | | preventative works | DEPTS | | | | | | |
| | | | | | | | | | | Business Continuity Plans | Fire Control | November 2022 | | | | | |
| | | | | | | | | | | LFRS ICT Risk Register Item R004: detailing control measures to ensure LFRS systems can support Systel mobilisation | ICT Manager | April 2024 | | | | | |
| | | | | | | | | | | Upgrade of mobilising system software to latest version (V117) | Tri-Service ICT Manager | November 2022 | | | | | |
| | | | | | | | | | | Business continuity plans for emergency maintenance of system be put in place. Stage 1 – initial report to Tri-Service Exec. | Tri-Service ICT Manager | October 24 | | | | | |
| | | | | | | | | | | A new mobilising system has been purchased and is to be integrated into the service. | Replacement mobilising system project | October 24 | | | | | |

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 15/05 | There will be a significant reduction in operational capacity | Industrial action by one or more of the main representative bodies involving some or all operational staff including Fire Control staff | An inability to maintain basic operational response capability as set out in the Service Operational Degradation Procedure | 1,2,3,4 | Collaboration  Policy and Procedures  Communications  Assurance | 5 | 3 | H | ST | Review of business continuity plans following changes to legislation | Corporate Risk and Resilience | September 2024 | 5 | 3 | H | ST | Treat |
| 15/07 | A higher than usual number of employees are unable to work, or attend their workplace | Pandemic Disease | The inability to deliver our core functions and priorities identified in Our Plan 2020-24 | 1,2,3,4 | Collaboration  Policy and Procedure  Communication | 3 | 3 | H | TC | NONE | N/A | N/A | 3 | 3 | H | TC | Tolerate |
| 17/01 | The Service will have too few On-Call Duty System appliances available | Lack of appropriate skill sets, reliance on dual contractors with limited hours of availability, inability to fill vacancies at On-Call Stations or lack of succession planning | Insufficient resources available in the right place at the right time to meet the 10-minute turnout time | 2,3,4 | Policy and Procedure  Learning and Development  Resources | 3 | 3 | H | TC | Implementation of recommendations from On-call Availability Project | Director of Service Delivery | June 2023 | 3 | 3 | H | TC | Treat |

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 20/04 | We will be unable to fulfil our core statutory duties or meet governance and/or financial legislation and/or regulation. | The failure of a key supplier to the Service due to influences outside of the Service's control. | Potential inability to receive 999 calls, failure of mobilising systems. Possible failure, loss or inability to supply Personal Protective Equipment, Breathing Apparatus, Operational vehicles and critical ICT systems. | 1,2,3,4 | Policy and Procedure | 4 | 5 | VH | C | Confirmation process to ensure key suppliers have adequate business continuity plans of their own in place<br><br>Robust contract management process in place that includes assessment of long-term viability of potential suppliers of significant size<br><br>Ongoing review of alternative suppliers | Procurement Managers<br><br>Business Support<br><br>Project Managers | December 2023<br><br>December 2023<br><br>December 2023 | 4 | 5 | VH | C | Treat |

# FINANCE AND RESOURCES
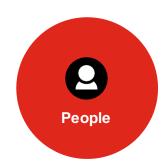
**AIM:** DELIVER VALUE FOR MONEY QUALITY SERVICES

**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

**Finance and Resources**

£

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 23/S3 | The Service will fail to meet the Aim of "Deliver value for money quality services" as set out in our Finance and Resources strategy. | Service premises, vehicles and equipment that do not meet equality, environmental or corporate standards in training and protecting our staff and keeping our communities safe.<br><br>ICT technologies / services will be disrupted and / or data leaked from unauthorised sources (cyber-attacks).<br><br>ICT systems and service processes are not regularly reviewed and updated.<br><br>The Service fails to respond adequately to the financial challenges it faces and sustain a | A failure to provide a well-managed and transparent budget.<br>Weak and ineffective procurement activities.<br>Unreliable, insecure and ineffective ICT systems.<br>An unfit for purpose estate, vehicles and operational equipment. | 1,2,3,4 | Community Risk Management Plan (Finance and Resources Strategy)<br><br>Directorate and Department Plans | 2 | 3 | M | TC | Successfully implement the five-year Fleet Replacement Plan. Ensure our equipment is new or serviced regularly.<br>Successfully implement the five-year Estate plan of station improvements and refurbishments.<br>Implement the ICT plan, reviewing and updating systems and processes (including cyber prevention activities).<br>Deliver improvements towards achieving the Government's carbon reduction targets and our own commitment to sustainability. | AM Business Support<br><br><br><br>AM Business Support<br><br><br><br>AM Business Support<br><br><br><br>AM Business Support<br><br><br>Finance | 31/03/2026<br><br><br><br>31/03/2026<br><br><br><br>31/03/2026<br><br><br><br>31/03/2026 | 2 | 2 | M | OP | Treat |

