



DEVON & SOMERSET FIRE & RESCUE AUTHORITY

**M. Pearson
CLERK TO THE AUTHORITY**

**To: The Chair and Members of the Audit &
Performance Review Committee**

(see below)

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AUDIT & PERFORMANCE REVIEW COMMITTEE

Thursday, 26 April, 2018

A meeting of the Audit & Performance Review Committee will be held on the above date, **commencing at 10.00 am in Committee Room B, Somerset House, Service Headquarters, Exeter** to consider the following matters.

M. Pearson
Clerk to the Authority

AGENDA

PLEASE REFER TO THE NOTES AT THE END OF THE AGENDA LISTING SHEETS

1 Apologies

2 Minutes (Pages 1 - 4)

of the previous meeting held on 17 January 2018 attached.

3 Items Requiring Urgent Attention

Items which, in the opinion of the Chair, should be considered at the meeting as matters of urgency.

PART 1 - OPEN COMMITTEE

4 Grant Thornton Update (Pages 5 - 24)

Attached, FOR INFORMATION, is a report of the external auditor, Grant Thornton, on progress made in delivering its audit responsibilities to the Devon & Somerset Fire & Rescue Authority. The report also summarises emerging national issues and developments of potential relevance to fire and rescue authorities.

5 International Financial Reporting Standards (IFRS) ISA240 Compliance Letters (Pages 25 - 40)

Attached, FOR INFORMATION, are copies of the letters from the Authority Treasurer and the Chair of this Committee in response to the annual letters from Grant Thornton relating to International Financial Reporting Standards (IFRS) ISA240 ISA compliance.

6 External Audit Plan 2017-18 (Pages 41 - 56)

The Authority's external auditor, Grant Thornton, has submitted for consideration an external audit plan for the auditing of the Authority's 2017-18 financial accounts, a copy of which is enclosed with this agenda.

7 External Audit Fee Letter 2018-19 (Pages 57 - 60)

The external auditor, Grant Thornton, has submitted for consideration its proposed Audit Fee letter for 2018-19, a copy of which is enclosed with this agenda.

8 Audit & Review 2017-18 Progress Report (Pages 61 - 68)

Report of the Director of Service Improvement (APRC/18/7) attached.

9 2018-19 Internal Audit Plan (Pages 69 - 72)

Report of the Director of Service Improvement (APRC/18/8) attached.

10 Authority Policy for the Regulation of Investigatory Powers Act 2000 (RIPA) - outcome of recent inspection (Pages 73 - 100)

Report of the Director of Corporate Services (APRC/18/9) attached.

11 Devon & Somerset Fire & Rescue Service Performance 2017-18 - Report to Quarter 3 (April to December 2017) (Pages 101 - 126)

Report of the Director of Service Improvement (APRC/18/10) attached.

12 Exclusion of the Press and Public

RECOMMENDATION that, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A (as amended) to the Act, namely information relating to the financial and business affairs of any particular person – including the authority holding that information.

PART 2 - ITEMS WHICH MAY BE CONSIDERED IN THE ABSENCE OF THE PRESS AND PUBLIC

13 Audit & Review IT Security Progress Report (Pages 127 - 134)

Report of the Director of Service Improvement (APRC/18/11) attached.

MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Membership:-

Councillors Wheeler (Chair), Clayton (Vice-Chair), Healey MBE, Napper, Saywell, Trail BEM and Vijeh.

NOTES

| | |
|-----------|--|
| 1. | <u>Access to Information</u> Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact the person listed in the "Please ask for" section at the top of this agenda. |
| 2. | <u>Reporting of Meetings</u> Any person attending a meeting may report (film, photograph or make an audio recording) on any part of the meeting which is open to the public – unless there is good reason not to do so, as directed by the Chairman - and use any communication method, including the internet and social media (Facebook, Twitter etc.), to publish, post or otherwise share the report. The Authority accepts no liability for the content or accuracy of any such report, which should not be construed as representing the official, Authority record of the meeting. Similarly, any views expressed in such reports should not be interpreted as representing the views of the Authority. Flash photography is not permitted and any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening. |
| 3. | <u>Declarations of Interests (Authority Members only)</u> |
| | (a). <u>Disclosable Pecuniary Interests</u> If you have any disclosable pecuniary interests (as defined by Regulations) in any item(s) to be considered at this meeting then, unless you have previously obtained a dispensation from the Authority's Monitoring Officer, you must: <ul style="list-style-type: none">(i). disclose any such interest at the time of commencement of consideration of the item in which you have the interest or, if later, as soon as it becomes apparent to you that you have such an interest;(ii). leave the meeting room during consideration of the item in which you have such an interest, taking no part in any discussion or decision thereon; and(iii). not seek to influence improperly any decision on the matter in which you have such an interest. If the interest is sensitive (as agreed with the Monitoring Officer), you need not disclose the nature of the interest but merely that you have a disclosable pecuniary interest of a sensitive nature. You must still follow (ii) and (iii) above. |
| | (b). <u>Other (Personal) Interests</u> Where you have a personal (i.e. other than a disclosable pecuniary) interest in any matter to be considered at this meeting then you must declare that interest no later than the commencement of the consideration of the matter in which you have that interest, or (if later) the time at which the interest becomes apparent to you. If the interest is sensitive (as agreed with the Monitoring Officer), you need not disclose the precise nature of the interest but merely declare that you have a personal interest of a sensitive nature. If the interest is such that it might reasonably be perceived as causing a conflict with discharging your duties as an Authority Member then, unless you have previously obtained a dispensation from the Authority's Monitoring Officer, you must not seek to improperly influence any decision on the matter and as such may wish to leave the meeting while it is being considered. In any event, you must comply with any reasonable restrictions the Authority may place on your involvement with the matter in which you have the personal interest. |
| 4. | <u>Part 2 Reports</u> Members are reminded that any Part 2 reports as circulated with the agenda for this meeting contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Committee Secretary at the conclusion of the meeting for disposal. |
| 5. | <u>Substitute Members (Committee Meetings only)</u> Members are reminded that, in accordance with Standing Order 35, the Clerk (or his representative) must be advised of any substitution prior to the start of the meeting. Members are also reminded that substitutions are not permitted for full Authority meetings. |

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AUDIT & PERFORMANCE REVIEW COMMITTEE

(Devon & Somerset Fire & Rescue Authority)

17 January 2018

Present:-

Councillors Wheeler (Chair), Burridge-Clayton (Vice-Chair), Healey MBE, Saywell, Trail BEM and Vijeh

Apologies:-

Councillor Napper

* **APRC/16** **Minutes**

RESOLVED that the Minutes of the meeting held on 12 September 2017 be signed as a correct record.

APRC/17 **Additional Meeting Date 2018**

The Committee considered a report of the Director of Corporate Services (APRC/18/1) that set out a proposal to schedule an additional meeting of the Committee in the light of changes to the Accounts & Audit Regulations 2015 and the new requirement to approve the Authority's financial statements by the end of July 2018.

The Director of Corporate Services advised the Committee that the Authority was responsible for setting the Calendar of Meetings and thus, he indicated that the date suggested should be recommended to the Authority for approval rather than the Committee setting the date.

Councillor Saywell **MOVED** this amendment to the recommendation (seconded by Councillor Healey MBE) and upon a vote, the motion was **CARRIED** unanimously.

RESOLVED that the Devon & Somerset Fire & Rescue Authority be recommended to schedule a meeting of the Audit & Performance Review Committee on Friday 27 July 2018 at 10:00hours for the purposes of approving the Authority's Financial Statements for 2017/18.

* **APRC/18** **Grant Thornton Update**

The Committee received for information a report submitted by the Authority's external auditors, Grant Thornton, setting out the progress made in delivery of its audit responsibilities to the Devon & Somerset Fire & Rescue Authority (up to January 2018). The report covered the following matters, amongst others:

- The progress made to date with the financial statements audit, the value for money conclusion and the Annual Audit Letter (Minute *APRC/4 below refers);
- A fire sector update including an up to date summary of emerging national issues together with insights from the local authority sector and reports of interests;

- The National Fire Chiefs Council (NFCC) response to the Hackitt Review into the Grenfell Tower fire;
- a number of recent CIPFA publications including “the guide to local government finance” 2017 edition;
- a Department for Communities and Local Government (DCLG) consultation on proposed changes to the prudential framework of capital finance.

* **APRC/19** **Annual Audit Letter**

The Committee received for information the Authority’s Annual Audit Letter for the year ended 31 March 2017 as submitted by the Authority’s external auditor, Grant Thornton.

Mark Bartlett, representing Grant Thornton, drew attention to the work that had been undertaken with the Authority during the year, including the Statement of Accounts and the Value for Money conclusion, both of which had received an unqualified opinion.

* **APRC/20** **Group Accounts for Devon & Somerset Fire & Rescue Authority and Red One Ltd.**

The Committee considered a report of the Treasurer (APRC/18/2) that set out the position in respect of the provision of group accounts for the Authority’s trading company, Red One Limited. Under the Chartered Institute for Public Financial Accountants Code of Practice, the Authority was able to take a view on materiality when presenting group accounts. Following discussion with the external auditor, Grant Thornton, it was the Treasurer’s view that the activities of Red One Limited were not material to the Authority’s Statement of Accounts and therefore, it was recommended that the accounts were not consolidated.

RESOLVED that the accounts of Red One Limited be not consolidated into group accounts for the 2017/18 financial year.

NB. Councillors Healey MBE and Saywell declared an interest in this item in view of their position as Non-Executive Directors of Red One Limited.

* **APRC/21** **Audit & Review Progress Report 2017/18: Quarter 2**

The Committee received for information a report of the Head of Assurance and Planning (APRC/18/3) that set out the progress made to date against the approved 2017-18 Internal Audit Plan and which also updated the Committee on any additional audit and review work that had been undertaken.

The Head of Assurance and Planning reported that there may be some improvements that could be made to the audit process and the assurance tracker and this was being mapped out already in the context of the forthcoming inspection by Her Majesty’s Inspector of Constabulary and Fire & Rescue Services (HMICFRS). It was noted that the audit strategy was also being aligned to the new performance measures (Minute *APRC/8 below also refers).

* **APRC/22** **Corporate Risk Register Update**

The Committee received for information a report of the Head of Assurance and Planning (APRC/18/4) that set out the Service's approach to the management of risks within the organisation and details of any new risks that had been included within the Authority's Corporate Risk Register recently.

It was noted that, whilst there had not been any new risks added to the Corporate Risk Register during quarter 2 of 2017-18, although the Service continued to monitor the position with existing risks identified, including, amongst others, community safety business safety processes, data sharing and a failure to manage staff competencies and their operational capability.

* **APRC/23** **Devon & Somerset Fire & Rescue Authority Performance Report 2017/18: Quarter 2**

The Committee received for information a report of the Assistant Chief Fire Officer – Service Delivery (APRC/18/5) that set out the Service's performance for the period of October 2016 to September 2017 with a focus on quarter 2 of 2017-18. The report highlighted the new format for the performance information which set out a measure status of 'good performance', 'monitor performance' or 'negative exception'. This was established through an assessment of the different types of analysis, for example, performance versus the previous year, performance versus the previous quarter and trends and performance against normal variation to give a more rounded picture and which directed focus more effectively on emerging issues. Where a measure was reported as an exception, a separate report would be provided.

The main performance issues reported for quarter 2 were:

- Five of the eight measures were showing positive performance;
- Two of the measures were in monitor status (measures 2 and 5); and
- One measure was in negative exception – measure 3, fires where people live – and an exception report was enclosed within the report. This had been highlighted as a negative exception as the year to date increase (503 incidents) and the upward trend in the rolling 3 year data but no immediate action was required at this stage and the performance would be monitored over coming months.

* **APRC/24** **Exclusion of the Press and Public**

RESOLVED that, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in the following paragraph of Part 1 of Schedule 12A (as amended) to the Act, namely:

- Paragraph 3 (information relating to the financial and business affairs of any particular person – including the authority holding that information).

* **APRC/25 Audit & Review IT Security Progress Report**

(An item taken in accordance with Section 100A(4) of the Local Government Act 1972 during which the press and public were excluded from the meeting).

The Committee received for information a report of the Head of Assurance & Planning (APRC/18/6) that set out the progress made to date against the approved 2017-18 internal audit plan and which reported specifically on the ICT Technical audits that had been undertaken and the assurance statements thereon.

***DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 10.00 am and finished at 11.25 am

Audit Progress Report and Sector Update

Devon and Somerset Fire and Rescue Authority
Year ending 31 March 2018

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APRIL 2018



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Introduction



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This paper provides the Audit and Performance Review Committee with a report on progress in delivering our responsibilities as your external auditors.

The paper also includes:

- a summary of emerging national issues and developments that may be relevant to you as a fire and rescue authority; and
- includes a number of challenge questions in respect of these emerging issues which the Committee may wish to consider (these are a tool to use, if helpful, rather than formal questions requiring responses for audit purposes)

Members of the Audit and Performance Review Committee can find further useful material on our website, where we have a section dedicated to our work in the public sector. Here you can download copies of our publications. Click on the Grant Thornton logo to be directed to the website www.grant-thornton.co.uk.

If you would like further information on any items in this briefing, or would like to register with Grant Thornton to receive regular email updates on issues that are of interest to you, please contact either your Engagement Lead or Engagement Manager.



Progress to date

Financial Statements Audit

We completed our planning for the 2017/18 financial statements audit and have issued the detailed audit plan, setting out our proposed approach to the audit of the Authority's 2017/18 financial statements.

We carried out our interim audit in January 2018. Our interim fieldwork visit included:

- Updated review of the Authority's control environment
- Updated understanding of financial systems
- Review of Internal Audit reports on core financial systems to date
- Early work on emerging accounting issues
- Early substantive testing

The findings from our interim audit are summarised at pages 6 and 7.

The statutory deadline for the issue of the 2017/18 opinion is brought forward by two months to 31 July 2018. We have discussed our plan and timetable with officers.

The final accounts audit is due to begin on the 2 July with findings reported to you in the Audit Findings Report by the earlier deadline of 31 July 2018.

Value for Money

The scope of our work is set out in the guidance issued by the National Audit Office. The Code requires auditors to satisfy themselves that; "the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources".

The guidance confirmed the overall criterion as: "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

The three sub criteria for assessment to be able to give a conclusion overall are:

- Informed decision making
- Sustainable resource deployment
- Working with partners and other third parties

We have carried out our initial risk assessment to determine our approach in January 2018 and reported this to you in our Audit Plan.

We will report our work in the Audit Findings Report and give our Value For Money Conclusion by the deadline in July 2018.

Other areas

Meetings

We met with Finance Officers in December as part of our regular liaison meetings and continue to be in discussions with finance staff regarding emerging developments and to ensure the audit process is smooth and effective

Events

We provide a range of workshops, along with network events for members and publications to support the Authority. Our most recent event was our local government accounts workshop which took on 6 February in Plymouth, which was attended by a member of your finance team. Further details of the publications that may be of interest to the Authority are set out in our Sector Update section of this report.

Audit Deliverables

| 2017/18 Deliverables | Planned Date | Status |
|--|--------------|-------------|
| Fee Letter Confirming audit fee for 2017/18. | April 2017 | Complete |
| Accounts Audit Plan We are required to issue a detailed accounts audit plan to the Audit and Performance Review Committee setting out our proposed approach in order to give an opinion on the Authority's 2017-18 financial statements. | April 2018 | Complete |
| Interim Audit Findings We will report to you the findings from our interim audit and our initial value for money risk assessment within our Progress Report. | April 2018 | Complete |
| Audit Findings Report The Audit Findings Report will be reported to the July Audit and Performance Review Committee. | July 2018 | Not yet due |
| Auditor's Report This is the opinion on your financial statement, annual governance statement and value for money conclusion. | July 2018 | Not yet due |
| Annual Audit Letter This letter communicates the key issues arising from our work. | August 2018 | Not yet due |

Results of interim audit work

The findings of our interim audit work, and the impact of our findings on the accounts audit approach, are summarised in the table below:

| | Work performed | Conclusion |
|--|--|---|
| Internal audit | <p>We have completed a high level review of internal audit's overall arrangements. Our work has not identified any issues which we wish to bring to your attention.</p> <p>We have also reviewed internal audit's work on the Authority's key financial systems to date. We have not identified any significant weaknesses impacting on our responsibilities.</p> | Our review of internal audit work has not identified any weaknesses which impact on our audit approach. |
| Entity level controls | <p>We have obtained an understanding of the overall control environment relevant to the preparation of the financial statements including:</p> <ul style="list-style-type: none"> Communication and enforcement of integrity and ethical values Commitment to competence Participation by those charged with governance Management's philosophy and operating style Organisational structure Assignment of authority and responsibility Human resource policies and practices | Our work has identified no material weaknesses which are likely to adversely impact on the Authority's financial statements |
| Review of information technology controls | <p>We performed a high level review of the general IT control environment, as part of the overall review of the internal controls system.</p> <p>IT (information technology) controls were observed to have been implemented in accordance with our documented understanding.</p> | Our work has identified no material weaknesses which are likely to adversely impact on the Authority's financial statements |

Results of interim audit work (continued)

| | Work performed | Conclusion |
|----------------------------------|---|---|
| Walkthrough testing | <p>We have completed walkthrough tests of the Authority's controls operating in areas where we consider that there is a risk of material misstatement to the financial statements.</p> <p>Our work has not identified any issues which we wish to bring to your attention. Internal controls have been implemented by the Authority in accordance with our documented understanding.</p> | <p>Our work has not identified any weaknesses which impact on our audit approach</p> |
| Journal entry controls | <p>We have reviewed the Authority's journal entry policies and procedures as part of determining our journal entry testing strategy.</p> <p>To date we have undertaken detailed testing on journal transactions recorded for the first nine months of the financial year, by extracting 'unusual' entries for further review. No issues have been identified that we wish to highlight for your attention</p> | <p>Our work to date has not identified any issues which we wish to bring to the Authority's attention. We will complete our detailed testing on journal transactions recorded for the remaining months of the financial year as part of our financial statements audit.</p> |
| Early substantive testing | <p>We have undertaken early substantive testing of firefighters pensions benefit payments, operating expenses, and property, plant and equipment for the first nine months of the financial year.</p> | <p>Our work to date has not identified any issues which we wish to bring to the Authority's attention. We will complete our sample testing and ensure that related disclosures are appropriate as part of our financial statements audit.</p> |

Sector Update

Local government finances are at a tipping point. Local Government bodies are tackling a continuing drive to achieve greater efficiency in the delivery of public services, whilst facing the challenges to address rising demand, ongoing budget pressures and social inequality.

Our sector update provides you with an up to date summary of emerging national issues and developments to support you. We cover areas which may have an impact on your organisation, the wider NHS and the public sector as a whole. Links are provided to the detailed report/briefing to allow you to delve further and find out more.

Our public sector team at Grant Thornton also undertake research on service and technical issues. We will bring you the latest research publications in this update. We also include areas of potential interest to start conversations within the organisation and with audit and performance committee members, as well as any accounting and regulatory updates.

- **Grant Thornton Publications**
- **Insights from local government sector specialists**
- **Reports of interest**
- **Accounting and regulatory updates**

More information can be found on our dedicated public sector and local government sections on the Grant Thornton website by clicking on the logos below:

Public Sector

Local
government

Independent Review of Building Regulations and Fire Safety: interim report

Commissioned by government following the Grenfell Tower fire to make recommendations on the future regulatory system, Dame Judith Hackitt's interim report was published on 18 December 2017. Its purpose is to make recommendations that will ensure we have a sufficiently robust regulatory system for the future and to provide further assurance to residents that the complete system is working to ensure the buildings they live in are safe and remain Page 3 of 3. It is examining the building and fire safety regulatory system, with a focus on high-rise residential buildings.

The work of the review to date has found that the current regulatory system for ensuring fire safety in high-rise and complex buildings is not fit for purpose. This applies throughout the life cycle of a building, both during construction and occupation, and is a problem connected both to the culture of the construction industry and the effectiveness of the regulators.

The key reasons for this are:

- Current regulations and guidance are too complex and unclear. This can lead to confusion and misinterpretation in their application to high-rise and complex buildings.
- Clarity of roles and responsibilities is poor. Even where there are requirements for key activities to take place across design, construction and maintenance, it is not always clear who has responsibility for making it happen.
- Despite many who demonstrate good practice, the means of assessing and ensuring the competency of key people throughout the system is inadequate. There is often no differentiation in competency requirements for those working on high-rise and complex buildings.

- Compliance, enforcement and sanctions processes are too weak. What is being designed is not what is being built and there is a lack of robust change control. The lack of meaningful sanctions does not drive the right behaviours.
- The route for residents to escalate concerns is unclear and inadequate.
- The system of product testing, marketing and quality assurance is not clear.

The National Fire Chiefs Council has welcomed the report's findings. The interim recommendations highlight significant fire safety matters that fire and rescue services up and down the country are concerned about, including:

- Clarity of guidance
- Competence of those working on the design, construction, inspection and maintenance of complex and high-risk buildings
- Timing of consultation with fire and rescue services during the build process
- Procedures for the handover of safety information before buildings are occupied; and
- Fire Risk Assessments and the lack of formal qualifications

The Independent Review will now undertake its second phase of work and publish a final report in spring 2018. This will include targeted work in partnership with the sector and other stakeholders.

[Click on the report cover to download and read more.](#)



Labour commits to installing sprinkler systems in all new schools.

Labour says it would close a loophole in current legislation that allows a significant proportion of schools not to install sprinklers as figures show less than one in three have them fitted.

A Labour government would ensure all new schools have sprinkler systems in place as fresh figures show less than one in three schools built or refurbished by central government since 2010 have them installed.

Party officials told *The Independent* that, if elected, Labour would remove a “loophole” in the existing legislation, which they claim allows a significant proportion of schools not to fit sprinklers.

The announcement comes after new figures were disclosed by schools minister Nick Gibb in a response to a written parliamentary question in the Commons this month.

Mr Gibb said that since 2010, of the 260 schools commissioned by the Department for Education (DfE) under phase one of the Priority School Building Programme, 74 (28 per cent) have, or are planned to have, sprinkler systems.

It means the vast majority (72 per cent) of the schools on programme – aiming to rebuild and refurbish schools buildings in the worst conditions across the country – will not have sprinklers in place. The Government hoped that most of the schools would open by the end of 2017.

Sprinklers are currently mandatory in schools in Scotland and Wales, but not in England and Northern Ireland – despite a warning from fire chiefs last year that the Government risks “playing with children’s lives” and called for all new and refurbished schools to have them installed.

Earlier this month, unions also lashed out a decision to rebuild Selsey Academy in West Sussex without sprinklers after the building was almost completely destroyed by a fire in 2016. The Fire Brigades Union said it was “incomprehensible” and said the government was “shockingly cavalier” in its attitude towards fire safety.

Angela Rayner, the Shadow Education Secretary, told *The Independent* that a Labour government would provide £14bn that was needed to bring schools up to a “good standard”.

A DfE spokesperson said: “Schools have a range of fire protection measures and new schools undergo an additional check while being designed. Where sprinklers are deemed necessary to keep children safe, they must be installed.

“Since the Grenfell tragedy we have contacted all bodies responsible for safety in schools and instructed them to carry out checks to identify buildings that may require further investigation.

“We are working closely with the two schools where ACM classing of potential concern has been identified so that the necessary remedial action is taken.”

The DfE added that all new school buildings must be signed off by an independent inspector to certify that they meet the requirements and designed to protect occupants and allow them to escape in the event of a fire.

Existing regulations contain the presumption that new schools should have sprinklers fitted except in cases where buildings are considered to be “low-risk”. Labour says it will alter this to ensure that new-builds must have systems installed.

Fire safety standards need 'immediate' overhaul.

An urgent overhaul of the UK's safety regime is needed as dangerous products continue to cause thousands of potentially deadly fires in homes, according to a consumer watchdog.

In January 2018, the Government launched a new Office for Product Safety and Standards, but it has yet to reveal any plans.

Which? said the response to remove faulty white goods is falling short – with malfunctioning kitchen appliances causing nearly 16,000 fires across the UK since April, 2012.

The consumer group has given ministers 90 days to publish an action plan to set out the “true scale” of product safety risks in the UK as well as the “immediate steps” it will take to prevent further fires.

Faulty goods cause more than 60 fires a week. Washing machines and tumble dryers are the most high-risk, causing 35% of fires between April, 2014 and March, 2016.

Peter Vicary-Smith, of Which? said: “It’s shocking that there are more than 60 house fires every week in the UK because of faulty appliances.

“People will undoubtedly be worried to hear our findings that some of the most common household appliances represent a disproportionate risk of causing a fire due to being faulty.”

Chair of the Business, Energy and Industrial Strategy Committee Rachel Reeves MP said : “While we welcomed the decision to establish an Office for Product Safety and Standards, we agree the Government must make sure it has real teeth and ensure it leads to more people registering their products, a better recall regime and ultimately a reduction in the number of fires that blight so many homes and put lives at risk.”

More information on the Office for Product Safety and Standards can be found here:

<https://www.gov.uk/government/news/government-launches-new-office-for-product-safety-and-standards>

Cost Assurance

Did you know....

