

Public Document Pack

LANCASHIRE COMBINED FIRE AUTHORITY

AUDIT COMMITTEE

Thursday, 26 January 2017 in Main Conference Room, Service Headquarters, Fulwood commencing at 10.00 am.

IF YOU HAVE ANY QUERIES REGARDING THE AGENDA PAPERS OR REQUIRE ANY FURTHER INFORMATION PLEASE INITIALLY CONTACT DIANE BROOKS ON TELEPHONE NUMBER PRESTON (01772) 866720 AND SHE WILL BE PLEASED TO ASSIST.

Dear Councillor

I am now able to enclose, for consideration at next Thursday, 26th January, 2017 meeting of the Audit Committee, the following report(s) that were unavailable when the agenda was despatched.

10. RISK MANAGEMENT (Pages 1 - 24)

This page is intentionally left blank

LANCASHIRE COMBINED FIRE AUTHORITY

AUDIT COMMITTEE

Meeting to be held on 26 January 2017

RISK MANAGEMENT (Appendix 1 refers)

Contact for further information:

Keith Mattinson – Director of Corporate Services– telephone 01772 866804.

Executive Summary

The report highlights action taken in respect of corporate risk since these were last reported to the Audit Committee.

Decision Required

The Committee is asked to note the actions taken and endorse the revised corporate risk register.

Information

The latest review of the corporate risk register has not identified any new risks which warrant inclusion on the corporate risk register:-

Existing Risks

Of the existing risks 8 have been reviewed, and an updated corporate risk register is attached as appendix 1, with changes summarised below:-

| | | Update since last meeting | Proposed Risk Score | |
|---|--|--|---------------------|--------|
| 1 | Insufficient resources due to poor funding settlement, inability to make required savings, additional financial pressures such as Retained Duty System pensions etc., plus council tax limits via local referendum resulting in Authority being unable to set a balanced budget. | No change, not due to report till 31/3/17. | 9 | Medium |

| | | | | |
|---|---|---|---|--------|
| 2 | <p>Premises Risk Information: That operational staff do not have available adequate and reliable premises information to efficiently resolve operational incidents: Risk information is provided to operational staff based on premises information and premises risks are identified on a continuous basis although this is not consistent throughout the Service.</p> | <p>Following a review of our SSRI/7(2)(d) plans undertaken by the Service Delivery Audit Team in October 2016, Risk Information to Staff was placed back on the Corporate Risk Register.</p> <p>As a result, spreadsheets were created splitting the existing 674 SSRI/7(2)(d) plans into the 6 Geographical Areas and placing a requirement on the Community Protection Managers (CPM) to manage a review of these existing plans. CPMs were given until 1 January 2017 to complete the review and to update as many of the plans by this date. Any plans which required work beyond this date were to be discussed with the respective Head of Service Delivery in order to provide a clear picture of the work required to ensure a consistent standard across our SSRI/7(2)(d) plans.</p> <p>Whilst the review was taking place, training was arranged for, and delivered to, all Middle Managers to ensure that they were working to the same standards in terms of auditing the existing plans and for any new plans created.</p> <p>The outcome of this initial review is that 667 out of 674 plans have been reviewed, with 7 remaining outstanding. During the review process, 406 out of 674 plans have been updated and deemed fit for purpose. This means that 268 of our SSRI/7(2)(d) plans require further work and explanations of the further work have been provided. Approximately 75% of these 268 plans require basic information such as contact</p> | 9 | Medium |
|---|---|---|---|--------|

| | | | | |
|---|--|--|--|--|
| | | <p>numbers updating and the respective stations are awaiting this information from the site occupier. The other end of the scale is that some of the plans require significant improvement involving input from Operational Crews, Fire Safety Enforcement Officers and HazMat officers to create a complex plan.</p> <p>The pressure continues to be applied to ensure that these outstanding plans are updated in a timely manner, however, it must be appreciated that significant work is required, some of it in Retained Duty System areas (RDS). That notwithstanding, a target date of 01/04/17 has been set for completion of these outstanding plans and this will be monitored using the same spreadsheets on 'R' Drive by the Heads of Service Delivery reporting to ACO Russel.</p> | | |
| 3 | Insufficient staffing resources, due to Industrial Action, to deal with operational demand and fulfil statutory responsibilities. | Previously discharged. | | |
| 4 | Lack of availability of water supplies for fire fighting prevents effective fire fighting resulting in additional damage to property and increased risk to life. | Previously discharged. | | |
| 5 | The increasing age profile of operational staff could adversely affect our ability to deliver effective emergency response. | Previously discharged. | | |

