REPORT REFERENCE NO.	AGC/24/13
MEETING	AUDIT & GOVERNANCE COMMITTEE
DATE OF MEETING	16 JULY 2024
SUBJECT OF REPORT	CORPORATE RISK REGISTER
LEAD OFFICER	ASSISTANT DIRECTOR, CORPORATE SERVICES
RECOMMENDATIONS	*(a).* *That the report is used to assess, monitor and have oversight of risks within the Service, ensuring that appropriate levels of assurance are in place to protect the Service interests and achieve Strategic Objectives; and* *(b).* *that subject to (a) above, the report be noted..*
EXECUTIVE SUMMARY	Managing risks, both operational and strategic, is an important part of ensuring that the resources of Devon and Somerset Fire and Rescue Service are used to best advantage. Risk is inherent in most things that the Service does and much of its activity is already assessed and managed through the application of the operational risk management procedures and good common sense. The Corporate Risk Register sets out risks and mitigation to ensure that risk is managed appropriately and proportionately.
RESOURCE IMPLICATIONS	Nil.
EQUALITY RISKS AND BENEFITS ASSESSMENT (ERBA)	Not applicable.
APPENDICES	A. Risk Management Framework
LIST OF BACKGROUND PAPERS	AGC 22 January 2024 – Corporate Risk Report AGC 21 July 2023 – Corporate Risk Report and risk management awareness session AGC 29 November 2022 – Corporate Risk Register AGC 7 March 2022 – Corporate Risk Register

1. **INTRODUCTION**

1.1.   The aims of Risk Management for the Devon & Somerset Fire & Rescue Service ("the Service") are to:

- Protect the assets of the Service;

- Ensure service continuity; and

- Facilitate innovation and opportunity.

1.2.   Risk management does not mean risk avoidance. It is about encouraging officers and managers to identify, understand and control risk and to learn how to accept the right level of risk.

2. **CORPORATE RISK REGISTER**

2.1.   The corporate risk register captures and describes the Service's most significant risks, with a focus on cross-cutting risks and major projects. It is formally reviewed and refreshed on a regular cycle. In order to embed the Service's approach to managing strategic and operational risks, risk management is integrated within the planning process so that it is part of direction setting, activity and resource planning and activity monitoring.

2.2.   Risk management is the process by which risks are identified, assessed, recorded, mitigated and reviewed. A risk is the threat that an event or action will adversely affect the ability to achieve our objectives. The Risk Management Framework sets out responsibilities for the management of risk and seeks to ensure that key risks to the achievement of the Service's objectives are understood, reported and appropriately mitigated. It is important to recognise that an effective risk management framework is as much a way of thinking as it is a process or system as illustrated in Appendix A.

2.3.   The process includes the identification, assessment and recording of risks and mitigating activities which is incorporated into annual service plans. The final stage of the process, once risks have been reviewed by risk owners and directors, is for the Audit & Governance Committee (the Committee) to use the report to assess, monitor and have oversight of risks within the Service, ensuring that appropriate levels of assurance are in place to protect the Service interests and achieve Strategic Objectives.

2.4.   Updates for the five high risks are detailed below.

CR044 Cyber attack causes sustained business systems outage, risk owner Assistant Director of Corporate Services (Senior Information Risk Owner). Risk added September 2018. Risk remains indefinitely on register.

- On 17 April 2024, the Service Leadership Team and newly appointed Senior Information Risk Officer attended a cyber resilience exercise, hosted by the South West Regional Cyber Crime Unit (SWRCCU) which is part of Avon & Somerset Police.

They were split into teams to compete against each other and become "the security experts" employed by an organisation to juggle budgets and incoming threats. The theme was 'Decisions and Disruptions' and feedback has been very positive including that it was a safe space to learn, have fun and to be engaged. Cyber resilience, awareness and maturity are very much a priority to ensure that the Service is kept safe from cyber criminals. A subsequent cyber escape room event was held with DDaT on 1 and 4 July. The session aims were to raise cyber awareness, team and resilience building. From October 2024 the session to be available to staff with each session restricted to 30 players.