40

Number of Public Sector engagements to date

£125m

Annual spend analysed

£3.55m

Rebate opportunities identified

£1.1m

Fee income identified

2.84%

Error rate – rebates versus spend volume

55%

Of Public Sector engagements are Local Government

Our Cost Assurance service line provides Local Authorities with an independent and retrospective audit of their legacy telecommunications and utilities costs incurred during the past 6 years (as per the Statute of Limitation).

We find that there are repeat errors contained within a Suppliers' invoice arrangements – errors that aren't necessarily picked up by the end client. This is due to the fact that they tend to be contained in suppliers' billing systems 'at source' and are much further down the supply chain which the user won't necessarily have visibility of.

We are supported by a comprehensive library of legacy supplier pricing that has been collated since 2011. Our one aim is to ensure that the client has only paid for the services used during the period by:

- ensuring that bills presented by Suppliers' are in line with their contracts and relevant pricing mechanisms
- ensuring the client receives the Supplier refunds where errors have been identified by us
- ensuring consequential savings are identified and implemented immediately for the client

Our Cost Assurance work is based on a contingent-fee model and is supported by PSAA Ltd. Each of our Local Authority engagements include a fee cap to ensure governance and regulatory standards are maintained.

In summary, we are able to bring much needed financial benefit to the sector as well as providing insight into errors that may be prone to repeat offence by suppliers long after our work is concluded.

Public Sector Audit Appointments: Report on the results of auditors' work 2016/17

This is the third report on the results of auditors' work at local government bodies published by PSAA. It summarises the results of auditors' work at 497 principal bodies and 9,752 small bodies for 2016/17. The report covers the timeliness and quality of financial reporting, auditors' local value for money work, and the extent to which auditors used their statutory reporting powers.

The timeliness and quality of financial reporting for 2016/17, as reported by auditors, remained broadly consistent with the previous year for both principal and small bodies. Compared with 2015/16, the number of principal bodies that received an unqualified audit opinion by 31 July showed an encouraging increase. 83 principal bodies (17 per cent) received an unqualified opinion on their accounts by the end of July compared with 49 (10 per cent) for 2015/16. These bodies appear to be well positioned to meet the earlier statutory accounts publication timetable that will apply for 2017/18 accounts.

Less positively, the proportion of principal bodies where the auditor was unable to issue the opinion by 30 September increased compared to 2015/16. Auditors at 92 per cent of councils (331 out of 357) were able to issue the opinion on the accounts by 30 September 2017, compared to 96 per cent for the previous year. This is a disappointing development in the context of the challenging new reporting timetable from 2017/18. All police bodies, 29 out of 30 fire and rescue authorities and all other local government bodies received their audit opinions by 30 September 2017.

The number of qualified conclusions on value for money arrangements has remained relatively constant at 7 per cent (30 councils, 2 fire and rescue authorities and 1 other local government body) compared to 8 per cent for 2015/16. The most common reasons for auditors issuing non-standard conclusions on the 2016/17 accounts were:

- the impact of issues identified in the reports of statutory inspectorates;
- corporate governance issues; and
- financial sustainability.

The latest results of auditors' work on the financial year to 31 March 2017 show a solid position for the majority of principal local government bodies. Generally, high standards of financial reporting are being maintained despite the financial and service delivery challenges currently facing local government.



Changes to the prudential framework of capital finance

The Ministry of Housing Communities and Local Government has updated the Local Authority Investments Guidance and the Minimum Revenue following its publication of consultation responses on 2 February 2018.

A total of 213 consultation responses were received by the MHCLG by the 22 December 2017 deadline from across local government. Following consideration of the responses the Government has:

- made some technical changes to the Investments Guidance and MRP Guidance
- amended proposals relating to useful economic lives of assets
- implemented the Investments Guidance for 2018-19, but allowed flexibility on when the additional disclosure first need to be presented to full Council
- deferred implementation of MRP Guidance to 2019-20 apart from the guidance “Changing methods for calculating MRP”, which applies from 1 April 2018.

Key changes are noted below.

Statutory Guidance on Local Authority Investments

Transparency and democratic accountability – the revised guidance retains the requirement for an Investment Strategy to be prepared at least annually and introduces some additional disclosures to improve transparency. However, as the changes to the CIPFA Prudential Code include a new requirement for local authorities to prepare a Capital Strategy, the revised guidance allows the matters required to be disclosed in the Investment Strategy to be disclosed in the Capital Strategy.

Principle of contribution – the consultation sought views on the introduction of a new principle requiring local authorities to disclose the contribution that non-core investments make towards core functions. Authorities’ core objectives include ‘service delivery objectives and/or placemaking role.’ This clarification has been made to recognise the fact that local authorities have a key role in facilitating the long term regeneration and economic growth of their local areas and that they may want to hold long term investments to facilitate this.

Introduction of a concept of proportionality – the Government is concerned that some local authorities may become overly dependent on commercial income as a source of revenue for delivering statutory services. The consultation sought views on requiring local authorities to disclose their dependence on commercial income to deliver statutory services and the amount of borrowing that has been committed to generate that income. A majority of respondents supported the introduction of a concept of proportionality, recognising the importance that local authorities make decisions based on an understanding of the overall risk that they face.

Borrowing in advance of need – by bringing non-financial investments (held primarily or partially to generate a profit) within the scope of the Investments Guidance, the consultation proposals made it clear that borrowing to fund acquisition of non-financial assets solely to generate a profit is not prudential. The Investment Guidance requires local authorities who have borrowed in advance of need solely to generate a profit to explain why they have chosen to disregard statutory guidance. It is also important to note that nothing in the Investment Guidance or the Prudential Code overrides statute, and local authorities will still need to consider whether any novel transaction is lawful by reference to legislation.

Minimum Revenue Provision Guidance

The consultation sought views on proposals to update the guidance relating to MRP to ensure local authorities are making prudent provision for the repayment of debt.

Meaning of a charge to the revenue account – the Government does not believe that crediting the revenue account is either prudent or within the spirit of the approach set out in the relevant Regulations. For this reason a charge to the account should not be a negative charge.

Impact of changing methods of calculating MRP – the Government does not expect any local authority to recalculate MRP charged in prior years due to the proposed changes in methodology.

Introduction of a maximum economic life of assets – the consultation sought views on setting a maximum useful economic life of 50 years for freehold land and 40 years for other assets. The MRP Guidance will set a maximum life of 50 years, but allow local authorities to exceed this where the related debt is PFI debt with a longer term than 50 years, or where a local authority has an opinion from an appropriately qualified person that an operational asset will deliver benefits for more than 50 years.



CIPFA publications - The Prudential Code and Treasury Management Code

CIPFA have published an updated 'Prudential Code for Capital Finance in Local Authorities'. Key developments include the introduction of more contextual reporting through the requirement to produce a capital strategy along with streamlined indicators.

The framework established by the Prudential Code should support local strategic planning, local asset management planning and proper option appraisal. The objectives of the Prudential Code are to ensure, within this clear framework, that the capital investment plans of local authorities are affordable, prudent and sustainable.

Local authorities are required by regulation to have regard to the Prudential Code when carrying out their duties in England and Wales under Part 1 of the Local Government Act 2003, in Scotland under Part 7 of the Local Government in Scotland Act 2003, and in Northern Ireland under Part 1 of the Local Government Finance Act (Northern Ireland) 2011.

Since the Prudential Code was last updated in 2011, the landscape for public service delivery has changed significantly following the sustained period of reduced public spending and the developing localism agenda. It reflects the increasing diversity in the sector and new structures, whilst providing for streamlined reporting and indicators to encourage better understanding of local circumstances and improve decision making.

The introduction of a capital strategy allows individual local authorities to give greater weight to local circumstances and explain their approach to borrowing and investment. The Code is available in hard copy and online.



CIPFA have also published an updated Treasury Management in the Public Services: Code of Practice and Cross-Sectoral Guidance Notes. The Code provides a framework for effective treasury management in public sector organisations.

The Code defines treasury management as follows:

The management of the organisation's investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks.

It is primarily designed for the use of local authorities (including police and crime commissioners and fire authorities), providers of social housing, higher and further education institutions, and the NHS. Local authorities in England, Scotland and Wales are required to 'have regard' to the Code.

Since the last edition of the TM Code was published in 2011, the landscape for public service delivery has changed significantly following the sustained period of reduced public spending and the developing localism agenda.

There are significant treasury management portfolios within the public services, for example, as at 31 March 2016, UK local authorities had outstanding borrowing of £88bn and investments of £32bn

.The Code is available in hard copy and online.

Financial sustainability of local authorities 2018

This National Audit Office report reviews financial sustainability across Local Government and examines whether the MHCLG, along with other departments with responsibility for local services, understands the impact of funding reductions on the financial and service sustainability of local authorities.

The report concludes that current pattern of growing overspends on services and dwindling reserves exhibited by an increasing number of authorities is not sustainable over the medium term. The financial future for many authorities is less certain than in 2014, when the NAO last looked at financial sustainability. It also notes that the financial uncertainty created by delayed reform to the local government financial system risks longer-term value for money.

The NAO's view is that the sector has done well to manage substantial funding reductions since 2010-11, but financial pressure has increased markedly since the 2014 review. Services other than adult social care are continuing to face reducing funding despite anticipated increases in council tax. Local authorities face a range of new demand and cost pressures while their statutory obligations have not been reduced. Non-social-care budgets have already been reduced substantially, so many authorities have less room for manoeuvre in finding further savings. The scope for local discretion in service provision is also eroding even as local authorities strive to generate alternative income streams.

Key findings include:

Financial resilience varies between authorities, with some having substantially lower reserves levels than others. Levels of total reserves in social care authorities as a whole are higher now than in 2010-11. However, there is variation in individual authorities' ability to build up their reserves and differences in the rate at which they have begun to draw them down. Some 10.6% of single-tier and county councils would have the equivalent of less than three years' worth of total reserves (earmarked and unallocated combined) left if they continued to use their reserves at the rate they did in 2016-17.

A section 114 notice has been issued at one authority, which indicates that it is at risk of failing to balance its books in this financial year. In February 2018, the statutory financial officer for Northamptonshire County Council issued a section 114 notice, indicating that it was at risk of spending more in the financial year than the resources it has available, which would be unlawful.

MHCLG's work to assess the sector's funding requirements as part of the 2015 Spending Review was better than the work it undertook for the 2013 Spending Review. The Department's advice to ministers in 2015 drew on a more comprehensive evidence base, including data returns from 12 departments.

The government has announced multiple short-term funding initiatives in recent years and does not have a long-term funding plan for local authorities. In 2016-17, the Department offered a four-year settlement to all authorities to enable better financial planning. However, there have been many changes to funding streams outside this core offer. The funding landscape following the 2015 Spending Review has been characterised by one-off and short-term funding initiatives.

There is also uncertainty over the long-term financial plan for the sector. The absolute scale of future funding is unknown until the completion of the next Spending Review. The government has confirmed its intention to implement the results of the Fair Funding Review in 2020-21 and to allow local authorities to retain 75% of business rates. However, the implications of these changes are not yet clear.

There is a lack of ongoing coordinated monitoring of the impact of funding reductions across the full range of local authority services.



Overview of the General Data Protection Regulation (GDPR)

What is it?

The GDPR is the most significant development in data protection for 20 years. It introduces new rights for individuals and new obligations for public and private sector organisations.

What's next?

Many public sector organisations have already developed strategic plans to implement the GDPR, which require policy, operational, governance and technology changes to ensure compliance by 25th May 2018.

How will this affect you?

- ✓ All organisations that process personal data will be affected by the GDPR.
- ✓ The definition of 'personal data' has been clarified to include any data that can identify a living individual, either directly or indirectly. Various unique personal identifiers (including online cookies and IP addresses) will fall within the scope of personal data

What organisations need to do by May 2018

- ✓ Local government organisations need to be able to provide evidence of completion of their GDPR work to internal and external stakeholders, to internal audit and to regulators.
- ✓ New policies and procedures need to be fully signed off and operational.

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Organisation Accountability

- Organisations must document their assurance procedures, and make them available to regulators
- Some organisations need to designate a Data Protection Officer, who has expert knowledge of data protection law

Notifications and Rights

- Organisations must notify significant data breaches to regulators within 72 hours
- Organisations must explain to individuals what their rights over their personal information are and how it is being processed and protected

Claims and Fines

- For the most serious data breaches, privacy regulators can impose penalties of up to €20 million on public sector organisations,
- Individuals and representative organisations can claim compensation for infringements of data protection law

Links

Grant Thornton website links

<https://www.grantthornton.co.uk/>

<http://www.grantthornton.co.uk/industries/publicsector>

<http://www.cfoinsights.co.uk/>

PSAA website links

<https://www.psaa.co.uk/audit-quality/reports-on-the-results-of-auditors-work/>

MHCLG website links

<https://www.gov.uk/government/consultations/proposed-changes-to-the-prudential-framework-of-capital-finance>

<https://www.gov.uk/government/publications/capital-finance-guidance-on-local-government-investments-second-edition>

<https://www.gov.uk/government/publications/capital-finance-guidance-on-minimum-revenue-provision-third-edition>

CIPFA website link

<http://www.cipfa.org/policy-and-guidance/publications/t/the-prudential-code-for-capital-finance-in-local-authorities-2017-edition-book>

National Audit Office link

<https://www.nao.org.uk/report/financial-sustainability-of-local-authorities-2018/>

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Your ref :
Our ref :

Date : 24th April 2017
Please ask for : Amy Webb
Email : awebb@dsfire.gov.uk

Telephone : 01392 872200
Fax : 01392 872300
Direct Telephone : 01392 872201

Dear Peter,

Devon and Somerset Fire and Rescue Authority Financial Statements for the year ended 31 March 2018

I refer to your letter dated 14 February 2018 relating to your need, under International Auditing Standards, to better understand the management processes in place to prevent cases of fraud and corruption and compliance with laws and regulation, and provide as Appendix A my responses to the specific requests that you have made.

In providing such responses I provide further information relating to a summary of evidence that I have relied on to inform my responses, and the sources of assurance that I have that the relevant management controls have operated effectively through the financial year to date and will operate up to the date the accounts are approved.

Summary of Evidence

- Compliance with Whistle Blowing Policy.
- Results of National Fraud Initiative.
- Information provided by statutory officers of Treasurer and Monitoring Officer with responsibility to ensure that the business of the Service is conducted within the law.
- Inter Authority Agreement relating to the provision of Legal, Governance and other services with Devon County Council, Plymouth City Council, Torbay Council and Cornwall Council.
- Compliance with Fraud and Corruption Policy encouraging high standards of conduct and integrity.
- Reports to Executive Board of suspicion of fraudulent activity.
- Internal and external audit reports.
- Compliance with Authority Financial Regulations, Scheme of Delegations and Contract Standing Orders.
- Review of Anti-Fraud and Corruption Arrangements 2011.
- Monitoring of issues of fraud and corruption from Risk and Insurance Officer.
- Establishment of new internal Self-Assessment process/toolkit –FRA Member approved and endorsed by Grant Thornton/Devon Audit Partnership

Sources of Assurance

- Application of robust internal controls being applied to transactions throughout the organisation e.g. separation of duties, authorised signatory lists, all payments over £20,000 are subject to Authorised bank signatory before released.
- Executive Board members review of all supplier payments over £50,000 on a quarterly basis.
- All year-end journal entries processed by central finance team and reviewed.
- New suppliers/debtors can only be set up by central finance team.
- Analytical review of figures with previous year.
- Regular reconciliation processes in place e.g. monthly bank reconciliation, payroll, purchase ledger, sales ledger, and cash management ledger.
- Annual Internal Audit review of financial systems and transactions.
- Annual Statement of Assurance.

I trust that this provides you with the key information required for you to obtain the necessary understanding of the position in my Authority but please come back to me if there is anything further that might assist you.

Yours sincerely,

Amy Webb
Director of Finance (and Treasurer to Devon & Somerset Fire & Rescue Authority)

Responses from Management:

| Auditor question | Response |
|---|---|
| <p>What do you regard as the key events or issues that will have a significant impact on the financial statements for 2017/18?</p> | <p>Changes to the CIPFA code in regards to preparation of the year-end financial statements.</p> <p>Revenue recognition of significant grants received from central government in 2017-18 relating to 2018-19.</p> <p>Greater reliance on estimates arising from early close down as dictated by the Accounts and Audit regulations 2015.</p> <p>Basis of calculation Provisions including doubtful debts and PFI equalisation.</p> |
| <p>Have you considered the appropriateness of the accounting policies adopted by the Authority? Have there been any events or transactions that may cause you to change or adopt new accounting policies?</p> | <p>Yes.</p> <p>No changes identified.</p> |
| <p>Are you aware of any changes to the Authority's regulatory environment that may have a significant impact on the Authority's financial statements?</p> | <p>As above, the change to reporting deadlines as dictated by the Accounts and Audit regulations 2015 may give rise to greater use of estimates.</p> |
| <p>How would you assess the quality of the Authority's internal control processes?</p> | <p>I would assess as good and fit for Purpose and Internal Audit reports (draft as at 05 April 2018) have assessed Key Financial Systems controls as a "good standard". Recommendations to improve the control environment will be evaluated and actioned.</p> |

| Auditor question | Response |
|---|---|
| <p>How would you assess the process for reviewing the effectiveness of internal control?</p> | <p>The officer Corporate Governance group meet quarterly to monitor the effectiveness of internal control processes to feed into Annual Assurance Report.</p> <p>Monitoring of issues of fraud and corruption identified.</p> <p>Reliance on outcomes from internal and external audit reports.</p> <p>Regular review of process effectiveness via team meetings and escalation of issues to departmental/corporate risk registers where appropriate.</p> |
| <p>How do the Authority's risk management processes link to financial reporting?</p> | <p>Representation on the Corporate Governance Group of members of Risk and Insurance Team and Finance.</p> <p>Where risks are identified which cannot be immediately mitigated these are monitored via departmental risk registers and internal/external audit function. A process exists to escalate any corporate risks to senior management and the Audit & Performance Review Committee (APRC).</p> |
| <p>How would you assess the Authority's arrangements for identifying and responding to the risk of fraud?</p> | <p>Annual review of Authority Governance Documents, including Strategy on the Prevention and Detection of fraud and corruption.</p> <p>Monitoring of issues of fraud and corruption identified through the work of the Insurance and Risk Team, membership of Anti-fraud networks including notifications provided by our Internal Auditors, participation in the National Fraud Initiative.</p> <p>Periodic review of Anti-Fraud and Corruption arrangements.</p> <p>Recognised process in place when notified of Supplier bank changes.</p> |
| <p>What has been the outcome of these arrangements so far this year?</p> | <p>No changes to existing documents or fraud identified.</p> |

| Auditor question | Response |
|---|--|
| <p>What have you determined to be the classes of accounts, transactions and disclosures most at risk to fraud?</p> | <p>Payroll costs relating to the Retained Duty System (RDS), approx. £12m per annum, includes some elements that are paid by claims on a pay-as-you-go basis.</p> <p>Without robust internal control arrangements this area of spend could be subject to abuse from fraud.</p> <p>Loss of Earnings claims by RDS personnel is an area where previous cases of dishonest/fraudulent claims have been identified.</p> <p>The Authority is regularly targeted by bogus emails regarding cash transfers and change to supplier account details. Effective internal processes are in place to ensure that these are challenged.</p> |
| <p>Are you aware of any whistle blowing potential or complaints by potential whistle blowers? If so, what has been your response?</p> | <p>The Monitoring Officer is aware of a potential whistleblowing matter that had been raised directly with Grant Thornton in January 2017. Grant Thornton's response at the time was that as there was a link to an Employment Tribunal claim they would let Tribunal run its course before having any involvement. The Authority has heard nothing further on this matter.</p> <p>In June 2017, the Assistant Chief Fire Officer received an allegation from an employee of financial misconduct by another employee. An investigating officer was appointed but the report concluded that there was insufficient evidence for disciplinary action.</p> <p>In June 2017 the Monitoring Officer received an allegation about irregularities relating to transactions between an external company and Red One Ltd. (the Authority's trading company). The matter was investigated by Devon Audit Partnership which found no evidence to support the allegations but did highlight governance issues in Red One, which were addressed through the development of a comprehensive governance framework. This work was completed in December 2017.</p> |

| Auditor question | Response |
|---|--|
| Have any reports been made under the Bribery Act? | An allegation of Bribery was made as part of the whistleblowing matter investigated by the Devon Audit Partnership (outlined above). The investigation concluded that there were no grounds for the allegation and this was independently corroborated by legal advice. |
| As a management team, how do you communicate risk issues (including fraud) to those charged with governance? | <p>The Strategy on Prevention and Detection of Fraud and Corruption Document includes reporting arrangements for cases of suspected fraud, including reporting to Members of the Authority.</p> <p>Internal Audit reports to APRC will include any suspected fraud cases.</p> <p>A process exists to escalate any corporate risks to senior management and APRC.</p> |
| As a management team, how do you communicate to staff and employees your views on business practices and ethical behaviour? | <p>Whistle blowing policy and anti-fraud and corruption policy encourages staff to speak up, and identifies action to take in cases of suspected fraudulent activity.</p> <p>Publication of Core Values.</p> |
| What are your policies and procedures for identifying, assessing and accounting for litigation and claims? | <p>Risk and Insurance Team headed by the Insurance and Risk Manager holds responsibility for assessing potential litigation and claims against the Service.</p> <p>As members of the Fire Lawyers Network and Fire Finance Network Group issues of a national nature that may impact on the Authority are reported.</p> |
| Is there any use of financial instruments, including derivatives? | None other than the routine instruments such as debtors and creditors as disclosed in the Financial Statements. |
| Are you aware of any significant transaction outside the normal course of business? | No |
| Are you aware of any changes in circumstances that would lead to impairment of non-current assets? | No |
| Are you aware of any guarantee contracts? | No |

| Auditor question | Response |
|---|--|
| Are you aware of allegations of fraud, errors, or other irregularities during the period? | We have been contacted by the Police in regards to one potential case of fraud and are assisting with their enquiries. |
| Are you aware of any instances of non-compliance with laws or regulations or is the Authority on notice of any such possible instances of non-compliance? | <p>We are investigating compliance over the VAT treatment of Emergency Services Vehicles, an outcome is yet to be determined.</p> <p>There is an ongoing issue over taxation of injury on duty/ ill health retirement being subject to income tax which is currently under review.</p> |
| Have there been any examinations, investigations or inquiries by any licensing or authorising bodies or the tax and customs authorities? | HMRC has conducted an examination of Officer Vehicle policies, procedures and compliance. The Service has not been notified of any instances of non-compliance arising from this review although a final outcome is yet to be confirmed. |
| Are you aware of any transactions, events and conditions (or changes in these) that may give rise to recognition or disclosure of significant accounting estimates that require significant judgement? | None other than those critical judgements included in the Financial Statements. |
| Where the financial statements include amounts based on significant estimates, how have the accounting estimates been made, what is the nature of the data used, and the degree of estimate uncertainty inherent in the estimate? | <p>Amounts included in the Financial Statements as Provisions:</p> <p>Pension Liability – the estimated liability has been assessed on the basis of potential claims. This assessment is based upon a “likely scenario” but carries some element of risk that more claimants come forward than estimated.</p> <p>Severn Park Private Finance Initiative - (PFI) – the estimated liability has been provided by Gloucestershire County Council who lead on the financial arrangements for the project. The liability will be subject to variations from the impact of the economy on future interest rates.</p> <p><i>This provision has been removed and transferred to an Earmarked Reserve as recommended by Audit report on the 2016/17 financial statements.</i></p> |

| Auditor question | Response |
|--|--|
| | <p>The use of estimates for operating expenditure and pension fund –</p> <p>Due to shortening timescales for production of the Financial Statements, greater reliance will be placed on the use of estimates particularly regarding pension funds for fire fighters and the local government schemes, where 11 months of data will be used to inform the actuarial report. Estimates have been reviewed for appropriateness at interim audit and agreed with the auditor and will be documented where used in the financial statements.</p> |
| <p>Are you aware of the existence of loss contingencies and/or un-asserted claims that may affect the financial statements?</p> | <p>The insurance mutual that we are part of, FRIC, holds a reserve fund in the event of significant future losses.</p> |
| <p>Has the management team carried out an assessment of the going concern basis for preparing the financial statements? What was the outcome of that assessment?</p> | <p>The Medium Term Financial Plan (MTFP) has forecast funding levels for the next five years to inform future planning.</p> <p>No critical risks around the ability of the Service to continue to operate as a going concern in this period have been identified.</p> |
| <p>Other than in house solicitors, can you provide details of those solicitors utilised by the Authority during the year. Please indicate where they are working on open litigation or contingencies from prior years?</p> | <p>The Authority does not employ in-house solicitors but engages in-house solicitors employed by Plymouth City Council and Cornwall County Council, under the provisions of an inter-authority legal agreement. These provide advice and/or litigation support (as required) on a range of issues including employment law, fire safety enforcement action, property and constitutional law. Plymouth City Council is currently engaged on a matter of open litigation</p> <p>Foot Anstey Solicitors</p> <p>Browne Jacobson</p> |

| Auditor question | Response |
|--|---|
| <p>Can you provide details of other advisors consulted during the year and the issue on which they were consulted?</p> | <p>PS Tax – specialist tax advise specifically around Emergency Service vehicles and VAT</p> <p>Link Asset Services – Treasury Management advisors with an ongoing contract. Specific advice sought during the year regarding repayment of loan portfolio and diversification of investment/strategy.</p> <p>Elemental Co-Sec – consultancy in developing Governance Framework and new Articles of Association for Red One Ltd (the Authority’s commercial trading arm).</p> <p>First Flight Ltd – Red One Ltd. Board composition analysis and appointment and Non-Executive Directors to Board</p> <p>Chess Legal – consultancy on cross-charging issue between Red One Ltd. and the Authority</p> <p>Saviour Medical – Clinical governance issues</p> |
| <p>Have any of the Authority's service providers reported any items of fraud, non-compliance with laws and regulations or uncorrected misstatements which would affect the financial statements?</p> | <p>No</p> |

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**G Askew
CHIEF FIRE OFFICER**

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:

Dear Peter,

**Devon and Somerset Fire and Rescue Authority
Financial Statements for the year ended 31 March 2018**

I refer to your letter dated 14 February 2018 requesting information from me as the Chair of the Audit and Performance Review Committee in order to provide you with a better understanding of how the Committee gains assurances over management processes and arrangements. Please find attached as Appendix A, the Committee's responses to each of the specific questions that you have raised.

