

## NOTICE OF MEETING

<i>Meeting</i>	<b>HFRA Standards and Governance Committee</b>	<i>Clerk to the Hampshire Fire and Rescue Authority</i> <b>John Coughlan CBE</b>
<i>Date and Time</i>	<b>Wednesday, 24th February, 2021 10.00 am</b>	<i>The Castle, Winchester Hampshire SO23 8UJ</i>
<i>Place</i>	<b>Virtual Teams Meeting - Microsoft Teams</b>	
<i>Enquiries to</i>	<b><u><a href="mailto:members.services@hants.gov.uk">members.services@hants.gov.uk</a></u></b>	

### FILMING AND BROADCASTING NOTIFICATION

This meeting will be broadcast live via the HFRS YouTube Channel

### Agenda

1 **APOLOGIES FOR ABSENCE**

To receive any apologies for absence received.

2 **DECLARATIONS OF INTEREST**

To enable Members to disclose to the meeting any disclosable pecuniary interest they may have in any matter on the agenda for the meeting, where that interest is not already entered in the Authority's register of interests, and any other pecuniary or non-pecuniary interests in any such matter that Members may wish to disclose.

3 **MINUTES OF PREVIOUS MEETING** (Pages 5 - 10)

To confirm the minutes of the previous meeting.

4 **DEPUTATIONS**

Pursuant to Standing Order 19, to receive any deputations to this meeting

5 **CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

6 **INTERNAL AUDIT PROGRESS REPORT 2020/21** (Pages 11 - 32)

To receive a report of the Chief Internal Auditor updating the Committee on the progress of internal audit work.

**7 INTERNAL AUDIT MANAGEMENT ACTIONS PROGRESS REPORT**  
(Pages 33 - 38)

To receive a report of the Chief Fire Officer providing an overview of the work to oversee the implementation of internal audit recommendations.

**8 ORGANISATIONAL RISK REGISTER UPDATE** (Pages 39 - 64)

To receive a report of the Chief Fire Officer providing a regular update on the Organisational Risk Register.

**9 INDEPENDENT PERSON TO HAMPSHIRE AND ISLE OF WIGHT FIRE AND RESCUE AUTHORITY** (Pages 65 - 68)

To consider a report of the Clerk regarding the appointment of an Independent Person or Persons to Hampshire and Isle of Wight Fire and Rescue Authority.

**10 EXCLUSION OF PRESS AND PUBLIC**

To resolve that the public be excluded from the meeting during the following item of business, as it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present during this item there would be disclosure to them of exempt information within Paragraph 1 of Part 1 of Schedule 12A to the Local Government Act 1972, and further that in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons set out in the report.

**11 INDEPENDENT PERSON TO HAMPSHIRE AND ISLE OF WIGHT FIRE AND RESCUE AUTHORITY (EXEMPT APPENDIX)** (Pages 69 - 86)

To consider an exempt appendix relating to agenda item 9.

**ABOUT THIS AGENDA:**

This agenda is available on the Hampshire Fire and Rescue Service website ([www.hantsfire.gov.uk](http://www.hantsfire.gov.uk)) and can be provided, on request, in alternative versions (such as large print, Braille or audio) and in alternative languages.

# Agenda Item 3

AT A MEETING of the HFRA Standards and Governance Committee held virtually via Microsoft Teams on Tuesday, 17<sup>th</sup> November, 2020

Chairman:

\* Councillor Liz Fairhurst

\* Councillor Sharon Mintoff

\* Councillor Geoffrey Hockley

\* Councillor Jonathan Glen

\* Councillor Roger Price

\*Present

Also present with the agreement of the Chairman:  
Councillor Chris Carter, Chairman of HFRA

## 122. **APOLOGIES FOR ABSENCE**

All Members were present and no apologies were noted.

## 123. **DECLARATIONS OF INTEREST**

Members were mindful of their duty to disclose at the meeting any Disclosable Pecuniary Interest they had in any matter on the agenda for the meeting, where that interest was not already in the Authority's register of interests, and their ability to disclose any other personal interests in any such matter that they might have wished to disclose.

No interests were declared.

## 124. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting were reviewed and agreed.

## 125. **DEPUTATIONS**

There were no deputations for the meeting.

## 126. **CHAIRMAN'S ANNOUNCEMENTS**

There were no Chairman's announcements.

## 127. **EXTERNAL AUDIT RESULTS REPORT 2019/20**

The Committee received a report of the Chief Finance Officer (Item 6 in the Minute Book) which summarised the External Auditor's Final Audit Results report for 2019/20 which was appended to the report. It was heard that there was little change since the Committee received the draft report at their previous

Committee meeting. An updated Letter of Representations had also been circulated to Members of the Committee. A representative from Ernst & Young (EY) introduced their report and outlined the changes since the draft report was received by the committee at their meeting on the 30 September 2020. Attention was drawn to the area of Pension Liability Valuation and it was heard that the outstanding element had been the final assurance from the audit of the Hampshire Pension Fund which had now been concluded. This had resulted in a minor unadjusted audit difference, but was seen as an immaterial number and management had chosen not to adjust this difference. Members were asked for their view as to whether this should be adjusted, and the Committee were content with management's decision.

The second element which had been updated related to work on the going concern disclosures within the accounts, and it was heard that work had now been concluded and EY were satisfied with disclosures made in the accounts and concluded that no modifications to the audit report were necessary.

RESOLVED:

- a) That the Committee received and noted the latest External Auditor's HFRA Audit Results Report for the year ended 31 March 2020.
- b) That the Committee RECOMMEND that the Full Authority note and accept the External Auditor's HFRA Audit Results Report.

#### 128. **HFRA INTERNAL AUDIT PROGRESS REPORT 2020/21**

The Committee received a report of the Chief Internal Auditor on the HFRA Internal Audit Progress Report 2020/21 (Item 7 in the Minute Book).

The report was introduced and it was explained that there were two parts to the report, which detailed the progress with delivering the internal audit plan and the external quality assessment. Members heard that there had been delays to starting the internal audit work due to the impact of Covid and remote working of staff. It was explained that there have been regular meetings to review the internal audit plan and ensure this continued to be relevant. Members noted that the majority of the work will take place in quarter three and quarter four. A review of risk assessments around Covid had taken place, and this had resulted in substantial assurance.

The variations to plan were outlined on page nine of the report, and the focus for the remainder of the financial year is to ensure sufficient work to enable an annual internal audit opinion to be provided subject to staff remaining fit and well during the second wave of Covid, and HFRS remaining able to accommodate the reviews. However, CIPFA have published guidance should limitations arise. It was also noted that work around Shared Services was continuing.

In response to a Member query, it was heard that the team remained fit and well and were working remotely and progressing well with work. The team had adapted well to changes and the new way of working.

In response to a Member query around any possible slippage of areas of work into other Quarters, it was noted that there were regular monthly meetings around the timing of reviews, as well as early discussions around the planning for next year. Regular communication with officers and Members would take place, should the position change.

It was heard that the Internal Audit Team had recently been audited, and an external assessment had been undertaken. The Institute of Internal Auditors had undertaken this and assessed against audit standards, and this was also a good opportunity to benchmark against best practice across the public and private sector. It was reported that Internal Audit were found to be fully conformant against all the requirements, and it was heard that some suggestions had been given for the team to develop further which had been discussed with the Partnership Boards and an action plan had been developed in relation to these. Members of the Committee and the Chairman of the Authority thanked the Internal Audit team for all their hard work and congratulated them on achieving this result.

RESOLVED:

- a) That the progress in delivering the internal audit plan for 2020/21 and the outcomes to date be noted by Hampshire Fire and Rescue Authority Standards and Governance Committee.
- b) That the outcomes of the External Quality Assessment of SIAP, and the assurance that provides over the quality of internal audit work be noted and also congratulated on achieving such a high standard, by Hampshire Fire and Rescue Authority Standards and Governance Committee

## 129. **INTERNAL AUDIT MANAGEMENT ACTIONS PROGRESS REPORT**

The Committee received a report of the Chief Fire Officer on the progress of Internal Audit Management Actions (Item 8 in the Minute Book). The report was introduced and attention was drawn to the table at Section 5 of the report which outlined the four outstanding management actions which all related to the proactive pay claims audit. The first action was explained and details of the new software solution in relation to the changed provision for paper claims was explained. The other three actions all related to the Combined Fire Authority (CFA), and it was explained that the one-off exercise for managers and HFRS personnel detailed in the fourth action, was contingent on the two previous management actions. Members heard that Officers were confident that the revised timelines for the actions would be met.

Page 99 of the agenda pack detailed how Business Continuity had been in action throughout the Service over the past few months, and the formal letter to be received from Her Majesty's Inspectorate of Constabulary, Fire and Rescue in respect of Covid inspection, should reflect the positive work.

The Committee heard of the continued hard work between the teams to be able to target the right audits and make good progress, which has enabled the

number of open management actions to be reduced from 38 since last reported to Committee to 10 as of October 2020. It was also highlighted that substantial assurance had been received in respect of health and safety.