| | | | | |
|---|--|---|---------------|--------|
| 6 | Operational staff do not have the required skills to operate safely at an incident with the potential to result in F/F injuries or fatalities. | Previously discharged. | | |
| 7 | Failure of key ICT systems resulting in disruption to services. | No change, not due to report till 30/6/17. | 9 | Medium |
| 8 | Loss of corporate reputation through negative publicity. | Emergency communication plan and toolkit comprehensively revised in 2016 to update all aspects of risk including business continuity issues, emergencies and broader reputational risk and to fulfil requirements of the Lancashire Resilience Forum emergency communications plan. Social media policy and guidance requires review to ensure it keeps pace with issues and trends. Media training provision, incorporating social media training requires review. | 9 – no change | Medium |
| 9 | Retention and recruitment of RDS staff impacts on RDS appliance availability. | Following a successful recruitment campaign the most recent RDS recruit course was 50% over-subscribed indicating that future work being undertaken as part of the RDS Strengthening and Improving work streams is paying dividends. The resultant improvements in availability will be slow to be realised due to the time taken to gain the full complement of skills such as Breathing Apparatus wearer, however, the direction of travel is positive. Further elements of the RDS Strengthening and Improving | Remains at 12 | Medium |

| | | | | |
|----|--|--|---------------|--------|
| | | work are scheduled to complete, which should realise further benefits in RDS availability. | | |
| 10 | Lack of workforce planning resulting in significant over/under provision of staff and resulting impact on service and finances. | No change, not due to report till 31/3/17. | 9 | Medium |
| 11 | Lack of compliance with legislation resulting in prosecution or compliance order. | Previously discharged. | | |
| 12 | Ineffective Health and Safety in the workplace, resulting in prosecution, intervention fees etc. | A further independent audit of Health and Safety and Environmental Management Systems has been carried out as part of our OHSAS 18001 and ISO 14001 certification process. The audit did not identify any significant issues and both standards were recommended for continued certification (subject to the closure of 2 non-conformance issues, which both relate to Operational Controls for third parties working/operating on LFRS premises). As such an agreed system will be implemented to address this. | 9 – no change | Medium |
| 13 | Lack of effective Information management impacting on service delivery and support or leading to a breach of data protection/freedom of information or a loss of sensitive/personal information. | The Information Management Strategy has developed from the original policies, a 'road map' of work need to take the Service forward to ensure we have a workable programme to move the Service forward. A number of projects are underway to facilitate this: <ul style="list-style-type: none"> • CFRMIS 6; • Service Wide Data review; • Corporate Document Centre; • Self Service GIS. Whilst there has been progress in the last 18 months, due to | 9 – no change | Medium |

| | | | | |
|----|--|---|---------------|--------|
| | | the recent loss of key members of the project staff, there will be a slow-down in progress against what was already a 3 year programme of work. | | |
| 14 | Delayed mobilisation, impacting on service delivery. | Although mobilising accuracy has vastly improved, LFRS has proposed a further change to the road speed settings based upon evidence gathered; again further improving response accuracy. The data testing and analysis has been carried out and broadly matches that of the work done by Greater Manchester Fire and Rescue Service. We are awaiting North West Fire Control (NWFC) ICT contractor Telent, to undertake testing of a new set of roads speeds based on actual performance. | 9 – no change | Medium |
| 15 | High levels of staff absence due to outbreak of ebola. | Previously discharged. | | |
| 16 | Lack of clarity on future of FRS, leading to inertia. | Previously discharged. | | |
| 17 | Failure of ESMCP to deliver a viable communication facility. | The national Emergency Services Mobile Communications Project (ESMCP) has now signed the main contracts with EE and Motorola for the network and network equipment respectively. Since the signing of the contract, there has been considerable work done by the suppliers, central programme team and emergency services in the regions. However there are still some areas that need to be resolved, and therefore the original go live for the North West (the first region go-live) September 2017, has moved on 3 months to January 2018. As there are still further | 9 – no change | Medium |