- On 15 July 2024 the Regional Cyber Crime Unit delivered the National Cyber Security Centre cyber toolkit to Executive Board (EB). The aim of the session helps EB to ensure that cyber resilience and risk management are embedded throughout the Service, including its people, systems processes and technologies.

- The Cyber Assessment framework self assessment has been completed and DDaT and Information Governance teams are working through the partial and not met items.

- Cyber was a topic at the recent round of Leading Conversations for the Service's middle and senior managers. The session was well received and the expectation is that managers will ensure that learning is cascaded throughout the Service.

- Over recent months a key person dependency risk has materialised with no experienced information security management resources available. The Executive Board has agreed in principle the establishment of a twelve month temporary 0.6 FTE resource with further support from the Networked Fire Services Partnership for DSFRS activities only, with the Information Governance team covering the 0.4 FTE gap.

CR055 (SSC003) Failure to thoroughly investigate and learn from safety events and take corrective action to prevent foreseeable reoccurrences. Risk owner Assistant Director of Corporate Services . This risk was added December 2019. Based on current progress it is anticipated that the risk will not be de-escalated within the next six months.

- The total number of overdue safety event investigations is 21 as at 21 June 2024, (45% of the total). The Strategic Safety Committee (SSC) Key Performance Indicator is <20%. The number of overdue safety events is 21, a reduction of 39 sine the previous report.

- The outstanding safety event recommendations in the old safety event management system SERT have now all been addressed, and attention is now focused on the overdue high priority actions in the current system SEMS. On 10 April 2024, SLT confirmed that overdue safety event recommendations in SEMS were to be reported on monthly. The feedback is that information is in emails and would benefit from making the data more accessible.

Support has been requested from the Head of Digital, Data and Technology to prioritise development of the report required to provide the management information needed from SEMS to support SLT in driving improvement in the management of safety event recommendations in SEMS.

- Two accident investigator training courses have now been run and two casual safety event investigators appointed. Overall, the risk direction has improved since the last report. This risk is symptomatic of previous organisational strategies to develop systems in house.

CR079 Inability to assure ourselves that the HFS data created, held and reported on is correct. Risk owner Assistant Chief Fire Officer Service Delivery. This risk was added February 2022. It is anticipated that this risk should be de-escalated by the end of 2024.

- The Home Fire Safety team continue to work to reduce the total backlog of unbooked visits. In December 2023 there were 7,388 overdue visits and as at 3 July 2024 the figure was 1,555 (79% reduction). During the next two month the number will reduce slowly due to challenges with insufficient technicians and administrative staff on leave.

- Whole time crews have commenced visits on behalf of partner agencies and this has generated positive feedback from crews.

- A definitive timescale for implementation of Phase 2 of the CFRMIS system for prevention activity has not yet been agreed.