I trust that this provides you with the necessary but please come back to me if there is anything further that might assist you.

Yours sincerely,

Councillor George Wheeler
Chair, Audit and Performance Review Committee.
Devon and Somerset Fire and Rescue Authority

Appendix A - Response from Audit and Performance Review Committee Chair

Fraud risk assessment

| Auditor Question | Response |
|--|---|
| Has the Authority assessed the risk of material misstatement in the financial statements due to fraud? | Yes |
| What are the results of this process? | No issues identified. |
| What processes does the Authority have in place to identify and respond to risks of fraud? | <ul style="list-style-type: none"> • Strategy for the Detection of Fraud and Corruption. • Whistleblowing Code (Confidential Reporting Policy). • National Fraud Initiative. • Risk and Insurance Officer. • Appointment of Statutory Officers of Treasurer and Monitoring Officer. • Internal and External Audit scrutiny. • Periodic review of anti-fraud and corruption arrangements. • Budget monitoring. • Appropriate controls to enforce segregation of duties. • Relevant training and awareness raising for managers and other staff. • Publication of Transparency Fraud Report. |
| Have any specific fraud risks, or areas with a high risk of fraud, been identified and what has been done to mitigate these risks? | <p>Payroll costs – subject to internal and external audit regime including the sign off of transactions and claims.</p> <p>Supplier bank details – process in place to ensure change requests are confirmed externally before being actioned, subject to internal audit.</p> |

| Auditor Question | Response |
|---|---|
| Are internal controls, including segregation of duties, in place and operating effectively? | Yes. There is currently an outstanding action from the (draft) internal audit report and 2016/17 external audit report regarding dual authorisation of electronic journals. As the supplier of the finance system is currently unable to facilitate electronic sign off a manual process is in place to mitigate the risk on a sample basis. |
| If not, where are the risk areas and what mitigating actions have been taken? | As above |
| Are there any areas where there is a potential for override of controls or inappropriate influence over the financial reporting process (for example because of undue pressure to achieve financial targets)? | None that I have been made aware of. |
| Are there any areas where there is a potential for misreporting? | None that I have been made aware of. |
| How does the Audit and Performance Review Committee exercise oversight over management's processes for identifying and responding to risks of fraud? | <ul style="list-style-type: none"> • Assurances received from Internal and External Audit reports relating to the robustness of internal control procedures, and potential areas of weakness. • Assurances from the Treasurer in relation to potential mis-statements of the Accounts. • Review of draft and publication of Annual Statement of Assurance. • Reporting requirements as laid down within the approved Whistleblowing Code. • Reporting requirements as laid down within the approved Fraud and Corruption Policy. • Reports from the annual National Fraud Initiative exercise. • Reports from Internal Audit investigations. • Reports from the Treasurer of any suspected issues of fraud. • Fraud and Corruption Risk Assessment carried out by the Risk and Review Manager. |

| Auditor Question | Response |
|---|---|
| <p>What arrangements are in place to report fraud issues and risks to the Audit and Performance Review Committee?</p> | <ul style="list-style-type: none"> • Reporting requirements as laid down within the approved Whistleblowing Code. • Reporting requirements as laid down within the approved Strategy on the Prevention and Detection of Fraud and Corruption. • Reports from the annual National Fraud Initiative exercise. • Reports from Internal Audit investigations. • Reports from the Treasurer of any suspected issues of fraud. |
| <p>How does the Authority communicate and encourage ethical behaviour of its staff and contractors?</p> | <ul style="list-style-type: none"> • Staff Code of Conduct. • Management and professional training. • Publication of Core Values and development of underpinning behavioural expectations |
| <p>How do you encourage staff to report their concerns about fraud? Have any significant issues been reported?</p> | <ul style="list-style-type: none"> • Strategy on the Prevention and Detection of Fraud and Corruption encouraging high standards of conduct and integrity. • Whistleblowing Code. <p>No significant issues have been reported.</p> |
| <p>Are you aware of any related party relationships or transactions that could give rise to risks of fraud?</p> | <p>No</p> |
| <p>Are you aware of any instances of actual, suspected or alleged, fraud, either within the Authority since 1 April 2017?</p> | <p>There is an ongoing police investigation in to a suspected case of fraud which has not yet been concluded</p> |

Law and regulation

| Auditor Question | Response |
|--|---|
| <p>What arrangements does the Authority have in place to prevent and detect non-compliance with laws and regulations?</p> | <ul style="list-style-type: none"> • The appointment of suitably qualified and experienced Treasurer, Monitoring Officer and Clerk to the Authority to provide assurance to the Committee that the business of the Service is conducted within the law, and to advise the Committee where there may be potential for the Authority to acting ultra vires. • Reliance that reports from the Chief Fire Officer contain sufficient information to provide assurance to the Committee that legal implications have been considered, before decisions are made. • The use of professional legal advisors. • External and internal audit reporting. • The use of professional tax and VAT advisors. |
| <p>How does management gain assurance that all relevant laws and regulations have been complied with?</p> | <ul style="list-style-type: none"> • Both the Treasurer and Monitoring Officer are members of the Executive Board. • Professionally qualified subject matter experts are employed as Heads of Department and are members of the Service Leadership Team e.g. HR, Finance, Procurement. • Publication of Annual Statement of Assurance. |
| <p>How is the Audit and Performance Review Committee provided with assurance that all relevant laws and regulations have been complied with?</p> | <ul style="list-style-type: none"> • The appointment of suitably qualified and experienced Treasurer, Monitoring Officer and Clerk to the Authority to provide assurance to the Committee that the business of the Service is conducted within the law, and to advise the Committee where there may be potential for the Authority to acting ultra vires. • Reliance that reports from the Chief Fire Officer contain sufficient information to provide assurance to the Committee that legal implications have been considered, before decisions are made. • The use of professional legal advisors. • External and internal audit reporting. |

| Auditor Question | Response |
|--|--|
| | <ul style="list-style-type: none"> • Publication of the Annual Statement of Assurance. • The use of professional tax and VAT advisors. |
| <p>Have there been any instances of non-compliance or suspected non-compliance with law and regulation since 1 April 2017?</p> | <p>Investigation in to compliance over the VAT treatment of Emergency Services Vehicles, an outcome is yet to be determined.</p> <p>Taxation of injury on duty/ ill health retirement being subject to income tax which is currently under review.</p> |
| <p>What arrangements does the Authority have in place to identify, evaluate and account for litigation or claims?</p> | <ul style="list-style-type: none"> • Risk and Insurance Team headed by the Risk and Insurance Officer holds responsibility for assessing potential litigation and claims against the Authority. • As members of the Fire Lawyers Network and Fire Finance Network Group issues of a national nature that may impact on the Authority are reported. • Evaluation of ongoing claims made as part of the year-end financial reporting process whereby an assessment is made on whether a financial provision required • Financial outlays are dealt with in year where possible, the Authority holds a general reserve which could be used to fund provisions |
| <p>Is there any actual or potential litigation or claims that would affect the financial statements?</p> | <p>There are two Employment Tribunal cases which are not considered to be material to the Authority's financial statements</p> |
| <p>Have there been any reports from other regulatory bodies, such as HM Revenues and Customs, which indicate non-compliance?</p> | <p>None in 2017-18</p> |

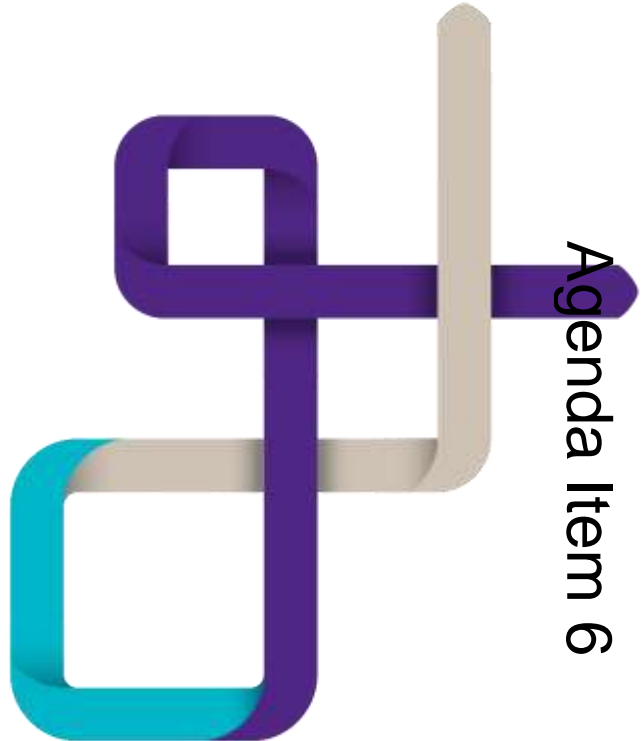
External Audit Plan

Year ending 31 March 2018

Devon and Somerset Fire & Rescue Authority

27 February 2018

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Agenda Item 6

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The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit planning process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Authority or any weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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Introduction & headlines

Purpose

This document provides an overview of the planned scope and timing of the statutory audit of Devon and Somerset Fire & Rescue Authority ('the Authority') for those charged with governance.

Respective responsibilities

The National Audit Office ('the NAO') has issued a document entitled Code of Audit Practice ('the Code'). This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. Our respective responsibilities are also set in the Terms of Appointment and Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA), the body responsible for appointing us as auditor of Devon and Somerset Fire and Rescue Authority. We draw your attention to both of these documents on the [PSAA website](#).

Scope of our audit

The scope of our audit is set in accordance with the Code and International Standards on Auditing (ISAs) (UK). We are responsible for forming and expressing an opinion on the:

- financial statements (including the Annual Governance Statement) that have been prepared by management with the oversight of those charged with governance (the Audit and Performance Review Committee); and
- Value for Money arrangements in place at the Authority for securing economy, efficiency and effectiveness in your use of resources.

The audit of the financial statements does not relieve management or the Audit and Performance Review Committee of your responsibilities. It is the responsibility of the Authority to ensure that proper arrangements are in place for the conduct of its business, and that public money is safeguarded and properly accounted for. We have considered how the Authority is fulfilling these responsibilities.

Our audit approach is based on a thorough understanding of the Authority's business and is risk based.

Significant risks

Those risks requiring specific audit consideration and procedures to address the likelihood of a material financial statement error have been identified as:

- Management override of controls
- Valuation of pension fund net liability
- Valuation of property, plant and equipment

We will communicate significant findings on these areas as well as any other significant matters arising from the audit to you in our Audit Findings (ISA 260) Report.

Materiality

We have determined planning materiality to be £1.487m (PY £1.652m), which equates to 1.8% of your gross revenue expenditure. We are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. Clearly trivial has been set at £74k (PY £83k).

Value for Money arrangements

Our risk assessment regarding your arrangements to secure value for money have identified the following VFM significant risks:

- Medium Term Financial Planning
- Red One – Governance arrangements

Audit logistics

Our interim visit will take place in January and our final visit will take place in July. Our key deliverables are this Audit Plan and our Audit Findings Report.

Our fee for the audit will be no less than £33,820 (PY: £33,820) for the Authority.

Independence

We have complied with the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements

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Deep business understanding

Changes to service delivery

Bluelight collaboration

The provisions of the Policing and Crime Act 2017 came into effect on 3 April 2017. These provisions included:

- introducing the duty to collaborate on all three emergency services;
- enabling PCCs to take on FRA functions where a local case is made; and
- enabling PCC representation on a Fire Authority with voting rights where the Fire Authority agrees

These provisions are expected to change the structure and legal status of many police bodies and fire and rescue authorities.

The PCCs for Avon & Somerset and Devon & Police have requested approval for appointment to Devon and Somerset Fire and Rescue Authority, which has been agreed subject to amendment of the Regulations.

Changes to financial reporting requirements

Accounts and Audit Regulations 2015 (the Regulations)

The Department of Communities and Local Government (DCLG) is currently undertaking a review of the Regulations, which may be subject to change. The date for any proposed changes has yet to be confirmed, so it is not yet clear or whether they will apply to the 2017/18 financial statements.

Under the 2015 Regulations local authorities are required to publish their accounts along with the auditors opinion by 31 July 2018.

Changes to the CIPFA 2017/18 Accounting Code

CIPFA have introduced minor changes to the 2017/18 Code which:

- introduce key reporting principles for the Narrative Report;
- clarify the reporting requirements for accounting policies and going concern reporting; and
- update the relevant sections regarding reporting requirements for Leases, Service Concession arrangements and Financial Instruments.

Key challenges

Financial pressures

The 2018/19 Revenue Budget report to Resources Committee in February sets out two options for the level of Council Tax increase, but highlights that both options will leave a budget shortfall in 2018/19. The Authority are proposing to reduce the revenue contribution to capital in the year to bridge the gap, noting that this is a short term solution.

The Medium Term Financial Plan modelling is showing that the Authority needs to make significant savings by 2021/22 of between £8.4m and £14.6m, depending on the level of the Council Tax increase each year.

Red One

In 2016/17 the Authority sought external advice in response to concerns over cross-charging between Authority and Red One Ltd, and governance arrangements generally. The Authority have received reports highlighting areas for improvement and are in the process of implementing these recommendations.

New Fire Service Inspectorate

As part of its Fire Reform agenda the Government has expanded the remit of the existing Police inspectorate to cover the role of Fire services. The newly established HMICFRS will undertake inspections of Fire services going forward and has recently announced its first three pilot sites.

Devon and Somerset Fire and rescue Authority are in the third tranche and are scheduled for inspection in Spring 2019.

Our response

- We will consider your arrangements for managing and reporting your financial resources, focussing on your medium term financial planning, as part of our work in reaching our Value for Money conclusion. We will also review the progress made in implanting recommendations made in respect of governance arrangements at Red One Ltd.
- We will consider whether your financial position leads to uncertainty about the going concern assumption and will review any related disclosures in the financial statements.
- We will keep you informed of changes to the Regulations and any associated changes to financial reporting or public inspection requirements for 2017/18 through on-going discussions and invitations to our technical update workshops.
- As part of our opinion on your financial statements, we will consider whether your financial statements reflect the financial reporting changes in the 2017/18 CIPFA Code.

Significant risks identified

Significant risks are defined by professional standards as risks that, in the judgement of the auditor, require special audit consideration because they have a higher risk of material misstatement. Such risks often relate to significant non-routine transactions and judgmental matters. In identifying risks, audit teams consider the nature of the risk, the potential magnitude of misstatement, and its likelihood.

| Risk | Reason for risk identification | Key aspects of our proposed response to the risk |
|---|--|--|
| The revenue cycle includes fraudulent transactions | <p>Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue. This presumption can be rebutted if the auditor concludes that there is no risk of material misstatement due to fraud relating to revenue recognition.</p> | <p>Having considered the risk factors set out in ISA240 and the nature of the revenue streams at the Authority, we have determined that the risk of fraud arising from revenue recognition can be rebutted, because:</p> <ul style="list-style-type: none"> • there is little incentive to manipulate revenue recognition • opportunities to manipulate revenue recognition are very limited • The culture and ethical frameworks of local authorities, including Devon and Somerset Fire and Rescue Authority, mean that all forms of fraud are seen as unacceptable <p>Therefore we do not consider this to be a significant risk for Devon and Somerset Fire and Rescue Authority.</p> |
| Management over-ride of controls | <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. .</p> <p>The Authority faces external scrutiny of its spending, and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>Management over-ride of controls is a risk requiring special audit consideration.</p> | <p>We will:</p> <ul style="list-style-type: none"> • gain an understanding of the accounting estimates, judgements applied and decisions made by management and consider their reasonableness • obtain a full listing of journal entries, identify and test unusual journal entries for appropriateness • evaluate the rationale for any changes in accounting policies or significant unusual transactions. • review assurances from the Audit Committee and management in relation to fraud, law and regulations |

Significant risks identified

| Risk | Reason for risk identification | Key aspects of our proposed response to the risk |
|--|---|---|
| <p>Valuation of property, plant and equipment</p> | <p>The Authority revalues its land and buildings on an annual basis to ensure that carrying value is not materially different from fair value. A full valuation of the Authority's land and buildings was performed as at 31 March 2017. For the year ended 31 March 2018 a full desktop review will be undertaken by the valuer with assets adjusted based upon this review.</p> <p>This represents a significant estimate by management in the financial statements.</p> <p>We identified the valuation of land and buildings revaluations and impairments as a risk requiring special audit consideration.</p> | <p>We will:</p> <ul style="list-style-type: none"> Review management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work Consider the competence, expertise and objectivity of any management experts used. Discuss with the valuer the basis on which the valuation is carried out and challenge of the key assumptions. Review and challenge the information used by the valuer to ensure it is robust and consistent with our understanding. Test revaluations made during the year to ensure they are input correctly into the Authority's asset register Evaluate the assumptions made by management for those assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value. |
| <p>Valuation of pension fund net liability</p> | <p>The Local Government Pension Scheme (LGPS) pension net liability as reflected in the balance sheet, and asset and liability information disclosed in the notes to the accounts, represent significant estimates in the financial statements.</p> <p>The Firefighters Pension schemes pension fund liability as reflected in the balance sheet and notes to the accounts represent significant estimates in the financial statements.</p> <p>These estimates by their nature are subject to significant estimation uncertainty, being sensitive to small adjustments in the assumptions used.</p> <p>We identified the valuation of the pension fund net liability as a risk requiring special audit consideration.</p> | <p>We will:</p> <ul style="list-style-type: none"> Identify the controls put in place by management to ensure that the pension fund liability is not materially misstated. We will also assess whether these controls were implemented as expected and whether they are sufficient to mitigate the risk of material misstatement Evaluate the competence, expertise and objectivity of the actuary who carried out your pension fund valuation. We will gain an understanding of the basis on which the valuations are carried out. Undertake procedures to confirm the reasonableness of the actuarial assumptions made. Check the consistency of the pension fund asset and liability and disclosures in notes to the financial statements with the actuarial report from your actuary |

Reasonably possible risks identified

Reasonably possible risks (RPRs) are, in the auditor's judgment, other risk areas which the auditor has identified as an area where the likelihood of material misstatement cannot be reduced to remote, without the need for gaining an understanding of the associated control environment, along with the performance of an appropriate level of substantive work. The risk of misstatement for an RPR is lower than that for a significant risk, and they are not considered to be areas that are highly judgmental, or unusual in relation to the day to day activities of the business.

| Risk | Reason for risk identification | Key aspects of our proposed response to the risk |
|--|---|--|
| <p>Employee remuneration</p> | <p>Payroll expenditure represents a significant percentage (76%) of the Authority's operating expenses.</p> <p>As the payroll expenditure comes from a number of individual transactions there is a risk that payroll expenditure in the accounts could be understated. We therefore identified completeness of payroll expenses as a risk requiring particular audit attention</p> | <p>We will:</p> <ul style="list-style-type: none"> • evaluate the Authority's accounting policy for recognition of payroll expenditure for appropriateness; • gain an understanding of the Authority's system for accounting for payroll expenditure and evaluate the design of the associated controls; • Obtain year-end payroll reconciliation and ensure that the amount reported in the accounts can be reconciled back to the ledger and through payroll reports • Undertake substantive analytical procedures on payroll costs to analyse movement on payroll expenditure and identify anomalies or areas for further audit focus |
| <p>Operating expenses</p> | <p>Non-pay expenses on other goods and services also represents a significant percentage (18%) of the Authority's operating expenses. Management uses judgement to estimate accruals of un-invoiced costs.</p> <p>We identified completeness of non- pay expenses as a risk requiring particular audit attention:</p> | <p>We will:</p> <ul style="list-style-type: none"> • evaluate the Authority's accounting policy for recognition of non-pay expenditure for appropriateness; • gain an understanding of the Authority's system for accounting for non-pay expenditure and evaluate the design of the associated controls; • Undertake substantive testing on a sample of payments made after year end to identify unrecorded liabilities |
| <p>Firefighters pension scheme – benefits payable</p> | <p>The Authority administers the firefighters pension schemes, with the Firefighters Pension Fund Account being included in the financial statements.</p> <p>We identified completeness and accuracy of pension benefits payable as a risk requiring particular audit attention.</p> | <p>We will:</p> <ul style="list-style-type: none"> • gain an understanding of the Authority's systems for calculating, accounting for and monitoring pension benefit payments and evaluate the design of the associated controls; • Substantively test a sample of Fire Fighter Pension benefit payments covering the period 1 April 2017 to 31 March 2018 to ensure they have been accurately accounted for and in the correct period |

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Other matters

Other work

In addition to our responsibilities under the Code of Practice, we have a number of other audit responsibilities, as follows:

- We carry out work to satisfy ourselves that disclosures made in your Annual Governance Statement are in line with the guidance issued and consistent with our knowledge of the Authority.
- We will read your Narrative Statement and check that it is consistent with the financial statements on which we give an opinion and that the disclosures included in it are in line with the requirements of the CIPFA Code of Practice.
- We carry out work on your consolidation schedules for the Whole of Government Accounts process in accordance with NAO group audit instructions.
- We consider our other duties under the Act and the Code, as and when required, including:
 - giving electors the opportunity to raise questions about your 2017/18 financial statements, consider and decide upon any objections received in relation to the 2017/18 financial statements;
 - issue of a report in the public interest; and
 - making a written recommendation to the Authority, copied to the Secretary of State.
- We certify completion of our audit.

Other material balances and transactions

Under International Standards on Auditing, "irrespective of the assessed risks of material misstatement, the auditor shall design and perform substantive procedures for each material class of transactions, account balance and disclosure". All other material balances and transaction streams will therefore be audited. However, the procedures will not be as extensive as the procedures adopted for the risks identified in this report.

Going concern

As auditors, we are required to "obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity's ability to continue as a going concern" (ISA (UK) 570). We will review management's assessment of the going concern assumption and evaluate the disclosures in the financial statements.

Materiality

The concept of materiality

The concept of materiality is fundamental to the preparation of the financial statements and the audit process and applies not only to the monetary misstatements but also to disclosure requirements and adherence to acceptable accounting practice and applicable law. Misstatements, including omissions, are considered to be material if they, individually or in the aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Materiality for planning purposes

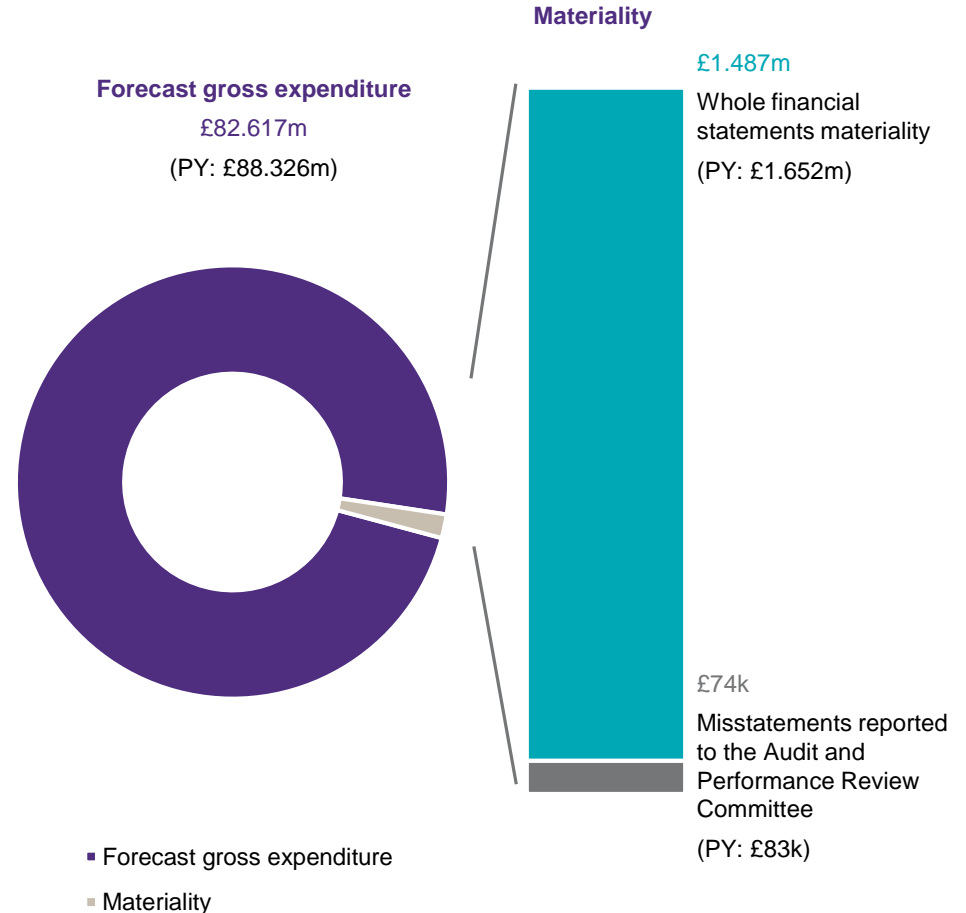
We propose to calculate financial statement materiality based on a proportion of the gross expenditure of the Authority for the financial year. In the prior year we used the same benchmark. We have determined planning materiality (the financial statements materiality determined at the planning stage of the audit) to be £1.487m (PY £1.652m), which equates to 1.8% of your forecast gross expenditure for the year. We design our procedures to detect errors in specific accounts at a lower level of precision.