| RAT ID | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | 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 | C | R | ML | | | | L | C | R | ML | |
| | balanced budget. | | | | | | | | | Develop and agree a medium-term financial plan, set a balanced budget for each financial year, manage and report spend against it. | Manager | 31/03/2026 | | | | | |
| 16/06 | Service premises, vehicles and/or equipment is lost, damaged, does not meet equality, environmental or corporate standards in training and protecting our staff and keeping our communities safe. | Changes in legislation, damage in the course of training or operational incidents, theft and criminal activity and or loss. | Loss or delay to operational response and financial cost | 4 | Policy and Procedure Assurance Communications Resources | 3 | 2 | M | TC | Estates 5 year plan  Suitably trained Estates staff | Estates Estates | April 2024 April 2024 | 2 | 1 | L | OP | Treat |
| 18/02 | ICT technologies / services will be disrupted and/or data leaked from unauthorised sources | A failure of ICT security controls to prevent a cyber-attack, including malware, spamming, scams, spyware, ransomware or phishing, or loss/ theft of ICT assets | Buildings/ ICT infrastructure components inaccessible, inability to deliver of processes and outcomes, loss of data, reputational damage, financial loss, unauthorised use of data including passwords or personal data to cause further | 3 | Policy and Procedure Communications Resources | 3 | 5 | VH | ST | LFRS ICT Risk Register Item R008 | ICT Manager | Dec 2024 | 2 | 3 | M | TC | Treat |

| RAT ID | HAZARDOUS EVENT | | | STRATEGY OUTCOME AT RISK | EXISTING 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| | | | damage, including denial of service and communications overload | | | | | | | | | | | | | | |
| 18/03 | The Service fails to respond adequately to the financial challenges it faces | A reduction in spending power as a consequence of increased inflationary pressures and/or pay and pension issues | An inability to provide a balanced budget and/or being unable to fund additional statutory requirements placed on the Service | 1 | Assurance Resources | 2 | 2 | M | OP | NONE | N/A | N/A | 2 | 2 | M | OP | Treat |
| 21/05 | Data is deleted, access to data is removed or data is inaccessible | Human error and/or non-compliant data storage practices | Permanent loss of data, temporary unavailability of data, disruption of key processes and outcomes, inability to comply with legislation such as FOI, GDPR etc. and/or reputational damage | 3 | Policy and Procedure Assurance | 3 | 3 | H | TC | LFRS ICT Risk Register Item R001 | ICT Manager | April 2024 | 2 | 3 | M | TC | Treat |

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 21/06 | Outsourced, e.g. cloud-based, ICT services are not available or that data entrusted to a service provider is inaccessible, lost or compromised | Inadequate security or resilience of third party and/or inadequate outsourcing governance | Reputational damage, financial loss, unauthorized use of data such as passwords or personal data to cause further damage, loss of data, unavailability of data, disruption of key processes and outcomes and/or inability to migrate to another cloud service provider | 3 | Policy and Procedure | 3 ⬆ | 4 | VH ⬆ | ST ⬆ | LFRS ICT Risk Register Item R010 | ICT Manager | December 2024 | 2 | 3 | M | TC | Treat |
| 21/07 | ICT technologies and services do not meet corporate and business requirements and/or users do not yield the maximum benefit of ICT technologies | Inadequate engagement with users, inadequate funding, inadequate expertise of ICT staff, implementation of changes delayed and/or system redundancy | Disruption of outcomes, increased demand on the ICT helpdesk, increased user errors, suboptimal use of ICT technologies and/or reputational damage | 3 | Policy and Procedure  Communications  Resources | 4 ⬆ | 3 ⬇ | H | T | LFRS ICT Risk Register Item R009 | ICT Manager | December 2024 | 2 | 3 | M | TC | Treat |

# PEOPLE

**AIM: AN ENGAGED AND PRODUCTIVE WORKFORCE**

**OUTCOMES:**

1) Striving to improve the service we deliver

2) Listening and engaging with our employees and communities

3) Ensuring our people know that their health and wellbeing is important to us

4) Being uncompromising in our commitment to diversity and an inclusive, cohesive workforce