| | | | | |
|----|--|--|--------------|--------|
| | | details to be added to the national project plan, all Services await the final programme dates, and the regional programme team will update Services as soon as they receive this updated information. | | |
| 18 | Inability to maintain service provision in spate conditions. | No change, not due to report till 31/3/17. | Remain at 9 | Medium |
| 19 | Failure to maximise the opportunities that technological advances present due to a lack of capacity within the ICT department, and an inability of staff to keep pace with new development that are implemented. | No change, not due to report till 31/3/17. | Remain at 12 | Medium |
| 20 | Loss of support for Vector Incident Command product with the product name Command Support System (CSS) leading to ineffective command function at large incidents. | The Intellectual Property Rights for the Vector software were bought at auction by Telent, who are the prime contractor for the NWFC ICT mobilising and communication. They have presented to say they will ensure that the original Vector developments as promised under the NWFC contract will be delivered. We are currently awaiting completion of installation and testing to see if the software meets our expectations. Meanwhile the issue of developing the next generation incident Command Software is being undertaken by Chief Fire Officers Association Operational Effectiveness and Training group. | Reduced to 9 | Medium |

Financial Implications

None

Human Resource Implications

None

Equality and Diversity Implications

None

Environmental Impact

None

Business Risk Implications

The improvement in risk management arrangements should result in reduced business risk.

Local Government (Access to Information) Act 1985

List of Background Papers

| Paper | Date | Contact |
|--|------|---------|
| None | | |
| Reason for inclusion in Part II, if appropriate: | | |

CORPORATE RISK REGISTER

Nov 16

Appendix 1

| | KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|---|---|--|-------------------|---------------|----------------------|--|----------------|----------------|-------------------|--------------------|
| 1 | Insufficient resources due to poor funding settlement, inability to make required savings, additional financial pressures such as RDS pensions etc., plus council tax limits via local referendum resulting in Authority being unable to set a balanced budget. | Local Govt Finance settlement better than anticipated and included indicative figures for 4 years. This was used as a basis for 16/17 budget agreed by FA in Feb 16 and for MTF5 presented in same report. Potential funding gap of up to £1.5m identified by 19/20. ECR and other reviews moved back to target implementation in April 2018 to address updated funding gap. The Authority holds significant reserves which will enable it to phase the impact of reductions in funding. | 3 | 3 | 9 | Currently awaiting details to determine whether to sign up to a 4 year settlement to increase funding certainty | 31/03/2017 | DoCS | DoCS | Corp Serv |
| 2 | Premises Risk Information: That operational staff do not have available adequate and reliable premises information to efficiently resolve operational incidents: Risk information is provided to operational staff based on premises information and premises risk are identified on a continuous basis although this is not consistent throughout the Service. | Premises based risks are assessed using the ORA process and paperwork. These are then categorised as level 1, 2, or 3 risk and documented accordingly. RIEF process is in place for sharing risk information The Service now has an ability through its RADAR product to store and record/ amend Cat 2 & 3 risk information. Premises risks categorised as level 2 risk have a hazard statement on the mobilising system. The PORIS programme went live on the 1/4/15, as per the project plan. This now gives the Service a fully compliant system against the principles outlined in the CFRA PORIS guidance. All known high risk premises are recorded on the system. | 3 | 3 | 9 | Following an audit by the Service Delivery Assurance Team further work is required to bring the assessments to a satisfactory level. 667 out of 674 plans have been reviewed, with 7 remaining outstanding. During the review process, 406 out of 674 plans have been updated and deemed fit for purpose. 268 plans require further work. Some of these require basic information such as contact numbers updating and the respective stations are awaiting this information from the site occupier. The other end of the scale is that some of the plans require significant improvement involving input from Operational Crews, Fire Safety Enforcement Officers and Haz Mats officers to create a complex plan. | 30/06/2017 | HoSD | DoSD | Serv Delivery |