We reconsider planning materiality if, during the course of our audit engagement, we become aware of facts and circumstances that would have caused us to make a different determination of planning materiality

Matters we will report to the Audit Committee

Whilst our audit procedures are designed to identify misstatements which are material to our opinion on the financial statements as a whole, we nevertheless report to the Audit and Performance Review Committee any unadjusted misstatements of lesser amounts to the extent that these are identified by our audit work. Under ISA 260 (UK) 'Communication with those charged with governance', we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. ISA 260 (UK) defines 'clearly trivial' as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria. In the context of the Authority, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £74k (PY £83k).

If management have corrected material misstatements identified during the course of the audit, we will consider whether those corrections should be communicated to the Audit and Performance Review Committee to assist it in fulfilling its governance responsibilities.



Value for Money arrangements

Background to our VFM approach

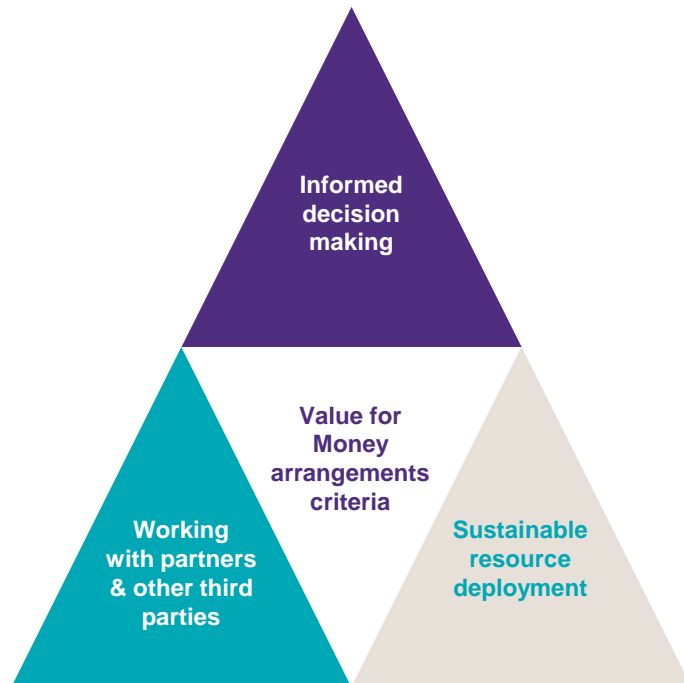
The NAO issued its guidance for auditors on Value for Money work for 2017/18 in November 2017. The guidance states that for local government bodies, auditors are required to give a conclusion on whether the Authority has proper arrangements in place.

The guidance identifies one single criterion for auditors to evaluate:

“In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.”

This is supported by three sub-criteria, as set out below:

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Significant VFM risks

Those risks requiring specific audit consideration and procedures to address the likelihood that proper arrangements are not in place at the Authority to deliver value for money.



Medium Term Financial Planning

The Authority continues to face financial pressures with the 4 year settlement for 2016/17 to 2019/20 resulting in a 25% grant cut. In order to set a balanced budget for 2018/19 the Authority is proposing, as a short term solution, to reduce the revenue contribution to capital to bridge the budget gap. The budget report also highlights that savings of between £8.4m and £14.6m will need to be made by 2021/22 depending on the level of Council Tax increase.

We will review the Authority's Medium Term Financial Plan, including the assumptions and savings included within the modelling. We will also consider the work being done by the Authority to identify the additional savings that it need to make in the medium term.



Red One

In 2016/17 the Authority sought external advice in response to concerns over cross-charging between Authority and Red One Ltd, and governance arrangements generally. Reports were received as a result that made a number of recommendations, although one report noted that many were similar to recommendations that had been made previously but not yet actioned. A further review of the governance arrangements at Red One has been carried out.

We will review the progress made by the Authority in response to the recommendations from the reports received in 2016/17, and the more recent review to ensure that appropriate action has been taken to address the issues identified.

Audit logistics, team & audit fees



Peter Barber, Engagement Lead

Peter leads our relationship with you and takes overall responsibility for the delivery of a high quality audit, meeting the highest professional standards and adding value to the Authority



Mark Bartlett, Audit Manager

Mark plans, manages and leads the delivery of the audit, is your key point of contact for your finance team and is your first point of contact for discussing any issues



Aditi Chandramouli, Audit Incharge

Aditi's role is to assist in planning, managing and delivering the audit fieldwork, ensuring the audit is delivered effectively and efficiently, and is also involved in supervising and co-ordinating the on site audit team

Audit fees

The planned audit fees are no less than £33,820 (PY: £33,820) for the financial statements audit

In setting your fee, we have assumed that the scope of the audit, and the Authority and its activities, do not significantly change.

Our requirements

To ensure the audit is delivered on time and to avoid any additional fees, we have detailed our expectations and requirements in the following section 'Early Close'. If the requirements detailed overleaf are not met, we reserve the right to postpone our audit visit and charge fees to reimburse us for any additional costs incurred.

Early close

Meeting the early close timeframe

Bringing forward the statutory date for publication of audited local government accounts to 31 July this year, across the whole sector, is a significant challenge for local authorities and auditors alike. For authorities, the time available to prepare the accounts is curtailed, while, as auditors we have a shorter period to complete our work and face an even more significant peak in our workload than previously.

We have carefully planned how we can make the best use of the resources available to us during the final accounts period. As well as increasing the overall level of resources available to deliver audits, we have focused on:

- bringing forward as much work as possible to interim audits
- starting work on final accounts audits as early as possible, by agreeing which authorities will have accounts prepared significantly before the end of May
- seeking further efficiencies in the way we carry out our audits
- working with you to agree detailed plans to make the audits run smoothly, including early agreement of audit dates, working paper and data requirements and early discussions on potentially contentious items.

We are satisfied that, if all these plans are implemented, we will be able to complete your audit and those of our other local government clients in sufficient time to meet the earlier deadline.

Client responsibilities

Where individual clients do not deliver to the timetable agreed, we need to ensure that this does not impact on audit quality or absorb a disproportionate amount of time, thereby disadvantaging other clients. We will therefore conduct audits in line with the timetable set out in audit plans (as detailed on page 11). Where the elapsed time to complete an audit exceeds that agreed due to a client not meeting its obligations we will not be able to maintain a team on site. Similarly, where additional resources are needed to complete the audit due to a client not meeting their obligations we are not able to guarantee the delivery of the audit by the statutory deadline. Such audits are unlikely to be re-started until very close to, or after the statutory deadline. In addition, it is highly likely that these audits will incur additional audit fees.

Our requirements

To minimise the risk of a delayed audit or additional audit fees being incurred, you need to ensure that you:

- produce draft financial statements of good quality by the deadline you have agreed with us, including all notes, the narrative report and the Annual Governance Statement
- ensure that good quality working papers are available at the start of the audit, in accordance with the working paper requirements schedule that we have shared with you
- ensure that the agreed data reports are available to us at the start of the audit and are reconciled to the values in the accounts, in order to facilitate our selection of samples
- ensure that all appropriate staff are available on site throughout (or as otherwise agreed) the planned period of the audit
- respond promptly and adequately to audit queries.

In return, we will ensure that:

- the audit runs smoothly with the minimum disruption to your staff
- you are kept informed of progress through the use of an issues tracker and weekly meetings during the audit
- we are available to discuss issues with you prior to and during your preparation of the financial statements.

Independence & non-audit services

Auditor independence

Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant facts and matters that may bear upon the integrity, objectivity and independence of the firm or covered persons. relating to our independence. We encourage you to contact us to discuss these or any other independence issues with us. We will also discuss with you if we make additional significant judgements surrounding independence matters.

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention. We have complied with the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements. Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in December 2016 which sets out supplementary guidance on ethical requirements for auditors of local public bodies

We confirm that we have implemented policies and procedures to meet the requirements of the Ethical Standard. For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Authority.

Non-audit services

No non-audit services were identified

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Appendices

A. Revised ISAs

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Appendix A: Revised ISAs

Detailed below is a summary of the key changes impacting the auditor's report for audits of financial statement for periods commencing on or after 17 June 2016.

| Section of the auditor's report | Description of the requirements |
|--|--|
| Conclusions relating to going concern | We will be required to conclude and report whether: <ul style="list-style-type: none">• The directors use of the going concern basis of accounting is appropriate• The directors have disclosed identified material uncertainties that may cast significant doubt about the Authority's ability to continue as a going concern. |
| Material uncertainty related to going concern | We will need to include a brief description of the events or conditions identified that may cast significant doubt on the Authority's ability to continue as a going concern when a material uncertainty has been identified and adequately disclosed in the financial statements. Going concern material uncertainties are no longer reported in an Emphasis of Matter section in our audit report. |
| Other information | We will be required to include a section on other information which includes: <ul style="list-style-type: none">• Responsibilities of management and auditors regarding other information• A statement that the opinion on the financial statements does not cover the other information unless required by law or regulation• Reporting inconsistencies or misstatements where identified |
| Additional responsibilities for directors and the auditor | We will be required to include the respective responsibilities for directors and us, as auditors, regarding going concern. |
| Format of the report | The opinion section appears first followed by the basis of opinion section. |



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5 April 2018

Dear Amy

Planned audit fee for 2018/19

The Local Audit and Accountability Act 2014 (the Act) provides the framework for local public audit. Public Sector Audit Appointments Ltd (PSAA) has been specified as an appointing person under the Act and the Local Authority (Appointing Person) Regulations 2015 and has the power to make auditor appointments for audits of opted- in local government bodies from 2018/19.

For opted- in bodies PSAA's responsibilities include setting fees, appointing auditors and monitoring the quality of auditors' work. Further information on PSAA and its responsibilities are available on the [PSAA website](#).

From 2018/19 all grant work now falls outside the PSAA contract, as PSAA no longer has the power to make appointments for assurance on grant claims and returns. Any assurance engagements will therefore be subject to separate engagements agreed between the grant-paying body, the Authority and ourselves and separate fees agreed with the Authority.

Scale fee

PSAA published the 2018/19 scale fees for opted-in bodies in March 2018, following a consultation process. Individual scale fees have been reduced by 23 percent from the fees applicable for 2017/18. Further details are set out on the [PSAA website](#). The Authority's scale fee for 2018/19 has been set by PSAA at £26,041.

PSAA prescribes that 'scale fees are based on the expectation that audited bodies are able to provide the auditor with complete and materially accurate financial statements, with supporting working papers, within agreed timeframes'.

The audit planning process for 2018/19, including the risk assessment, will continue as the year progresses and fees will be reviewed and updated as necessary as our work progresses.

Scope of the audit fee

There are no changes to the overall work programme for audits of local government audited bodies for 2018/19. Under the provisions of the Local Audit and Accountability Act 2014, the National Audit Office (NAO) is responsible for publishing the statutory Code of Audit Practice and guidance for auditors. Audits of the accounts for 2018/19 will be undertaken under this Code. Further information on the NAO Code and guidance is available on the [NAO website](#).

The scale fee covers:

- our audit of your financial statements;
- our work to reach a conclusion on the economy, efficiency and effectiveness in your use of resources (the value for money conclusion); and
- our work on your whole of government accounts return (if applicable).

PSAA will agree fees for considering objections from the point at which auditors accept an objection as valid, or any special investigations, as a variation to the scale fee.

Value for Money conclusion

The Code requires us to consider whether the Authority has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This is known as the Value for Money (VfM) conclusion.

The NAO issued its latest guidance for auditors on value for money work in November 2017. The guidance states that for local government bodies, auditors are required to give a conclusion on whether the Authority has put proper arrangements in place.

The NAO guidance identifies one single criterion for auditors to evaluate:

In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

Billing schedule

Fees will be billed as follows:

| Main Audit fee | £ |
|-----------------------|------------------|
| September 2018 | 6,510.25 |
| December 2018 | 6,510.25 |
| March 2019 | 6,510.25 |
| June 2019 | 6,510.25 |
| Total | 26,041.00 |

Outline audit timetable

We will undertake our audit planning and interim audit procedures in November to February. Upon completion of this phase of our work we will issue a detailed audit plan setting out our findings and details of our audit approach. Our final accounts audit and work on the VfM conclusion will be completed in April and work on the whole of government accounts return in July 2019.

| Phase of work | Timing | Outputs | Comments |
|----------------------------------|--|--|--|
| Audit planning and interim audit | November to January- planning January to February - interim | Audit plan | The plan summarises the findings of our audit planning and our approach to the audit of the Authority's accounts and VfM. |
| Final accounts audit | June to July | Audit Findings (Report to those charged with governance) | This report sets out the findings of our accounts audit and VfM work for the consideration of those charged with governance. |
| VfM conclusion | January to April | Audit Findings (Report to those charged with governance) | As above |
| Whole of government accounts | July | Opinion on the WGA return | This work will be completed alongside the accounts audit. |
| Annual audit letter | September | Annual audit letter to the Authority | The letter will summarise the findings of all aspects of our work. |

Our team

The key members of the audit team for 2018/19 are:

| | Name | Phone Number | E-mail |
|--------------------|---------------|---------------------|--------------------------|
| Engagement Lead | Peter Barber | 0117 3057897 | peter.a.barber@uk.gt.com |
| Engagement Manager | Mark Bartlett | 0117 3057896 | mark.bartlett@uk.gt.com |

Additional work

The scale fee excludes any work requested by the Authority that we may agree to undertake outside of our Code audit. Each additional piece of work will be separately agreed and a detailed project specification and fee agreed with the Authority.

Quality assurance

We are committed to providing you with a high quality service. If you are in any way dissatisfied, or would like to discuss how we can improve our service, please contact me in the first instance. Alternatively you may wish to contact Jon Roberts, our Public Sector Assurance regional lead partner, via jon.roberts@uk.gt.com.

Yours sincerely



Peter Barber
Engagement Lead

For Grant Thornton UK LLP

Agenda Item 8

| | |
|--|--|
| REPORT REFERENCE NO. | APRC/18/7 |
| MEETING | AUDIT & PERFORMANCE REVIEW COMMITTEE |
| DATE OF MEETING | 26 APRIL 2018 |
| SUBJECT OF REPORT | AUDIT & REVIEW 2017-18 PROGRESS REPORT |
| LEAD OFFICER | DIRECTOR OF SERVICE IMPROVEMENT |
| RECOMMENDATIONS | <i>That the report be noted.</i> |
| EXECUTIVE SUMMARY | <p>Attached for consideration and discussion is the 2017 – 18 Quarter four Audit & Review report. This report sets out progress to date against the approved 2017-18 Internal Audit Plan, and updates on additional review work undertaken.</p> <p>The report provides assurance statements for the audits completed to date and records the progress against the approved Internal Audit Plan.</p> <p>Internal Audit activities across DSFRS are managed through a shared service agreement that sees Audit & Review and the Devon Audit Partnership (DAP) work together to deliver the Internal Audit Plan.</p> <p>The report provides an overview of the assurance tracking process and the current high priority recommendations that remain as 'open' on the assurance tracker.</p> |
| RESOURCE IMPLICATIONS | Nil. |
| EQUALITY RISKS AND BENEFITS ASSESSMENT (ERBA) | Not applicable. |
| APPENDICES | Nil. |
| LIST OF BACKGROUND PAPERS | <p>Audit & Review 2017-18 Plan</p> <p>Audit & Review Service Policy</p> |

1. INTRODUCTION

- 1.1. The 2017/18 Internal Audit Plan was approved by this Committee at its meeting held on the 24 April 2017. The Plan sets out the combined scope of internal audit work to be completed by Audit & Review and the Devon Audit Partnership. The Audit Strategy for 2018/19 will be designed around new Service Performance Measures currently being developed.
- 1.2. Audit & Review and the Devon Audit Partnership are accountable for the delivery of the Plan. Progress against the approved Plan is reported to this Committee at least three times per year.
- 1.3. This progress report features assurance statements for the audits completed since the last meeting of the Committee. It also includes an overview of the assurance tracking process and the current high priority recommendations that remain as 'open' on the assurance tracker.

2. ASSURANCE STATEMENTS

- 2.1 One of the key roles of Internal Audit is to provide independent assurance as to how effectively risks are managed across the organisation.
- 2.2 The following assurance statements have been developed to evaluate and report audit conclusions:

★★★★ High Standard

The system and controls in place adequately mitigate exposure to the risks identified. The system is being adhered to and substantial reliance can be placed upon the procedures in place. Only minor recommendations aimed at further enhancing already sound procedures.

★★★ Good Standard

The systems and controls generally mitigate the risk identified but a few weaknesses have been identified and / or mitigating controls may not be fully applied. There are no significant matters arising from the audit and the recommendations made serve to strengthen what are mainly reliable procedures.

★★ Improvements Required

In our opinion there are a number of instances where controls and procedures do not adequately mitigate the risks identified. Existing procedures need to be improved in order to ensure that they are fully reliable. Recommendations have been made to ensure that organisational objectives are not put at risk.

★ Fundamental Weakness Identified

The risks identified are not being controlled and there is an increased likelihood that risks could occur. The matters arising from the audit are sufficiently significant to place doubt on the reliability of the procedures reviewed, to an extent that the objectives and/or resources of the Authority may be at risk, and the ability to deliver the service may be adversely affected. Implementation of the recommendations made is a priority.

3. PROGRESS AGAINST THE 2017-18 PLAN

3.1 The majority of the 2017-18 Internal Audit Plan has been assigned to Audit & Review Manager including ICT assurance.

| Audit Area | Progress | Assurance Statement |
|---|-----------------------|---|
| Audit & Review | | |
| Annual Statement of Assurance | In progress | Scheduled for completion before close of Q1 2018 |
| EFQM review | Final report | ★★★ Good Standard EFQM 4 star award achieved. |
| LGA self-assessment | Final Report | ★★★ Good Standard. The assessment covered Prevention, Protection and Response. Some areas for improvement were identified in our self-assessment, and on the LGA scale of Developing, Established or Advanced, we rated ourselves as Established. |
| LGA Peer Review Assessment | Awaiting final report | The on-site assessment has been completed by peers from Merseyside, Nott's and Gloucester FRSs. An initial feedback session has been held, and an interim report provided. We are awaiting a final report. Action plans are being finalised to address areas of improvement |
| General Data Protection Regulation (GDPR) | Final report | ★★★ Good Standard. Action plan agreed to comply with GDPR by May 2018. |
| Diversity & Inclusion | Final Report | ★★ Improvements Required. Gap identified in compliance with Public Sector Equality Duty. Report presented for discussion with Diversity & Inclusion manager, so actions can be agreed and progress tracked using the assurance tracker. |
| Service Policies | Review ongoing | Officer assigned to review status of all policies. Next update October 2018. |

| | | |
|---------------------------------------|----------------|--|
| Business Continuity Management | Review ongoing | New pages have been developed as a central BCM hub on the network drive, accessible for all users. Documents are being collated and reviewed by relevant departments. |
| Devon Audit Partnership | | |
| Business Safety - Prohibition Process | Final Report | <p>★★★ Good Standard. Regulatory requirements, performance targets, and best practice expectations:</p> <p>-----</p> <p>★★ Improvements Required. Procedural guidance or statutory requirements leading to reputational and financial risk:</p> <p>-----</p> <p>Certain areas of the guidance allow for local interpretation. Remediation plan is being agreed and agreed actions will be added to the Assurance Tracker</p> |
| Key financial Systems | Draft report | <p>★★★ Good Standard. Some weaknesses were identified and recommendations have been suggested. When all recommendations are reviewed then the final report can be issues, and these will be added to the assurance tracker.</p> |
| Fleet Audit | Draft report | <p>★★ Improvements Required. Draft report received for management review.</p> |
| CFOA H&S Assessment | In Progress | Using the toolkit provided by CFOA, an initial self-assessment has been completed. Devon Audit Partnership are collating evidence to review this, and the process undertaken, so that improvements can be made for the review of the Safety Management System, due to commence in Q1 FY 2018-19. |

Action Planning

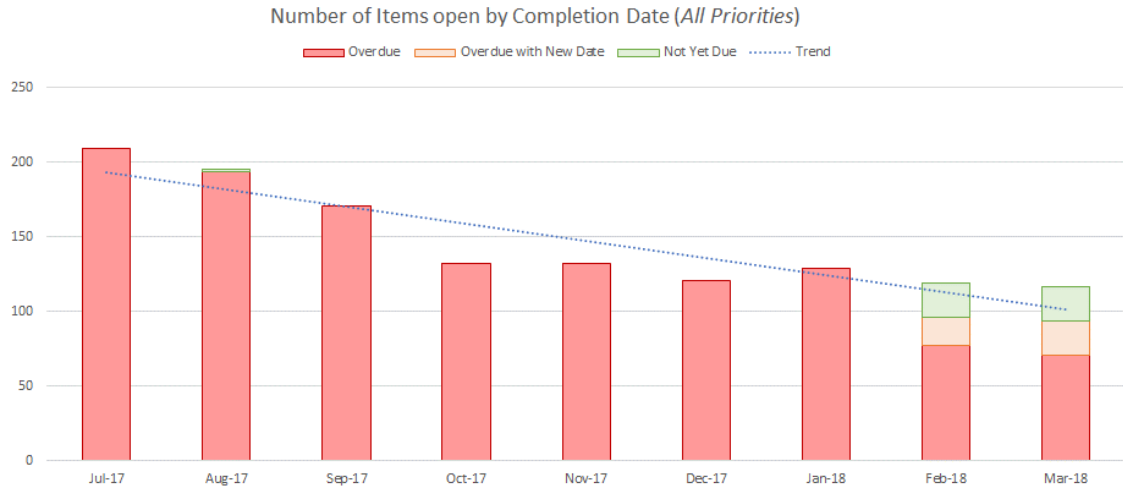
- 3.2 All issues have been discussed with the Lead Officers and Audit & Review are pleased to report that suitable action plans have been agreed to improve the management of any risks identified.
- 3.3 All agreed actions are captured and monitored through the assurance tracking process (see paragraph below), and where relevant, will be reflected in either department plans (if incremental improvement) or the Change & Improvement Plan (if strategic).

4. WHAT HAPPENS WITH AUDIT & REVIEW RECOMMENDATIONS

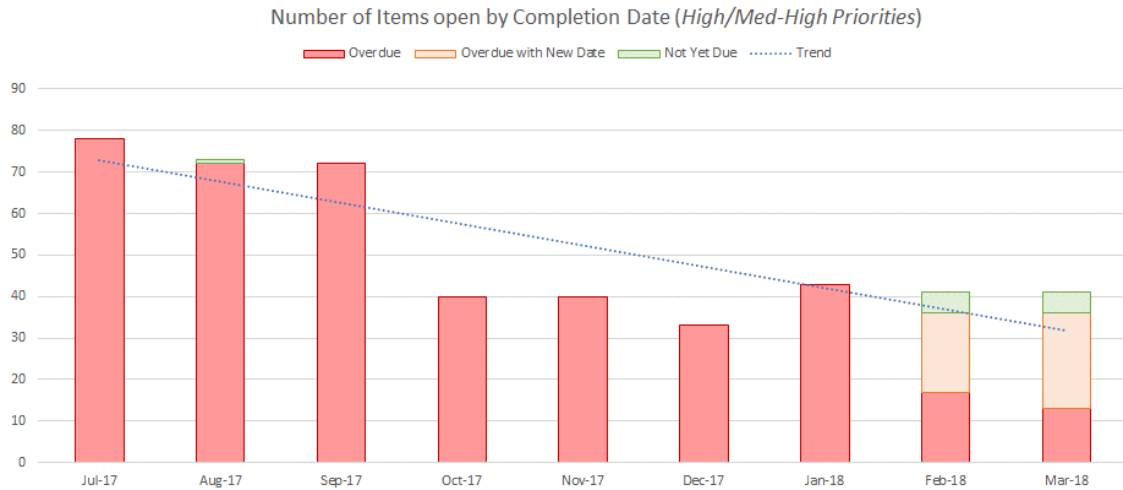
- 4.1 The Audit & Review Assurance Tracking system records all recommendations and agreed actions coming out of key assurance activities. The system tracks recommendations at the following assurance levels:
- External Audit
 - Annual Statement of Assurance
 - Internal Audit (Audit & Review and Devon Audit Partnership)
 - Operational Assurance
 - EFQM
 - Peer Review
 - ICT Health Checks
 - Safety Events
 - Security Events
- 4.2 The Assurance Tracker is available to all employees through the Service Information Point (SIP) and will be made available to the public in the future to fall in line with the new draft Fire & Rescue National Framework document.
- 4.3 On a monthly basis all outstanding High and High / Medium recommendations are reported to the Service Leadership Team (SLT) for review.
- 4.4 A quarterly update procedure has been embedded that sees the export and distribution of outstanding recommendations to service managers to provide an update. This has been aligned to the Corporate Planning process to ensure outstanding recommendations are reviewed alongside departmental plans.
- 4.5 The inclusion of additional assurance activity, such as EFQM, ICT health checks, Safety events and security events, has seen an overall increase in the total number of open actions. However, even with the additional assurance actions, since July 2017, a 56% decrease has been seen in open 'High' or 'High / Medium' recommendations to 41 (78 reported in July 2017), with the majority located at the tactical rather than strategic level. Updates are being focussed on the higher priority items, however the overall trend in all priority of open items, continues to decrease. As at March 2018, refer to illustrated Graph 1 and Graph 2 below.