In conclusion it was highlighted that the timing of the proactive pay claims was dependent on no issues with the CFA in relation to pay and arrangements, and officers would need to look at timings if there were any issues.

A query was raised as to whether the date for the first management action would change, and it was heard that due to the size and scale of the software project, it wouldn't be desirable for any delays, and it was important that this was implemented as soon as possible and a significant amount of work and progress was taking place in relation to this.

RESOLVED:

- a) That the Standards and Governance Committee notes that, despite the impact of COVID-19, significant progress continues to be made towards the implementation of the internal audit management actions.
- b) That the Standards and Governance Committee specifically notes the positive findings of SIAP's Covid Health and Safety Risk Assessments audit.

### 130. **ORGANISATIONAL RISK REGISTER**

The Committee received a report of the Chief Fire Officer on the Organisational Risk Register which was set out in the report and at Appendix A (Item 9 in the Minute Book).

The report was introduced and it was explained that this was the inaugural six monthly report highlighting the status and details of organisational risk which would be presented to the Committee on a rolling six month basis. Page 107 of the pack detailed the risks which would seriously impede the Service carrying out its role, and this could result in different resources being marshalled and changes to policy if any of the risks materialised, and it was important that the Committee scrutinised these.

Page 107 detailed the current seven organisational risks and the detail in the scoring and the rationale behind this. Each risk was also managed by a Director who was responsible for each risk. It was heard that Ref Number 4 specifically detailed building regulations, and it was explained that some requirements around this may need additional resources to be implemented within the Service.

A Member query around Ref Number 7 was raised and it was heard that the right guidance, precautions and contingency plans were in place if there were high levels of sickness and absence in relation to Covid, and an appropriate level of Service response would still be delivered.

Councillor Price highlighted that at the recent HFRA Firefighters' Pension Board meeting it was recommended that Firefighters pensions should be included in

the risk register, and this was also raised at the Scheme Advisory Board that there was a risk to Authorities in relation to the administration of Firefighters pensions and the intricacies of the scheme. It was explained that this had been inadvertently omitted, but this risk would be added to the Register, and Councillor Price was content.

RESOLVED:

- a) That the Hampshire Fire and Rescue Authority Standards and Governance Committee notes the Organisational Risk Register status under the delegated management of the Chief Fire Officer.
- b) That the Hampshire Fire and Rescue Authority Standards and Governance Committee recommends adding Firefighters pensions to the Organisational Risk Register.

**131. INDEPENDENT PERSON TO HAMPSHIRE AND ISLE OF WIGHT FIRE AND RESCUE AUTHORITY**

The Committee received a late additional report of The Committee Clerk (Item 10 in the Minute Book) seeking approval for a recruitment process to be undertaken for an Independent Person to Hampshire and Isle of Wight Fire and Rescue Authority.

The report was introduced and it was explained that it was a legal requirement for The Authority to appoint an Independent Person or Persons, and authority was delegated to the Standards and Governance Committee to oversee the recruitment process for an Independent Person(s), including the ability to establish a selection panel from amongst its members to interview candidates and make a recommendation to the Authority for appointment.

RESOLVED:

- a) That the process for recruitment of an Independent Person is commenced, the position is advertised for appointment from June 2021 with an annual allowance of £100, and three cross party Members of the Committee are nominated to form a working group to undertake shortlisting and interviews which would consist of Cllrs Glen, Mintoff and Price.
- b) That the working group bring a recommendation for appointment to the Standards and Governance Committee meeting in February 2021 for approval and recommendation to Hampshire & Isle of Wight Fire and Rescue Authority at its meeting in June 2021.

---

Chairman,

This page is intentionally left blank





**HAMPSHIRE  
FIRE AND  
RESCUE  
AUTHORITY**

## **Standards & Governance Committee**

Purpose: Noted

Date: 24 February 2021

Title: **INTERNAL AUDIT PROGRESS REPORT 2020/21**

## **Report of the Chief Internal Auditor**

### SUMMARY

1. The purpose of this paper is to provide the Standards and Governance Committee with:
  - an overview of internal audit work completed in accordance with the approved audit plans, and
  - an overview of the status of 'live' reports.

### BACKGROUND

2. The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body 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'.*

3. In accordance with proper internal audit practices and the Internal Audit Charter, the Chief Internal Auditor is required to provide a written status report to the Standards and Governance Committee, summarising:
  - the status of 'live' internal audit reports;
  - an update on progress against the annual audit plans;
  - a summary of internal audit performance, planning and resourcing issues; and
  - a summary of significant issues that impact on the Chief Internal Auditor's annual opinion.

4. The report attached at Appendix A summarises the activities of internal audit for the period ending January 2021.

#### IMPACT OF COVID-19

5. Although the challenges presented by COVID-19 have slowed our progress, due to the request to delay any reviews impacting on operational staff in the early part of the year, we continue to work remotely to deliver the internal audit plan. The plan and progress remain under review in our regular liaison meetings with officers to ensure that audits remain appropriate and relevant and to assess the ongoing impact of COVID-19 on systems and resources.
6. Resources were discussed at our Blue Light Partnership Board in October 2020 where it was agreed that the focus for the remainder of the year will be to ensure that we complete sufficient assurance work to provide annual internal audit opinions across the wider Partnership. This remains subject to maintaining existing resource levels and the Service's ongoing ability to accommodate the audits in view of the ongoing challenges presented by COVID-19. At the time of writing, we remain on track to provide an internal audit opinion, and plans are in place to complete the remaining audits in the 2020/21 plan. However, guidance has been issued by CIPFA in November 2020 should limitations to scope arise over the remainder of the year.

#### SUPPORTING OUR SAFETY PLAN AND PRIORITIES

7. The Internal Audit Plan is designed to validate the assurance and control framework which exists in the Authority and across the Service. Secure management processes including risk and performance management are important in ensuring that the Authority's plans are achieved.

#### RESOURCE IMPLICATIONS

8. The 2020/21 plan was prepared on the basis of audit need and agreed with senior managers and endorsed by Hampshire Fire and Rescue Authority, following comprehensive risk assessment. The cost is reflected in the Authority's budget.
9. The audit plan will remain fluid to enable us to react to the changing needs of Hampshire Fire and Rescue Authority.

#### IMPACT ASSESSMENTS

10. Impact assessments have not been required for this report as the production of the report will not result in the implementation of a new change activity, and/or introducing, or amending, a Service Policy.

## LEGAL IMPLICATIONS

11. There are no legal implications arising from this report.

## OPTIONS

12. The options are that the progress in delivering the internal audit plan for 2020/21 and the outcomes to date are noted, or not noted, by Hampshire Fire and Rescue Authority Standards and Governance Committee.

## EVALUATION

13. Internal audit activity provides the Authority with an assurance mechanism to evaluate the effectiveness of the Service's risk management, control and governance processes.

## RISK ANALYSIS

14. The risk-based approach to internal audit planning and reviews aims to ensure that internal audit resource focuses on key business risks and as such the Authority's risk register has been used to inform the planning process and ensure that key risks are reflected in planned work.

## CONCLUSION

15. The appendices outline the progress made in delivering the internal audit plan for 2020/21 and the issues arising to date.

## RECOMMENDATION

16. That the progress in delivering the internal audit plan for 2020/21 and the outcomes to date be noted by Hampshire Fire and Rescue Authority Standards and Governance Committee.

## APPENDICES ATTACHED

Appendix A: Internal Audit Progress Report 2020/21.

**Contact:** Karen Shaw, Chief Internal Auditor, [Karen.Shaw@hants.gov.uk](mailto:Karen.Shaw@hants.gov.uk),  
07784 265138

This page is intentionally left blank

## Internal Audit Progress Report (February 2021)

### Hampshire Fire and Rescue Authority: Standards and Governance Committee



**Southern Internal  
Audit Partnership**

Assurance through excellence  
and innovation

**Contents:**

1.	Role of Internal Audit	3
2.	Purpose of report	4
3.	Performance dashboard	6
4.	Status of 'live' reports	7
5.	Executive summaries 'Limited' and 'No' assurance opinions	9
6.	Planning and resourcing	9
7.	Rolling work programme	10

## 1. Role of Internal Audit

The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body 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.’*

The standards for ‘proper practices’ are laid down in the Public Sector Internal Audit Standards [the Standards – updated 2017].

The role of internal audit is best summarised through its definition within the Standards, as an:

*‘Independent, objective assurance and consulting activity designed to add value and improve an organisations’ 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’.*

Hampshire Fire and Rescue Authority is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising Hampshire Fire and Rescue Authority that these arrangements are in place and operating effectively.

Hampshire Fire and Rescue Authority’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.