Page 9

CORPORATE RISK REGISTER

Nov 16

| KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|--|---|------------|--------|---------------|---------------------|---------|---------|------------|-------------|
| <p>3 Insufficient staffing resources, due to Industrial Action, to deal with operational demand and fulfil statutory responsibilities.</p> | <p>LFRS has a separate contingency plan in place that is specific to industrial action. This plan has been utilised throughout the current period of industrial action. Whilst overall levels of cover have been marginally reduced our resilience arrangements have ensured that we have been able to maintain our first pump attendance standards and ensured the same level of professional operational effectiveness throughout each of the periods of industrial action. Appropriate refresher training has been provided.</p> <p>There are 13 & 16 agreements in place with other NW FRSS.</p> <p>Regular dialogue takes place with key staff and representative bodies.</p> <p>In December the FBU announced that further industrial action has been put on hold until June 2017, pending the outcome of the employment tribunals relating to the modifications to the pensions scheme.</p> <p>As such it is proposed that the risk is discharged from the corporate risk register, until such time as the potential for further industrial action arises, i.e. June 2017.</p> | 1 | 4 | 4 | Discharged | | | | |

CORPORATE RISK REGISTER

Nov 16

| KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|---|---|------------|--------|---------------|---------------------|---------|---------|------------|-------------|
| <p>4 Lack of availability of water supplies for fire fighting prevents effective fire fighting resulting in additional damage to property and increased risk to life.</p> | <p>The Service commissions, adopts, systematically inspects and repairs mains fed fire fighting hydrants across the County. We maintain operational plans that display the location of available hydrants and open water supplies. Accurate hydrant information now provided to FES. Hydrant inspections moved to a risk based programme. New SSI Hydrant Manager update - Central system (within FES) is now up and running with current information being available on appliance MDT's. Hydrant tech's now moved over to Toughbook's for hydrant management and reporting of defects. We have Strategic Hydrants (those with a flow rate of above 1,500 litres per minute), then Risk Category 1, 2 and 3. Strategic are tested annually, Risk 1 annually, Risk 2 every two years, and Risk 3 every three years. Defects are repaired either in-house by the Hydrant Technicians, or reported to United Utilities (Strategic being marked urgent). Strategic Hydrants are always flow tested and this is recorded on the hydrant asset in SSI. Other hydrants are dry tested Increased use of HVP for larger incidents.</p> | 2 | 3 | 6 | Discharged | | | | |

CORPORATE RISK REGISTER

Nov 16

| KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|---|--|------------|--------|---------------|---------------------|---------|---------|------------|-------------|
| 5 The increasing age profile of operational staff could adversely affect our ability to deliver effective emergency response. | Fitness Assessments introduced and included as part of the Crew Training as of 1st April 14. Remedial action to ensure that acceptable levels of fitness are developed and maintained. Provision of facilities for physical exercise and training on operational stations. Currently staff are timetabled to take a fitness test, are subject to health monitoring and managers can refer staff to OHU if they have concerns. The Service provides a physiotherapy service, critical incident debriefing and counselling if needed. | 3 | 2 | 6 | Discharged | | | | |

CORPORATE RISK REGISTER

Nov 16

| KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|---|--|------------|--------|---------------|---------------------|---------|---------|------------|-------------|
| <p>6 Operational staff do not have the required skills to operate safely at an incident with the potential to result in F/F injuries or fatalities.</p> | <p>Initial and Continuation training delivery based on National Standards. Role related competencies have been identified and recorded with in Red Kite with appropriate retraining frequencies identified. Initial and Refresher training devised and delivered to cover specialist skills. Risk Critical areas such as Breathing Apparatus are centrally assessed to ensure uniformity. Risks and deficiencies identified from service and nationwide incidents, including Rule 43 Letters result in training delivery where appropriate. Incident Monitoring and REC1 processes in place to identify learning from incidents and inform Crew Refresher training. Operational competence is observed during exercises and training audits. OGBA was formally adopted by LFRS on 1st October 2015 following a comprehensive training program. A review of Incident Command Competence against National Occupational Standards has been completed and a series of training sessions have been introduced , addressing Incident Command and Hazmat competencies. E-learning system introduced, allowing a comprehensive, role related annual training plan to be implemented for all personnel. Ongoing retention of skills is captured within the MOST system and is now an embedded component of LearnPro e-learning modules.</p> | 2 | 3 | 6 | Discharged | | | | |