4.6 The overdue actions are largely linked to longer term project work that remain on-going and are monitored through the assurance tracking process.

4.7 Additionally, open actions have been superseded by changes to the service structure, digital transformation and other actions. Further work is ongoing to ensure that actions that have been superseded are documented and recorded as closed.



Graph 1: Open recommendations (all priorities)



Graph 2: Open recommendations (High/Med High priority)

5. CONCLUSION & RECOMMENDATIONS

5.1 Based on the work completed to date in this year and knowledge from previous years, the systems in operation within Devon & Somerset Fire & Rescue Service continue to demonstrate an appropriate level of internal control.

- 5.2 Both Audit & Review and the Devon Audit Partnership would wish to use this report to thank all staff who have worked with them in delivering the audit programme and the willingness to positively engage in the audit process.
- 5.3 The progress made against the agreed Audit Plan will be reported back to this Committee at regular intervals.

ACFO PETER BOND
Director of Service Improvement

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Agenda Item 9

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| REPORT REFERENCE NO. | APRC/18/8 |
| MEETING | AUDIT & PERFORMANCE REVIEW COMMITTEE |
| DATE OF MEETING | 26 APRIL 2018 |
| SUBJECT OF REPORT | 2018-19 INTERNAL AUDIT PLAN |
| LEAD OFFICER | DIRECTOR OF SERVICE IMPROVEMENT |
| RECOMMENDATIONS | That the 2018-19 Internal Audit Plan as set out in Appendix A to this report be approved. |
| EXECUTIVE SUMMARY | Attached for consideration and discussion is the proposed 2018-19 Internal Audit Plan. |
| RESOURCE IMPLICATIONS | The internal audit plan will be delivered within existing resources. |
| EQUALITY RISKS AND BENEFITS ASSESSMENT (ERBA) | The contents of this report are considered compatible with existing human rights and equalities legislation. |
| APPENDICES | A. 2018-19 Internal Audit Plan |
| LIST OF BACKGROUND PAPERS | A. Audit & Review Service Policy B. Public Sector Internal Audit Standards (PSIAS) |

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2018-19 Audit Plan

| | Days |
|---|-------------|
| Audit & Review days | 167 |
| Devon Audit Partnership (DAP) days - Risk Based Audit | 32 |
| Devon Audit Partnership (DAP) days - Key Financial Systems | 35 |
| Information Assurance | 345 |
| IT Security days | 110 |
| Operational Assurance | 330 |
| Organisational Safety & Assurance | 100 |
| Total Assurance Days | 1119 |
| | |
| Strategic Reviews | |
| Annual Statement of Assurance | 5 |
| HMICFRS Preparation | 40 |
| Total | 45 |
| | |
| Compliance Reviews | |
| Key Financial Systems (DAP) | 35 |
| Data Protection / GDPR | 345 |
| Total | 380 |
| | |
| Audit Health Checks | |
| Risk based audits (subjects on separate plan) | 194 |
| IT Health Check - Corporate | 15 |
| IT Health Check - NFSP | 25 |
| Risk Management and Accreditation Document Set | 10 |
| Code of Connection (Airwave/ESN) | 15 |
| ISO 27001 Alignment | 45 |
| Total | 304 |

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| REPORT REFERENCE NO. | APRC/18/9 |
| MEETING | AUDIT & PERFORMANCE REVIEW COMMITTEE |
| DATE OF MEETING | 26 APRIL 2018 |
| SUBJECT OF REPORT | AUTHORITY POLICY FOR REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA) – OUTCOME OF RECENT INSPECTION |
| LEAD OFFICER | Director of Corporate Services |
| RECOMMENDATIONS | <p><i>(a). that the revised Authority Policy for the Regulation of Investigatory Powers Act (RIPA), as set out at Appendix B to this report, be approved;</i></p> <p><i>(b). that a report reviewing the current RIPA policy be submitted to this Committee in twelve months' time; and</i></p> <p><i>(c). that, subject to (a) and (b) above, the report be noted.</i></p> |
| EXECUTIVE SUMMARY | <p>At its meeting on 12 September 2017 the Committee received a report on the Authority's policy and processes in relation to the Regulation of Investigatory Powers Act 2000 (RIPA). While this Authority has never used, nor envisages a situation where it is ever likely to use, the types of covert techniques governed by RIPA, it is nonetheless required to have appropriate policies and procedures in place given that the legislation currently applies to the Authority.</p> <p>The earlier report also advised of a forthcoming "light touch" inspection (i.e. via completion of a questionnaire and submission of relevant documentation, rather than a formal inspection visit) of the Authority's existing RIPA policy and procedures by the Office of the Surveillance Commissioner. This report now advises on the outcome of this "light touch" inspection.</p> |
| RESOURCE IMPLICATIONS | <p>There is a requirement to ensure that relevant officers receive appropriate training and that sufficient awareness-raising is undertaken to promote understanding of the processes to be followed to obtain RIPA authorisation. Any costs associated with the above will be met from within existing resources.</p> |
| EQUALITY RISKS AND BENEFITS ANALYSIS (ERBA) | <p>The contents of this report are considered compatible with existing equalities and human rights legislation.</p> |
| APPENDICES | <p>A. Draft revised Authority RIPA Policy</p> |

LIST OF BACKGROUND PAPERS

- A. Report DSFRA/14/21 (Regulation of Investigatory Powers Act [RIPA] 2000 – Revised Authority Policy) to the full Authority meeting held on 17 December 2014 (and the Minutes of that meeting).
- B. Report APRC/15/1 (Regulation of Investigatory Powers Act [RIPA] 2000 - Revised Authority Policy) to the Audit & Performance Review Committee meeting held on 6 February 2015 (and the Minutes of that meeting).
- C. Report APRC/17/18 (Authority Policy for Regulation of Investigatory Powers Act 2000 [RIPA]) to the Audit & Performance Review Committee meeting held on 12 September 2017 (and the Minutes of that meeting).

1. **BACKGROUND**

- 1.1. The Regulation of Investigatory Powers Act 2000 (RIPA) sets out a regulatory framework for the use by specified public authorities (including combined fire and rescue authorities such as the Devon & Somerset Fire & Rescue Authority) of covert investigatory techniques which might otherwise infringe legal rights to privacy and respect for family life. RIPA limits authorities to using three, defined covert techniques. Use of any one of these techniques is subject to prior authorisation by an authorising officer or other designated person.
- 1.2. This Authority has no history of using the covert investigatory techniques covered by RIPA and there is no expectation that there will be a need to use them in the future. Instead, it is anticipated that the Authority will invariably be able to gather all the information required for its statutory functions without covert information gathering.
- 1.3. Nonetheless, the Authority is still required to have in place a policy setting out minimum requirements to be complied with in the unlikely event that it is necessary to use RIPA provisions. The policy is intended to provide protection for the Authority, individual officers using RIPA provisions and those subject to or otherwise affected by the process. The terms of the protection are based on necessity, proportionality and the authorisation given in relation to a particular investigation.
- 1.4. Oversight of the Authority's RIPA policy is delegated to this Committee. At its meeting on 12 September 2017 the Committee approved a revised Policy implementing recommendations stemming from a previous inspection of the Authority's RIPA procedures conducted by the Officer of the Surveillance Commissioner (OSC) (Minute *APRC/14 refers).
- 1.5. At that time, the Committee was also advised of further, forthcoming, "light touch" inspection to be conducted by the OSC. In the first instance, this inspection entailed completion of a questionnaire and submission of relevant documentation (including the existing RIPA Policy; the Central Register of RIPA Authorisations) for assessment by the OSC which would then determine either:
 - that no visit by an inspector was necessary; or
 - that further information or documentation was required before a final decision about a visit was made; or
 - that a visit should be undertaken.In this respect, the Committee resolved to receive a further report as necessary on any recommendations stemming from the "light touch" inspection.
- 1.6. In the event, the completed questionnaire and submitted information, coupled with information imparted following a subsequent telephone conversation between the RIPA Co-ordinator and the designated Assistant Surveillance Commissioner, was felt sufficiently comprehensive as to not require a formal inspection visit. A report has been received following the inspection setting out a number of recommendations, the response to which is set out below.

2. “LIGHT-TOUCH” INSPECTION REPORT AND FINDINGS

- 2.1. The report received following the “light touch” inspection notes that the Devon & Somerset Fire & Rescue Service (“the Service”) continues to have no recourse to covert surveillance and that no authorisations had been granted since the last inspection. The report also notes that the Service recognises its obligation to retain the capability to conduct (if circumstances so demand) authorised covert surveillance lawfully and consequently to remain compliant with the requirements of RIPA and the associated regulatory framework.
- 2.2. The report acknowledges that each of the nine amendments to the Service Policy identified in the last inspection report had been made and that the Central Record of Authorisations were wholly compliant with existing Codes of Practice, with a separate tab to record details associated with the authorisation of Covert Human Intelligence Sources (CHIS) included (as recommended in the last inspection report).
- 2.3. The most recent inspection report does make five new recommendations. These are identified in the table below, together with a commentary on action either undertaken or proposed by the Service to address these recommendations.

| | <i>Recommendation</i> | <i>Commentary</i> |
|----------|--|--|
| 1 | Provide a more robust oversight procedure (providing for applications to be submitted to one or both of the RIPA officer prior to and following authorisation to enable those officers to exercise quality control and oversight at the relevant stages) | Attached at Appendix A to this report is revised RIPA policy. Paragraphs 4.6 and 4.9 (as highlighted) have been inserted into this policy to address this recommendation. |
| 2 | Raise RIPA awareness throughout the FRS (provision of basic information on platforms regularly viewed by all officers). | The Service Policy is readily available to all staff on the Service Intranet. Additionally, the Service produces a weekly “Service Update”, circulated to all staff via e-mail. The Update for 12 March 2018 included a brief section on the significance of RIPA, with a link to the Service Policy and advising all staff to familiarise themselves with its contents. The intention is that this briefing should be included bi-annually in the Service Update. |
| 3 | Ensuring all authorising officers are of appropriate rank and consider appointing the SRO as an authorising officer (though only to authorise in exceptional circumstances). | The Service Policy as attached at Appendix A provides for a total of seven authorising officers (four for directed surveillance and acquisition of communications data; three for covert human intelligence sources [CHIS]). |

| | Recommendation | Commentary |
|---|---|--|
| | | <p>Each of these complies fully with the requirements for authorising officers as specified in the relevant regulations¹.</p> <p>As previously mentioned, this Service has never had recourse to use RIPA and does not envisage any situation where this would ever be necessary. The inspection report comments that "...it must be recognised that there could be conflict between the act of authorisation and his [the SROs] overall responsibility for oversight...". In light of this (coupled with the existing number of authorised officers which is considered more than adequate in light of the Service history and anticipation of RIPA usage), it is not felt appropriate that the SRO be an authorising officer.</p> |
| 4 | <p>Ensure that all authorising officers and officers who may be involved in the RIPA process receive appropriate regular training within a training programme</p> | <p>The inspection report comments that, while it has never had recourse to use RIPA, the Service nonetheless recognises the importance of securing legal compliance in the event that RIPA usage should ever be necessary.</p> <p>The report also references that, since the time of the last inspection, there has been considerable change in terms of staff associated with the roles involved in the RIPA process. Additionally, there have been further changes still since the time of the "light touch" inspection.</p> <p>The Service is in the process of commissioning on-site training for all relevant officers and it is intended that this training should be delivered in the summer of 2018. Thereafter, it is proposed to introduce a face-to-face in-house training every two years, with refresher e-learning to be undertaken in the intervening year.</p> |

¹ The Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010 and the Regulation of Investigatory Powers (Communications Data) Order 2010

| | <i>Recommendation</i> | <i>Commentary</i> |
|----------|---|--|
| 5 | Create a more clearly defined social media policy (inclusion of a “rule of thumb” guide on reviewing/use of open source (e.g. social media) sites | The inspection report sets out an indicative “rule of thumb” which has been incorporated into the Service Social Media Policy. |

3. CONCLUSION

3.1 While the Authority has never had recourse to use the type of covert surveillance techniques regulated by RIPA and does not envisage any situation where this would be necessary, it nonetheless takes seriously its commitment to ensuring that, should this ever be necessary, the activities are undertaken in legally compliant manner.

3.2 This commitment of the Authority is recognised in the latest “light touch” inspection report from the Office of the Surveillance Commissioner. The report also proposes a number of recommendations to further safeguard the Authority in the event that RIPA authorisation should ever prove necessary. The response these recommendations, as identified in the table at Section 2 of this report, are considered sufficiently robust to ensure that the Authority will be fully compliant with RIPA requirements should it ever prove necessary to employ covert surveillance techniques.

3.3 On this basis, the Committee is asked to:

- to approve the revised RIPA policy as set out at Appendix A to this report;
- review the policy in twelve months’ time; and
- note the actions taken or proposed in response to the other recommendations contained in the “light touch” inspection report.

MIKE PEARSON
Director of Corporate Services

Regulation of Investigatory Powers Act (RIPA)

**DEVON & SOMERSET
FIRE & RESCUE
SERVICE**

**Corporate Services Dept.
Service Policy
Document**

Summary of Main Changes:-

The main changes to this policy are as a result of:

- Codes of Practice providing guidance on the Regulation of Investigatory Powers Act 2000 for Covert Surveillance and Property Interference and Covert Human Intelligence Sources approved by parliament on 10 December 2014
- Office of Surveillance Commissioners Annual Report 2013-2014 and, in particular, covert use of social media for investigations
- Office of Surveillance Commissioners Procedures and Guidance December 2014
- Change of ownership of the policy from Corporate Communications to Corporate Services
- Revisions recommended from 2015 Office of Surveillance Commissioner's (OSC) Inspection incorporated
- Incorporation of comment on implications for acquisition of communications data of the Investigatory Powers Act 2016

Regulation of Investigatory Powers Act (RIPA)

DEVON & SOMERSET
FIRE & RESCUE
SERVICE

Corporate Services Dept.
Service Policy
Document

Document Purpose:-

The purpose of this document is the dissemination of the Regulation of Investigatory Powers Act 2000 (RIPA) policy, procedures and related guidance.

NOTE – If you are reading a paper copy of this document it may not be the most up to date version. For the latest version view the information on the Service website or intranet.

Document Status:-

| | |
|---------------------------|--------------------|
| Ownership: | Corporate Services |
| Originating Date: | December 2014 |
| Review Date: | January 2018 |
| Next Review or Amendment: | April 2019 |
| Key Consultees: | Executive Board |

Further Information:-

Mike Pearson
Director of Corporate Services
mpearson@dsfire.gov.uk

Cross-References:-

Appropriate Use of Social Media and Electronic Communications DSFRS Policy
Regulation of Investigatory Powers Act 2000
Human Rights Act 1998
Data Protection Act 1998
Freedom of Information Act 2000
The Regulation of Investigatory Powers (Communications) Order 2003
Protection of Freedoms Act 2012
The Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) (Amendment) Order 2012
The Regulation of Investigatory Powers (Covert Human Intelligence Sources: Matters Subject to Legal Privilege) Order 2013
The Investigatory Powers Act 2016

Regulation of Investigatory Powers Act (RIPA)

POLICY STATEMENT

- A. The Regulation of Investigatory Powers Act 2000 (RIPA) provides a framework for the control and supervision of investigatory powers exercised by specified public bodies, including Devon & Somerset Fire & Rescue Service (the Service), in order to balance the need to protect privacy of individuals particularly in light of the Human Rights Act 1998.
- B. RIPA provides a statutory basis for the procedure, authorisation and use of covert surveillance, agents, informants and undercover officers. It regulates the use of these techniques and safeguards the public from an unnecessary invasion of their privacy.
- C. The Authority is committed to ensuring that the necessary control and supervision of investigatory powers are in accordance with RIPA and other relevant legislation.
- D. The Authority requires all Service employees to be aware of its contents and to comply fully with this policy and any related policy.

COMPLIANCE STATEMENT

- A. The Authority will not discriminate against any persons in the application of this policy or any subordinate procedures.
- B. This policy is OPEN under the Freedom of Information Act 2000.

Regulation of Investigatory Powers Act (RIPA)

KEY INFORMATION

- A. The intention of RIPA is to ensure that the relevant investigatory powers are used in accordance with human rights.
- B. RIPA introduces:
- Lawful purposes for which the investigatory powers can be used
 - Formal authorisation of the use of any of the investigatory powers,
 - The means of redress for individuals in the event of lack of compliance
- C. RIPA sets out the procedures that must be followed before making use of:
- covert, directed surveillance techniques;
 - covert human intelligence sources; or
 - acquisition of communications data
- D. Please note applications to use covert techniques covered by RIPA must be made using the appropriate Home Office forms in conjunction with a completed risk assessment and such application must be approved by one of the designated relevant 'Authorising Officers'. Further details in respect of the application, the necessary Home Office forms and the designated Authorising Officers are set out further below including the relevant links.
- E. RIPA is available to the Authority only when carrying out its core functions as a fire and rescue authority. Neither the Authority nor the Service has any historical record of using their relevant investigatory powers covered by RIPA and it is not envisaged there will be a need to do so in future. The Authority is required, however, to have a policy in place to deal with that eventuality should it arise.
- F. The use of social networks as a means of communication may be used by public bodies for investigatory purposes and may invoke a potential for covert use. The Office of the Surveillance Commissioners consider that such social networks, although made publicly available, may be considered as private. Consequently, the repeat viewing of individual "open source" sites for the purpose of intelligence gathering and data collection should be considered within the context of the protection that RIPA affords to such activity.
- G. The Authority needs to ensure that its officers are fully aware of RIPA, the policy and procedure associated with it and provide any relevant training required.
- H. If you require interpretation in respect of this policy, please seek further guidance from the Director of Corporate Services, the Democratic Services & Corporate Support Manager or the Corporate Communications Manager.

Regulation of Investigatory Powers Act (RIPA)

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Regulation of Investigatory Powers Act (RIPA)

1. INTRODUCTION

- 1.1. The Human Rights Act (HRA) 1998 was introduced to give effect to the European Convention on Human Rights (ECHR) and came into force in October 2000. The HRA imposes a duty upon public authorities to act in ways that are compatible with human rights under the ECHR. Failure to do so may enable a person to seek compensation against the Authority or to use any failure as a defence in any proceedings that the Authority may bring.
- 1.2. RIPA sets out procedural rules to enable specified public authorities to use covert investigatory techniques which might otherwise infringe legal rights to privacy and respect for family life under the HRA. In particular, these rules govern when and how covert surveillance, covert individuals and acquisition of communications can be used. The Authority is included in the list of public authorities which can rely on RIPA.
- 1.3. As noted above, the Authority has no history of using the covert investigatory techniques covered by RIPA and there is no expectation that there will be a need to use them in the future. It is anticipated that the Authority will usually be able to gather all the information required for its statutory functions without covert information gathering techniques. This policy does not change this position. If the Authority was to ever use the powers under RIPA a fair balance must be drawn between the public interest and the rights of individuals.
- 1.4. The purpose of this document is to:
 - (a) reinforce advice to officers that the use of covert investigatory techniques should be avoided in most circumstances; and
 - (b) ensure that, should the unforeseen and exceptional eventuality arise when reliance on RIPA is needed, there will be a clear procedure for handling its use.
- 1.5. The protection of RIPA is available to the Authority only when carrying out its core functions as a fire and rescue authority. RIPA does not apply to the ordinary general functions carried out by the Authority e.g. staff disciplinary or contractual issues. Another legal basis for avoiding infringing rights to privacy would be needed in those circumstances and for non-RIPA surveillance the Authority has in place a similar process to document consideration of human rights principles in the interests of professional and ethical investigation, fairness and transparency.

Regulation of Investigatory Powers Act (RIPA)

- 1.6. This document is intended to ensure that the Authority's policy, practice and procedure are in line with the codes of practice and guidance issued under RIPA. In any proposed utilisation of RIPA powers, reference should be made to the codes of practice and guidance published on the Home Office website, by the Office of Surveillance Commissioners (OCS) and by the Interception of Communications Commissioners Office (ICCO). Links to documentation referred to in this Policy are shown the appendix, where such documentation is publicly available.

2. ACTIVITIES AND DEFINITIONS COVERED BY RIPA

- 2.1 There are three forms of covert intelligence gathering that are covered by RIPA and potentially available to the Authority: (1) Directed Surveillance; (2) Covert Human Intelligence Sources and (3) Acquisition of Communications Data.
- 2.2 Directed Surveillance and Covert Human Intelligence Sources are governed by the Office of the Surveillance Commissioners (OCS). There is an inspection of the Service every three years as a means of external independent oversight.
- 2.3 The Interception of Communications Commissioners' Office (ICCO) has oversight of the regulatory regime of this part of RIPA. The acquisition of Communications Data is dealt with in section 7 on page 14 at the end of this policy.

Directed surveillance is:

- Surveillance (i.e. monitoring, observing or listening to people or their movements, conversations or other activities);
 - which is covert (i.e. done in a manner to ensure that the subject is unaware that it is taking place);
 - that is carried out in relation to a specific investigation or operation (i.e. not as routine observations of people or an area in general); and
 - which is likely to result in obtaining private information about any person (i.e. any information about a person's private or family life including names, phone numbers or even business relationships).
- 2.4 It does not include circumstances where this is done by way of an immediate response to events (as it would not be practicable for that to have prior authorisation).
- 2.5 Any covert surveillance of what takes place in residential premises or a private vehicle is deemed as "intrusive surveillance" and outside what the Authority may lawfully do even under RIPA. For the avoidance of doubt, the Authority cannot undertake intrusive surveillance.

Regulation of Investigatory Powers Act (RIPA)

- 2.6 Overt and sign-posted use of CCTV cameras (on premises or on vehicles) is not Directed Surveillance because it is neither covert nor carried out in relation to a specific investigation or operation. Covert use of hidden CCTV cameras may be Directed Surveillance but only if this were part of a specific investigation or operation rather than the usual placing of cameras for general surveillance.

Covert Human Intelligence Sources

- 2.7 A Covert Human Intelligence Source (CHIS) is somebody who:
- establishes or maintains a personal or other relationship with a person:
 - Either for the covert purpose of obtaining information (i.e. any information whether private or not);
 - Or for the purpose of covertly disclosing information obtained by the use of such a relationship
- a) “Covert” means in a manner that is calculated to ensure that one of the parties to the relationship is unaware of the use of the relationship or disclosure of information.
- b) A CHIS must also have a relationship with another party. So a stranger to the subject who has been asked to “keep an eye” on comings and goings from particular premises would not be a CHIS as they have no relationship that provides the information (but they might need to be authorised for Directed Surveillance).
- c) The need for a CHIS authorisation is not limited to cases where someone has been tasked with obtaining information. It is the activity of the CHIS in exploiting a relationship for a covert purpose which is ultimately authorised by the 2000 Act, whether or not that CHIS is asked to do so by a public authority. A member of the public who voluntarily provides information obtained by covert means on a regular basis may be a CHIS. The Authority would owe that person a duty of care and must consider whether using the information provided might place the person at risk.
- d) No CHIS authorisation is needed where there is another legal basis for a person to report information covertly (e.g. a professional duty to comply with regulations).
- e) Any type of relationship could be covered, e.g. a customer of a business. Statutory guidance suggests that a simple “one-off” transaction may not be sufficient interaction to constitute a “relationship”, and that more extensive engagement between the two parties would be needed, e.g. for the CHIS to be a regular buyer of “under the counter” goods from a certain supplier.

Regulation of Investigatory Powers Act (RIPA)

3. WHEN RIPA PROCEDURES CAN BE USED

- 3.1 RIPA can be relied on only in carrying out the Authority's specific functions as a fire and rescue authority e.g. it is potentially available to help in statutory fire safety work. The RIPA regime is concerned only with the regulation of certain investigatory powers and not with "ordinary functions" such as the regulation of employees or of suppliers and service providers.

Necessity

- 3.2 Prior to authorising any request for covert surveillance under RIPA, an Authorising Officer must be satisfied that the use of covert surveillance is necessary for one of the purposes specified in Section 28(3) of RIPA (the "necessity" test). For a fire and rescue authority, these purposes are:
- the prevention or detection of crime;
 - preventing disorder; or
 - in the interests of public safety;

To satisfy the necessity test, the conduct which the covert surveillance is intended to prevent or detect **must** be identified and clearly described in both the application and the authorisation.

Proportionality

- 3.3 The "proportionality" test is a key concept of RIPA. It is a critical judgement that can only properly be reached once all other aspects of an authorization have been fully considered. Proportionality is about:
- Balancing the effectiveness of covert over overt methods; **and**
 - Explaining why the particular covert method, technique or tactic is most appropriate.
- 3.4 In authorising a request for covert surveillance, an Authorising Officer **must** clearly record and evidence how they have reached the conclusion that that the activity is proportionate to what it seeks to achieve, including an explanation of the reasons why the method, technique or tactic proposed is not disproportionate (the proverbial "sledgehammer to crack a nut"). It will be insufficient to make a simple assertion or say that the seriousness of the issue justifies any or every method available. Similarly, it may be unacceptable to advance lack of resources or a potential cost saving as sufficient grounds to use a technological solution which could be more intrusive than a human being.
- 3.5 A methodical approach must be adopted to satisfy the "proportionality" test involving:
- (a) consideration of whether information could be gathered by alternative, overt means (e.g. evidence of non-compliance with fire regulations might be obtained from a well-timed unannounced visit to inspect rather than by covert surveillance) and providing evidence of other methods considered and why they were not implemented;

Regulation of Investigatory Powers Act (RIPA)

- (b) demonstrating that the activity is an appropriate use of the legislation and the only reasonable way, having considered all others, of obtaining the necessary result;
- (c) balancing the size and scope of the proposed activity against the gravity and extent of the possible crime (or other harm) being investigated;
- (d) explaining how and why the methods to be adopted will cause the least possible intrusion on the target and others (see also collateral intrusion below)
- (e) considering whether there is a risk of confidential information being revealed. The codes of practice identify confidential personal information, confidential information held for the purposes of journalism, confidential information passing between an MP and a constituent and confidential information concerning spiritual/religious counselling as well as information that is legally privileged i.e. passing between a person and a legal advisor. If there is a risk of revealing information that is legally privileged, specific legal advice is required.

Collateral Intrusion

- 3.6 Every effort must be made to avoid or minimise “collateral intrusion” i.e. any interference with the privacy of a third party who is not the subject of the covert activity. This might include family members, customers or other associates of the subject.
- 3.7 All applications for authorisation must include an assessment of the risk of collateral intrusion and details steps to be taken either to avoid entirely or minimise any collateral intrusion. This assessment should include consideration of the following factors:
- Timing of the surveillance;
 - Amount of surveillance;
 - Method of surveillance;
 - Sensitivities of the local community; and
 - Operations by other public authorities.
- 3.8 The Authorising Officer must take account of the assessment when considering the proportionality of the proposed surveillance.
- 3.9 Finally, it must be stressed that RIPA can be relied on only where it is exercised in accordance with due process. This means that the procedure in this policy must be followed and the Authority must also comply with all relevant Codes of Practice, Procedures and Guidance Notes.

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4. THE AUTHORISATION PROCESS

Authorisation process for directed surveillance and covert human intelligence sources

- 4.1 The covert investigation techniques covered by RIPA can only be used with the appropriate authorisation approval in place. This authorisation process is outlined below.
- 4.2 The first step is for investigating officers to consider for themselves whether the use of a covert investigation technique is necessary and proportionate. A full written record of this preliminary consideration by way of a risk assessment should be made and retained by the investigating officer.
- 4.3 It is envisaged that this self-assessment will invariably show that covert investigation is avoidable as alternatives are available. If so, the matter ends there.
- 4.4 If it continues to appear covert surveillance is necessary and proportionate an application for approval should be made only by designated RIPA Applicants on the appropriate Home Office form. The links to each individual Home Office form as part of the authorisation process are contained within Appendix A.
- 4.5 Applications for authorisation are to be made to the Authority's designated relevant RIPA Authorising Officers.
- 4.6 Applicants should complete the relevant application form and then submit this initially to either the RIPA Co-ordinator or the Senior Responsible Officer (SRO) for quality assurance purposes. Only after feedback has been received and actioned (in consultation with the RIPA Co-ordinator/SRO as necessary) on the proposed application should it then be submitted for authorisation.
- 4.7 The Authorising Officer will decide whether to authorise the use of one of the RIPA techniques and on what terms (if any) they may be used.
- 4.8 Authorisations should normally be in writing except that in urgent cases they may be given orally by an Authorising Officer. A case will only be urgent if the time taken to apply in writing would, in the judgement of the person giving the authorisation, be likely to endanger life or jeopardise the investigation or operation for which the authorisation was being given. An authorisation is not to be regarded as urgent where the need for an authorisation has been neglected or the urgency is of the Authorising Officer's or applicant's own making.

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- 4.9 With the exception of urgent, oral authorisations (see paragraphs 4.8 and 4.10), once an authorisation has been granted this should be forwarded to either the RIPA Co-ordinator or the SRO for quality assurance purposes. The authorised activity should only commence once the Authorising Officer has received feedback on the authorisation from the RIPA Co-ordinator or the SRO (and has actioned any feedback as necessary following feedback from the RIPA Co-ordinator or SRO).
- 4.10 All urgent, oral authorisations must subsequently be recorded in writing, as soon as is reasonably practicable after the authorisation, by both the Authorising Officer concerned and the applicant. This written record should include those details that would otherwise be required for a written application. The Authorising Officer should also ensure that details of the urgent oral authorisation are entered on the Central Register.
- 4.11 Details of designated RIPA Applicants and Authorising Officers can be found at Appendix B to this document.

NO COVERT SURVEILLANCE CAN BEGIN UNTIL AUTHORISED IN WRITING (OR, IN URGENT CASES ONLY, ORALLY)

- 4.12 Any authorisation must be time limited for a set period from the date of the approval as follows:
- | | |
|-------------------------|--|
| Directed Surveillance – | 3 months (less one day at 23.59hours) |
| CHIS - | 12 months (less one day at 23.59hours) |
- 4.13 In addition, when granting authorisation the Authorising Officer must set an appropriate review date (which must not be longer than one month). The Authorising Officer must review the continuing need for the authorisation on the review date – any authorisation should not last longer than is justified by the “necessary and proportionate” test and an authorisation must be cancelled early if a review shows it is no longer justified. If, on review, an authorisation is allowed to continue in force then a further review date must be set.
- 4.14 Authorisations **must** be cancelled, formally, by the Authorising Officer as soon as the need for the covert surveillance no longer exists – authorisations should not simply allowed to lapse. Again, the appropriate Home Office form is to be used for this. An authorisation may be renewed by a further application to the Authorising Officer on the appropriate form. If so, it will be necessary to show that the tests in this policy continue to be satisfied. In any case the Authorising Officer must continue to ensure appropriate and regular reviews of the authorisation.
- 4.15 Additionally, when authorising a CHIS the Authorising Officer must ensure before granting an authorisation that the following roles are in place:

- a “handler” who will have day-to-day contact with the source and general oversight of them. The “handler” directs the source’s day-to-day activities, records information supplied by the source and monitors the source’s welfare and security;
 - a “controller” responsible for management and supervision of the “handler” and who also has general oversight of the use made of the source, therefore providing further oversight and scrutiny; and
 - an individual responsible for maintaining records of each source, the records to contain those particulars as specified in regulations made by the Secretary of State (currently the Regulation of Investigatory Powers [Source Records] Regulations 2000 [SI 2000/2725]). For the avoidance of doubt, legal advice should be sought during any CHIS application process as to the “source records” to be maintained.
- 4.16 Officers seeking a CHIS authorisation must include in the application an assessment of the personal, operational and ethical risks of using the CHIS, including the likely consequences to the CHIS of the role becoming known. This assessment must be kept with the other records of the authorisation in accordance with record keeping below.
- 4.17 The Authorising Officer will not authorise as a CHIS anyone who is:
- (a) a vulnerable adult (i.e. a person who may need community care services by reason of mental or other disability, age or illness and may be unable to take care of him/herself or protect him/herself from harm or exploitation); or
 - (b) under the age of 18.
- 4.18 It should be noted that this RIPA process establishes no more than that the covert operation would be lawful. Officers must ensure that all other appropriate planning and risk assessments are also in place.
- 4.19 For the avoidance of doubt, the Protection of Freedoms Act 2012 requires certain local authorities, once they have approved RIPA authorisation internally, to then obtain judicial approval to that authorisation. The definitions of “local authority” contained in that Act, however, do NOT extend to combined fire and rescue authorities and so this stage is not required for any RIPA authorisation granted in accordance with this policy prior to the covert surveillance commencing.

5. RECORD KEEPING

- 5.1 The Senior Responsible Officer (SRO) is a senior manager with oversight of compliance with RIPA. The SRO has overall responsibility for:
- a) the integrity of the policy for managing RIPA;

Regulation of Investigatory Powers Act (RIPA)

- b) Compliance with RIPA and the codes of practice;
 - c) dealing with external inspectors as appropriate, including monitoring the implementation of any post-inspection action plans.
- 5.2 Authorising Officers must:
- (i) retain a copy every completed form in respect of each:
 - authorisation approved by them
 - review
 - renewal; and
 - cancellation
 - (ii) pass **the originals of each of the above forms** to the RIPA Co-ordinator who will maintain a central register with unique reference numbering of all requests and authorisations for covert surveillance under RIPA over at least the previous three years. This register must also include applications refused, stating the reasons for any refusal.
- 5.3 For a CHIS, records must be securely stored separately from other documentation. The records must be retained for at least five years and should contain the following information:
- a) the actual identity of the CHIS;
 - b) the identity used by the CHIS if any;
 - c) the unique identifying reference number (and code name, if applicable) used for the CHIS;
 - d) any other investigating authority involved, and the means by which that authority identifies the CHIS;
 - e) any information significant to the security and welfare of the CHIS;
 - f) any confirmation by an officer authorising a CHIS that the relevant information has been considered and any identified risks been properly explained and understood by the CHIS;
 - g) when and how the CHIS was recruited;
 - h) the identities of the handler and others authorising activities including times and dates when they were authorised;
 - i) the tasks given to sources and any demands made by the source in relation to his or her activities;
 - j) all contacts and communications between the source and the handler;
 - k) any information obtained from the source and any dissemination of it;
 - l) any payment, benefit or reward provided to the source.

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- 5.4 The originals of these records should be passed as soon as is practicable to the RIPA Co-ordinator who will maintain a centrally retrievable record of CHIS authorisations identifying the following:
- a) The unique reference number of the CHIS and any code name that may have been applied;
 - b) The date the authorisation was granted, renewed or cancelled;
 - c) An indication of whether the activities were self-authorised.

6. OVERSIGHT AND REVIEW

- 6.1 The SRO maintains general oversight of the Authority's use of RIPA and compliance with legal requirements and the codes of practice.
- 6.2 The Surveillance Commissioners and Interception of Communications Commissioner provide external oversight and from time to time may inspect the Authority's policies, procedures and practice in regard to RIPA. The SRO has a duty to ensure the reporting of any errors in the use of RIPA to the relevant commissioners and to ensure any remedial actions required by the commissioners are taken.
- 6.3 In accordance with those codes, the Authority is required to review the policy on the use of RIPA at least annually, with this review to include details (in an anonymised form) of any use by the Authority of RIPA. This is to ensure the Authority is able to judge whether the policy is being applied appropriately. For the avoidance of doubt, individual Members of Authority have no role in authorising or refusing any particular application to use RIPA procedures.

7. ACQUISITION OF COMMUNICATIONS DATA

NOTE: The Investigatory Powers Act 2016 contains provisions to restrict, for fire and rescue authorities, authorisations to acquire communications data to only those purposes necessary to prevent death or injury or any damage to a person's physical or mental health, or of mitigating any injury or damage to a person's physical or mental health. Although the Act has received Royal Assent, at the date of drafting this document the Commencement Order to bring these provisions into force had not been made. Consequently, prior to making any application for the acquisition of communications data, further advice should be sought of the current legal position.

- 7.1 A third technique of covert investigation available to the Authority under RIPA is communications data. Communication Data is the 'who', 'when' and 'where' of a communication, but not the 'what' (i.e. the content of what was said or written).

- 7.2 Postal or Communications Service Providers (CSPs) hold certain types of communications data. RIPA gives fire authorities (along with other local authorities) a power to acquire this data. The communications data that can be obtained by fire authorities is strictly limited and appropriate to the situation or investigation being managed.
- 7.3 During the management of an ongoing emergency the control room may acquire, without RIPA authorisation, any communications data required to prevent death or injury or any damage to a person's physical or mental health, or to mitigate any injury or damage to a person's physical or mental health.
- 7.4 Additionally, the Public Emergency Communications Service Code of Practice provides that caller location information not previously supplied (but which would otherwise have been available) may be requested of CSPs for up to one hour after the original emergency call without the need for RIPA authorisation (the "golden hour" rule).
- 7.5 Once the emergency has passed, however (or if there is an ongoing investigation over a period of time) then for:
- a) the purpose preventing or detecting crime, or preventing disorder;
or
 - b) in the interests of public safety.
- communications data consisting of subscriber information or service use data may be acquired from a CSP as long as the amount, type, and nature of the data acquired is necessary and proportionate in the circumstances.
- 7.6 The Acquisition of Communications Data Code of Practice cites the following as examples of subscriber information and service use data:
- (a) **Subscriber information** – i.e. information about the customer's account: name of the customer who is the subscriber for a telephone number/ e-mail account etc.; account information such as address for billing, delivery or installation; details of payments and bank or credit/ debit card details; information provided by the subscriber to the Communications Service Provider such as demographic information or sign up data (other than passwords) such as contact telephone numbers; and
 - (b) **Service Use Data** – i.e. the general ways in which the service was used: periods during which the customer used the service; itemised records of telephone numbers called, internet connections, dates and times of calls, duration of calls, text messages sent and quantities of data uploaded or downloaded; records of postal items, such as records of registered, recorded or special delivery postal items and records of parcel consignment, delivery and collection.
- 7.7 The Authority could not access the content of an individual's communications.

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Process for the Acquisition of Communications Data.

7.8 This features three roles:

1. The Applicant;
2. The Authorising Officer; and
3. A Senior Point of Contact (SPoC)

Each of these roles should be carried out by a different person.

The Applicant

7.9 This is the person involved in conducting an investigation or operation who makes the application in writing or electronically for the acquisition of communications data. The applicant completes an application form, setting out for consideration by the Authorising Officer, the necessity and proportionality of a specific requirement for acquiring communications data.

The Authorising Officer

7.10 The Authorising Officer is the individual responsible for considering and authorising any application made for the acquisition of communications data.

7.11 In doing so, the Authorising Officer will assess necessity and proportionality (including the potential for unintended consequences) of the application. Before granting the application, the Authorising Officer must take account of advice provided by the SPoC.

7.12 In discharging the role of Authorising Officer, it is important that the individual concerned is independent of any operation or investigation related to the application.

The Senior Point of Contact (SPoC)

7.13 To acquire communications data from a CSP, the Authority must make use of a Home Office accredited SPoC

7.14 Anyone who is to act as a SPoC must have attended an accredited course and obtained a PIN reference from the Home Office. The PIN reference is produced to the service provider with any request for data in order to confirm the SPoC is able to receive the data lawfully.

7.15 The accredited SPoC promotes efficiency and good practice in ensuring only practical and lawful requirements for the acquisition of communications data are undertaken. The role of the SPoC is to provide objective judgement and advice to both the Applicant and Authorising Officer and in so doing provides a “guardian and gatekeeper” function ensuring that the Authority acts in an informed and lawful manner.

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- 7.16 The SPoC is responsible for facilitating the handover of any data in accordance with the law including new statistical requirements required to be kept from 1 January 2015 in relation to the Acquisition and Disclosure of Communications Data under Part 1 Chapter 2 of the Regulation of Investigatory Powers Act 2000 (RIPA).
- 7.17 The SPoC will review the application and consider whether:
- (a) it has been properly made in accordance with due process; and
 - (b) it is reasonable practicable or possible to obtain the communications data requested; and
 - (c) If the acquisition should be by use of a notice or authorisation
- 7.18 If satisfied of these the SPoC returns the application to the Authorising Officer for authorisation.
- 7.19 **Only when the acquisition has been authorised** will the SPoC prepare a Notice in the form prescribed by the Home Office to serve on the CSP. The CSP will provide the data to the SPoC.
- 7.20 The handling and storing of that data will also be governed by the Data Protection Act 1998 so regard must also be had to the Service policy on data protection.

Regulation of Investigatory Powers Act (RIPA)

APPENDIX A

Surveillance Commissioners

[Office of Surveillance Commissioners](#)

[Office of Surveillance Commissioners Annual Report 2014](#)

Interception of Communications Commissioner's Office

[Interception of Communications Commissioner's Office](#)

Codes of Practice, Procedures and Guidance

[Codes of Practice](#)

[Office of the Surveillance Commissioners Procedures and Guidance](#)

Investigatory Powers Tribunal

[Investigatory Powers Tribunal](#)

[Investigatory Powers Tribunal Judgments](#)

Forms

Directed Surveillance

[Application for the Use of Directed Surveillance](#)

[Renewal of Directed Surveillance](#)

[Review of the Use of Directed Surveillance](#)

[Cancellation of the Use of Directed Surveillance](#)

Covert Human Intelligence Sources

[Application for the Use of Covert Human Intelligence Sources](#)

[Renewal of Authorisation to Use Covert Human Intelligence Sources](#)

[Reviewing the Use of Covert Human Intelligence Sources](#)

[Cancellation of Covert Human Intelligence Sources](#)

Regulation of Investigatory Powers Act (RIPA)

Reporting errors to the IOCCO

[Reporting an Error by a CSP to the IOCCO](#)

[Reporting an Error by a Public Authority to the IOCCO](#)

Regulation of Investigatory Powers Act (RIPA)

APPENDIX B

Designated Officers

Applicants

| | |
|-------------------|-------------------------------------|
| Paul Bray | Community Safety Protection Manager |
| Michelle Purchase | Business Safety Officer |
| Wendy Endacott | HR Operations Manager |
| Karen Harding | HR Officer (Operations) |

Authorising Officers

| | |
|---------------|--------------|
| Darren Peters | Area Manager |
| Joe Hassell | Area Manager |
| Sarah Allen | Area Manager |
| Steven Pope | HR Manager |

CHIS Authorising Officers

| | |
|-------------|--------------------------------|
| Glenn Askew | Chief Fire Officer |
| Alex Hanson | Assistant Chief Fire Officer * |
| Peter Bond | Assistant Chief Fire Officer * |

*in the absence of the Chief Fire Officer and/or as delegated by the Chief Fire Officer

Senior Responsible Officer (SRO)

| | |
|--------------|--|
| Mike Pearson | Director of Corporate Services |
| Steve Yates | Democratic Services & Corporate Support Manager ** |

** in the absence of the Director of Corporate Services and/or as delegated by the Director of Corporate Services

RIPA Co-Ordinator

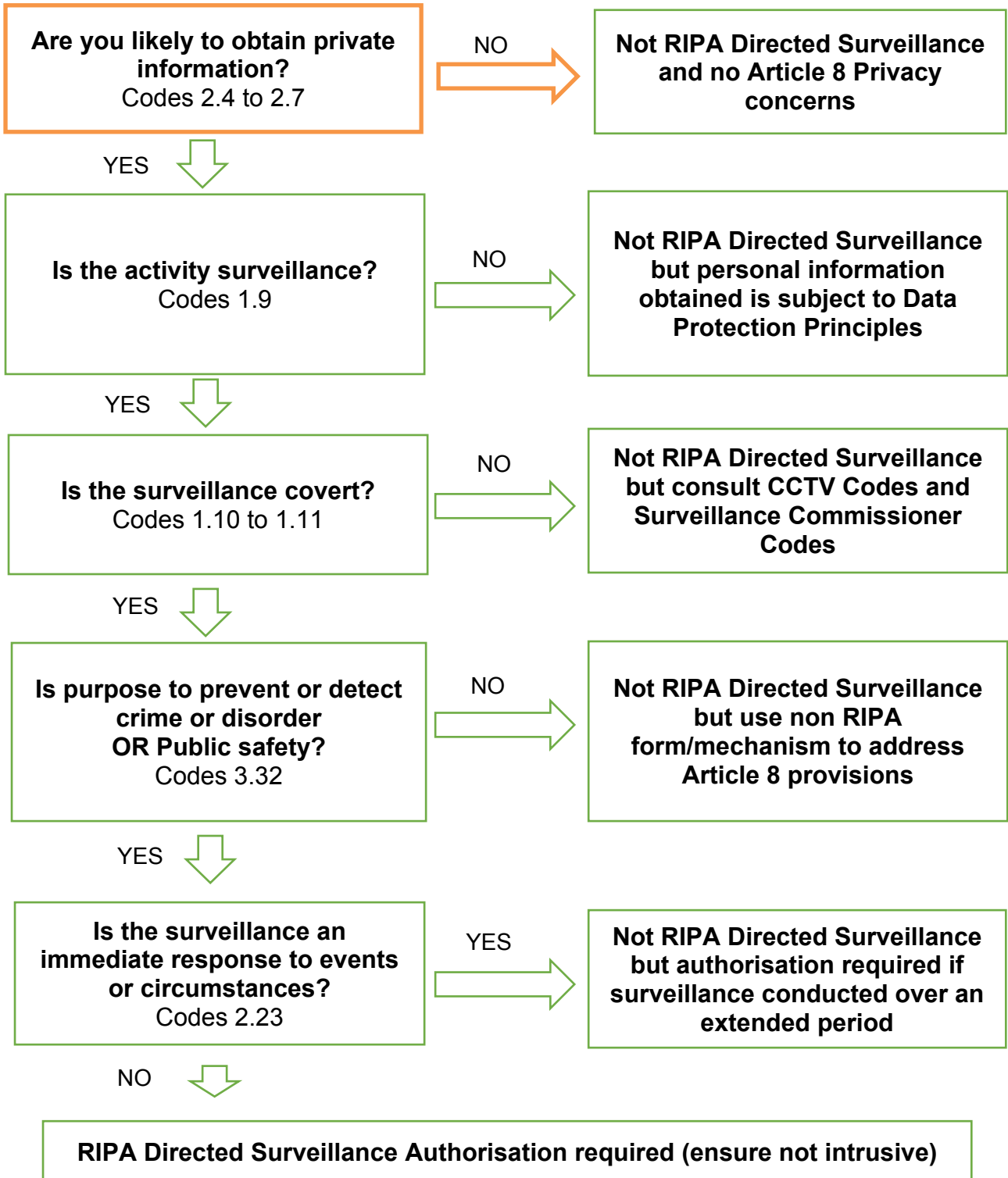
| | |
|-------------|---|
| Steve Yates | Democratic Services & Corporate Support Manager |
|-------------|---|

Single Point of Contact (SPoC)

| | |
|---------------|----------------------------------|
| Tieneka Akers | Corporate Communications Manager |
|---------------|----------------------------------|

APPENDIX C

RIPA Directed Surveillance Decision Chart



| | |
|--|---|
| REPORT REFERENCE NO. | APRC/18/10 |
| MEETING | AUDIT & PERFORMANCE REVIEW COMMITTEE |
| DATE OF MEETING | 26 APRIL 2018 |
| SUBJECT OF REPORT | DEVON AND SOMERSET FIRE AND RESCUE SERVICE PERFORMANCE 2017-18 - REPORT TO QUARTER 3 (APRIL TO DECEMBER 2017) |
| LEAD OFFICER | Director of Service Improvement |
| RECOMMENDATIONS | <i>That the report be noted.</i> |
| EXECUTIVE SUMMARY | <p>Attached for consideration and discussion is the Devon & Somerset Fire & Rescue Authority Performance Report for the reporting period of April 2017 – December 2017 (focus Quarter 3, 2017/18).</p> <p>The report features the measure details together with information on the measure status – in this report a measure status can be classed as ‘good performance’, ‘monitor performance’ or ‘negative exception’.</p> <p>The measure statuses are established through assessing performance vs previous year, performance vs previous quarter and medium to long-term trends. This method gives a rounded picture of performance and directs focus effectively on emerging issues.</p> <p>Where a measure is reported as an exception, an exception report will be included, providing additional information and analysis relating to the measure and identifying whether further action should be considered at this point.</p> <p>Commentary is provided direct from those leading on improving performance for areas outlined in the measure detail. The commentary contextualises the performance data within the report and highlights the activities that are being carried out to improve performance.</p> |
| RESOURCE IMPLICATIONS | None |
| EQUALITY RISKS AND BENEFITS ANALYSIS (ERBA) | None |
| APPENDICES | Devon & Somerset Fire & Rescue Authority - Quarter 3 Performance Report |
| LIST OF BACKGROUND PAPERS | Devon and Somerset Fire and Rescue Authority Corporate Plan 2013/14 – 2014/15 |

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DEVON &
SOMERSET
FIRE & RESCUE SERVICE

Quarter 3 Performance Report

Audit and Performance Review Committee

Business Intelligence Hub

Devon & Somerset
Fire & Rescue Service

11/04/2018

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Introduction

Devon & Somerset Fire & Rescue Service (DSFRS) is the largest non-metropolitan fire and rescue service in England. DSFRS provide prevention, protection and response services across the counties of Devon and Somerset (including Torbay and Plymouth).

There are 85 fire stations in the service area, the second largest number in England, and over 1,900 dedicated staff who work to protect the 1.7 million people who live in the area. This alongside the estimated 400,000 people who visit the counties throughout the year.

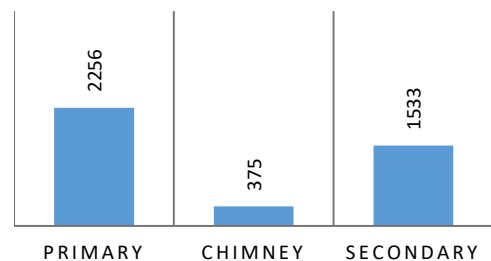
The fire and rescue service does not just rescue people from burning buildings and put out fires. In the 12 month period from January to December 2017 the Service attended 18,702 incidents, a breakdown can be seen below:

FIRES, 4164

Primary Fires - generally larger more complex incidents, those with casualties or fatalities or those occurring in dwellings.

Chimney Fires - fires restricted to the confines of the chimney.

Secondary Fires - minor fires, no casualties.

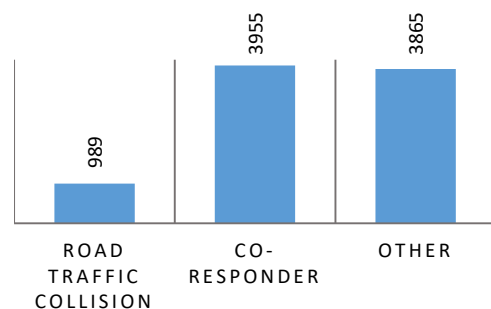


SPECIAL SERVICE, 8809

Road Traffic Collisions (RTCs) attended by DSFRS - not fires.

Medical emergencies include Co-responder incidents for which DSFRS provide first response on behalf of the South West Ambulance Service Trust (SWAST).

Other incidents include flooding, rescue from height, animal rescue

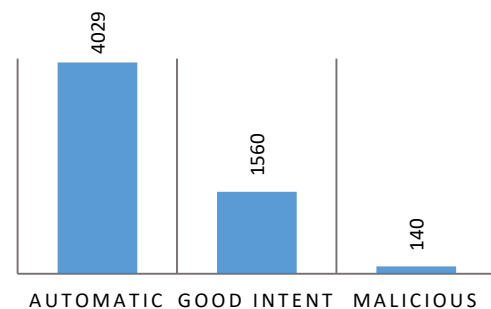


FALSE ALARMS, 5729

Automatic Fire Alarm (AFAs) - calls initiated by fire alarm or fire-fighting equipment operating.

False Alarm Good Intent - calls made in the belief that the Service would attend an emergency incident.

Malicious False Alarm – calls made with the intention of getting the Service to respond to a non-existent incident.



As well as providing a response to ongoing emergencies the Service is committed to providing community safety advice, education and intervention to keep its community and its visitors safe and prevent emergencies from happening. This can be by ensuring that the responsible person in a business premises is adhering to fire safety legislation, or through community safety activities such as home safety visits, RTC education and youth intervention programmes.

Executive Summary

The Quarter 3 2017/18 Performance Report (Apr-17 to Dec-17) sees five of the eight corporate measures showing positive performance and three showing negative performance. This is a declining picture compared to the previous report with two measures moving status from monitor to exception.

Positive performance

Fire-related deaths remain very low for 2017/18 with only three deaths recorded year to date and no deaths in Quarter 3.

Emergency response standards are showing improvement compared to previous year for both the reporting quarter and year to date performance. Long-term trends are also positive. Ensuring that our operational resources are available to respond when needed is a priority for the Service and has been a key area of focus over the last 12 months. The implementation of the Operational Resource Centre has provided consistent allocation of resources enabling us to make sure that we are managing risk effectively. Improving performance against ERS may suggest that the processes in place to match our resources to risk are having a positive effect.

Fires where people work, visit and in vehicles are showing improvement compared to previous year for both the reporting quarter and year to date. Deliberate fires are showing an upward three year trend however this is largely due to a below average number of fires in the 12 month period from January 2015 to December 2015.

Negative Performance

Fire-related injuries have increased compared to previous year for both the reporting quarter and year to date. It is notable that the relatively low numbers of injuries mean that small changes in the numbers recorded can show dramatic percentage variance. Analysis shows that while there has been an increase in the number of injuries recorded the numbers are within normal levels for the data. Further analysis can be found within the body of the report looking at potential causes of the increase.

Fires where people live have increased compared to previous year for both the reporting quarter and year to date. The increases are not dramatic but combined with a negative rolling three year trend this has been assessed to be an exception. Further analysis can be found within the body of the report looking at potential causes of the increase.

Measure Status

The performance status of reportable measures is established through analysis of performance vs previous year and medium / long term trends. Where a measure is reported as an exception an exception report will be included in the document. This report will provide additional information and analysis relating to the measure and will identify whether further action should be considered at this point.

Statuses: ✓ = Good Performance ! = Monitor Performance ✗ = Negative Exception

| KPI No. | Description | Status | Page |
|---------|--|--------|------|
| 1 | Fire-related deaths where people live | ✓ | 7 |
| 2 | Fire-related injuries where people live | ✗ | 7 |
| 3 | Fires where people live | ✗ | 7 |
| 4 | Fire-related deaths where people work, visit and in vehicles | ✓ | 15 |
| 5 | Fire-related injuries where people work, visit and in vehicles | ✗ | 15 |
| 6 | Fires where people work, visit and in vehicles | ✓ | 15 |
| 7 | Emergency Response Standard - first appliance to fires where people live in 10 minutes | ✓ | 21 |
| 8 | Emergency Response Standard - first appliance to Road Traffic Collisions in 15 minutes | ✓ | 21 |

Measures 1-3 Details

Measure 1: Fire-related deaths where people live

Status

| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|-------------|-------------|---------|--|-------------|-------------|---------|--|-------------------------|-------------------------|
| Total | 0 | 3 | -100.0% | | 3 | 5 | -40.0% | | | |
| Accidental | 0 | 3 | -100.0% | | 3 | 4 | -25.0% | | | |
| Deliberate | 0 | 0 | 0.0% | | 0 | 1 | -100.0% | | | |

There have been no fire related deaths where people live in Quarter 3 2017/18.

If a death occurs in the reporting quarter this measure will become a negative exception and further information will be provided. Trends and performance will be monitored to establish whether there are any developing performance issues.

It is important to note that fortunately the number of deaths from fire is very low and small changes in the number can lead to extreme changes in percentages.

Measure 2: Injuries at fires where people live

Status

| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|-------------|-------------|--------|--|-------------|-------------|--------|--|-------------------------|-------------------------|
| Total | 19 | 13 | 46.2% | | 60 | 38 | 57.9% | | | |
| Accidental | 17 | 12 | 41.7% | | 53 | 30 | 76.7% | | | |
| Deliberate | 2 | 1 | 100.0% | | 7 | 8 | -12.5% | | | |

This measure is highlighted as an exception due to the quarter on quarter increase, year to date increase and the upward trend in the rolling five year data.

There has been positive performance in elements of the three year trend however the overall picture suggests that this is an area requiring investigation.

An exception report can be found on page 8 of this report.

Measure 3: Fires where people live

Status

| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|-------------|-------------|--------|--|-------------|-------------|------|--|-------------------------|-------------------------|
| Total | 274 | 273 | 0.4% | | 777 | 754 | 3.1% | | | |
| Accidental | 255 | 250 | 2.0% | | 715 | 694 | 3.0% | | | |
| Deliberate | 19 | 23 | -17.4% | | 62 | 60 | 3.3% | | | |

This measure is in exception due to the quarter on quarter increase, year to date increase and the upward trend in the rolling three year data. The overall picture suggests that this is an area requiring investigation.

An exception report can be found on page 10 of this report.

Measure 2 Exception Report

Measure 2: Injuries at fires where people live

Negative exception ✘

| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|----------|----------|--------|---|----------|----------|--------|---|----------------------|----------------------|
| Total | 19 | 13 | 46.2% | ✘ | 60 | 38 | 57.9% | ✘ | ↓ | ↑ |
| Accidental | 17 | 12 | 41.7% | ✘ | 53 | 30 | 76.7% | ✘ | ↓ | ↑ |
| Deliberate | 2 | 1 | 100.0% | ✘ | 7 | 8 | -12.5% | ✓ | ↑ | ↓ |

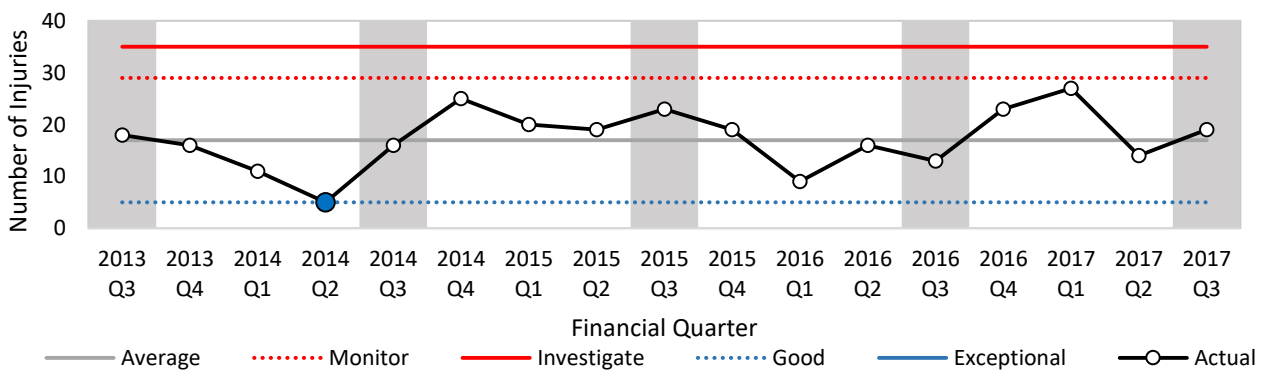
Why is this an exception?

This measure is in exception due to increases in quarterly and year to date figures compared to the same period last year and the rolling five year data showing an upward trend.

Analysis

The number of injuries has increased compared to previous year, however, the control chart below indicates that the data is within normal levels of variation for the reporting quarter with quarters two and three of 2017/18 both close to the five year average.

Number of injuries at fires where people live by financial quarter

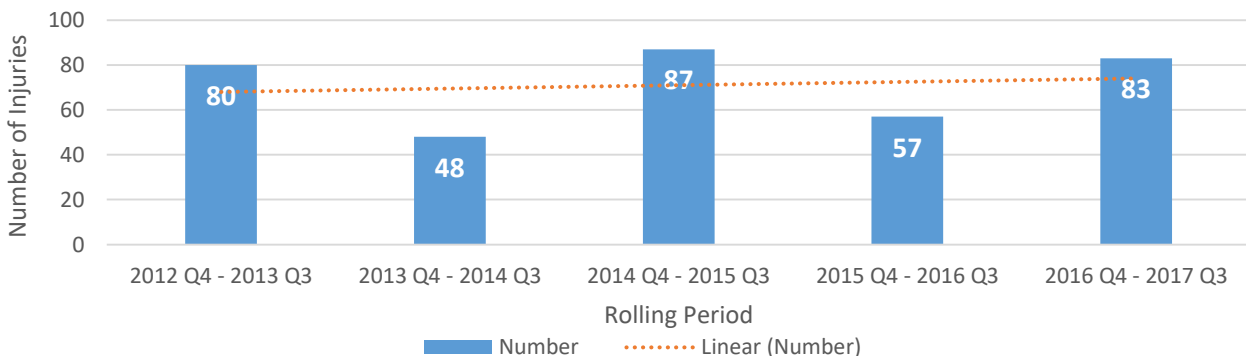


*Control charts enable us to monitor whether the data that we are seeing is in control or "normal". Points above the monitor line indicate there may be an emerging issue. Points above the investigate line indicate special cause variation and will require further investigation.

The rolling five year data does show a slight upward trend. The numbers are not consistently increasing year on year and the upward trend is largely due to the very low number of injuries recorded between 2013 Q4 - 2014 Q3.

In 2013/14 greater quality assurance of data around recording of injuries was introduced. There is good degree of confidence that the information recorded is fair and accurate.

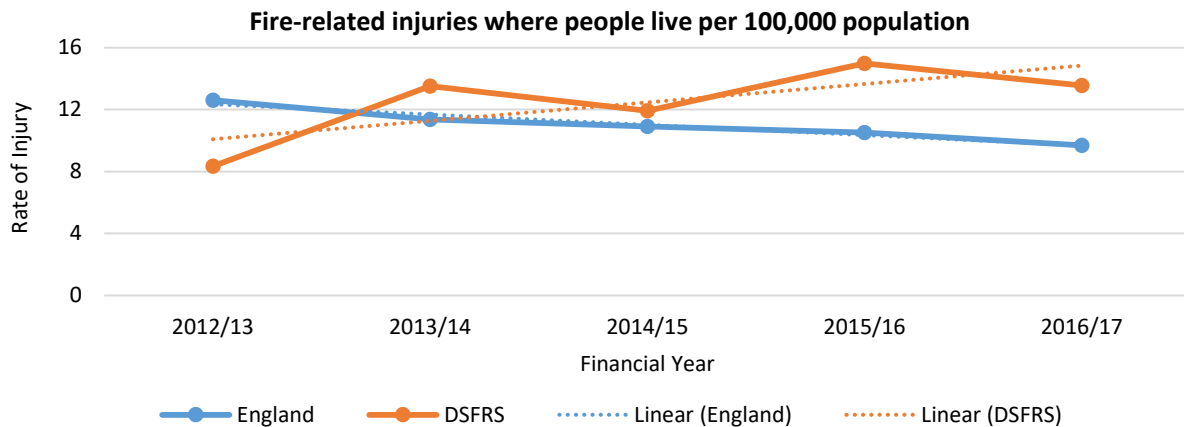
Rolling 5 Year Trend - Fire-related injuries where people live



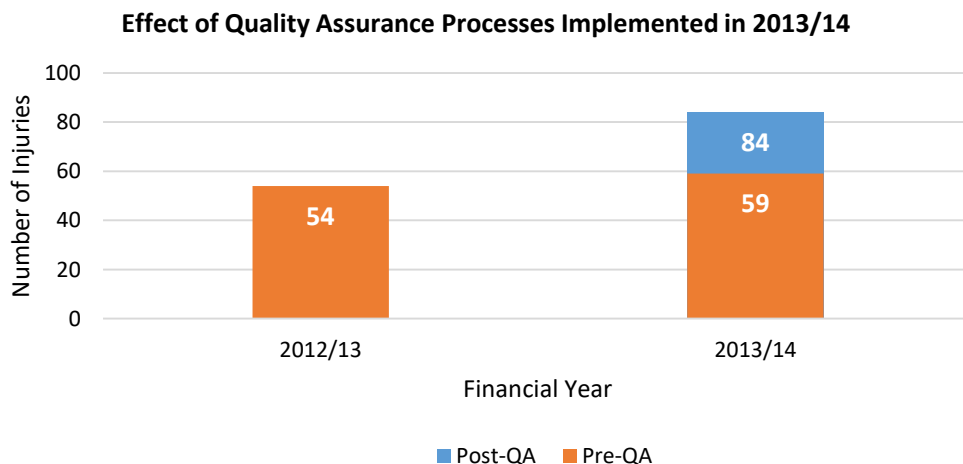
Measure 2 Exception Report

Direct comparison data is currently unavailable for benchmarking at a national level. The chart below shows the rate of all fire-related injuries where people live, including injuries where only first aid or a precautionary check were required which are excluded from measure two.

However, this data can still provide an insight into whether DSFRS performance is representative of the national picture. The DSFRS data is more variable than the national and the five year trend is also counter to that being seen nationally.



This may be due to stringent quality assurance implemented by DSFRS in 2013/14 following identification that injuries were being underreported in IRS. This accounted for a significant step change in the number of injuries recorded in 2012/13 to 2013/14. The chart below shows the impact of the quality assurance.



Actions required

Due to performance being within normal levels no further action is required at this time other than continued monitoring of performance.

Targeted prevention activities are in progress with new campaigns planned for delivery in the coming months. Further information on ongoing and future activities can be found in the measure 1-3 commentary section of the report.

Measure 3 Exception Report

Measure 3: Fires where people live

Negative exception ✘

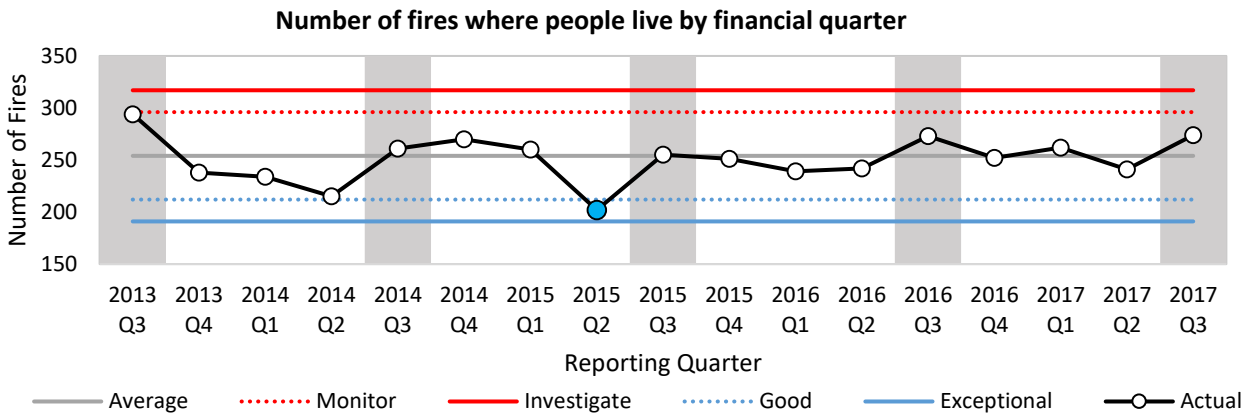
| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|-------------|-------------|--------|---|-------------|-------------|------|---|-------------------------|-------------------------|
| Total | 274 | 273 | 0.4% | ⚠ | 777 | 754 | 3.1% | ⚠ | ↑ | ↓ |
| Accidental | 255 | 250 | 2.0% | ⚠ | 715 | 694 | 3.0% | ⚠ | ↑ | ↓ |
| Deliberate | 19 | 23 | -17.4% | ✅ | 62 | 60 | 3.3% | ⚠ | ↑ | ↔ |

Why is this an exception?

This measure is in exception due to increases in quarterly and year to date figures compared to the same period last year and the rolling three year data showing an upward trend.

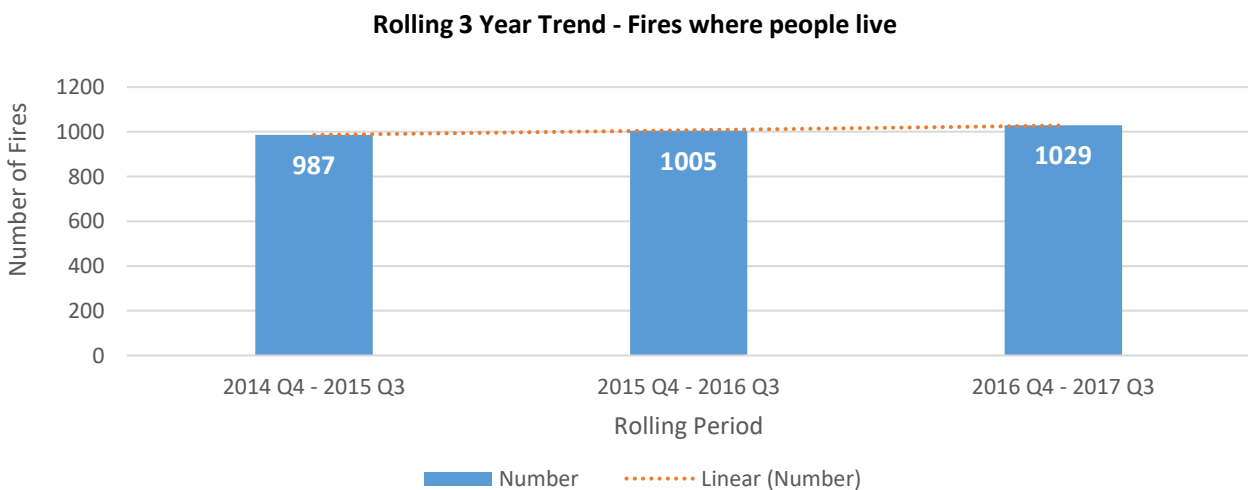
Analysis

The number of fires has increased compared to previous year, however, the control chart below indicates that the data is within normal levels of variation for the reporting quarter. It is worth noting that quarter three consistently has above average numbers of fires.



*Control charts enable us to monitor whether the data that we are seeing is in control or "normal". Points above the monitor line indicate there may be an emerging issue. Points above the investigate line indicate special cause variation and will require further investigation.

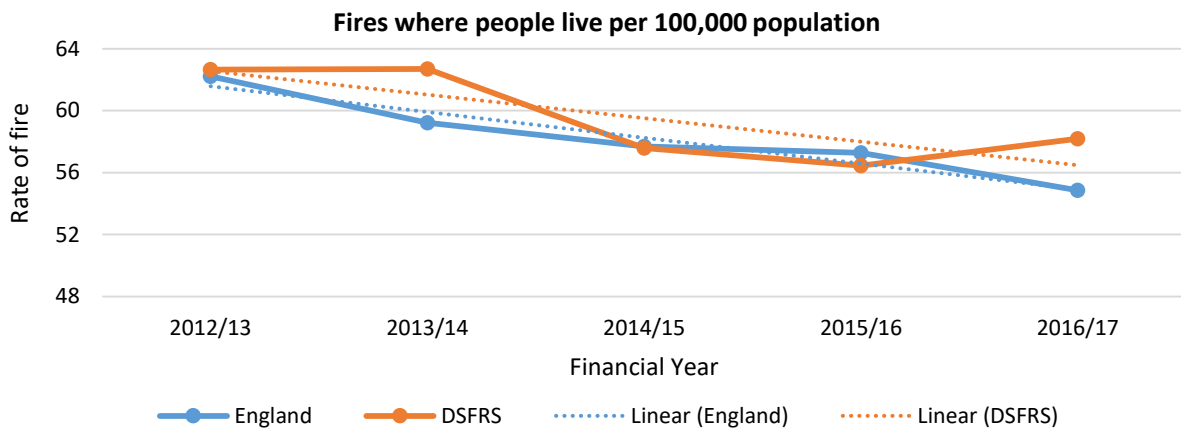
The rolling three year data shows a slight upward trend. The numbers are consistently increasing year on year. There has been a 4.6% increase from the rolling year 2014 Q4 - 2015 Q3 to the rolling year 2016 Q4 - 2017 Q3.



Measure 3 Exception Report

Benchmarking data provides context to enable better understanding of whether performance is in line with comparable organisations. The chart below shows the rate of fires where people live per 100,000 population for DSFRS compared with that of England as a whole.

While DSFRS performance is more variable it is showing a five year trend that is reflective of the national picture.



Actions required

Due to performance being within normal levels no further action is required at this time other than continued monitoring of performance.

Targeted prevention activities are in progress with new campaigns planned for delivery in the coming months. Further information on ongoing and future activities can be found in the measure 1-3 commentary section of the report.

Measures 1-3 Commentary

Community Safety Prevention Activities

In the 12 months from 01 January 2017 to 31 December 2017 the Service conducted 16,594 targeted Home Safety Visits* to households identified as needing our expert guidance and support.

We work closely with our colleagues in other agencies and third sector organisations to build partnerships that enable us to ensure that our resources provide maximum benefit to the community.

We engage with our communities in a variety of ways including educating children and young people through schools talks and structured programmes such as Fire Cadets, Phoenix and FireSetters. In addition to the Home Safety Visit activities, from 01 January 2017 to 31 December 2017, the Service undertook 6,573 preventative activities to improve public safety.

Central Operations Update

Safeguarding

The Safeguarding Team continues to provide support, feed-back and guidance to Home Safety Technicians and Group Support Teams to ensure that individuals identified through the safeguarding referral process as being at increased risk of sustaining a serious injury from fire are helped most effectively. This includes additional advice on engaging in multi-agency activities such as joint visits with care agencies to formulate care plans that include appropriate fire risk management.

The Team continues to develop, co-ordinate and monitor the work of the Firesetter Advisers in order to ensure that interventions are timely, appropriate and effective. Engaging with the Police and other partner agencies to address young people's serious fire-setting through the provision of targeted education is having a positive effect on behaviours. For example, a recent series of interventions with a young girl involved in lighting fires in the home was successful in furthering her understanding of the danger of playing with fire, while at the same time ensuring that the parents took responsibility for keeping lighters out of her reach.

Home Fire Safety Prevention

In this 3rd quarter of the year cooking fires continue to be a focus across all Groups; a Community Safety-led working group has been set up to investigate and to look to create a Service-wide campaign with the aim of reducing fires that start in the kitchen and associated injuries. Engagement has been undertaken with staff and partner agencies with a view to launching a campaign in April 2018.

The roll out of the new approach to home safety is ongoing with full deployment planned to be completed early in the 2018/19 financial year. The development of the technology required to undertake the role is nearing completion. All Home Safety Technicians are now in place and following participation in a number of development days and they are now delivering Level 2 Home Fire Safety Visits across the service area.

Area Operations Update

West Devon: work is continuing at Devonport Towers with Home Fire Safety being provided to residents which is being very well received. A meeting was held with the Chief Executive of Plymouth City Council who has been very positive about the work being done with other agencies.

** (this figure includes 'Level 2 Home Fire Safety Visits', 'Replacement Alarm Visits', 'At Property Level 1 Home Fire Safety Checks' and 'Not At Property Level 1 Home Fire Safety Checks', but excludes 'Home Safety Follow-up Visits')*

Measures 1-3 Commentary

Commitment to engagement with the Phoenix programme has been reaffirmed with five courses planned. Phoenix courses provide a unique opportunity for young people, particularly those “at risk”, to work with DSFRS and take part in a variety of physical and mental challenges that support development of life-long skills. The Group are working with nominations from Devon and Cornwall Police and local councils.

South Devon: the prevention team continue to nurture quality partnerships so that activities can be targeted at the most vulnerable members of society. An example of this is work that is ongoing with the Police in Paignton who are sharing information on vulnerable adults that have been a victim of crime so that the Service can provide them with Home Safety Visits.

The South Devon Prevention and Business Safety team recently undertook an action day in Newton Abbot following intelligence from the Police that there is an increased level of anti-social behaviour. The Group are working with the Police and local authority to see if a Phoenix course can be provided to target individuals involved in anti-social behaviour.

East Devon: have focused during the last few months on developing partner relationships to reinvigorate engagement and optimise effectiveness. This has resulted in further support to get our prevention services back on their radar, particularly where significant staff changes have taken place.

In East Devon three new partnerships have been created and are now working with us, most notably Cornerstone Housing, which identifies a large proportion of residents falling into vulnerable groups.

West Somerset: the newest One Team has been established to cover all of the West Somerset District Council area. A member of our Group Support Team acts as the contact point for DSFRS and ensures we are active in this multi-agency approach.

The Group Support Team in West Somerset has provided refresher training for all of the Village Agents to further improve their knowledge of our services and enhance this referral pathway.

Compass have recently (in partnership with MIND) launched the Somerset Mental Wellbeing Service (SMWS). West Somerset are in discussions with SMWS to see how best we can offer our home fire safety services to their clients.

West Somerset Group have advertised for Advocates through 2017 and are part-way through recruitment and training processes, working towards having at least one Advocate working around each fire station in the group area.

East Somerset: have recently established a partnership agreement with Careline Telecare which is returning a good level of referrals of vulnerable people, who are now receiving home safety advice and specialist smoke detection equipment.

The Group have been targeting vulnerable people through high intensity activity taking place at sheltered housing schemes across the group. Thirteen sheltered housing schemes have been visited out of a total of 41 identified schemes, the remaining schemes are all being engaged and visits programmed.

In East Somerset schools education talks this year across South Somerset and Mendip have numbered 209 of which 47 were undertaken in Q3. Further school talks at Key Stages 1 and 2 are booked for the remainder of the financial year.

North Devon: are trialling a letter for partners to improve the number of referrals, if this is successful it will be rolled out further.

Measures 1-3 Commentary

The Group are working in collaboration with 'Drink Wise Age Well'; identification of vulnerable groups and individuals is working well, and referrals have increased from this partnership.

North Devon Group are providing input into the "Out of the Blue" project for 12 to 14 year olds where DSFRS provide fire safety in the home advice as well as RTC awareness.

The North Devon Community Safety team have accessed flu clinics and have gained 120 referrals from high risk groups.

To date 65 schools have received fire safety education talks and by March 2018 every school and all required key stages will be complete.

Performance Overview Measures 4 - 6

Measure 4: Fire-related deaths where people work, visit and in vehicles

Status 


| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|-------------|-------------|---------|---|-------------|-------------|---------|---|---|---|
| Total | 0 | 1 | -100.0% |  | 1 | 3 | -66.7% |  |  |  |
| Accidental | 0 | 1 | -100.0% |  | 1 | 2 | -50.0% |  |  |  |
| Deliberate | 0 | 0 | 0.0% |  | 0 | 1 | -100.0% |  |  |  |

In Q3 there have been no fire related deaths where people work, visit or in vehicles.

If a death occurs in the reporting quarter this measure will become a negative exception and further information will be provided. Trends and performance will be monitored to establish whether there are any developing performance issues. It is important to note that fortunately the number of deaths from fire is very low and small changes in the number can lead to extreme changes in percentages.

Measure 5: Injuries at fires where people work, visit and in vehicles

Status 

| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|-------------|-------------|--------|--|-------------|-------------|--------|---|---|---|
| Total | 7 | 1 | 600.0% |  | 25 | 15 | 66.7% |  |  |  |
| Accidental | 2 | 1 | 100.0% |  | 15 | 13 | 15.4% |  |  |  |
| Deliberate | 5 | 0 | NA | NA | 10 | 2 | 400.0% |  |  |  |

This measure is highlighted as an exception due to the quarter on quarter increase and year to date increase in injuries in all elements of the measure.

The three and five year rolling trend is positive for all but deliberate fires.

An exception report can be found on page 16 of this report.

Measure 6: Fires where people work, visit and in vehicles

Status 

| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|-------------|-------------|--------|---|-------------|-------------|--------|---|---|---|
| Total | 277 | 329 | -15.8% |  | 965 | 1061 | -9.0% |  |  |  |
| Accidental | 193 | 230 | -16.1% |  | 697 | 755 | -7.7% |  |  |  |
| Deliberate | 84 | 99 | -15.2% |  | 268 | 306 | -12.4% |  |  |  |

This measure is showing a positive status in performance. Numbers of fires have decreased in the corresponding quarters and in the year to date.

Rolling three year trend shows an improvement in performance in accidental fires, rolling five year trend shows an improvement in performance in totals and accidental fires. Deliberate fires show an decrease in the three and five year trends.

Measure 5 Exception Report

Measure 5: Injuries at fires where people work, visit and in vehicles

Negative exception ✘

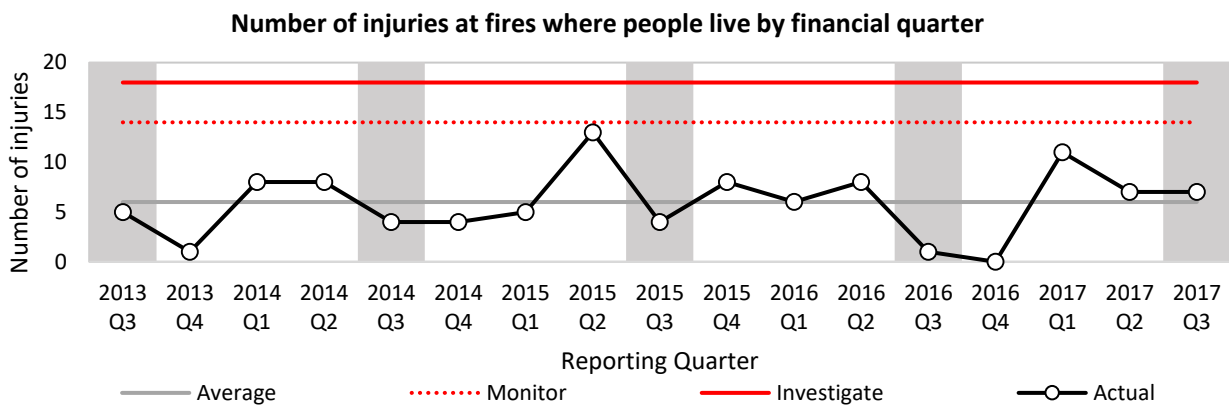
| | Q3 17/18 | Q3 16/17 | Var. | | YTD 2017 | YTD 2016 | Var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|------------|----------|----------|--------|----|----------|----------|--------|---|----------------------|----------------------|
| Total | 7 | 1 | 600.0% | ✘ | 25 | 15 | 66.7% | ✘ | ↓ | ↓ |
| Accidental | 2 | 1 | 100.0% | ✘ | 15 | 13 | 15.4% | ✘ | ↓ | ↓ |
| Deliberate | 5 | 0 | NA | NA | 10 | 2 | 400.0% | ✘ | ↑ | ↑ |

Why is this an exception?

This measure is in exception due to increases in quarterly and year to date figures compared to the same period last year.

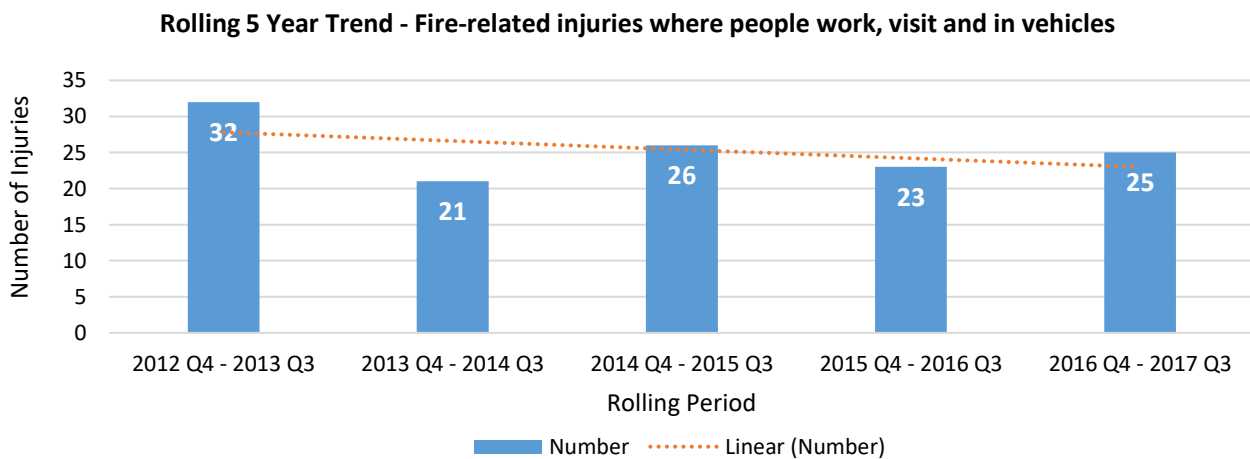
Analysis

The number of injuries has increased compared to previous year, however, the control chart below indicates that the data is within normal levels of variation for the reporting quarter.



*Control charts enable us to monitor whether the data that we are seeing is in control or "normal". Points above the monitor line indicate there may be an emerging issue. Points above the investigate line indicate special cause variation and will require further investigation.

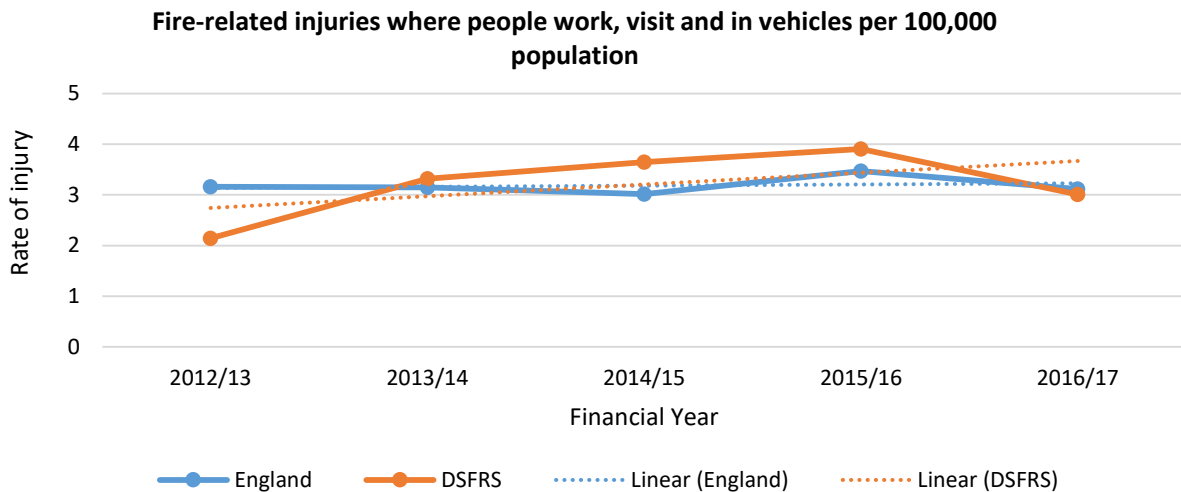
The rolling three and five year data are showing a slight downward trend. The numbers are variable and not showing a consistent year on year reduction. The five year downward trend is the result of a relatively high number of recorded injuries in the 12 months from 2012 Q4 - 2013 Q3.



Measure 5 Exception Report

Direct comparison data is currently unavailable for benchmarking at a national level. The chart below shows the rate of all fire-related injuries where people work, visit and in vehicles per 100,000 population. This includes injuries where only first aid or a precautionary check were required which are excluded from measure five.

However, this data can still provide an insight into whether DSFRS performance is representative of the national picture. The DSFRS data has returned to below the national rate in 2016/17.



Actions required

Due to performance being within normal levels no further action is required at this time other than continued monitoring of performance. It is also important to note that the number of injuries of this type are very low and therefore percentage change against previous year can look dramatic.

Targeted business safety activities are in progress. Further information on ongoing and future activities can be found in the measure 4-6 commentary section of the report.

Measures 4-6 Commentary

Protection Activities

DSFRS has a statutory obligation to ensure that non-domestic premises and public events are compliant with fire safety regulations. From 01 January 2017 to 31 December 2017 the Service conducted 3,470 fire safety checks, 747 fire safety audits and 8,185 other protection activities to ensure public safety.

Update on Actions Following the Grenfell Tragedy

Following the tragic events at Grenfell Tower, the Service conducted inspections at the 141 high rise premises identified through Site Specific Risk Information (SSRI). This pre-empted requirements set by The National Fire Chiefs Council (NFCC) and The Ministry for Housing, Communities and Local Government (MHCLG).

In addition to the high rise inspections MHCLG requirements led to identification of a further 1,400 educational and health care premises for inspection. The inspections are being completed by the Service's Business Safety teams and have been incorporated into their current inspection programmes. Business Safety leads have been tasked with identifying any additional private health care or educational establishments that are not detailed within the corporate gazetteer.

It is anticipated that the inspection process should be completed by June 2019. A summary of the fire safety inspections carried out by the Business Safety teams as part of the initiative following the Grenfell Tower tragedy can be seen below:

- **141** fire safety checks have been completed in premises identified as high rise buildings;
- of these, **6** resulted in Fire Safety Audits (meaning that there were fire safety concerns identified which required more in-depth attention of the Business Safety team);
- **71** did have cladding however only **three** have been reported as Aluminium Composite Cladding (ACM).
- Steady progress is being made on inspections of NHS and Educational premises, where we have completed **569** of the 1,400 checks;
- of these, **11** resulted in Fire Safety Audits;
- **197** of them have been found to have some level of cladding but none have had ACM cladding.

Area Operations Activities

West Devon: are continuing to increase use of advocates to complete checks and visits. The Group Support Team (GST) has undertaken 100 inspections for health care, with advocates completing 52 in same period.

West Devon are leading the 'Stonehouse project' which intends to reduce deliberate fire setting. This is led by DSFRS with commitment from Plymouth County Council, Devon & Cornwall Police, Plymouth Community Homes and other charitable organisations (such as Power to Change).

West Devon are establishing mutual partnership with homecare and adult services for business safety visits, arrangements with Doctors surgeries in Kingsbridge and Derriford hospital

South Devon: Business Safety Team have worked closely with housing teams in the local authorities to target Houses in Multiple Occupancy (HiMOs) along with targeted joint agency visits including with the Police where there are concerns over illegal activity and risk in communal areas of HiMOs.

Measures 4-6 Commentary

The Group have worked with Police and the local authority where properties are vacant and where boarding up is compromised to ensure premises are secured quickly and local Police teams are aware to prevent deliberate fires.

The South Devon team were involved in an action day this quarter in Newton Abbot targeting retail premises with sleeping accommodation above.

The Group continue to hold multi agency exercises to ensure we are prepared should an incident occur. This includes multi agency tabletop exercise (a discussion-based session where team members meet in an informal setting to discuss their roles during an emergency and their responses to a particular emergency situation), a ship exercise with the Navy in Dartmouth and continued Joint Emergency Services Interoperability Programme (JESIP) training for our officers.

East Devon: have been involved in a number of significant and high profile Building Regulation Consultations throughout the year which have continued into this quarter. These construction projects have included a number of significant student accommodation blocks and the Ikea Exeter store which have involved complex fire engineered safety strategies.

The Group's partnership working has grown to include working with those responsible for maintaining fire safety in the communal areas of the respective councils own social housing stock. This partnership work has led to direct and indirect intervention in a number of blocks of flats improving the means of escape for a significant number of East Devon residents.

The East Devon Business Safety Team has supported Exeter City Council in the preparation of their 'Clear and Safe' policy in their social housing blocks. The support of DSFRS at Councillor meetings was greatly appreciated in winning the support of local councillors for a change of policy. The policy is due to be implemented with a transition period to allow residents to adjust to the culture change and to allow the council to improve storage facilities etc.

The Team were invited to the inaugural meeting of the South West branch of SafetyNet, a best practice forum run by the Housing Quality Network which provides high quality advice and supports best practice amongst housing associations, councils and other housing providers. The topic of the first meeting centred on fire risk assessment, competence, and fire strategies.

West Somerset: Business Safety Team continues to work in line with Service expectations which is now showing greater numbers of inspection activity leading to formal enforcement action and consideration for prosecution where necessary.

One notable inspection initiative currently in progress is targeting two areas of Bridgwater with a history of low compliance in an area of deprivation. Operational crews are supported by a Business Safety Officer, either accompanying to develop staff or located in close proximity to enable a rapid response to fire safety contraventions.

East Somerset: are developing a partnership agreement with the local policing team in Mendip with regard to undertaking referral activity which will be underpinned by trigger point awareness training, providing the police with the knowledge to identify households that may be of increased risk of having a fire in the home.

The Business Safety team are currently establishing a licencing partnership agreement with Avon & Somerset Police which covers the Mendip and South Somerset areas.

Measures 4-6 Commentary

The East Somerset group has now completed more than 413 Fire Safety Checks since April 2017 resulting in over 70 audits.

The targeting work has been extremely successful in identifying high risk premises which have resulted in four prohibitions, one enforcement notice, and five action plans.

North Devon: two more business safety advocates have gone through their initial course and are now delivering Fire Safety Checks to underpin the work carried out by Business Safety Officers.

Staff in North Devon are carrying out joint inspections with local housing officers. The work is taking place in the Ilfracombe area, with discussions in progress around selective licensing and increasing joint inspection to all Houses in Multiple Occupancy (HiMOs) and flats. It is intended that the work will be undertaken through a five year programme and will improve housing and fire safety standards.

Performance Overview - Measures 7 & 8

Measure 7: ERS for attendance at fires where people live ✓

| | Q3 17/18 | Q3 16/17 | % pt. var. | | YTD 2017 | YTD 2016 | % pt. var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|-------|-------------|-------------|------------|---|-------------|-------------|------------|---|-------------------------|-------------------------|
| Total | 66.7% | 64.1% | 2.6% | ✓ | 68.5% | 67.5% | 1.0% | ✓ | ↓ | ↑ |

This measure is showing positive performance. Improvements in response standards are shown in the corresponding quarter, the year to date figures and in the five year rolling trend.

The negative three year trend does not effect the overall status of this measure but should be monitored.

Measure 8: ERS for Road Traffic Collisions ✓

| | Q3 17/18 | Q3 16/17 | % pt. var. | | YTD 2017 | YTD 2016 | % pt. var. | | Rolling 3 Year Trend | Rolling 5 Year Trend |
|-------|-------------|-------------|------------|---|-------------|-------------|------------|---|-------------------------|-------------------------|
| Total | 78.0% | 72.7% | 5.3% | ✓ | 77.4% | 74.3% | 3.1% | ✓ | ↑ | ↑ |

This measure is showing positive performance. Improvements in achievement of the response standard are shown in all elements.

Emergency Response Standards

Area Operations Activities

West Devon: are continuing to use Group Support Team staff for dual roles; this has seen increase in availability so will become business as usual. There has also been a visible increase in the morale in those taking part giving them a new challenge and sense of purpose in their roles.

The Group have been involved in the Training for Competence pilot, which is about to roll out across the service. The aim is to enable on-call staff to maintain operational licence more easily. The Group are providing modular reviews and key training for firefighters as well as Incident command support for those wishing to take part in that area of development.

West Devon continue to recruit, receiving a good response in the South Hams area. Local Risk Managers are working hard with working with main employers and using social media to generate interest in joining the Service as on-call firefighters.

East Somerset: stations are actively planning crewing availability, and identifying skills development opportunities for staff through driving and incident command; to support appliance availability. Crewing Coordinators continue to work with Community Firefighters to ensure appliance availability at stations identified as most critical for reducing risk. The Group are actively engaged in recruitment and Crew Manager and Watch Manager promotions across the group to ensure sufficient crewing is maintained.

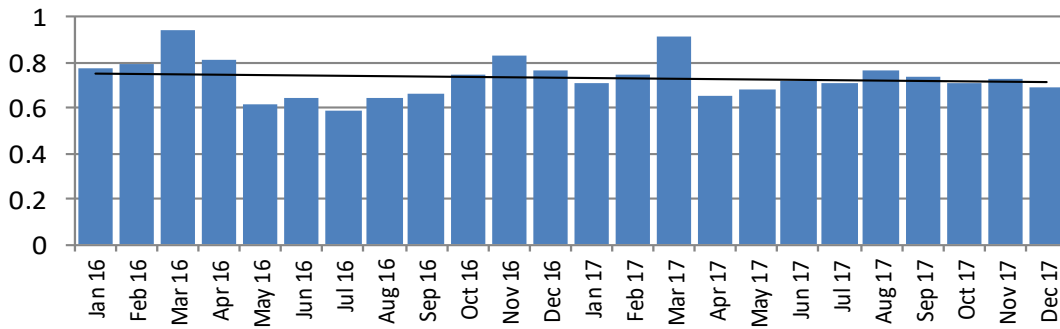
North Devon: are working to ensure new firefighters are progressed through their development training as quickly as possible and hold two training sessions per month in two locations in order to facilitate stage reviews and training, in addition to the work carried out on stations. This also extends to pre Incident Command System (ICS) training to increase our ICS trained personnel.

Performance Overview - Sickness

Priority: Staff Safety - Sickness Rates

| Measure Breakdown | Actual Apr-17 to Dec-17 | Previous Apr-16 to Dec-16 | % Variance |
|----------------------------|----------------------------|------------------------------|------------|
| Sickness Rates (All Staff) | 6.40 | 6.31 | 1.50% |

Average sick days taken per person, per month



| Sickness Rates by Post Type Apr-17 to Dec-17 | Wholtime Station Based Staff | | | Wholtime Non-Station Staff | | |
|---|------------------------------|----------|--------|----------------------------|----------|--------|
| | Actual | Previous | % Var. | Actual | Previous | % Var. |
| Overall Sickness Rate | 6.24 | 5.60 | 11.5% | 4.68 | 7.41 | -36.9% |
| Days / Shifts Lost | 2233.50 | 2105.00 | 6.1% | 977.00 | 1408.00 | -30.6% |
| Sickness Rate - Long Term* | 3.58 | 2.96 | 20.8% | 3.81 | 6.24 | -38.9% |
| Days / Shifts Lost - Long Term | 1280.50 | 1114.00 | 14.9% | 797.00 | 1185.00 | -32.7% |
| Sickness Rate - Short Term Cert** | 0.98 | 0.90 | 9.1% | 0.53 | 0.44 | 21.6% |
| Days / Shifts Lost - ST Cert. | 351.00 | 338.00 | 3.8% | 111.00 | 83.00 | 33.7% |
| Sickness Rate - Short Term*** | 1.68 | 1.74 | -3.1% | 0.77 | 0.74 | 4.5% |
| Days / Shifts Lost - ST | 602.00 | 653.00 | -7.8% | 161.00 | 140.00 | 15.0% |

| Sickness Rates by Post Type Apr-17 to Dec-17 | Control | | | Support Staff | | |
|---|---------|----------|--------|---------------|----------|--------|
| | Actual | Previous | % Var. | Actual | Previous | % Var. |
| Overall Sickness Rate | 10.28 | 8.18 | 25.8% | 7.21 | 6.27 | 15.0% |
| Days / Shifts Lost | 362.52 | 301.56 | 20.2% | 1721.48 | 1480.74 | 16.3% |
| Sickness Rate - Long Term | 6.88 | 4.11 | 67.4% | 4.94 | 3.60 | 36.9% |
| Days / Shifts Lost - Long Term | 242.52 | 151.56 | 60.0% | 1179.03 | 851.40 | 38.5% |
| Sickness Rate - Short Term Cert. | 2.16 | 0.79 | 174.1% | 0.72 | 0.89 | -19.3% |
| Days / Shifts Lost - ST Cert. | 76.00 | 29.00 | 162.1% | 171.00 | 209.64 | -18.4% |
| Sickness Rate - Short Term | 1.25 | 3.28 | -62.0% | 1.56 | 1.78 | -12.5% |
| Days / Shifts Lost - ST | 44.00 | 121.00 | -63.6% | 371.45 | 419.70 | -11.5% |

* Long Term Sickness: >28 Calendar Days

** Short-Term Certified Sickness: 8 to 28 Calendar Days

*** Short Term Sickness: <8 Calendar Days

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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