## 2. Purpose of report

In accordance with proper internal audit practices (Public Sector Internal Audit Standards), and the Internal Audit Charter the Chief Internal Auditor is required to provide a written status report to ‘Senior Management’ and ‘the Board’, summarising:

- The status of ‘live’ internal audit reports;
- an update on progress against the annual audit plan;
- a summary of internal audit performance, planning and resourcing issues; and
- a summary of significant issues that impact on the Chief Internal Auditor’s annual opinion.

Internal audit reviews culminate in an opinion on the assurance that can be placed on the effectiveness of the framework of risk management, control and governance designed to support the achievement of management objectives of the service area under review.

CIPFA have recently released a paper which examined the case for standardising the terminology and definitions used in internal audit engagements across the whole of the public sector and has subsequently recommended a standard set of opinions and supporting definitions for internal audit service providers to use. To ensure we continue to conform to the best practice principles, we have adopted the standard definitions for our 2020-21 work and moving forwards. The assurance opinions are categorised as follows:

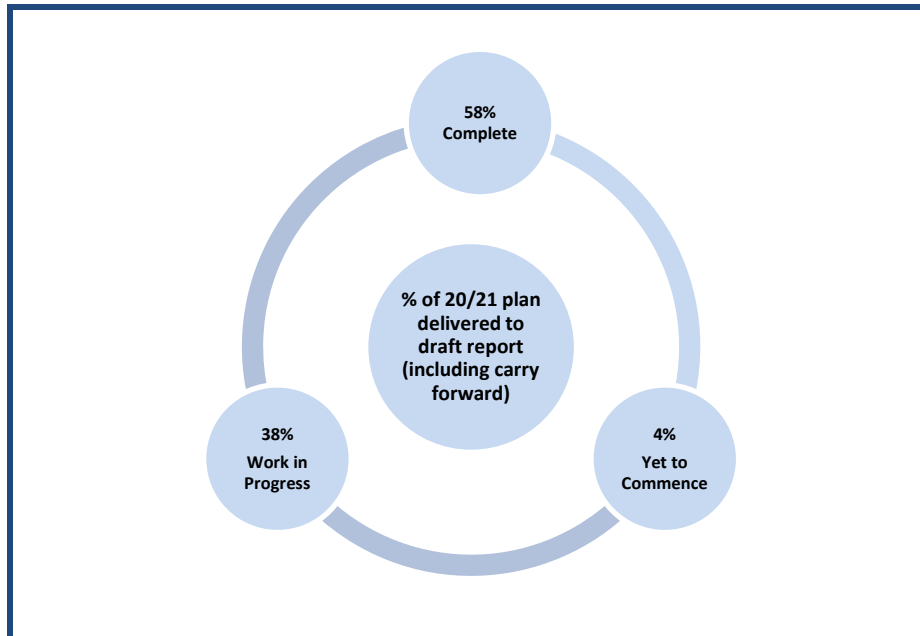
**Substantial assurance** A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.



<b>Reasonable assurance</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
<b>Limited assurance</b>	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
<b>No assurance</b>	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

*\* Some reports listed within this progress report (pre 2020-21 audit plan) refer to categorisations used by SIAP prior to adoption of the CIPFA standard definitions, reference is provided at Annex 1*

### 3. Performance dashboard



#### Compliance with Public Sector Internal Audit Standards

An External Quality Assessment of the Southern Internal Audit Partnership was undertaken by the Institute of Internal Auditors (IIA) in September 2020. The report concluded:

*'The mandatory elements of the IPPF include the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards. There are 64 fundamental principles to achieve with 118 points of recommended practice. We assess against the principles.*

*It is our view that the Southern Internal Audit Partnership conforms to all 64 of these principles.*

*We have also reviewed SIAP conformance with the Public Sector Internal Audit Standards (PSIAS) and Local Government Application Note (LGAN).*

*We are pleased to report that SIAP conform with all relevant, associated elements.'*

## 4. Status of 'Live' Reports and reports closed since our last progress report

Audit Review	Report Date	Audit Owner	Exec Sponsor	Assurance Opinion	Management Actions ('High Priority')				
					Reported	Not Accepted	Pending	Cleared	Overdue
<b>2018/19</b>									
Pay Claims	16.05.19	H of F	CFO	Limited	17 (0)	0 (0)	0 (0)	13 (0)	4 (0)
<b>2019/20</b>									
Procurement Processes	08.04.20	H of F	CFO	Limited	11 (3)	0 (0)	0(0)	10 (2)	1 (1)
Academy Training Quality Assurance*	08.04.20	H of A&OD	H of P&OD	Limited	26 (6)	0 (0)	0 (0)	26 (6)	0(0)
IT Business Continuity and Disaster Recovery*	26.06.20	H of ICT	D of CS	Adequate	5 (2)	0 (0)	0 (0)	5 (2)	0 (0)
<b>2020/21</b>									
ICT Policies and Procedures	25.01.21	H of ICT	D of CS	Reasonable	4 (0)	0 (0)	4 (0)	0 (0)	0 (0)

\* Denotes audits where all actions have been completed since the last progress report.

## **5. Executive Summaries of new reports published concluding a Limited or No assurance opinion**

No limited or no assurance reports have been issued since our last progress report.

## **6. Planning & Resourcing**

The internal audit plans for 2020/21 were approved by the Hampshire Fire and Rescue Service Executive Group, and the Standards and Governance Committee in March 2020.

The audit plan remains fluid to provide a responsive service that reacts to the changing needs of Hampshire Fire and Rescue Authority. Progress against the plan is detailed within section 7.

Although the challenges presented by COVID-19 have slowed our progress, due to the request to delay any reviews impacting on operational staff in the early part of the year, we continue to work remotely to deliver the internal audit plan. The plan and progress remain under review in our regular liaison meetings with officers to ensure that audits remain appropriate and relevant and to assess the ongoing impact of COVID-19 on systems and resources. Plans are in place to complete the remaining audits in the 2020/21 plan. Variations to the plan are outlined in Annex 2.

## 7. Rolling Work Programme

Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ✗ Delay)	Comment
<b>Fire Audit Plan 2019/20 carry forward</b>										
Follow up – general and IT			✓	N/A	✓	✓	05.08.20	N/A		
<b>Shared Services Audit Plan 2019/20 carry forward</b>										
These are Shared Service audits with no direct Hampshire Fire and Rescue Service Audit Owner and Exec Sponsor; however overarching accountability for HFRS Shared Services activity sits with the HFRS Director of Corporate Services and Head of Strategic Relationships										
Governance Arrangements	Shared Services		✓	✓	✓	✓	22.12.20	Substantial		
IR35	Shared Services		✓	✓	✓	✓	04.09.20	Adequate		
Disclosure and Barring Service	Shared Services		✓	✓	✓	✓	13.08.20	Adequate		
Master Data Team	Shared Services		✓	✓	✓	✓	25.08.20	Adequate		

Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ⌚ Delay)	Comment
Payroll-Pensions Admin	Shared Services		✓	✓	✓	✓	10.12.20	Adequate		
Building Term Contract Management	Shared Services		✓	✓	✓	✓	03.09.20	Adequate		
<b>Fire Audit Plan 2020/21</b>										
Change Management Framework	D of P&A	DCFO	✓	✓	✓					Varied into plan
Budgetary Control	SFBP	H of F	✓	✓	✓	✓	28.07.20	Reasonable		
Local Management of Shared Service Processes	SRM	D of CS	✓	✓	✓	✓				Deferred from 19/20.
Health and Safety Risk Assessments (COVID)	H&S M	DCFO	✓	✓	✓	✓	05.10.20	Substantial		
Local Government Compensation Scheme	HoF	HoF	✓	✓	✓					Claim 1 reviewed and

Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ⌚ Delay)	Comment
										reported on. Claim 3 to be reviewed in Q4
Assurance of the competence of operational response capability	H of A&OD	D of O	✓	✓						Planned for Q1 Delayed to Q4 due to Covid
Proactive fraud work		D of P&A	✓	N/A	N/A	N/A	N/A	N/A		Delivery of general fraud awareness training has been agreed. Training set up for Q4.  Additionally, a review of supporting Counter Fraud



Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule R Delay)	Comment
										procedures has been requested. This will also be undertaken in Q4.
NFI		D of P&A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Data uploads completed in line with Cabinet Office deadlines. Match reports due to be released end of January 2021.
ICT Policy & Procedures	H of ICT	D of CS	✓	✓	✓	✓	25.01.21	Reasonable		
ICT Contract Management	H of ICT	D of CS	✓	✓	✓					

Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ⌚ Delay)	Comment
ICT Strategy Follow-Up	H of ICT	D of CS	✓	✓	✓					
Follow up		D of P&A								To be undertaken at the end of Q4
<b>Shared Services Audit Plan 2020/21</b>	These are Shared Service audits with no direct Hampshire Fire and Rescue Service Audit Owner and Exec Sponsor; however overarching accountability for HFRS Shared Services activity sits with the HFRS Director of Corporate Services and Head of Strategic Relationships									
Governance Arrangements	Shared Services		✓	✓	✓					Q2 – delayed due to delay in 19/20 review
Casual Staff	Shared Services		✓	✓						Q3 – scoping 14/1/21
Pre-Employment Checks	Shared Services		✓	✓	✓	✓				Q3
Good Work Plan	Shared Services		✓	✓	✓					Q3

Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ↻ Delay)	Comment
Occupational Health – Information Management	Shared Services		✓	✓						Q3. Scoped and moved to Q4

Key to abbreviations:	
CFO	Chief Fire Officer
DCFO	Deputy Chief Fire Officer
H of F	Head of Finance
D of CS	Director of Corporate Services
D of P&P	Director of Policy and Planning
H&S M	Health and Safety Manager
H of P&OD	Head of People and Organisational Development
HR BP	HR Business Partner
D of P&A	Director of Performance and Assurance
D of O	Director of Operations

H of P	Head of Performance
H of ICT	Head of ICT
H&S Mgr	Health and Safety Manager
H of P&P	Head of Policy & Planning
SFBP	Senior Finance Business Partner
SRM	Strategic Relationship Manager
H of A & OD	Head of Academy and Organisational Development
N/A	Not applicable

**Annex 1****Assurance opinions and definitions used by SIAP prior to adoption of the CIPFA standard definitions (Prior to 2020/21)**

<b>Substantial</b>	A sound framework of internal control is in place and operating effectively. No risks to the achievement of system objectives have been identified
<b>Adequate</b>	Basically a sound framework of internal control with opportunities to improve controls and / or compliance with the control framework. No significant risks to the achievement of system objectives have been identified
<b>Limited</b>	Significant weakness identified in the framework of internal control and / or compliance with the control framework which could place the achievement of system objectives at risk
<b>No</b>	Fundamental weaknesses identified in the framework of internal control or the framework is ineffective or absent with significant risk to the achievement of system objectives.

**Annex 2 - Adjustments to the plan**

<b>Audit reviews added to the plan (included in rolling work programme above)</b>	
Local Government Compensation Scheme	Added at management request to provide assurance over grant claim process.
Change Management Framework	Added at management request due to significant change programme.

<b>Audit reviews removed from the plan (excluded from rolling work programme)</b>	
Disaster Recovery and Business Continuity	Moved to 2021/22 due to the impact of COVID-19. In addition, some independent work on this area has been conducted by HMICFRS
Health and Safety	Scope was to be actions arising from the Peer review. However, the review has been delayed due to COVID-19.
Shared Services Recruitment	Removed from plan as observations arising from 2019/20 audit are covered in other 2020/21 reviews.
Shared Services Procurement	Removed from the plan as the 2019/20 audit was completed in 2020. The next review of this area will be completed in 2021/22.
Working Time Regulations	Removed from plan due to on-going improvement activity in this area.

This page is intentionally left blank

## Standard and Governance Committee

Purpose: Noted

Date: **24 February 2021**

Title: **INTERNAL AUDIT MANAGEMENT ACTIONS PROGRESS REPORT**

Report of Chief Fire Officer



**HAMPSHIRE  
FIRE AND  
RESCUE  
AUTHORITY**

### SUMMARY

1. The purpose of this paper is to provide the latest update on the management actions that have not been completed within their target date and their status. The Standards and Governance Committee has a key scrutiny role in monitoring the implementation of internal actions.

### BACKGROUND

2. The HFRS Organisational Assurance team maintains a record of audits against the current Internal Audit Plan, noting whether they are in progress or have been completed. The respective managers are responsible for the delivery of actions that fall within their areas of responsibility.
3. Once a final audit report has been issued, the agreed management actions are recorded along with:
  - the priority of the recommendation;
  - the target date for implementation; and
  - the person responsible for the action.
4. The Organisational Assurance team will ask for confirmation and evidence that an action has been implemented, or if not, when it is expected to be. Any management actions that continue to remain outstanding are referred to the relevant Director. Our internal Integrated Performance and Assurance Board (IPAB) also provides an overview of outstanding recommendations, and they are also monitored regularly by the Director of Performance & Assurance and the Head of Performance.

### MANAGEMENT ACTIONS

5. The table below lists those recommendations that are currently outstanding beyond their agreed target date and if they are of medium (M) or high (H)

priority. There is a brief commentary against each to explain the status and any mitigating factors.

<b>Internal Audit Management Actions</b>			
<b>Proactive Pay Claims</b>			
The intention is to remove the ability to submit paper claims in future. Initially the Resource Management Team (RMT) will handle the processing of all allowance changes.	December 2019 date revised to September 2020 – proposed revision to late 2021 in line with Availability project.	M	HFRS are implementing a new availability and training software solution. It is intended that this will remove much of the existing manual processing of claims. This is being considered along with the changes already agreed. The new Availability & Training solution is not expected to go live before late 2021.
Intention is to either remove the "miscellaneous payment" wage type for HFRS personnel or, as a minimum, limit it substantially to prevent potential misuse.	June 2019 date revised to April 2021	M	This has been impacted by the work around wage types in preparation for the new CFA in April 2021, with a decision taken that it is more efficient to update wage types once (in preparation for CFA).
It is intended that managers will be given guidance and instruction to regularly monitor and review allowances in payment for their teams. Managers will be expected to carry out regular checks and if payment errors are subsequently identified then both the individual affected and their line manager may be subject to disciplinary action.	September 2019 date revised to April 2021	M	The IBC and HFRS teams are working on the agreed changes needed to the existing HFRS wage types. This work is targeted for completion before the end of 2020/21, ready for the CFA go-live on 1 <sup>st</sup> April 2021. This will be implemented on 1 <sup>st</sup> April 2021 and monitored throughout 2021/22 with corrective action taken against individual firefighters on an ongoing monthly basis.
As a one-off exercise all managers and HFRS personnel will be required to certify that all allowances in payment are	March 2020 date revised	M	The new SAP configuration of allowances that is currently under development with HCC IT and is due to be placed into production in time for the



correct or flag up those that they believe may be incorrect for appropriate corrective action.	to August 2021		CFA go-live on 1 April 2021. Once we have HCC IT confirmation that the SAP IT changes will be enabled, we will formally issue the new Allowances Handbook that will contain details of the wage types and eligibility criteria for all allowances. Subsequently, by August 2021, this one-off exercise will be carried out.
<b>Procurement Processes</b>			
HFRS will initiate a procurement process to secure a recruitment supply chain solution	January 2021 revised to February 2021	H	After consultation with Procurement, the recommended solution was to use the Crown Commercial Services Temporary Labour Framework and this is now in place.  This will be communicated across the Service and supported by information to staff in a SharePoint page that will be available from the middle of February.

#### MANAGEMENT COMMENTARY

6. Despite the ongoing challenges of COVID-19, we continue to make progress in various ways: in terms of progressing and completing internal audit management actions; in the progress of the 2020/21 internal audit plan, which has had to flex as a result of our COVID-19 response; and in our risk-based planning for the 2021/22 audit planning. 2021/22 audit planning has been completed and is taking into account the Isle of Wight Fire and Rescue Service and the work associated with the new Combined Fire Authority.
7. Furthermore, we continue to make significant progress in reducing the number of open management actions (including those of high, medium and low priority), from 15 as at September 2020 to 9 as at February 2021, with 4 of these actions, which are not due until later this year, being due to the recent finalisation of the ICT Policy and Procedure audit This demonstrates our clear improvement in responding to internal audit management actions.

#### SUPPORTING OUR SAFETY PLAN AND PRIORITIES

8. By ensuring the implementation of internal audit recommendations, we assist the Authority in improving its planning and performance management processes, and in complying with its governance arrangements. This in turn, assists the Authority in achieving our *High Performance and Learning and*

*Improving* Safety Plan priorities, and our vision to work smarter, be more efficient, and to make life safer for everyone in Hampshire and the Isle of Wight.

#### COLLABORATION

9. The Southern Internal Audit Partnership provide internal audit on behalf of all partners within Shared Services and many other public service organisations.
10. The MoU agreed in 2019 outlines how HFRS and SIAP will work together effectively.

#### RESOURCE IMPLICATIONS

11. When agreeing management actions in response to an audit report, the cost of addressing the risk should be considered against the risk materialising. Implementing audit recommendations helps to ensure that the Authority uses its resources efficiently, that key controls are in place and working, and opportunities to achieve value for money are taken.
12. The management of internal audit actions is within current resources.

#### IMPACT ASSESSMENTS

13. Impact assessments have not been required for this report as the production of the report will not result in the implementation a new change activity, and/or introducing, or amending, a Service Policy.

#### LEGAL IMPLICATIONS

14. There are no legal implications arising from this report.

#### OPTIONS

15. The options for the Committee are to note, or not note, that despite the impact of COVID-19, significant progress continues to be made towards the implementation of the internal audit management actions.