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 23/S4 | The Service will fail to meet the Aim of "An engaged and productive workforce" as set out in our People strategy | Failure to recruit the required operational and support staff to meet the needs of the Service.<br><br>Increased staff turnover could result in our staff being inexperienced and not effectively trained.<br><br>The workforce remains unrepresentative of the communities of Leicester, Leicestershire, and Rutland, impacting future recruitment, retention and community engagement activities, resulting in not meeting the responsibilities of the Public Sector Equality duty.<br><br>We fail to ensure our culture is one in which all people can thrive. | Failure to improve the service we deliver.<br><br>Failure to listen to and engage with our employees and our communities.<br><br>Our people not knowing that their health and wellbeing is important to us.<br><br>Compromising on our commitment to diversity and an inclusive, cohesive workforce. | 1,2,3,4 | Community Risk Management Plan (Finance and Resources Strategy)<br><br>Directorate and Department Plans | 2 | 3 | M | TC | Deliver Annual Equalities Plan and improve the diversity of our workforce.<br>• Statutory Annual Equalities Report<br><br>Enhance our approach to employee engagement.<br>• Employee engagement events<br>• Employee Strategy<br><br>Enable a positive working environment for all our employees and hold people to account against the core values.<br>• Core Code of Ethics<br><br>Develop our people at all levels.<br>• Leadership and | AM People and Organisational Development<br><br><br><br>Director of Service Support<br><br><br><br><br>Director of Service Support<br><br><br>AM People and Organisational | 31/07/2024<br><br><br><br><br><br>31/12/2026<br><br><br><br><br><br>31/12/2024<br><br><br><br><br>31/12/2024 | 2 | 1 | L | OP | Treat |

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 72 | | | | | | | | | | Development Framework<br>• Organisational Development Workshops<br>Ensure appropriate health and wellbeing interventions are implemented and maintained to support our staff.<br>• Occupational Health & Wellbeing systems and processes<br>Delivery of effective workforce planning and succession planning to ensure progression and opportunity throughout the Service.<br>• Workforce Planning Strategy<br>• Five Year Plan | Development<br><br>AM People and Organisational Development<br><br>AM People and Organisational Development | 01/01/2025<br><br>31/03/2024 | | | | | |

| RAT ID | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | STRATEGY OUTCOME AT RISK | EXISITING CONTROL MEASURES | L | C | R | ML | CONTROL MEASURES TO BE IMPLEMENTED | CONTROL MEASURE OWNER | IMPLEMENTATION DATE | L | C | R | ML | RISK MANAGEMENT PROCESS (Tolerate, Treat, Transfer, Terminate) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19/01 | A Service employee or member of the public comes to harm | A failure to operate safe systems of work on the incident ground or other location such as workshops or whilst travelling to/from locations of work | Death or serious injury to one or more individuals | 1,2,3,4 | Policy and procedure<br><br>Assurance<br><br>Learning and Development<br><br>Resources<br><br>Communications | 1 | 3 | M | OP | Review of Health & Safety risk assessments | Health & Safety Department | December 2024 | 1 | 3 | M | OP | Treat |
| 24/01 (NEW) | The service does not have sufficient skill sets available to deliver the functions required to crew and operate our response function across the entire organisation | Inability to recruit and/or train individuals to undertake specific roles and activities and/or individuals exiting the service and therefore losing specific skills, knowledge and information, and failure to map out and record processes and information | Lack of LGV/EFAD drivers. Lack of Officer-in-Charge for fire appliances. Lack of specialist skills, such as aerial appliance operators etc. Single points of failure, such as individuals holding organization information and data. Loss of skill, knowledge and information that impacts functions and delivery in the service. | 1,2,3,4 | NEW | 4 | 3 | H | TC | Provide increased Driver Training LGV | Area Manager Response | December 2024 | 3 | 1 | L | OP | Treat |
| | | | | | | | | | | Provide increased EFAD Training | Area Manager Response | December 2024 | | | | | |
| | | | | | | | | | | Provide increased ICL Level 1 Training | Area Manager Response | March 2025 | | | | | |
| | | | | | | | | | | Provide Aerial Appliance Training | Area Manager Response | December 2024 | | | | | |
| | | | | | | | | | | Provide data on erosion of skill sets | Chair of Workforce Planning | May 2024 | | | | | |
| | | | | | | | | | | Ensure key information is not held by single individuals | Area Manager POD | May 2024 | | | | | |
| | | | | | | | | | | Ensure all data information is available | Head of ICT | June 2024 | | | | | |

# GOVERNANCE



**Governance**

**AIM:** PROVIDE ASSURANCE

**OUTCOMES:**

1) Well informed communities
2) Well informed staff
3) We'll know what our communities think
4) We'll know what our staff think

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| 23/S5 | **The Service will fail to meet the Aim of "Provide assurance" as set out in our Governance strategy.** | **Failure to effectively implement the findings and areas for improvement identified in the HMICFRS Inspection Report and the recommendations of the HMICFRS values and culture 'Spotlight' report.** **Failure to implement and comply fully with the range of Fire Standards Board Fire Standards.** **Failure to act in relation to the key findings from the most recent internal staff opinion/cultural survey.** **Failure to consult effectively with our communities regarding the strategic direction of the Service.** **Failure to achieve compliance with UK General Data** | **Failure to keep our communities well-informed.** **Failure to keep our staff well-informed.** **Failure to establish what our communities think.** **Failure to establish what our staff think** | 1,2,3,4 | Community Risk Management Plan (Governance Strategy) Directorate and Department Plans | 2 | 3 | M | TC | Implement the most recent HMICFRS Inspection Improvement Plan and the HMICFRS Values and Culture Report recommendations. Implement improvements and suggestions identified by our staff. (Staff surveys, Staff Engagement Days) Deliver compliance with the Fire Standards Board Fire Standards. Comply with our responsibilities from a data protection and GDPR perspective. Build improved trust and engagement with our communities, ensuring that communication methods are effective. Evaluate activities | AM Service Assurance AM People & Organisational Development AM Service Assurance AM Service Assurance AM people & Organisational Development | 31/10/2024 31/10/2024 31/03/2025 31/03/2025 31/12/2024 31/10/2024 | 2 | 2 | M | OP | Treat |

| RAT ID | HAZARDOUS EVENT | | | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | THE IS A CHANCE THAT | CAUSED BY | RESULTING IN | | | L | C | R | ML | | | | L | C | R | ML | |
| | Protection Regulation (UK GDPR) and the Data Protection Act 2018Z in relation to the use of people data. | | | | | | | | | to inform future initiatives and improvements. | AM Service Assurance | | | | | | |
| | | | | | | | | | | Manage our organisational risks and ensure our business continuity plans are effective and tested regularly. | AM Service Assurance | 31/12/2024 | | | | | |
| 18/01 | We fail to achieve compliance with UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 | The actions of our staff and agents working for us processing our personal data; or failure of our technical security to protect against external threats | A breach of Statutory obligation as a Public Authority | 1,2 | Assurance  Learning and Development  Resources | 3 | 2 | M | OP | Find a solution to replace use of WhatsApp as a dynamic group information tool and implement. | ICT Manager | 30 April 2023 | 3 | 2 | M | OP | Treat |
| | | | | | | | | | | Following the dissolution of Forge Health treat the residual Data Protection risks still associated with Occupational Health (as identified in the independent review). | ICT Manager/Commercial Procurement Manager | 30 June 2023 | | | | | |
| | | | | | | | | | | New SIRO – Discussions to take place with the new role holder and what skills, knowledge and training they may have and what else is needed. | IG Manager (DPO) | 31 December 2023 | | | | | |
| | | | | | | | | | | Compliance with the NFCC Fire Data Standard – Data Management. | IG Manager (DPO)/ICT Manager | 31 December 2023 | | | | | |

# Chapter 2 - Project Risks

| PROJECT REF | HAZARD STATEMENT | RISK ASSESSMENT SCORES | | | | PROJECT CONTROL MEASURES |
|---|---|---|---|---|---|---|
| | | L | C | R | ML | |
| | | | | | | |