CORPORATE RISK REGISTER

Nov 16

| KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|---|--|------------|--------|---------------|--|------------|---------|------------|---------------------|
| 7 Failure of key ICT systems resulting in disruption to services. | Separate BCP plans developed, including backup and recovery procedures, desktop exercise completed. Regular assessment of requirements. Asset replacement policy in place, regularly reviewed. IT Firewall to prevent inappropriate access, moisture detection loop installed in SHQ plant room to identify any early threat of flooding Secondary ICT site constructed at STC to provide enhanced resilience providing replicated file data and a means to recover core services to a small number of desktops, implementation of Active Directory to enhance security and control of user access, improved virus protection. Strategy to control use of USB devices implemented. Patch and update policy place to ensure servers and workstations are up to date with latest security developments. Wide Area Network (WAN) to all administrative and operations site. New Storage Area Network (SAN) to replicate all essential servers and data to the disaster recovery site at STC. Installed resilient link from STC to County Hall in order to maintain LCC/OCL supplied services in the event of a failure at SHQ or the link to County and also have extended the network to include the new control facility in Warrington. | 3 | 3 | 9 | Further investment into the infrastructure has been identified to improve resilience all with a focus on ease of recovery in the event of an issue. Networking resilience issues, affecting things like email and telephony, identified and corrective measures being progressed with LCC / BT Lancashire for completion by end of June 2016. Further consideration is being given to relocating some services to NWFC in order to make use of the intrinsic resilience built into the comm's and the building there, as a possible alternative to STC. It would also add further geographical separation to the sites and additional working space for us in the event of an incident | 30/06/2017 | HoICT | HoICT | Strategy & Planning |

CORPORATE RISK REGISTER

Nov 16

| | KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|---|--|--|------------|--------|---------------|---|------------|---------|------------|----------------------|
| 8 | Loss of corporate reputation through negative publicity. | Emergency communication plan and toolkit comprehensively revised in 2016 to update all aspects of risk including business continuity issues, emergencies and broader reputational risk and to fulfil requirements of the Lancashire Resilience Forum emergency communications plan. Plan regularly tested, including exercises. Effective reactive press office and proactive media activity to build positive reputation; including on-call arrangements. Scanning and planning function helps anticipate and plan for specific reputational risks. Communication plans for all corporate projects include staff communication to reduce risk of 'leaks'. Corporate use of social media is embedded in communication plans with policy and guidance in place. | 3 | 3 | 9 | Social media policy and guidance requires review to ensure it keeps pace with issues and trends. Media training provision, incorporating social media training requires review. | 31/12/2017 | HoCC | HoCC | People & Development |

CORPORATE RISK REGISTER

Nov 16

| KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|--|---|------------|--------|---------------|---|------------|---------|------------|---------------|
| <p>9 Retention and recruitment of RDS staff impacts on RDS appliance availability.</p> | <p>RDS recruitment and retention working group established. Increased RDS basic recruits course population from 12 to 24. Quicker access to BA course on completion of recruit training. TOR support throughout the RDS probationary period. Retained salary scheme introduced and reviewed regularly. The service allows shorter RDS contracts to improve appliance availability. Encourages dual contract staff to contribute to the RDS. RDS availability targets now reduced to 95%. Proactive recruitment by SDM's. Joint working between HR and service delivery to enhance current recruitment processes. RDS Workshop held 18/12/15 resulting in recommendation to create an annual RDS Workshop at which priorities will be set for the forthcoming year. RDS Strengthening & Improving workstream to deliver improvements in this area.</p> | 3 | 4 | 12 | <p>RDS Pay review agreed for implementation in April 2017, subject to Union agreement. RDS Support officer posts agreed for implementation in April 2017. On-going RDS recruitment campaigns (the most recent RDS recruit course was 50% over-subscribed indicating that future work being undertaken as part of the RDS Strengthening and Improving work streams is paying dividends.)</p> | 31/12/2017 | HoSD | HoSD | Serv Delivery |