#### RISK ANALYSIS

16. Failure to implement internal audit recommendations leaves the Authority vulnerable to the consequences of the identified risks and weaknesses in control. Internal management of audit recommendations is an important process within the Authority's risk management arrangements. The updates on progress ensure that Members are fully aware of any problems

associated with addressing the issues raised and the priority given to driving down or eliminating specific risks.

## EVALUATION

17. The evaluation of the progress the Service makes in completing internal audit management actions forms an important part of the Service's organisational assurance activity, provides a valuable measure of corporate health, and identifies learning across the Service. The Service's Organisational Assurance team regularly monitors progress in completing management actions, for example via reporting into the Service's Integrated Performance and Assurance Board (IPAB) and in regular discussions with our internal auditors, the Southern Internal Audit Partnership.

## CONCLUSION

18. Significant progress continues to be made in both completing the management actions from previous audits and progressing the current audit plan. Management actions will be undertaken in respect of the specific audits themselves and more widely in respect of internal control issues and how they are managed across the Service. As outlined in the MoU, management actions are owned by an Executive Sponsor and a COG lead, who work with their teams to ensure progress is made.

## RECOMMENDATION

19. That the Standards and Governance Committee notes that, despite the impact of COVID-19, significant progress continues to be made towards the implementation of the internal audit management actions.

Contact:

*Shantha Dickinson, Assistant Chief Fire Officer,*  
[Shantha.dickinson@hantsfire.gov.uk](mailto:Shantha.dickinson@hantsfire.gov.uk), 07918887986

This page is intentionally left blank



**HAMPSHIRE  
FIRE AND  
RESCUE  
AUTHORITY**

## **Standards & Governance Committee**

Purpose: Approval

Date: **24 February 2021**

Title: **ORGANISATIONAL RISK REGISTER UPDATE**

Report of Chief Fire Officer

### SUMMARY

1. This paper reports to HFRA on the revised status of our Organisational Risk Register (Appendix A), which presents two additional new risks, as set out within the Risk Management Policy agreed by HFRA.
2. To embed and strengthen of our risk management governance, this report provides the opportunity for scrutiny and assurance of the Organisational Risk Register, via delegated authority to the Standards and Governance Committee.
3. The Organisational Risk Register is part of the governance of the Hampshire and Isle of Wight Fire and Rescue Services' Safety Plan, to continually manage those strategic risks and emerging threats to our ability to deliver against our priorities.

### BACKGROUND

4. Through Horizon scanning and engagement between Directors, the following two new risks have been added to the H&IWFRS Organisational Risk Registers; the impacts of data quality issues and the McCloud pension remedy.
5. The impacts of data quality issues are defined as effective organisational delivery, high performance and/or robust performance reporting being prevented due to sub-optimal data quality provision in some areas. Further details are within Reference number 8 within appendix A.
6. The consequences of the McCloud pension remedy are that if we were to fail to respond to it, this could have longer term impacts on resources and the retirement choices for firefighters. Further details are within Reference number 9 within appendix A.

7. Our risk management approach ensures the integration of our external risks and our internal risks through the Hampshire and Isle of Wight Fire and Rescue Service Safety Plan, therefore ensuring a proactive risk management culture.

#### SUPPORTING OUR SERVICE PLAN AND PRIORITIES

8. The Organisational Risk Register ensures we remain focussed on delivery against our priorities, as these drive our activities:
  - **Our communities** – We work together to understand different community needs and deliver accessible, local services which build safer places.
  - **Our people** – We look after each other by creating great places to work and promoting the health, wellbeing and safety of our people.
  - **Public value** – We plan over the longer term to ensure our decisions and actions deliver efficient and effective public services.
  - **High performance** – Our diverse teams are trusted, skilled and feel equipped to deliver a leading fire and rescue service today and into the future.
  - **Learning and improving** – We have the support of policy and guidance with the freedom to use our discretion to do the right thing, learning from ourselves and others.
9. Our planning processes, performance management framework and audit processes are an integral part of our arrangements to identify new and emerging risks, and issues which could impact on delivery. The identification of risks and issues through the planning process also provides a focus for developing new organisational priorities and objectives to mitigate those risks.

#### RESOURCE IMPLICATIONS

10. There are no specific financial implications from the contents of this paper. Any financial impacts of future control measures would need to be assessed against the related risks and opportunities. Any plans with financial implications will be subject to appropriate review and governance.

## ENVIRONMENTAL AND SUSTAINABILITY IMPACT ASSESSMENT

11. There will be no negative environmental impacts associated with the adoption of this paper. The Organisational Risk Register ensures we consider emerging issues through changes in climate, and these are accounted for in our prevention and response controls.

## LEGAL IMPLICATIONS

12. The requirement for each Fire and Rescue Authority to have an Integrated Risk Management Plan is set out within the National Framework for Fire and Rescue Services, made under the Fire and Rescue Services Act 2004.
13. The Organisational Risk Register, as part of our Risk Management Framework, will ensure our integrated risk management process is driving our priorities.

## PEOPLE IMPACT ASSESSMENT

14. The implementation of the Organisational Risk Register will have no negative impact. However, through a more effective approach to identifying, assessing and mitigating risks to our communities, a positive impact will be achieved through better understanding of protected characteristics within our communities.

## OPTIONS

15. There is a single option which is that HFRS S&G review the two new risks on the Organisational Risk Register. By reviewing the two new risks on the Organisational Risk Register, compliance with our risk management framework is demonstrated.

## RISK ANALYSIS

16. It is essential that there is a consistent and robust approach to the identification, analysis and treatment of internal and external risks. This, in turn, ensures that major threats and opportunities are considered and managed appropriately, with adequate control measures implemented.

## EVALUATION

17. The Organisational Risk Register will provide the appropriate prioritisation of risk management, and ensure risks are well managed and governance of plans and activities undertaken. The day to day management of those risks through the Executive Group, and accountability through Directorate Plans,

ensures a risk management culture that will be overseen and scrutinised by HFRA in accordance with the Constitution.

## CONCLUSION

18. Our risk management framework supports the identification of external risks and internal risks through the Hampshire and Isle of Wight Fire and Rescue Service Safety Plan, therefore ensuring a proactive risk management culture. This report supports that continual monitoring and application of that framework.

## RECOMMENDATION

19. That Hampshire Fire and Rescue Authority Standards and Governance Committee notes the Organisational Risk Register status under the delegated management of the Chief Fire Officer.

## APPENDICES ATTACHED

22. [Appendix A](#) – Organisational Risk Register February 2021

Contact: Steve Apter, Deputy Chief Fire Officer,  
[steve.apter@hantsfire.gov.uk](mailto:steve.apter@hantsfire.gov.uk), 07918 888057



# Appendix A - Organisational Risk Register



HAMPSHIRE  
FIRE AND  
RESCUE  
SERVICE



ISLE OF WIGHT  
FIRE AND  
RESCUE  
SERVICE

Ref Number	Risk Area	Residual Risk	Trend				
			Newest		Oldest		
1	Insufficient staff available for BAU	8			↔	↔	↔
2	Death of an employee at work in the course of their duties	10			↔	↔	↔
3	Successful cyber-attack resulting in catastrophic loss of stability and/or access of our ICT infrastructure.	12			↔	↔	↓
4	Emerging changes to legislation (post Grenfell)	9			↔	↑	↔
5	Future financial planning uncertainty	12			↑	↑	↑
6	Firefighter contamination	12			↔	↔	↔
7	Covid 19 related wellbeing and safety	8				↔	↑
8	Data quality issues	6			↔		
9	Impacts of McCloud pension remedy	6			↔		

Page 41



HAMPSHIRE  
FIRE AND  
RESCUE  
SERVICE



ISLE OF WIGHT  
FIRE AND  
RESCUE  
SERVICE

**Our Priorities:**

1. **Our Communities.** We work together to understand different community needs and deliver accessible, local services which build safer places.
2. **Our People.** We look after each other by creating great places to work and promoting the health, wellbeing and safety of our people.
3. **Public Value.** We plan over the longer-term to ensure our decisions and actions deliver efficient and effective public services.
4. **High Performance.** Our diverse teams are trusted, skilled and feel equipped to deliver a leading fire and rescue service today and into the future.
5. **Learning and Improving.** We have the support of policy and guidance with the freedom to use our discretion to do the right thing, learning from ourselves and others.

**Criteria for inclusion of risks:**

- Could the risk result in a serious or significant impact on the delivery of Our Priorities.

**Rank**

- Risks are ranked in the summary table according to overall Residual Risk.

**Inherent and Residual Risk**

- Inherent risk is the risk level that exists without any controls applied.
- Residual risk is whatever risk level remains after additional controls are applied.