# Chapter 3 - Health, Safety and Welfare Risks

| H&S REF | HAZARD STATEMENT | RATIONALE | RISK ASSESSMENT SCORES | | | | CONTROL MEASURES | Date of last Assurance at H&S Committee |
|---------|------------------|-----------|---|---|---|----|------------------|------------------------------------------|
| | | | L | C | R | ML | | |
| 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 | • Review how risk information is passed on to other organisations re contaminants<br>• Review of risk assessments in relation to working in the appliance bay, BA workshop, fire investigators. Post fire activities, working with other organisations or allowing them to enter fire scenes<br>• Review PPE and equipment provision particularly gloves, water bottles and bags for soiled kit<br>• Review washing protocols and the implications for warranties for fire hoods and helmet cradles<br>• Review the welfare procedure in relation to food, rest and hygiene requirements. Hydration, crew rotation and the delivery of fresh PPE to scenes should also be included<br>• Review how exposure to contaminants can be managed for high exposure roles such as in learning and development and consider whether the service needs to introduce standards around tenure<br>• PPE surveys to resume<br>• Review deployment of crews returning to stations with bagged up kit<br>• Guidance produced for management of contaminants<br>• Policy produced and approved<br>• Roll out of procedures and equipment for management of occupational exposure to contaminants<br>• Training and education packages produced for input at several contact points for operational personnel<br>• Changes in LFRS Management of occupational exposure to contaminants guidance has informed changes in fleet solution, allowing for lockers for stowage of clean and contaminated PPE/clothing. | January 2024 |
| 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, | 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 | 3 | 4 | VH | ST | • Training improvements.<br>• Lifting sheet roll out.<br>• Manual handling procedure.<br>• Liaison regarding care plans.<br>• Manual handling assessments to be developed further. | January 2024 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | medium and short term. | fatigued.<br><br>In non-fire scenarios, lifts are often undertaken in poor postural positions due to the layout of domestic premises.<br><br>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.<br><br>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. | | | VH | ST | • Introduction of targeted fitness training trial to build core strength and reduce potential for manual handling injury.<br>• Support staff will receive online manual handling training and risk assessment process,<br>• Trained Manual handling assessors in T&D, with wider roll out of training to workplace trainers.<br>• All Ops staff to receive Manual Handling training from workplace trainers.<br>• Back strengthening exercises produced by Occupational Health and Wellbeing Team | |
| 21/HS03 | **Health and Safety training provision (Management Risk)**<br>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.<br><br>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.<br><br>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.<br>• Health and safety training input delivered to new recruits.<br>• IOSH Supervising Safely delivered to Level 1 ICS qualified staff – currently 36% Completed course.<br>• Station Managers are nominated for NEBOSH General certificate. | January 2024 |
| 21/HS04 | **Failure to complete suitable and sufficient Health and Safety Risk Assessments (Management Risk)**<br>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.<br><br>Despite this cadre of trained staff being available, fewer risk assessments have been developed than was originally<br><br>intended.<br><br>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 | • Monitor roll out and adoption of the new form.<br>• Internal QA process by Health and Safety Team.<br>• TBRA Scrutiny through use of existing risk management committees.<br>• Risk assessments covered in IOSH and NEBOSH training. | January 2024 |
| 21/HS05 | **Inability to maintain fire fighter competence for basement firefighting** | Concerns have been raised regarding the safety of basement firefighting. The Balmoral bar incident in Scotland is the highest profile of these incidents and involved the death of a fire fighter who was unable to reach safety. LFRS firefighters have received burns during basement fire training at the fire service college.<br>Until we can train our firefighters to an appropriate standard of competency we are at risk of a firefighter becoming injured at a basement fire due to competency gaps. | 2 | 5 | VH | ST | • Introduce an effective training course through outsourcing, expansion of the Hot Fire Training Unit at the Caterpillar site or await new training facility becoming available.<br>• Programme of hot fire basement training put into place for all operational firefighters using externally secured facilities. | January 2024 |

# Assessments Removed or Archived During the Current Calendar Year

| RAT ID | HAZARDOUS EVENT | STRATEGY OUTCOME AT RISK | FINAL RISK SCORE | | | | REASON FOR REMOVAL | DATE REMOVED |
|---|---|---|---|---|---|---|---|---|
| | | | L | C | R | ML | | |
| 23/P01 | **Western Refurbishment Project** There is an issue regarding the availability of supplier resources from the Estates Team. This may affect the ability to deliver the project within timescales. | PROJECT RISK | 3 | 4 | VH | ST | Project Closed | 16/02/2024 |
| 23/P02 | **Market Bosworth Refurbishment Project** There is a risk that there is not sufficient service project manager resource available. | PROJECT RISK | 4 | 3 | H | TC | Project resource suitable, project progressing on time | 16/02/2024 |
| 23/P03 | **Views Replacement Project** There is a risk that issues with other systems or resource outside of the project could result in delays (e.g. FireWatch project progress, Systel warehouse, HR availability to support sickness data validation, replacement data warehouse) | PROJECT RISK | 2 | 4 | H | TC | Resource suitable | 16/02/2024 |
| 23/P04 | **Oracle Project** T&D not using LMS to record all training/qualification activity as their primary system. There are multiple recording methods that were in use pre-LMS, which have not been phased out and take precedence over the LMS. This is leading to error within the data sets of the LMS and subsequently impacting upon the confidence of LMS reporting with the end user. | PROJECT RISK | 4 | 4 | VH | ST | Project closed | 16/02/2024 |
| 22/HS01 | **There is a risk that our staff could injure themselves whist carrying out fitness training within Service premises.** | HEALTH & SAFETY RISK | 3 | 2 | M | TC | Control measures in place. Health & Safety Committee approved removal from Register as now considered business as usual | 20/02/2024 |

# Risk Assessment Matrix



| CONSEQUENCE \ LIKELIHOOD | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **5** | | 21/HS01 21/HS03 21/HS04 21/HS05 | 18/02 | 15/04 20/04 | |
| **4** | | 23/S2 | 21/06 21/HS02 | | |
| **3** | 19/01 | 23/S1 23/S3 23/S4 23/S5 | 15/07 17/01 21/05 | 24/01 21/07 | 15/05 |
| **2** | | 17/05 18/03 | 16/06 18/01 | | |
| **1** | | | | | |

**LIKELIHOOD**

| RISK VALUE | |
|---|---|
| **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

| CONSEQUENCE \ LIKELIHOOD | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **5** | | 21/HS01 21/HS03 21/HS04 21/HS05 | 18/02 | 15/04 20/04 | |
| **4** | | 23/S3 | 21/HS02 21/06 | | |
| **3** | 19/01 | 23/S1 23/S3 23/S4 23/S2 | 15/07 17/01 21/05 | 24/01 21/07 | 15/05 |
| **2** | | 17/05 18/03 | 16/06 18/01 | | |
| **1** | | | | | |

| MANAGEMENT LEVEL | |
|---|---|
| **CORPORATE** | Those risks likely to require management oversight by the CFA and/or SLT |
| **STRATEGIC** | Those risks likely to require management oversight by SLT |
| **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

**Hazardous Event** - A potential event that can cause harm

**Likelihood (L)** - The chance of something happening. May be described by the probability, frequency or uncertainty of event

**Consequence (C)** - The outcome of an event. Specifically, the severity or extent of harm 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 SLT

**Corporate (C)** - Those risks likely to require management oversight by the CFA and/or SLT

**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:          13 March 2024**

**Subject:        Gender Pay Gap Report 2023-24**

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

**Author:        Isla Dixon, Equality, Diversity and Inclusion Manager**

**For:            Information**

## Purpose

1.   This report presents the Leicestershire Fire and Rescue Service (LFRS) Gender Pay Gap Report for 2023-24.

## Recommendation

2.   The Committee is asked to note the content of the report.

## Executive Summary

3.   As a public sector employer with over 250 staff, LFRS is required to publish information about gender pay gaps, following the introduction of legislation under the Equality Act (Specific Duties and Public Authorities) Regulations 2017.

## Background

4.   The Gender Pay Gap Report, attached as Appendix A to this report, gives a snapshot of gender pay gap information as at 31 March 2023.

5.   The report compares rates of pay and bonuses, be gender, and enables LFRS to understand gender equality within the workplace by looking at the balance of gender at different levels across the service.  This allows LFRS to take appropriate steps to address any identified inequalities.

6.   During this period, the Recruitment Team has continued to engage and recruit from all under represented backgrounds to support the objective of being fully representative of local communities.  It is pleasing to note that there has been an increase in female firefighters being recruited.

7.   All LFRS jobs are evaluated against a consistent pay scheme and allocated to a specific grade.  Successful recruits are appointed to an agreed pay point for each job.  Pay rates are transparent and everyone is appointed based on their knowledge, skills and experience within the range of pay for the role.

8.  In terms of pay and conditions, LFRS employees are broadly split into two main groups – operational and non-operational. The report excludes agency staff and employees employed on on-call contracts.

9.  The figures in the report are calculated using the methodology included within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 and guidance issued by the Government Equalities Office and ACAS.

10. The gender pay gap analysis is compiled from data taken from 31 March 2023. This consists of 442 full pay relevant employees – 331 are male and 111 are female. Between 31 March 2022 and 31 March 2023, LFRS has seen an increase in its mean and median Gender Pay Gap.

11. Whilst concerning, one significant reason has been identified which has contributed to the increase – the introduction of part-time instructors, who are now included in the calculation within the upper quartile. This has affected the balance of males and females. This increase means that LFRS has now moved significantly away from the 2023 National Average.

12. Whilst the figures in the report show an increased pay gap, LFRS is confident that the major contributing factors have been identified and that women are not significantly disadvantaged compared to their male colleagues on the issue of pay when these contributing factors are removed.

13. It is acknowledged that the overall employee profile continues to be disproportionately male and the recruitment team continues to work across the diverse communities of Leicester, Leicestershire and Rutland to increase awareness and promote the Service to females. The Service has also introduced career pathways to support more women into management roles.

14. By committing to continuously improving gender equality within the Service, it ensures that the Service is demonstrating its values and fulfilling its Public Sector Equality Duties. The Service will continue to monitor progress against the Equality, Diversity and Inclusion Scheme 2022-27 Action Plan.

**Report Implications/Impact**

15. Legal (including crime and disorder)

    Contained within the report.

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

    Contained within the report.

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

    None.

18. <u>Staff, Service Users and Stakeholders (including the Equality Impact Assessment)</u>

Contained within the report.

19. <u>Environmental</u>

None.

20. <u>Impact upon Our Plan Objectives</u>

Contained within the report.

**Appendix**

Appendix– Gender Pay Gap Report

**Officers to Contact**

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**LEICESTERSHIRE**
**FIRE and RESCUE SERVICE**

# Gender Pay Gap Report

# 2023 - 2024

# Contents

## Introduction

As a public sector employer with over 250 staff, Leicestershire Fire and Rescue Service is required to publish information about gender pay gaps following the introduction of legislation under the Equality Act (Specific Duties and Public Authorities) Regulations 2017 and this report is based on the **snapshot date of 31st March 2023**.

This report will compare rates of pay, and bonuses, by gender and enables Leicestershire Fire and Rescue Service to understand gender equality within the workplace by looking at the balance of gender at different levels across the Service thus enabling us to take appropriate steps to address inequalities identified.

Our recruitment teams have continued to work hard during this period to engage with and recruit from all under-represented backgrounds to support our objective of being fully representative of the communities we serve. This year, we are pleased to report that this has led to an increase in female Firefighters being recruited.

All LFRS jobs are evaluated against a consistent pay scheme and allocated to a specific grade(s); people recruited are appointed to an agreed pay point for each job. Pay rates are transparent and everyone is appointed based on knowledge, skills, and experience within the range of pay for the role.

## The LFRS Workforce

In terms of pay and conditions LFRS employees are broadly split into two main groups, generally referred to as operational and non-operational.

Uniformed staff are wholetime firefighters (firefighters who work full time in that role), on call firefighters (firefighters who work part time and respond via a pager system) and control staff (individuals who work in the Control Room). Pay and conditions for uniformed staff are negotiated nationally.

Non-operational staff are employees who provide specialised functions to support the operational workforce. Non-operational staff generally work 37 hours per week and their conditions of service are negotiated locally.

## Methodology and Calculations

The report excludes agency staff and employees employed on on-call contracts.

Figures reported are calculated using the methodology included within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 and guidance issued by Government Equalities Office (GEO) and ACAS.

All staff who are on secondary contracts as on-call firefighters are treated as separate employees and are there on-call contract is not included in the calculations.

## Regulatory Requirements

The regulations give a wide definition of who counts as an employee, (eg. the self-employed & agency workers); for Leicestershire Fire and Rescue Service this includes all employees regardless of role and terms and conditions of employment.

In order to report the Gender Pay Gap there are six calculations organisations must carry out:

- Mean pay gap – average of hourly pay for men compared with women.
- Median pay gap – mid-way point from lowest to highest hourly rates for men compared with women.
- Male and female employees in each salary quartile band.

There are a further three calculations required under the regulations, which do not apply to the Service because the organisation does not pay any bonus:

- The mean (average) bonus pay gap
- The median bonus pay gap
- The proportion of males and females receiving a bonus payment

## Workforce Information (Total Employees)

The report data is from 31 March 2023 and for the purposes of this report the data is split into three groups:

- Operational Wholetime Firefighters. These are colleagues who undertake frontline firefighting roles.
- Non-operational Staff. These are employees who provide profession services to support the operational workforce.
- Fire Control. Staff who take calls and carry out initial incident management until crews arrive on scene.

## Recruitment vs Leavers

The total number of new starters across the Service during the period 1 April 2022 – 31 March 2023 was **72**. Of that **52 (72%)** were male and **20 (28%)** were female.

The total number of leavers across the Service during the period 1 April 2022 – 31 March 2023 was **80**. Of that **64 (80%)** were male and **16 (20%)** were female.

## Salary Hourly Pay Quartile Bands

Salary quartile calculations show the proportions of eligible male and female employees in four quartile pay bands on the snapshot date of 31st March 2023 (this is not the entire workforce).

The table below shows the salary quartile breakdown for all full pay relevant staff. The distribution of men and women in each quartile is heavily weighted in favour of men. This is because the calculation looks at the entire workforce, which includes the mainly male operational workforce.

| Row Labels | Count of Gender | Percent per quarter |
|---|---|---|
| **Upper** | **110** | **25%** |
| Female | 4 | 4% |
| Male | 106 | 96% |
| **Upper middle** | **111** | **25%** |
| Female | 10 | 9% |
| Male | 101 | 91% |
| **Lower Middle** | **110** | **25%** |
| Female | 34 | 31% |
| Male | 76 | 69% |
| **Lower** | **111** | **25%** |
| Female | 63 | 57% |
| Male | 48 | 43% |
| **Grand Total** | **442** | **100%** |

## Mean and Median Average Pay Gap

The gender pay gap analysis is compiled from data taken from 31 March 2023 which consists of **442** full pay relevant employees of which **331 (75%)** are male and **111 (25%)** are female. LFRS has multiple contracts for some employees, and due to them having variable hours they are excluded from this report.

| Sum Totals for Mean/Median | | | | | |
|---|---|---|---|---|---|
| Row Labels | Sum of Hourly Rate (Relevant plus Allowances) | Mean/ Average | Mean % gap as percent of men's pay | Median | Median % gap as percent of men's pay |
| Female | 2010.7 | 18.11 | 30.29% | 17.75 | 30.17% |
| Male | 8600.09 | 25.98 | | 25.42 | |
| Grand Total | 10610.79 | 44.09 | | 43.17 | |

The mean average gender pay gap is 30.29% compared to the median gender pay gap which is 30.17%

Between 31st March 2022 and 31 March 2023 LFRS has seen an increase in its mean Gender Pay Gap, moving from **9.8%** in 2021/22 to **30.29%.**

The median Gender Pay Gap has also increased from **14.8%** in 2021/22 to **30.29%**

Whilst concerning, we have identified one significant reason which has contributed to this increase and that is the introduction of part-time instructors who are now included in the calculation within the upper quartile of which there are 12 males. This introduction to the calculation has affected the balance of males and females in general.

For this period there are also only 4 females included within the upper quartile, compared to 22 females for the previously reported period.

It should also be acknowledged that the snapshot date for 2023 fell immediately before the start of the Easter holiday break in Leicester, Leicestershire and Rutland which may have contributed to the number of female employees not being eligible on the snapshot date.

This increase does mean that Leicestershire Fire and Rescue Service have now moved significantly away from the 2023 National Average, which according to the Office For National Statistics (ONS) is **7.7%.**

The employee profile of Leicestershire Fire and Rescue Service continues to change as staff leave and we recruit new operational and non-operational staff.

Whilst the figures show an increased pay gap, we are confident that we have identified the major contributing factors for this year, and we are confident that women are not significantly disadvantaged compared to their male colleagues on the issue of pay when these contributing factors are removed.

LFRS acknowledge that the overall employee profile continues to be disproportionately male, and our recruitment team continue to work across our diverse communities to increase awareness and promote the Service as an employer of choice to female members of our community.

We continue to offer opportunities to all staff for the role of part-time instructors.

Whilst the primary cause of the gender pay gap is the imbalance in the number of men and women employed with salaries in the upper quartile, the Service has introduced career pathways to support more women into management roles and as more women are employed into more senior roles, where salaries are higher, this will support the Service in further reducing the gender pay gap.

We are committed to continuously improving gender equality within the Service, not only because it is morally the right thing to do but because it also ensures we are embracing and demonstrating our values and fulfilling our Public Sector Equality Duties (PSED).

Our recruitment will continue to engage with our diverse communities and implement Positive Action initiatives to increase the number of applications from females in an effort to improve the gender pay gap within the Service.

The Service continues to monitor progress against the Equality, Diversity and Inclusion (EDI) Scheme 2022 – 2027 Action Plan.

## Publication

The Gender Pay Gap will be published on the Service's external website at: www.leics-fire.gov.uk.

Copies of the report will be made available to all internal departments and stations, partners, local equality organisations and interested parties upon request.

The Gender Pay Gap will be made available in other languages upon request. Please contact us via the website if you require this report in an alternative format.

## Compliments and Complaints

To provide feedback about our Service and workforce please visit our website www.leics-fire.gov.uk.

For information regarding our complaint's procedure, please contact the Service Information Team on the contact details below:

**Service Information Team**
**Leicestershire Fire and Rescue Service**
**Birstall**
**LE4 3BU**
**Tel: 0116 210 5550**
**Email: info@leics-fire.gov.uk**

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