CR082 Inability to maintain and provide safe Academy training facilities. Risk owner Assistant Chief Fire Officer Service Delivery Support. This risk was added April 2024. Contingency Response Team stood up 4 April 2024, next meeting 9 July 2024.
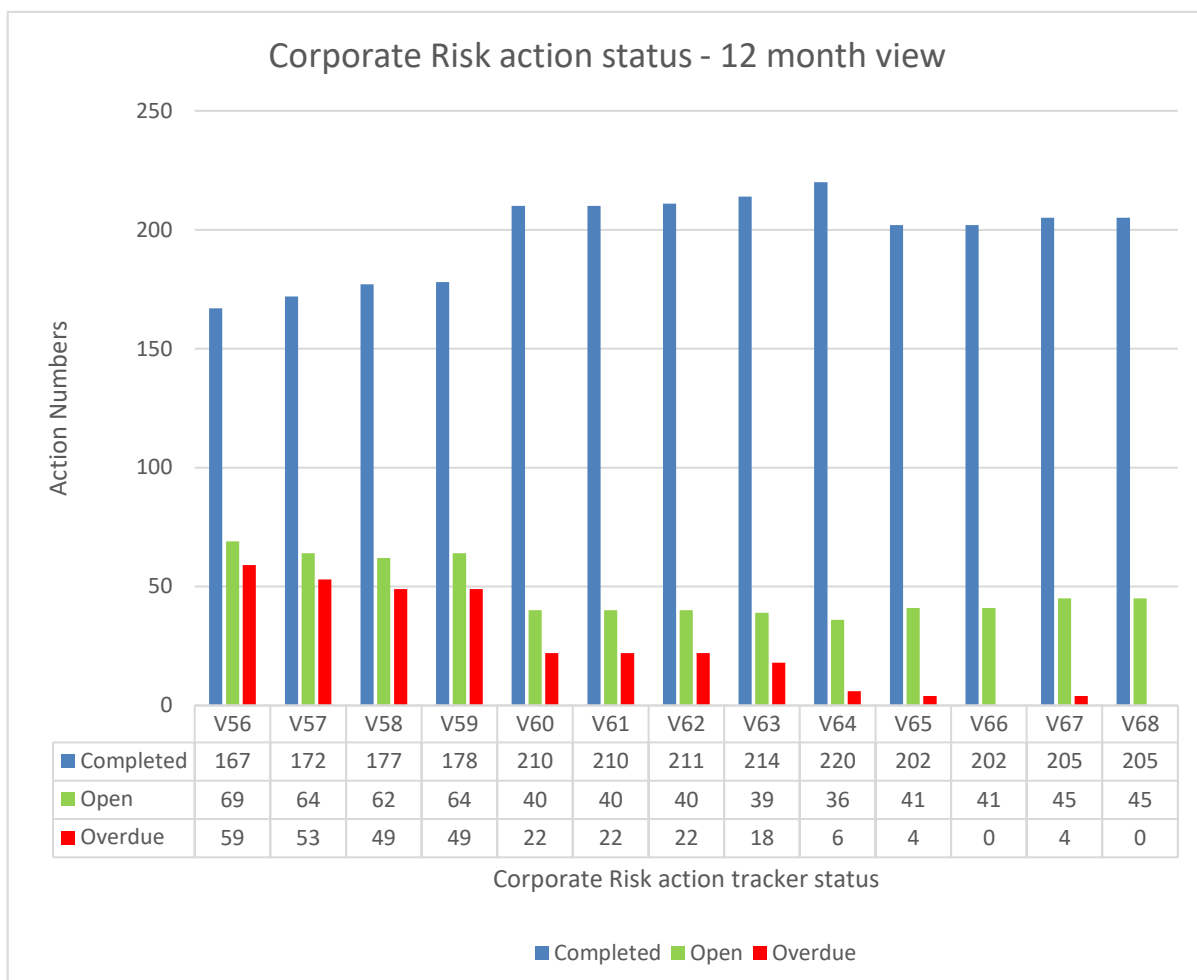
- Refer to section 3.

CR086 Lack of suitable workshop facilities and pits at Barnstaple and Crownhill Fire Stations. This risk was added to the register May 2024. Risk Owner Assistant Chief Fire Officer Service Delivery Support.

- Refer to section 3.

2.5. The Service risk profile has changed since the last report. The corporate risk register entries total eleven risks with two risks added and three de-escalated to local and thematic risk registers and no risks closed. The register is reviewed monthly by the Service Leadership Team and Executive Board dependent on net risk score with high risks reviewed monthly and medium risks quarterly.

2.6. The Audit and Governance committee meeting on 29 September 2023 agreed that from 22 January 2024 the six-monthly corporate risk reports will include how long risks have been on the Corporate Risk Register, those risks that are static and those that when mitigated to a tolerable level will be de-escalated, see tables below.

V68 Corporte Risk Register High Risks - Number of Months

V68 Corporate Risk Register Medium Risks - Number of Months
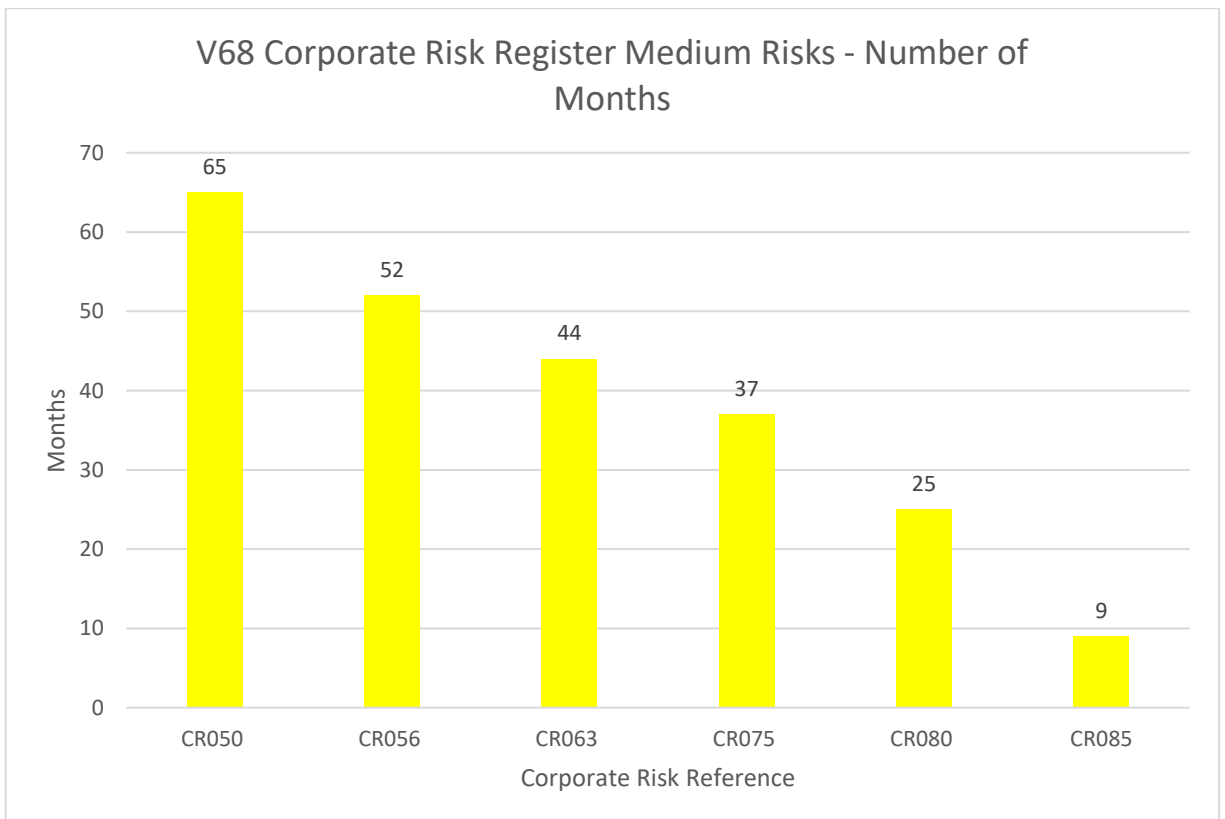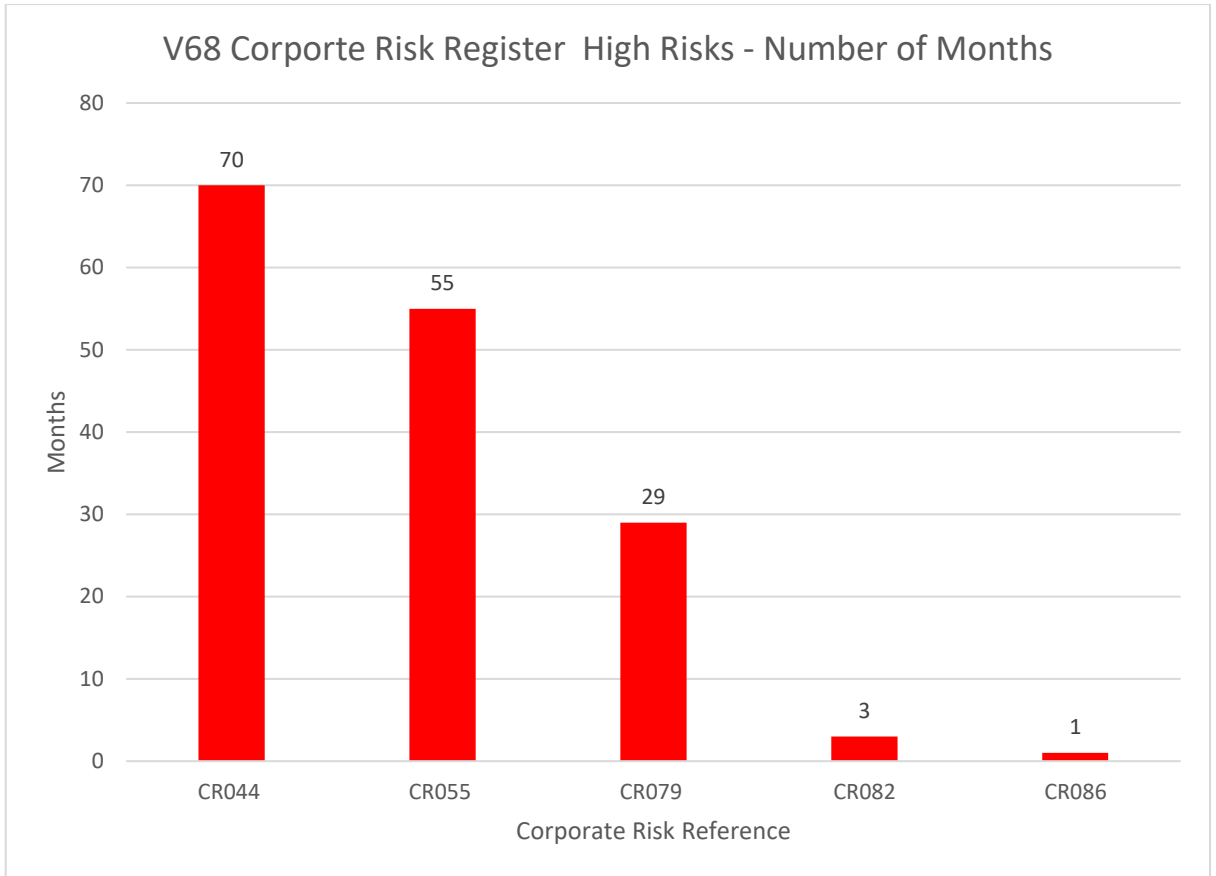
2.7.   Over the last twelve months, 24 actions have been closed. The graph below illustrates actions open, overdue and closed per month.

Corporate Risk action status - 12 month view

Corporate Risk action tracker status	V56	V57	V58	V59	V60	V61	V62	V63	V64	V65	V66	V67	V68
Completed	167	172	177	178	210	210	211	214	220	202	202	205	205
Open	69	64	62	64	40	40	40	39	36	41	41	45	45
Overdue	59	53	49	49	22	22	22	18	6	4	0	4	0

2.8.   As is normal, there have been minor changes to control measures across the risk portfolio. Risk owners are assigned to each risk with active mitigation in place. All risk register owners have reviewed and updated their risk mitigations and agreed new review dates. Overall, the Service Executive Board is duly satisfied with the adequacy of the risk mitigation progress.

3.   **CORPORATE RISKS ADDED SINCE THE LAST REPORT TO THE COMMITTEE**

3.1.   Executive Board considered the following risks and made decisions on appropriate risk register inclusion:

        April 2024: **CR082 Inability to provide and maintain safe Academy Breathing Apparatus (BA) training facilities**.

3.2.   Rationale for escalation from the Health & Safety thematic and Academy risk registers: On 4 April 2024, Contingency Response Team (CRT) was stood up following the Health & Safety Manager's notification of risk to life at Academy BA training facilities. This is a training facility asset at the end of its useful life requiring an increasingly disproportionate sum to be spent on repairs which are needed on a regular basis. The installation of a new concrete floor included material that is not suitable for hot fire training and 'blows' regularly.

3.3.   There has been a significant increase in level two safety events also in recent months. CRT meetings are to continue to ensure that the risk is fully assessed, mitigating actions agreed and implemented to ensure safe delivery of training in the short to medium term and a long term solution determined and enacted.

3.4.   Executive Board agreed to set up an Occurrence Review Group which will commence once CRT has concluded, to learn lessons, drive continuous improvement and recommend implementation of corrective actions to prevent the need for similar reactive, rapid escalation of risk in the future.

3.5.   The Academy, Health & Safety and Estates are working together to assess the level of risk to life and to identify additional control measures that mitigate the risk to a tolerable level as a matter of urgency. The installation of appropriate temperature gauges to keep Breathing Apparatus instructors and staff safe during hot fire training has been completed with recalibration of equipment to ensure accurate readings.

3.6.   Further to submission of a reporting of injuries, diseases and dangerous occurrences report related to heat induced injury, the Health and Safety Executive (HSE) undertook a site visit on 10 June 2024 to review the safety event investigation, Academy BA facilities and interview staff who were involved in the safety event on 11 May 2024. The HSE reported that whilst the following items are not material breaches, they recommended that the Service agrees an action plan by 19 July 2024 to address the following matters:

- Near miss reporting
- Instructor resource
- Monitoring of course attendees
- First aid provision
- Cooling

3.7.   CRT continue to meet to monitor risk mitigation. Devon Audit Partnership has been commissioned to undertake an independent review of the Academy training facility; their scope includes:

- The recent health and safety incidents that have occurred, in particular with the use of the hot villa.
- A review of health and safety and any other relevant policies and procedures that determine the health and safety protocols in place.
- A walk-through of the relevant procedures from the health and safety policy and other relevant policies to understand how these agreed procedures are put into practice.
- Broader aspects linked to safety events, which could be (but not limited to) managerial oversight, culture, routine inspections, maintenance regimes, facilities, equipment and people.

June 2024: **CR086 (FER020) Lack of suitable workshop facilities and pits at Barnstaple and Crownhill Fire Stations**.

3.8. Rationale for escalation from the Health & Safety thematic and Fleet and Equipment risk registers: There is a lack of physical space at both Barnstaple and Crownhill workshops and the inspection pits at those sites are known to be insufficient in length for the activities undertaken. These issues are also documented in the Health & Safety Team's Worksite/Premises Audits 2022/23 Final Report as failing to meet the required standards to comply with several areas regulated under health and safety legislation. There are localised controls in place but there is insufficient means of escape (two routes) on all pits and therefore the inspection pits are not fit for purpose.

3.9. Alternative premises (external) which are fit for purpose are being identified. Stopping use of the facilities and pits for fleet maintenance activities at these sites would mean risk to meeting Driving Standards Vehicle Agency (DSVA) legislative and National Fire Chief Council (NFCC) transport operating group (TOG) best practice requirements and the Service's service level agreements.

4. <u>RISKS DELEGATED TO LOCAL RISK REGISTERS</u>

4.1. The following two risks have been delegated to local risk registers now that they have been mitigated within a tolerable risk level.

4.2. February 2024: CR084 Digital capability at risk due to lack of clarity of future digital direction. On 12 December 2023 the Executive Board (EB) received a future digital, data and technology presentation which they approved. The EB risk owner recommended that the risk was de-escalated to the Data, Digital and Technology (DDaT) risk register. This risk has been on the corporate register for 12 months.