**Risk Trend**

The risk trend shows whether the risk has increased or decreased recently. The direction arrow indicates whether the risk is stable ↔ rising ↑ or reducing ↓

Organisational Risk Register

Ref Number 1											
Risk Area	Description and Impact	Our Priority	Risk Scores			Recent Trend					Risk Owner
			Likelihood	Severity	Risk	Newest		Oldest			
Political	Insufficient staff available for BAU	1,2,3,4	<b>Inherent Risk Level:</b>			↔	↔	↔	↔	↔	Steve Apter
	<b>Impact:</b> Fewer appliances available		Likelihood	Severity	Risk						
			3	5	15						
	Poorer response times		<b>Residual Risk Level:</b>								
			Likelihood	Severity	Risk						
	Overtime for staff not taking industrial action		2	4	8						
Management - staff and inter-staff relations											
Administrative burden – wage / pension changes											
Causes / Sources	Mitigations	Progress and Ownership of Mitigation								Effectiveness – Commentary	
Unplanned significant absence	Contingency plan arrangements to deploy to all incident types.	Degradation plan with progressive arrangements involving capability and deployment procedures – Stew Adamson								Decision log framework regarding crewing arrangements.	
	Centralised monitoring and deployment of staff	Resource management currently operating between Fire Control and Emergency Staff Cell. Long term resource management arrangements to be developed and enabled – Stew Adamson									

Page 43

## Organisational Risk Register

Industrial Action due to National Terms and Conditions changes including pensions:	Engagement with NFCC, local, regional and national rep body personnel, local and central government politicians	Neil Odin engaged within national discussions and applying influence on behalf of our services (NFCC Steering Group member and Chair of NFCC Prevention Co-ordination Committee)	Measures last used 2015
	Prior planning for industrial action  Establish Emergency Management Group	NFCC annual IA return completed now aligns industrial action planning, with our degradation response plans, for both Hampshire and the IOW which provides our mitigation measures against reduced resources as a result of IA – Steve Apter	
Industrial Action due to local issues:	Effective local trade union relationships maintained.	Joint Trade Union Meeting on monthly frequency with escalation process – Molly Rowland	Tested plan, reviewed after use 2015.
	Contingency plan arrangements	Industrial action plan – Stew Adamson	
	Prior planning for industrial action.  Establish Emergency Management Group	IA aligns industrial action planning, with our degradation response plans, for both Hampshire and the IOW which provides our mitigation measures against reduced resources as a result of IA – Steve Apter	
Pandemic/Covid-19	Follow PHE guidance for staff welfare	Independent C19 Health & Safety audit completed to ensure that Risk assessments, are now operating across the organisation. Clear communications plan to ensure that communication is maintained across both organisations. Wellbeing Portal established – Steve Apter	Situation is now managed. Service will monitor local outbreaks and national policy to mitigate impacts to Service Delivery.  Independent C19 Health & Safety audit
	Reduce/cease non-essential activities	Independent C19 Health & Safety audit completed to ensure that Risk assessments, are now operating across the organisation. Clear communications plan to ensure that communication is maintained across both organisations. Business Continuity Policy, Procedure and plans are now in place and tested – Steve Apter	
	Dedicated team to manage	EMG and PCG is a flexible structure that mirrors SCG requirements and allows a flexible resourcing model dependant on demand. This has been assured through LRF debrief process. Staff cell has now been resourced to centrally manage internal impacts. – Steve Apter	

Organisational Risk Register

Ref Number 2		Our Priority	Risk Scores			Recent Trend					Risk Owner
Risk Area	Description and Impact					Newest		Oldest			
Societal	Death of an Employee at work in the course of their duties		2	<b>Inherent Risk Level:</b>			↔	↔	↔	↔	
		Likelihood		Severity	Risk						
		3		5	15						
		<b>Residual Risk Level:</b>									
		Likelihood		Severity	Risk						
	Impact: Mental health and wellbeing of staff and family Organisational reputation Operational due to reduced staffing – watch off the run, inquiry to staff Legal – liabilities HSE / Police investigation Financial										

## Organisational Risk Register

Causes / Sources	Mitigations	Progress and Ownership of Mitigation	Effectiveness – Commentary
Death in work time	Implement mental health strategy	Live and ongoing – Molly Rowland	Mental health provisions and awareness improving throughout Service
	Support for physical health and fitness	Live and ongoing – Molly Rowland	
	Procedures/guidance followed	Our procedures align to the 'Death in work protocol' and these have been exercised in 2018– Steve Apter	PPG Framework now live
	Organisational reputation	Our procedures align to the 'Death in work protocol' and these have been exercised in 2018– Steve Apter	Demonstrated compliance 2010
	Legal – liabilities	Our procedures align to the 'Death in work protocol' and these have been exercised in 2018– Steve Apter	Demonstrated compliance 2010
	HSE / Police investigation	Our procedures align to the 'Death in work protocol' and these have been exercised in 2018– Steve Apter	Demonstrated compliance 2010
	Financial	Reserves of around £30m and revenue contributions built into the budget of over £6m available to balance the budget in the short term if required – Rob Carr	Reserves are well established

Organisational Risk Register

Ref Number - 3	Risk Area	Description and Impact	Our Priority	Risk Scores			Recent Trend				Risk Owner	
							Newest		Oldest			
Technological	Successful cyber-attack on our ICT infrastructure	<p><b>Impact:</b> Catastrophic loss of stability and/or access to our ICT infrastructure.</p> <p>Loss of personal data resulting in breach to GDPR requirements</p> <p>Reduced functioning of all departments</p>	1,2,4	<b>Inherent Risk Level:</b>			↔	↔	↔	↔	↓	Matt Robertson
				Likelihood	Severity	Risk						
				4	4	16						
				<b>Residual Risk Level:</b>								
				Likelihood	Severity	Risk						
3	4	12										
<b>Causes / Sources</b>		<b>Mitigations</b>		<b>Progress and Ownership of Mitigation</b>						<b>Effectiveness – Commentary</b>		
External Cyber attack		Staff training to reduce chances of malicious emails being opened.		Annual training in place with routine testing of staff established; monitoring of staff knowledge and compliance through externally facilitated penetration testing directs interventions by ICT Department. – Matt Robertson						No successful cyber-attack since measures have been in place.		
		Firewall and other cyber security measures established.		Industry standard (for the sector) Firewall in place, regularly monitored with enhanced cyber security software which monitors and reports performance of Firewall in real-time. – Matt Robertson								
		Network software updated and maintained to manage ongoing threat of cyber-attacks.		Regular patching of devices and network connections in place. Large update to all hardware devices to further enhance security patching work planned for Winter 2020/21. – Matt Robertson								

Page 47

## Organisational Risk Register

Malicious system user	Effective monitoring of network use.	Use of ICT systems monitored, daily reports assessed by cyber security team. Unusual activity on accounts is regularly investigated. – Matt Robertson	No loss of system functionality due to malicious internal system use.
	Internal access/security systems have clear procedures and terms of use.	All ICT Policies and Procedures are updated, with clear guidance provided to staff on the use of ICT systems and equipment. – Matt Robertson	



Ref Number – 4												
Risk Area	Description and Impact	Our Priority	Risk Scores			Recent Trend					Risk Owner	
						Newest Oldest						
Legal	Capacity and capability to respond to legislative changes to buildings and requirements of FRS.  <b>Impact:</b>  New risks identified to responding  Increased capacity and capability needs for Fire inspection staff.	1,4,5	<b>Inherent Risk Level:</b>			←	↑	→	←	←	←	Stew Adamson
			Likelihood	Severity	Risk							
			4	3	9							
			<b>Residual Risk Level:</b>									
			Likelihood	Severity	Risk							
4	1	4										
<b>Causes / Sources</b>	<b>Mitigations</b>	<b>Progress and Ownership of Mitigation</b>								<b>Effectiveness – Commentary</b>		
New risks identified to responding to high rise buildings	High rise procedure development.	<ul style="list-style-type: none"> <li>• New high rise procedures published.</li> <li>• Webinar to introduce awareness and training to Operational staff complete.</li> <li>• Specialist Fire Safety team responding to incidents (Building Environment Response Officer BERO Team) - complete</li> <li>• Review of response arrangements for specialist roles (BERO) - planned</li> <li>• Practical training to all staff – planned</li> <li>• Exercise testing – planned - Stew Adamson</li> </ul>								Grenfell outcomes recommendations progress report		
	New High Rise Residential Building Team	HRRB procedure for Protection complete										

Organisational Risk Register

Increased capacity and capability needs for Fire inspection staff.		Recruitment of inspectors – HRRB team is funded only until 2021/22 through HO Protection funding. – Stew Adamson	Grenfell outcomes recommendations progress reporting. HIWFRS protection team connected to the NFCC team, gaining intelligence from and informing the programme.
	National fire safety competency framework	National Fire Chief’s Council (NFCC) Building Risk Review Programme (BRR) Programme. Academy adoption of framework – complete Upskill programme for all fire safety inspectors to Level 5 – ongoing Supervisory managers (station based) trained to Level 3 of framework – planned – Stew Adamson	