CORPORATE RISK REGISTER

Nov 16

| | KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|----|---|---|-------------------|---------------|----------------------|---|----------------|----------------|-------------------|----------------------|
| 10 | Lack of workforce planning resulting in significant over/under provision of staff and resulting impact on service and finances. | Grey book and green book post book developed, establishment and staffing levels agreed with HR, Finance and Managers. Forecast retirement profiles and establishment changes incorporated into this, Forecast over/under provision highlighted, and used to inform decisions on workforce/budget planning/MTFS. Recruitment/selection process in place review of contracts of employment re notice periods. Redeployment process implemented, including developing a staff at risk register and implementing a voluntary redundancy process for green book staff. Regular review of forecasts to ensure staffing resources match requirements. On-going update/review of implementation of workforce implications of reviews undertaken. Grey book recruitment is planned for 2016/17 in order to maintain staffing levels broadly in line with establishment Current green book vacancies are being advertised and filled in the first quarter of the new financial year, which will align staffing levels with establishment | 3 | 3 | 9 | A draft workforce plan has been developed and presented to Resources Committee in March covering the following key areas:- <input type="checkbox"/> Labour demand and forecasting. <input type="checkbox"/> Recruitment, retention and planning. <input type="checkbox"/> Succession planning and talent management. <input type="checkbox"/> Job Design and Multi skilling This will facilitate/enable the regular and comprehensive review of workforce data to support informed decision making. It will also drive the requirements of the project work stream which is considering the functional development of our existing system (i-Trent) to provide the quality workforce data required. | 31/03/2017 | DoPD | DoPD | People & Development |
| 11 | Lack of compliance with legislation resulting in prosecution or compliance order. | Clerk of Authority reviews all Committee reports for legality and advises CFA. Clerk and Solicitor review new legislation. Government notify of all new requirements Horizon scanning. | 2 | 2 | 4 | Discharged. | | | | |

CORPORATE RISK REGISTER

Nov 16

Page 18

| | KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|----|--|--|------------|--------|---------------|--|------------|----------------|------------|----------------------|
| 12 | Ineffective Health and Safety in the workplace, resulting in prosecution, intervention fees etc. | Health and Safety Management System (HSMS) in place. HSA3 – workplace inspection programme. Internal Audit Framework (replace with SHE Annual Review and Station Audit Programme). HSMS developed and re-certificated to OHSAS 18001 H&S standard. SHE department plan to develop, maintain and continuously improve the HSMS. Publication of risk information – GRA's, service orders etc. External audit and scrutiny through VCA External Auditors, Audit and review arrangements in place through SHE Department audit programme. Health, Safety and Environment Advisory Group monitor performance. | 3 | 3 | 9 | Following the independent audit of Health and Safety and Environmental Management Systems has been carried out as part of our OHSAS 18001 and ISO 14001 certification process close out issues inefctied, 2 non-conformance issues which both relate to Operational Controls for third parties working/operating on LFRS premises has been received. | 31/12/2017 | HoSHE | HoSHE | People & Development |
| 13 | Lack of effective Information management impacting on service delivery and support or leading to a breach of data protection/freedom of information or a loss of sensitive/personal information. | A revised structure to deliver Information Management has been implemented. Nominated Data Protection and Freedom of Information Lead Officers to ensure legal obligations met. All freedom of information requests considered by Exec Board. Performance indicators reported on a regular basis. Location Hub managed centrally allow greater integration of data. performance management software(CORVU) implemented. Data encryption in place. | 3 | 3 | 9 | The Information Management Strategy has developed from the original policies, a 'road map' of work need to take the Service forward to ensure we have a workable program to move the Service forward. A number of projects are underway to facilitate this: <ul style="list-style-type: none"> • CFRMIS 6 • Service Wide Data review • Corporate Document Centre • Self Service GIS Whilst there has been progress in the last 18 months, due to the recent loss of key members of the project staff, there is will be a slow-down in progress against what was already a 3 year programme of work. | 31/12/2017 | HoServ Develop | DoSP | Strategy & Planning |

CORPORATE RISK REGISTER

Nov 16

| | KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|----|--|--|------------|--------|---------------|--|------------|----------------|------------|---------------------|
| 14 | Delayed mobilisation, impacting on service delivery. | System uses AVLS to locate the nearest available pump, based on anticipated 'run time'. 2014 saw the implementation of a new Global ITN road speed setting developed from historical evidence provided by Cheshire FRS. This implementation along with changes to Station geographical locations, the removal of road restrictions (imposed on the ITN by the developers) and the development of new response plans has seen an improvement in mobilising with appliances arriving with greater accuracy between the proposed and actual run times. Restrictions have been imposed on the system to ensure non critical incidents are attended by the host station whilst preventing a lengthy run time and/or a slow response time. This restriction ensures both the spread of resources is maintain and the continued use of RDS whilst preventing Whole time appliances being taken out of higher risk areas, this also reduces the need for standby/closing in moves. | 3 | 3 | 9 | Although mobilising accuracy has vastly improved, LFRS have proposed a further change to the Road speed settings based upon evidence gathered; again further improving response accuracy. The data testing and analysis has been carried out and broadly matches that of the work done by GMFRS. We are awaiting NWFC ICT contractor Telent , to undertake testing of a new set of roads speeds based on actual performance. | 31/12/2017 | HoServ Develop | DoSP | Strategy & Planning |
| 15 | High levels of staff absence due to outbreak of Ebola. | On-going liaison with LCC Emergency Planning Dept and LRF. Separate BCP plans developed re large scale staff absence. Enhanced sickness and absence policy implemented. OHU department to provide advice to managers/staff. | 1 | 4 | 4 | Discharged | | | | |

CORPORATE RISK REGISTER

Nov 16

| | KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|----|---|--|------------|--------|---------------|---------------------|---------|---------|------------|-------------|
| 16 | Lack of clarity on future of FRS, leading to inertia. | <p>The Sir Ken Knight review highlighted a need to review governance arrangements relating to FRAs identified several potential governance models, regional, national, mergers, ambulance, police etc.responsibility for Fire Service has transferred from CLG to Home Office</p> <p>The Policing and Crime Bill (which is currently going through Parliament) introduces measures which require the police, fire and rescue, and ambulance services to collaborate with one another.</p> <p>As a minimum, the legislation requires PCCs to be represented on the relevant fire and rescue authority (FRA) (or its committees) with full voting rights, subject to the consent of the FRA. Alternatively, PCCs have the option of putting forward a business case which may include arrangements to take on responsibility for the governance of fire and rescue; or to become the single employer for fire and police, to deliver greater improvements through the integration of back office functions and maximise the benefits of workforce flexibility.As such future options now appear to be:-</p> <ul style="list-style-type: none"> • remain as we are • move towards a PCC | 2 | 3 | 6 | Discharged | | | | |

CORPORATE RISK REGISTER

Nov 16

| | KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|----|--|--|------------|--------|---------------|--|------------|----------------|------------|---------------------|
| 17 | Failure of ESMCP to deliver a viable communication facility. | Emergency Services Mobile Communication Programme (ESMCP) is a national project which will deliver a replacement communications and data service using 4G technology. The new broadband data services will replace the existing private mobile radio system provided by Airwave. Main contracts awarded to EE and Motorola for the network and network equipment respectively. Since the signing of the contract, there has been considerable work done by the suppliers, central programme team and emergency services in the regions. However there are still some areas that need to be resolved, and therefore the original go live for the North West (the first region go-live) September 2017, has moved on 3 months to January 2018. The current Airwave contract has been extended until 2019, in order to ensure that the roll out of the new system is complete before the existing contact ends. | 3 | 3 | 9 | The Service continues to progress work along with the other NW FRS, as the first region to role out the proposed solution. . As there is still further details to be added to the national project plan, all Services await the final programme dates, and the regional programme team will update Services as soon as they receive this updated information. There will be a clearer picture towards the end of the year after this work, and further milestones are reached within the project and the risks will be assessed and updated. | 30/06/2017 | HoServ Develop | DoSP | Strategy & Planning |

CORPORATE RISK REGISTER

Nov 16

Page 22

| | KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|----|---|--|------------|--------|---------------|---|------------|----------------|------------|---------------------|
| 18 | Inability to maintain service provision in spate conditions | Robust Business Continuity arrangements | 3 | 3 | 9 | Comprehensive debrief process undertaken and SMT approved Action Plan agreed • Revise planning assumptions in LFRS Integrated Risk Management Plan to recognise potential for, and impacts of, wide area flooding in Lancs • Ensure ESMCP specification recognises communication needs identified • Refine training for LFRS FDOs regarding National Resilience Asset mobilisation and associated Command Support and test via exercise • Refine LFRS vehicle fleet with additional multi-purpose (4x4) vehicles suitable for use in wide area flooding • Enhance staff PPE with provision of flood suits and provide necessary training to safely operate in type 1 water | 31/03/2017 | HoServ Develop | DoSP | Strategy & Planning |
| 19 | Failure to maximise the opportunities that technological advances present due to a lack of capacity within the ICT department, and an inability of staff to keep pace with new development that are implemented | ICT Asset Mgt Plan in place, which identifies replacement timeframes for existing systems BPIP consider all new ICT systems/developments, as part of this consideration is given to capacity planning in terms of ICT resource and impact on end users CPB consider outcomes from BPIP | 4 | 3 | 12 | Additional ICT resources identified in 2016/17 budget Development of social networking site for staff to support each other and share knowledge of ICT systems is planned for 2016/17 | 31/03/2017 | HoICT | DoSP | Strategy & Planning |

CORPORATE RISK REGISTER

Nov 16

Page 23

| KEY RISKS | RISK MITIGATION/CONTROLS IN PLACE | LIKELIHOOD | IMPACT | RESIDUAL RISK | ACTIONS RECOMMENDED | BY WHEN | BY WHOM | RISK OWNER | DIRECTORATE |
|---|--|------------|--------|---------------|--|------------|----------------|------------|---------------------|
| 20 Loss of support for Vector Incident Command product with the product name Command Support System (CSS) leading to ineffective command function at large incidents | The CSS software application we currently run on our command units to manage the incident command system, has gone into administration and will no longer be able to support the software system. However we can still use on each Command unit, there will not be any support should this cease to operate. If that was the case we would need to utilise an alternative means of incident command, i.e. white board and pen. The Intellectual Property Rights (IPR) for the Vector software were bought at auction by Telent, who are the prime contractor for the NWFC ICT mobilising and communication. They have presented to say they will ensure that the original Vector developments as promised under the NWFC contract will be delivered. | 3 | 3 | 9 | We are currently awaiting completion of installation and testing to see if the software meets our expectations. Meanwhile the issue of developing the next generation incident Command Software is being undertaken by CFOA Operational Effectiveness and Training group | 30/06/2017 | HoServ Develop | DoSP | Strategy & Planning |
| | | | | 20 | | | | | |

| | |
|------------|-----------|
| HIGH | 0 |
| MEDIUM | 13 |
| MEDIUM/LOW | 4 |
| LOW | 3 |
| | <u>20</u> |

- Scores**
- Likelihood**
- 5 Certain, see next sheet
 - 4 Very Likely, see next sheet
 - 3 Likely, see next sheet
 - 2 Unlikely, see next sheet
 - 1 Rare, see next sheet
- Minor, see next sheet
 - Noticeable, see next sheet
 - Significant, see next sheet
 - Critical, see next sheet
 - Catastrophic, see next sheet

This page is intentionally left blank