4.3. March 2024: CR062 Failure to operate an effective Information Governance framework; The Devon Audit Partnership audit report on the Information Governance Framework published in February 2024, provided a reasonable assurance audit opinion on the system of governance, risk management and control in place. Actions have been agreed to address the areas of limited assurance highlighted within the report. The EB risk owner's recommendation was that the risk was de-escalated to the DDaT risk register. This risk has been on the corporate register for 43 months.

4.4. March 2024: CR070 (SSC002) Failure to operate an effective risk assessment framework; The Health and Safety team and the risk assessment owners have continued to work to reduce the total number of overdue RA2 risk assessments. The key performance indicator reduced and is maintained within the acceptable tolerance AT the Service Leadership Team meeting on 13 March 2024 they agreed to close the risk as the control measure is operating as expected.

5.   **BUSINESS CONTINUITY**

5.1.   Since the previous report, strategic and tactical debrief sessions have been completed and lessons learnt captured. Business continuity planning continues to ensure that the Service complies with the Civil Contingences Act 2004 (CCA) that places a duty upon the Service as a category one responder, to ensure that activities are maintained to deliver core services in adverse conditions.

5.2.   The Business Continuity Institute have updated their Good Practice Guidelines. There are six professional practices (PP) in the guidelines. The Service's business continuity management system is established through policy, framework and strategy. The next PP is analysis and involves completing Business Impact Analysis (BIA) for every department and Service Delivery. The BIA is the process by which you understand the impact of an interruption on business activities over time. The process gathers information about the minimum level of resources necessary for the Service to achieve the prioritised recovery of critical activities/departments/stations and their dependencies.

5.3.   On 20 February 2024, the Service undertook a review of Cyber Risk Management Practice by conducting a cyber-breach response simulation to test adequacy of the Incident Response Team and understand the practical process that would follow in the event of a real word cyber incident. Cyber incidents require teamwork and collaboration, it is not down to one person or one team to resolve the matter, but hard work and support from all to ensure the Service is protected and continues to operate an effective cyber control framework. The outcome identified a good level of effectiveness with current plans and areas of improvement identified.

5.4.   Cyber awareness and a business continuity session has been delivered to middle managers at the three Leading Conversations events in May 2024. These included a business continuity induction and training on what to do if we have no systems for a sustained period.

5.5.   On 20 March 2024, the Extended Leadership Team attended a Contingency Response Team (CRT) Industrial Action preparedness meeting where updates on the national picture and the Minimum Service Level Act were shared. The Act has cleared the House of Commons and now progressed to the House of Lords.

5.6.   Work has commenced in preparing the Service for the introduction of Minimum Service Levels. An audit carried out by Lee Howell, reported partial assurance. A policy and procedure are currently being developed along with a method of identifying which resources will be required.

5.7.   The Unison pay claim has been submitted and, if accepted, will be backdated to 1 April 2024. The Fire Brigade Union pay claim is due 1 July 2024 and to date no claim has been received.

5.8.   Station level business continuity plans have been developed and comply with Health and Safety legislation requirements to include emergency plans; drafts are currently being reviewed by Service Delivery before publication.

5.9.   During business continuity awareness week, posts were shared on Viva Engage and the Service took part in an extreme heat scenario exercise run by South Yorkshire.

6.   **NEXT STEPS**

6.1   The Corporate risk register will continue to be subject to monthly review by the Service Executive Board. The next formal review of the corporate risk register by the Committee is due to take place in six months' time.

MARIA PHILLIPS
Assistant Director, Corporate Services

Risk Management Framework

OBJECTIVES
What are we seeking to achieve in terms of an outcome?

TOP DOWN
- Strategic risks
- 'Known' issues
- Horizon scanning

RISKS
What will stop us achieving this outcome?

BOTTOM UP
- Dept. Risk Registers
- Feedback
- Triangulation

CONTROLS
What is in place to prevent or mitigate these risks?

INTERNAL
- Reported
- Observed
- Intelligence

OUTCOMES
What outcomes are actually being delivered?

EXTERNAL
- Independent
- Audit
- Regulators

ACTION
What action is required to address any gaps in controls or outcomes?