Ref Number – 5	Risk Area		Description and Impact	Our Priority	Risk Scores			Recent Trend					Risk Owner
								Newest			Oldest		
Economic	Future financial planning uncertainty and potential reduced funding	1,2,3,4	<b>Impact:</b>  Inability to balance the budget and continue to deliver services in usual manner	<b>Inherent Risk Level:</b>			↑	↑	↑	↔	↔		Rob Carr
				Likelihood	Severity	Risk							
				4	4	16							
				<b>Residual Risk Level:</b>									
				Likelihood	Severity	Risk							
4	3	12											
<b>Causes / Sources</b>	<b>Mitigations</b>			<b>Progress and Ownership of Mitigation</b>								<b>Effectiveness – Commentary</b>	
Reduced central government funding	Sufficient reserves and revenue contributions to reserves built into core budget			Reserves of around £30m and revenue contributions built into the budget of over £6m available to balance the budget in the short term if required – Rob Carr								Reserves are well established  Degradation plan in existence	
	Contingency planning for reduced operating costs whilst maintaining appliance availability			Developing contingency plans for reduced operating costs, working with director of Ops in scenario planning for future safety plan development. – Steve Apter									
	Contingency planning for further reduced operating costs with reduced appliance availability			Developing contingency plans for reduced operating costs, working with director of Ops in scenario planning for future safety plan development. – Steve Apter									
Brexit	Situation Monitoring			Possible price increases in the areas of IT, vehicle replacement and construction being monitored, and appropriate contingencies are being factored into current planning – Rob Carr								Impact on economy and supply	

Organisational Risk Register

	Sufficient reserves	Reserves of around £30m and revenue contributions built into the budget of over £6m available to mitigate short term price increases if required – Rob Carr	chain costs being monitored
Covid-19 impact on the national and global economy, future grant settlements and local reductions in council tax and business rates income.	Sufficient reserves and revenue contributions to reserves built into core budget	Reserves of around £30m and revenue contributions built into the budget of over £6m available to balance the budget in the short term if required – Rob Carr	Reserves are well established
	Contingency planning for reduced operating costs whilst maintaining appliance availability	Developing contingency plans for reduced operating costs, working with director of Ops in scenario planning for future safety plan development. – Steve Apter	Degradation plan in existence
	Contingency planning for further reduced operating costs with reduced appliance availability	Developing contingency plans for reduced operating costs, working with director of Ops in scenario planning for future safety plan development. – Steve Apter	Significant uncertainty going forward at this stage hence change to risk score

Organisational Risk Register

Ref Number – 6	Risk Area	Description and Impact	Our Priority	Risk Scores			Recent Trend					Risk Owner
							Newest		Oldest			
Societal	Contaminants risk leading to ill health in work force	<u>Impact:</u>  Increased staff ill health  Potential future legal challenges –	2	<b>Inherent Risk Level:</b>			↔	↔	↔	↔	↔	
				Likelihood	Severity	Risk						
				4	4	16						
				<b>Residual Risk Level:</b>								
				Likelihood	Severity	Risk						
3	4	12										
<b>Causes / Sources</b>	<b>Mitigations</b>		<b>Progress and Ownership of Mitigation</b>								<b>Effectiveness – Commentary</b>	
Fire Ground Contaminants	Health and Safety Scheme		Local mitigations in place at workplace and station level. Working at a national level on research with FBU and Brighton University. Station investment program improvement plans to be influenced by outcomes of this research. This is a Year 1 Safety Plan improvement. – Steve Apter								Current mitigations are reasonable and further efforts are being made to understanding the risk and reduce any potential risk	
	Policy and Procedures		Clear policies in place for staff to manage contaminated kit and equipment from fireground – Stew Adamson									
	Fireground continuation within vehicles.		Wipe down procedures in place for vehicles to sanitise touchpoints when returning from fireground. Contaminated kit procedures in place to manage the disposal of operational uniform. – Matt Robertson									
	Potential future legal challenges		*Future comment to be attained from Legal as to level of future risk (guidance not available at time of release) – Stew Adamson									
	Fire Ground Contaminant management on our estate and buildings		Zoning of operational buildings (clean, transition and dirty zones) established within the Estate Design Principles. New stations built with zoning. All stations have enhanced cleaning facilities for kit management with clear signage and routing. Assessment of requirements to retrofit									

Page 53

Organisational Risk Register

		existing building stock with zoning to improve the handling of contamination on stations commenced (report due early 2021). – Matt Robertson.									
<b>Ref Number – 7</b>											
Risk Area	Description and Impact	Our Priority	Risk Scores			Recent Trend				Risk Owner	
						Newest		Oldest			
Societal	Covid 19 related impacts on staff wellbeing and safety	1,2,4,5	<b>Inherent Risk Level:</b>								Molly Rowland
			<b>Likelihood</b>	<b>Severity</b>	<b>Risk</b>						
			4	4	16						
	<b>Impact:</b>		<b>Residual Risk Level:</b>								
	Increased staff ill health		<b>Likelihood</b>	<b>Severity</b>	<b>Risk</b>						
Staff confidence	2	4	8		↔	↔	↑				
Long term ill health effects											
Causes / Sources	Mitigations	Progress and Ownership of Mitigation							Effectiveness – Commentary		
Staff confidence	Increased communications with staff	Live briefings and regular updates to complement existing communications activities – Shantha Dickinson							H&S team and processes in place		
Staff confidence	Tailored management toolkits for staff support	Recently launched and support being provided to managers -Molly Rowland									
Long term ill health effects	Risk Assessments for all Organisational activity	Completed and regularly reviewed and updated. Risk Assessments completed on all workplaces to ensure ALARP principle is in place. – Steve Apter							Risk Assessments established for all Service		
Staff confidence	Increased availability of PPE	Supply chains established for PPE to meet Operational demand guidance issued to teams on how and when to use PPE. – Matt Robertson.									

Page 54

Organisational Risk Register

<p>Increased staff ill health</p>	<p>Effective Health and Safety compliance</p>	<p>H&amp;S team with strengthened leadership presence at COG level. Internal audit to assure capacity and PPG. Risk Assessments completed on all workplaces to ensure ALARP principle is in place. – Steve Apter</p>	<p>activities and locations</p> <p>PPE stocks well supplied and distributed</p> <p>Specialist teams and groups in place to manage staff wellbeing</p> <p>Chief briefings now fortnightly with open call for questions from staff</p>
-----------------------------------	---	--	--

Page 55

Ref Number – 8												
Risk Area	Description and Impact	Our Priority	Risk Scores			Recent Trend					Risk Owner	
						Newest			Oldest			
Technological / Operational	Sub-optimal data quality in some areas owing to systems and processes preventing effective organisational delivery, high performance and/or robust performance reporting.  <b>Impact:</b>  Inability to deliver an efficient and effective performance management and reporting in some areas to support an outcomes-focused service to communities of HIOW.	1,2,3,4	<b>Inherent Risk Level:</b>									Shantha Dickinson
			Likelihood	Severity	Risk							
			4	3	12							
			<b>Residual Risk Level:</b>									
			Likelihood	Severity	Risk							
3	2	6										
<b>Causes / Sources</b>		<b>Mitigations</b>		<b>Progress and Ownership of Mitigation</b>						<b>Effectiveness – Commentary</b>		
Process factor – business process operating in a way that impacts data quality, and does not support efficient or effective reporting or		Early involvement of ICT (from a systems point of view) and Organisational Performance (from a data integration and report perspective) in the creation of new processes.  Escalation of data quality risk areas within IPAB and Directorate Boards – with the		Ownership sits with all Directorate Boards (with the support of ICT and Organisational Performance teams) to identify data quality risks and the stakeholders required to action remedial activity - All members of Executive Group.						Data Quality risks are captured within risk registers and reviewed regularly in Directorate		



Organisational Risk Register

	identification who needs to be involved to action remedial/improvement activity.		Board meetings with accountable Directors escalating as appropriate.
Human factor – user error (global)	Systems training, automated data quality interventions (where possible), and adherence with, and assurance activity on the compliance against the Data Quality and Performance Procedures.	Ownership sits with all Directorate Boards (with the support of ICT and Organisational Performance teams) to identify data quality risks and the stakeholders required to action remedial activity, including identifying any training requirements – All members of Executive Group.	
Human factor – localised, rather than centralised reporting – no single version of the truth	Organisational Performance identifying and escalating (for example to Directorate Boards, to ICT, or other channels), where appropriate, where localised reporting or systems interface issues are impacting data quality.	Ownership for ensuring centralised and accurate data recording and capture sits with individual Directorates (with the support of ICT and Organisational Performance teams) who have a responsibility to progress remedial actions that may need to be implemented by multiple teams across the Service - All members of Executive Group.	
Systems interface, including manual intervention		Where data capture tools or ICT system refinements are required, Directorates should raise requests with ICT, making clear their process and reporting requirements, at the earliest opportunity - Matt Robertson.  Data quality standing item for discussion in IPAB and other directorate boards – Shantha Dickinson.	
Human factor – required availability/input of specialist capability	Sufficient contingency budget for IT or Organisational Performance to utilise technical consultancy support, where risks or unexpected challenges have been escalated and issues cannot be resolved internally.	Ongoing scrutiny and oversight of ICT and Organisational Performance technical consultancy budgets, with any capacity or financial risks identified via team and Directorate risk registers - Rob Carr.	
Human factor – required input of administrative capacity to support resolution	Engagement from Directorates with Business Support, e.g. via Head of Governance and Business Support, to identify, at the earliest opportunity, any additional administrative support requirements (to support remedial action).	Teams and Directorate Boards escalating any administrative capacity requirements or risks through the effective management of risks, with escalation to, and close collaboration with, Business Support and Corporate Services, where required - Matt Robertson.	Clear Application Development and ICT Change Programme

Page 57

Organisational Risk Register

			Pathway to ensure that requirements from boards are addressed in a timely fashion
--	--	--	---

Ref Number – 9	Risk Area		Description and Impact	Our Priority	Risk Scores			Recent Trend					Risk Owner													
								Newest Oldest																		
	Legal		Failure to respond to the impacts of the McCloud pension remedy  <b>Impact:</b>  Inability to deal with the financial, communication and administrative aspects of the remedy which could have long term impact on resources and retirement choices that firefighters may make.	1,2,3,4	<b>Inherent Risk Level:</b> <table border="1"> <tr> <th>Likelihood</th> <th>Severity</th> <th>Risk</th> </tr> <tr> <td>4</td> <td>3</td> <td>12</td> </tr> </table> <b>Residual Risk Level:</b> <table border="1"> <tr> <th>Likelihood</th> <th>Severity</th> <th>Risk</th> </tr> <tr> <td>3</td> <td>2</td> <td>6</td> </tr> </table>			Likelihood	Severity	Risk	4	3	12	Likelihood	Severity	Risk	3	2	6						↔	Rob Carr
Likelihood	Severity	Risk																								
4	3	12																								
Likelihood	Severity	Risk																								
3	2	6																								
	<b>Causes / Sources</b>		<b>Mitigations</b>	<b>Progress and Ownership of Mitigation</b>								<b>Effectiveness – Commentary</b>														
	Insufficient capacity and capability to implement the remedy		Dedicated project team being drawn up across shared services to deal with the remedy implementation	High level project plan drawn up and additional resources being appointed and trained to be able to release experienced staff in the future to undertake remedy calculations and changes – Rob Carr.								Resources in place and planning taking place even in														

## Organisational Risk Register

	Existing governance structure through employer pension groups in place but McCloud specific governance will be implemented as activity increases	Employer Pension Groups already established and McCloud one of the key items discussed at each meeting – Rob Carr.	the absence of answers from Government
Lack of accurate data on which to undertake calculations, given new CFA from 1 April 2021	Data collection in respect of both HFRS and IWFRS taking place prior to new CFA to enable manual calculations to be undertaken	Templates used for IOW data collection also being used to collect payroll information going back to 2015 on IOW and data extracts in place for HFRS through IBC – Rob Carr.	Availability of data is good but future manual calculations will be a challenge
Lack of effective communication on the remedy leading to poor decisions by firefighters	Communications a key element of employer group discussions and regular comms planned on this including FAQs etc.	Initial comms already sent out in consultation with Rep Bodies and further comms planned to answer key questions FFs might have on what happens to their retirement dates and access to pre 2015 benefits Rob Carr.	Communications continuing and some queries coming through from individual FFs about their position.

<b>Measures of Likelihood - Probability</b>		
<b>LEVEL</b>	<b>DESCRIPTOR</b>	<b>DESCRIPTION</b>
1	Very unlikely	The event may occur only in exceptional circumstances.
2	Unlikely	The event could occur at some time.
3	Moderate	The event will occur at some time.
4	Likely	The event could occur in most circumstances.
5	Very likely	The event will occur in most circumstances.
<b>Measures of Severity (Consequence)</b>		
<b>LEVEL</b>	<b>DESCRIPTOR</b>	<b>DESCRIPTION</b>
1	Negligible	Minor local first aid treatment (e.g. minor cuts/abrasions), minimal work interruption
2	Minor	Injury requiring first aider treatment causing inability to continue with current work activity for 3 days or less. Minimal financial loss or damage.
3	Serious	Medical treatment required. RIDDOR over 7 day lost-time injuries. Moderate environmental implications. Moderate financial loss or damage. Moderate loss of reputation. Moderate business interruption.
4	Major	Permanent or life changing injuries. RIDDOR major injuries. High environmental implications. Major financial loss or damage. Major loss of reputation. Major business interruption.
5	Fatalities	Single or multiple deaths, stops the Originations from functioning

		LIKELIHOOD				
		1 Very Unlikely	2 Unlikely	3 Moderate	4 Likely	5 Very Likely
5 Major	SEVERITY	5	10	15	20	25
4 Serious		4	8	12	16	20
3 Moderate		3	6	9	12	15
2 Minor		2	4	6	8	10
1 Negligible		1	2	3	4	5

Page 62



## **Standards and Governance Committee**

Purpose: Approval

Date 24 February 2021

### **Title INDEPENDENT PERSON TO HAMPSHIRE AND ISLE OF WIGHT FIRE AND RESCUE AUTHORITY**

Report of Committee Clerk

#### SUMMARY

1. The provisions of the Localism Act 2011 require that the Authority appoint an Independent Person or Persons whose view must be sought before reaching a decision following investigation of an allegation of a breach of the Code of Conduct. The current holder of this position was appointed in June 2017 by the Hampshire Fire and Rescue Authority for a four-year period and therefore a new appointment to the Hampshire and Isle of Wight Fire Authority will be required with effect from June 2021.
2. The Standards and Governance Committee has delegated authority to progress such processes as may be required for the recruitment of an Independent Person or Persons in order to make a recommendation for an appointment to the Full Authority. This report sets out proposals to take such a process forward.

#### BACKGROUND

3. The Localism Act 2011 introduced a number of changes to the arena of local government "Standards". Amongst these was the creation of the position of at least one "Independent Person" to each Authority.
4. The role of the Independent Person is to provide a view which must be taken into account before an Authority reaches a decision following investigation of an allegation of a breach of the Code of Conduct by a Member. The Independent Person is also available to give their view to a Member of the Authority about whom a complaint has been made.
5. In the Authority's Constitution, authority is delegated to the Standards and Governance Committee to oversee the recruitment process for an Independent Person, including the ability to establish a selection panel from

amongst its members to interview candidates and make a recommendation to the Authority for appointment.

6. The current incumbent of the position for Hampshire Fire and Rescue Authority was appointed in June 2017, as a result of a shared recruitment exercise with Winchester City Council where three Independent Persons were appointed to both Authorities.

### RECRUITMENT PROCESS

7. On the 17 November 2020, the Standards and Governance Committee approved the commencement of the recruitment process for the Independent Person(s), and for the position to be advertised for appointment from June 2021 with an annual allowance of £100.
8. At the 17 November Committee meeting, Councillors Mintoff, Glen and Price were nominated to form a cross party working group and undertake shortlisting and interviews as required in order to inform a recommendation to the Authority.
9. A recruitment process was undertaken, and Members of the working group considered the two applications received. In light of both candidate's considerable experience as Independent Persons, Members agreed that both should be recommended for appointment to provide greater resilience to the Authority.
10. It is proposed that the Standards and Governance Committee note the progress that has been made with regard to this recruitment process and make a recommendation for appointment to the Full Authority.

### CONSULTATION

11. No consultation was required for this report.

### RESOURCE IMPLICATIONS

12. In accordance with the agreement of the Full Authority, an allowance of £100 per annum is currently payable for the role of Independent Person. It is recommended that this should continue.

### LEGAL IMPLICATIONS

13. It is a legal requirement that the Authority appoint at least one Independent Person or Persons.

### PEOPLE IMPACT ASSESSMENT

14. There are no direct impacts on people as a result of this report.



## OPTIONS

15. As this is a legal requirement, there are no options for consideration in this report.

## RISK ANALYSIS

16. As this is a legal requirement, it is proposed that an appointment is made in case there are any allegations of breach of the Code of Conduct, whereby the involvement of an Independent Person would be necessary.

## CONCLUSION

17. The Standards and Governance Committee are asked to consider and recommend the two appointments to the Hampshire and Isle of Wight Fire and Rescue Authority at its Annual General Meeting (AGM) in June 2021.

## RECOMMENDATION

18. That the Standards and Governance committee RECOMMEND to the Hampshire and Isle of Wight Fire and Rescue Authority at its AGM in June 2021, the appointment of two Independent Persons, recommended by the working group and as detailed in the Exempt Appendix, for a four-year term with an allowance of £100 per annum each.

## APPENDICES ATTACHED

Exempt Appendix

## BACKGROUND DOCUMENTS

Section 100 D - Local Government Act 1972 – background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report.

None

Documents which disclose exempt or confidential information as defined in the Act:

None

This page is intentionally left blank

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank