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<b>To:</b> Members of the Governance, Audit and Scrutiny Committee	<b>Enquiries to:</b> Samm Campbell <b>Email:</b> <a href="mailto:committeemanager@humbersidefire.gov.uk">committeemanager@humbersidefire.gov.uk</a> <b>Tel. Direct:</b> (01482) 393205 <b>Date:</b> 1 November 2019
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Dear Member

I hereby give notice that a meeting of the **GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE** of Humberside Fire Authority will be held on **MONDAY, 11 NOVEMBER 2019 at 10.00AM** at **HUMBERSIDE FIRE & RESCUE SERVICE HEADQUARTERS, SUMMERGROVES WAY, KINGSTON UPON HULL, HU4 7BB.**

The business to be transacted is set out below.

Yours sincerely



**Mathew Buckley**  
**Monitoring Officer & Secretary to Fire Authority**

Enc.

## **A G E N D A**

Business	Page Number	Lead	Primary Action Requested
<b><u>Procedural</u></b>			
1. Apologies for absence	-	Monitoring Officer/ Secretary	To record
2. Declarations of Interest (Members and Officers)	-	Monitoring Officer/ Secretary	To declare and withdraw if pecuniary
3. Minutes of the meeting of 16 September 2019	(pages 1 - 7)	Chairperson	To approve
4. Matters arising from the Minutes, other than on the Agenda	-	Chairperson	To raise
<b><u>Governance</u></b>			
5. Update: Matters Arising/ Feedback from Fire Authority	verbal	Chairperson and Monitoring Officer/ Secretary	To consider and make any recommendations to the HFA

Business	Page Number	Lead	Primary Action Requested
<b><u>Audit</u></b>			
6. External Audit: 6.1 External Audit Progress Report	(pages 8 - 18)	External Audit (Mazars)	To consider and make any recommendations to the HFA
7. Internal Audit: 7.1 Internal Audit Report	(pages 19 - 38)	Internal Audit (TIAA)	To consider and make any recommendations to the HFA
<b><u>Performance, Risk and Programme Management</u></b>			
8. Performance and Risk Report (Second Quarter 2019)	(pages 39 - 49)	Director of Service Improvement	To consider and make any recommendations to the HFA
9. Health, Safety & Environmental Report (Second Quarter 2019)	(pages 50 - 59)	Director of Service Improvement	To consider and make any recommendations to the HFA
10. Operational Assurance Report (Second Quarter 2019)	(pages 60 - 71)	Director of Service Improvement	To consider and make any recommendations to the HFA
11. Absence Management Report (Second Quarter 2019)	(pages 72 - 76)	Director of People and Development	To consider and make any recommendations to the HFA
12. Management Accounts - Period ending 30 September 2019	(pages 77 - 88)	Head of Finance	To consider and make any recommendations to the HFA
13. Treasury Management Half Year Report 2019/20	(pages 89 - 96)	Head of Finance	To consider and make any recommendations to the HFA
14. Final Accounts Timetable 2019/20	(pages 97 - 101)	Head of Finance	To consider and make any recommendations to the HFA
15. Annual Update Report on the Declaration and Registration of Interests by Members	verbal	Monitoring Officer/Secretary	To receive
16. HMICFRS update	verbal	Head of Service Improvement	To consider and make any recommendations to the HFA
<b><u>Scrutiny Programme</u></b>			
17. Training, Promotion and	(pages 102 -	Director of People and	To consider and

<b>Business</b>	<b>Page Number</b>	<b>Lead</b>	<b>Primary Action Requested</b>
Development for Operational and Non-operational Staff	106)	Development	make any recommendations to the HFA
18. Committee Workstreams/Scrutiny Programme 2019/20	(pages 107 - 111)	Monitoring Officer/Secretary	To approve
19. Any Other Business	-	All Members	To raise

### **Exempt Business**

The Committee is asked to consider excluding the press and public from the meeting during consideration of the following item on the grounds that they are likely to involve the disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972. In making its decision, the Committee is asked to confirm that, having regard to all circumstances, it is satisfied that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

20. Effectiveness of the Cost Recovery Model for Emergency Medical Response	(pages 112 - 143)	Director of Service Delivery	To consider and make any recommendations to the HFA
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**HUMBERSIDE FIRE AUTHORITY**

**GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE**

**16 SEPTEMBER 2019**

**PRESENT:** Independent Co-opted Members Mr M Allingham, Mr D Chapman (Chairperson), Mr J Doyle, Mrs P Jackson, Mr A Smith, Mrs M Thomlinson and Mr C Vertigans

Paul McCourt - Director of Service Delivery, Niall McKiniry - Director of Service Improvement, Martyn Ransom - Head of Finance, Simon Rhodes - Head of Corporate Assurance, Dave Collingwood - Service Delivery Manager, Mathew Buckley - Monitoring Officer/Secretary, Samm Campbell - Committee Manager, Peter Harrison - Internal Audit (TIAA) and Ross Woodley - External Audit (Mazars) were also present.

The meeting was held at the Humberside Fire and Rescue Service Headquarters, Kingston upon Hull. Meeting commenced at 10.00 a.m.

**PROCEDURAL**

**29/19 APOLOGIES FOR ABSENCE** - There were no apologies for absence.

**30/19 DECLARATIONS OF INTEREST** - There were no declarations of interest.

**31/19 MINUTES - *Resolved*** - That the minutes of the meeting of the Committee held on 15 July 2019 be confirmed as a correct record subject to the amendment of Minute 28/19 to read: “*Three* Members had visited the Emergency Fleet Workshop...”.

**32/19 MATTERS ARISING FROM THE MINUTES, OTHER THAN ON THE AGENDA** - There were no matters arising from the minutes.

**GOVERNANCE**

**33/19 UPDATE: MATTERS ARISING/FEEDBACK FROM FIRE AUTHORITY** - The Monitoring Officer/Secretary provided a verbal update summarising the consideration given by the Authority at its meeting on 29 July 2019 to the draft minutes of the meeting of the Committee held on 15 July 2019 and also provided feedback on other items considered by the Fire Authority at its meeting of 29 July 2019.

***Resolved*** - That the report be received.

**AUDIT**

**34/19 INTERNAL AUDIT PROGRESS UPDATE** - Pater Harrison (TIAA) submitted a report summarising the progress of TIAA’s internal audit 2019/20.

TIAA had recently conducted audit activity in relation to the Service’s procurement procedures and had arrived at a draft judgement of ‘reasonable’ assurance. While eight recommendations for improvement had been made in relation to procurement, no emerging risks had been identified which might have had an impact on the overall effectiveness of governance, risk or internal control procedures. One of the recommendations was focussed on ensuring that the Service had a better understanding of how often, and to which organisations, it was awarding contracts directly.

The Committee asked that, in future TIAA reports, details of each recommendation resulting from audit activity be enclosed in progress updates. The Committee also noted that the schedule of audit activity for the following six months was demanding, but was assured that it was achievable.

**Resolved** - (a) That the update be received,  
(b) that, in future TIAA reports, details of each recommendation resulting from audit activity be enclosed in progress updates.

**35/19 EXTERNAL AUDIT - ANNUAL AUDIT LETTER 2018/19** - Ross Woodley (Mazars) presented a report finalising the contents of the draft Audit Completion Report which was received by the Committee at its meeting of 15 July 2019 (Minute 21/19 refers).

While much of the content of the Audit Letter had already been considered by the Committee at its meeting of 15 July 2019, one ongoing risk was highlighted: the Government had delayed its review of funding for fire and rescue services, which was due to be implemented from 2020/21.

**Resolved** - That the Annual Audit Letter 2018/19 be received.

**36/19 EXTERNAL AUDIT PROGRESS REPORT** - Ross Woodley (Mazars) presented a report summarising the progress made in relation to external audit for 2019/20.

The audit plan was under development and was due to be received by the Committee at its meeting of 24 January 2020. The report contained summaries of relevant national publications and of particular note was the fact that the National Fire Chiefs Council (NFCC) and the Home Office had published guidance for fire and rescue services to be applied before, during and after major incidents to better protect and reassure local communities. Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) had published Tranche 2 of its inspection reports, containing the Humberside Fire and Rescue Service's inspection report (Minute 26/19 refers). The conclusions of the Tranche 2 reports had, generally, been more positive than Tranche 1 and one of the recommendations, taking into account all inspections of fire and rescue services undertaken, was that the fire sector required more support to change and modernise. The Committee queried where this support would come from and heard that the NFCC had been criticising the lack of standardisation nationally, particularly following the Grenfell Tower Tragedy. HMICFRS had acknowledged this during its inspection process and had agreed to lobby the Government for support alongside the NFCC.

**Resolved** - That the update be received.

## **PERFORMANCE, RISK AND PROGRAMME MANAGEMENT**

**37/19 PERFORMANCE AND RISK REPORT (FIRST QUARTER 2019)** - The Director of Service Improvement submitted a report summarising the Service's performance in the first quarter of 2019/20.

Fire prevention performance had been largely positive with:

- accidental dwelling fires at 19.7 percent below the three-year average;
- other accidental fires (excluding vehicles) at 11.4 percent below the three-year average;
- automatic fire alarm call-outs at 10 percent below the three-year average;
- no fire-related fatalities;
- eight fire-related injuries;
- first engine response 8.61 percent better than target, and
- second engine response 8.19 percent better than target.

However, there had been a rise in both primary and secondary deliberate fires (11.6 percent and 14.1 percent above the three-year average respectively). The number of

deliberate fires remained low, but the percentage rise was concerning. Work was ongoing in North Lincolnshire to address the number of deliberate fires there. Fire engines had been visibly patrolling in high-risk areas at high-risk times. Lower numbers of accidental dwelling fires showed that the Community Safety Team's work with landlords and letting agencies had been effective as rented properties were, statistically, at a higher risk of accidental fires.

The implementation of the East Coast and Hertfordshire Control Room (ECHCR) was drawing close. The ECHCR would potentially start its work in November 2019 provided that it was equipped to fulfil the project's original scope and subject to system tests being successful. However, the Committee was assured that plans would not be progressed if the arrangements and timing were not satisfactory. A Member asked how much the ECHCR Project had cost. The Coalition Government had in 2011 ceased an initiative to regionalise control rooms and had rescinded the associated funding commitment and, instead, asked fire and rescue services to bid for funding. ECHCR had been awarded £7.2m of funding, which would likely be fully spent by the end of 2019/20. However, when operational, it would be more efficient for all services involved.

**Resolved** - That the report be received.

**38/19 HEALTH AND SAFETY EXECUTIVE REPORT (FIRST QUARTER 2019)** - The Director of Service Improvement submitted a report summarising the health and safety data for the first quarter of 2019/20.

During the first quarter of 2019/20, there had been 22 incidents, which represented an improvement on the five-year rolling average of 28 incidents during the same period. Most incidents had involved fire fighters and the highest proportion of incidents (eight of 22) had occurred during training exercises. Both of these facts were as expected because of the physical nature of the work undertaken by fire fighters and because fire fighters engaged in more training exercises than actual incidents. A Member asked whether there were any issues at the Immingham training site which might have led to health and safety incidents. The Committee was assured that the number of incidents at the Immingham site was not disproportionately high and was due, instead, to the nature of the training activities undertaken there.

Research undertaken by universities in the United States had shown that fire fighters were at a statistically higher risk than the general population of developing cancer. Research had indicated that the contamination of fire fighters' equipment (rather than the risks of actually attending an incident) were responsible for this heightened risk of cancer. The Service had fully heeded these findings and had taken measures to immediately reduce the risk of fire fighters being exposed to contaminated equipment. External storage bins would be used to store equipment outside prior to it being cleaned and fire fighters would be issued with personal cleaning wipes to remove carbonaceous deposits from their skin prior to a proper wash following exposure to smoke.

**Resolved** - That the report be received.

**39/19 OPERATIONAL ASSURANCE REPORT (FIRST QUARTER 2019)** - The Director of Service Improvement submitted a report summarising the operational assurance data for the first quarter of 2019/20.

The Service had continued to use on-board CCTV to ensure that fire fighters were working in accordance with policies and procedures. One issue that had been highlighted was that of fire appliance drivers immediately donning their equipment upon arrival at an incident. Unlike other fire fighters on board an appliance, the driver would not put on their full equipment to ensure that they could drive the vehicle safely. On some occasions, drivers

had sought to secure the water supply and undertake other duties before putting on their equipment. The Service Improvement Directorate had been working to rectify this issue.

High-visibility (hi-vis) clothing was a compulsory accessory for fire fighters attending any incident near a road. While fire fighters consistently wore hi-vis clothing while attending incidents on roads, such as road traffic collisions (RTCs), it had proven necessary to improve awareness that every incident near a road, such as a dwelling fire, required them to wear hi-vis clothing. However, it had also become clear that fire fighters required different equipment for different incidents. Currently, their equipment was designed for addressing structural fires and was not as useful during other incidents, such as RTCs. The Service was in the process of procuring lighter incident jackets for fire fighters to wear during non-fire incidents.

**Resolved** - That the report be received.

**40/19 ABSENCE MANAGEMENT REPORT (FIRST QUARTER 2019)** - The Director of Service Delivery presented a report submitted by the Director of People and Development summarising absence management data for the first quarter of 2018/19.

Absence management policies and the supporting procedures had yielded positive results with regard to sickness absence. Of the Service's full time fire fighters, 96.7 percent had achieved full attendance and 95.27 percent of non-operational staff had achieved full attendance. The Committee was reminded that long-term absences could quickly distort overall averages and the absence and attendance rates were summarised as follows:

	Sum of Days Lost	Establishment	Average Duty Days Lost per person	2019/20 annual target per person	YTD (annual divided by 12 x current month number)
Control	160	27.5	5.82	8.70	2.18
Fire Staff	541.24	175.29	3.09	10.00	2.5
On Call	256.11	346	0.74	7.00	1.75
Full Time	882.00	479	1.80	7.00	1.75
<b>total</b>	<b>1819.35</b>	<b>1027.79</b>	<b>1.77</b>		

	1 <sup>st</sup> Quarter 2017/18	1 <sup>st</sup> Quarter 2018/19	1 <sup>st</sup> Quarter 2019/20	Target attendance
Full time	95.84%	96.53%	96.70%	95%
Control	90.71%	97.75%	87.28%	95%
Fire Staff	94.21%	96.53%	95.27%	97%

One of the main causes for long-term sickness absence continued to be musculoskeletal issues.

A Member asked about how the Service dealt with bullying between staff members following the results of HMICFRS's staff survey. The Service had commissioned HR Services to assist in establishing a baseline assessment of bullying. While HMICFRS's survey had shown some issues with bullying, there remained some concern around the accuracy of this assessment and the Service would conduct its own survey of staff ahead of the next inspection. In addition, the work with HR Services meant that, through revised policies and consultation with unions, staff members' knowledge of how to report incidents of bullying would improve.

**Resolved** - That the report be received.

**41/19 MANAGEMENT ACCOUNTS PERIOD ENDING 30 JUNE 2019** - The Head of Finance provided a report summarising the management accounts for the period ending 30 June 2019.

The management accounts were summarised as follows:

CATEGORY	2019/20 OUTTURN PROJECTION	
HFA		
Revenue Budget	£385k	overspend
Capital Programme	£6.608m	expenditure against £6.608m allocation
Pensions Account	£10.458m	deficit

There was a predicted overspend of £385k for 2019/20 and the Head of Finance had worked with the Senior Leadership Team to find opportunities to reduce the predicted overspend. At such an early point in the year, forecasting overspend remained difficult. The Service had adopted a vacancy management approach so that vacated posts would not be filled without a full assessment of the Service's needs. One budgetary pressure was that full time fire fighters were retiring at a slower rate than in previous years, which made recruitment decisions difficult for the Service.

The Capital Programme expenditure was on target. Spending had increased by £800k, but this was the result of a project from the previous year being deferred to 2019/20.

**Resolved** - That the report be received.

**42/19 ANNUAL UPDATE REPORT ON THE DECLARATION AND REGISTRATION OF INTERESTS BY MEMBERS** - The Monitoring Officer/Secretary provided a verbal update on the declaration and registration of interests by Members. The Member Registers of Interests and Declarations of Gifts and Hospitality were made available for inspection by any Member of the Committee as part of their monitoring role.

**43/19 HMICFRS INSPECTION UPDATE** - The Director of Service Improvement provided the Committee with a verbal update in relation to the inspection of the Service by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service's (HMICFRS).

The Service Improvement Plan (SIP) had been drafted to take into account HMICFRS's 17 recommendations and 13 others agreed by the Service itself. Consultation with staff on the SIP had concluded on Friday 13 September 2019 and it was due to be approved by Humberside Fire Authority at its meeting of 30 September 2019. As the Committee had previously discussed (Minute 26/19 refers), the SIP would form a basis for its scrutiny of the Service's improvement.

While it was not certain when the Service would be inspected by HMICFRS again, the third tranche of reports had yet to be published. Following the completion of Tranche 3 of its inspections, HMICFRS would publish a report on the state of fire services nationally and conclude with recommendations. It was expected that the Service would be inspected again in 2020.

**Resolved** - That the update be received.

**44/19 EFFECTIVENESS OF THE COST RECOVERY MODEL FOR EMERGENCY MEDICAL RESPONSE** - The Director of Service Improvement and the Service Delivery Manager presented a report in response to the Committee's scope for the scrutiny item 'Effectiveness of the Cost Recovery Model for Emergency Medical Response'.

The Emergency Medical Response (EMR) model had first started in April 2013. It was initially trialled in the Pocklington area in partnership with Yorkshire Ambulance Service (YAS). Through EMR, the Service was commissioned by YAS to respond to certain medical emergencies because of the Service's ability to attend incidents quicker than an ambulance (which would also be dispatched in such cases). EMR had since been extended to operate from 12 other stations across the Humberside area. Emergency first responders were trained, but not to the same standard as paramedics because it had never been the intention of either YAS or the Service that they would replace paramedics. During the 2019/20 year so far, EMR staff had successfully resuscitated five people who may not otherwise have survived. EMR was run on a voluntary basis whereby staff were paid on-call wages but had to express interest in undertaking the role themselves.

The cost recovery model had, initially, entailed higher management costs due to the effort involved in establishing EMR but the costs had reduced in more recent years as the work to maintain the service lessened. EMR had saved numerous lives, raised the profile of the Service and improved working relationships between the Service and YAS. Future challenges included the ongoing discussions with the FBU around the fire fighter's role map and funding issues faced by ambulance services.

Across the country, a number of other EMR models were in operation but the Service's model was considered to be exemplary. EMR staff were paid on-call rates and for attendance at incidents; they were insured in the same way as when they were on duty for normal fire and rescue work. Staff each had their own response vehicles at home and did not, unlike in other areas of the country, first have to travel to a fire station to collect a vehicle before attending an incident. Overall, EMR would always be considered secondary to the Service's primary function; availability for fire and rescue incidents was prioritised. Call-out rates varied from an average of one every five hours in Bridlington to one every 117 hours in Withernsea.

A Member asked about the costs of training for EMR. Initially, responders had been trained to a higher standard than necessary for the duties they were authorised to undertake on behalf of YAS. Later, the relevant training for the role was incorporated into the fire fighter's role map and, therefore, training costs were minimal, as many responders were sufficiently trained through their substantive posts. With regard to cost recovery and revenue for the Service resulting from the EMR contract with YAS, 2016/17 had seen recovery of £145k; £80k in 2017/18; and £100k in 2018/19.

The Committee noted that the report focussed on the EMR arrangements and associated cost recovery model with YAS and that the Service also had arrangements with East Midlands Ambulance Service (EMAS). The Committee resolved that, in order to complete its scrutiny of the cost recovery model for EMR across the Service's area, it required further information.

**Resolved -** (a) That the report be received, and

(b) that a further report be considered at the Committee meeting to be held on 11 November 2019 including further details of the cost recovery model for EMR, details of the arrangements and cost recovery model in place with East Midlands Ambulance Service and further details of the governance arrangements in place around EMR.

**45/19 GAS COMMITTEE SCRUTINY PROGRAMME 2019/20** - The Committee Manager submitted a report summarising the Committee's Scrutiny Programme for 2019/20.

Members considered the Programme and agreed to update the scopes as follows:

**Effectiveness of the Cost Recovery Model for Emergency Medical Response -** that a further report be considered at the Committee meeting to be held on 11 November 2019 including further details of the cost recovery model for EMR, details of the arrangements and cost recovery model in place with East Midlands Ambulance Service and further details of the governance arrangements in place around EMR.

**Resolved -** That the Scrutiny Work Programme be received.

**46/19 ANY OTHER BUSINESS - GILL HARDY -** The Committee had recently been given the sad news that Mrs Gill Hardy (a former Member of the GAS Committee) had passed away.

*Meeting closed at 12.00 pm.*





# Audit Progress Report

## HumberSide Fire Authority

November 2019





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2. National publications
3. Contact details
4. Appendix 1: 2018/19 Additional Fee Letter

This document is to be regarded as confidential to Humberside Fire Authority. It has been prepared for the sole use of the Governance and Audit Scrutiny Committee. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

# 1. AUDIT PROGRESS

## Audit progress

This report sets out progress on the external audit.

### 2018/19 Audit

We presented our Annual Audit Letter to the previous meeting of this committee, which signalled the conclusion of the 2018/19 audit. In the Annual Audit Letter we stated that at the time of producing the report, the audit fee had not yet been finalised. We have now agreed additional fees of £950 plus VAT with the Executive Director of Corporate Services and the letter is included at Appendix 1.

### 2019/20 Audit

We are currently planning our 2019/20 audit to take account of risks to the opinion and VFM Conclusion. This includes on-site work to walk-through the key controls in material financial systems and update our documentation, which we have arranged for December 2019. We will present our Audit Strategy Memorandum, summarising the findings from our risk assessment to the next meeting of this committee.

## 2. NATIONAL PUBLICATIONS AND OTHER UPDATES

	Publication
1	Challenges in using data across government, NAO, June 2019
2	A practical guide for Local Authorities on Income Generation (2019 edition), CIPFA, July 2019
3	Local Government audit opinions issued by 31 July 2019, PSAA, August 2019
4	Review of local authority financial reporting and external audit, MHCLG, September 2019
5	New Code of Audit Practice 2020/21 – Consultation, NAO, September 2019
6	Detailed analysis of fires attended by fire and rescue services in England from April 2018 to March 2019, Home Office, September 2019
7	Local government finance settlement 2020 to 2021: technical consultation, MHCLG, October 2019

### 1. Challenges in using data across government, NAO, June 2019

The government plans to produce a new national data strategy in 2020 to position "the UK as a global leader on data, working collaboratively and openly across government". The NAO has published a report, which sets out its experience of data use across government. The report includes:

- the current data landscape across government;
- strategy and leadership;
- the quality, standards and systems needed to use data effectively; and
- safeguarding data and enabling change.

The NAO report highlights that without accurate, timely and proportionate data, government will not be able get the best use out of public money. Despite years of effort and many well-documented failures, government has lacked clear and sustained strategic leadership on data, which has affected departments' own progress in managing and improving data. The report identifies some early signs that the situation is improving, but unless government uses the data strategy to get the right leadership, processes, systems and conditions in place to succeed, there is a risk that opportunities to improve will be missed.

The NAO has also published a blog *Right data, right place, right time*, which draws from the report and highlights some of the difficulties of maintaining effective and accurate data to inform decision making and deliver public services.

<https://www.nao.org.uk/report/challenges-in-using-data-across-government/>

### 2. A practical guide for Local Authorities on Income Generation (2019 edition), CIPFA, July 2019

CIPFA's revised income generation guide reflects on the income generation issues of 2019 and the changes that are being made.

The issues that are examined in this publication include:

- the need for thorough testing and business cases to robustly assess income proposals;
- the impact of the 2018 MHCLG Statutory Investment Guidance; and
- how the pattern of local authority income is changing.

The guide is designed to allow local authorities to maximise their income potential against a backdrop of Brexit uncertainties and other economic changes. With more authorities relying on income generation to balance their budgets, the guide can help finance staff stand at arms-length to ensure authorities act prudently.

The publication also has practical guidance on income generation for different service areas including the fire and rescue service and there is a full coverage of discretionary charging rules.

<https://www.cipfa.org/policy-and-guidance/publications/a/a-practical-guide-for-local-authorities-on-income-generation-2019-edition>

1. Audit progress

2. National publications

3. Contact details

## 2. NATIONAL PUBLICATIONS CONTINUED

### 3. Local Government audit opinions issued by 31 July 2019, PSAA, August 2019

PSAA issued a press release after the end of the 2018/19 audit deadline to highlight the increase in the number of audit opinions that were not available by 31 July 2019. PSAA found that over 40% (210 out of 486) of audit opinions on 2018/19 statements of accounts were not available by the target date of 31 July 2019, compared to just 13% in the previous year. The press release highlights the main factors that have driven the increase in delays focusing on a shortage of appropriately skilled and experienced auditors, the standard and timeliness of draft accounts, and/or associated working papers and difficulties in obtaining responses to and resolving audit queries.

Although Mazars achieved the deadline at a significantly higher proportion of authorities than the national average there was an increase in delays for similar reasons to those noted by PSAA and resourcing the large volume of public sector audit work within such a tight timetable is proving extremely challenging for all PSAA's audit suppliers.

<https://www.psa.co.uk/2019/08/news-release-local-government-audit-opinions-delivered-by-31-july-2019/>

### 4. Review of local authority financial reporting and external audit, MHCLG, September 2019

The Ministry of Housing, Communities and Local Government announced in September that they had appointed Sir Tony Redmond to conduct a review of the arrangements in place to support the transparency and quality of local authority financial reporting and external audit including those introduced by the Local Audit and Accountability Act 2014. The review will not look at broader issues of local authority finances and sustainability.

The review will examine the existing purpose, scope and quality of statutory audits of local authorities in England and the supporting regulatory framework to in order to determine:

- Whether the audit and related regulatory framework for local authorities in England is operating in line with the policy intent set out in the Act and the related impact assessment;
- Whether the reforms have improved the effectiveness of the control and governance framework along with the transparency of financial information presented by councils;
- Whether the current statutory framework for local authority financial reporting supports the transparent disclosure of financial performance and enables users of the accounts to hold local authorities to account; and
- To make recommendations on how far the process, products and framework may need to improve and evolve to meet the needs of local residents and local taxpayers, and the wider public interest.

As part of the review, MHCLG have issued a "Call for Views" which is linked below, along with the review's terms of reference.

<https://www.gov.uk/government/publications/review-of-local-authority-financial-reporting-and-external-audit-terms-of-reference>

<https://www.gov.uk/government/consultations/review-of-local-authority-financial-reporting-and-external-audit-call-for-views>

### 5. New Code of Audit Practice 2020/21 – Consultation, NAO, September 2019

Schedule 6 of the Local Audit and Accountability Act (2014) requires that the Code be reviewed, and revisions considered at least every five years. The current Code came into force on 1 April 2015, and the maximum five-year lifespan of the Code means it now needs to be reviewed and a new Code laid in Parliament in time for it to come in to force no later than 1 April 2020.

The consultation is taking place in two stages. The first has concluded and the second is currently underway with a deadline for responses of 22 November 2019. The NAO plans to finalise the Code by the end of 2019, ready to be laid in Parliament early in 2020. The new Code will apply from audits of local bodies' 2020/21 financial statements onwards.

The first stage of the consultation showed broad support for maintaining the principles-based nature of the Code, being the wider scope of public audit, independence and public reporting. However the responses highlighted that this should be supported by more detailed sector-specific guidance.

1. Audit progress

2. National publications

3. Contact details

## 2. NATIONAL PUBLICATIONS CONTINUED

The second stage of the consultation is focusing on the text of the draft Code. In particular there are proposed changes to the way auditors report on arrangements to deliver value for money in the use of resources.

The Local Audit & Accountability Act 2014 places a specific duty on the local auditor to be satisfied whether the body they are auditing has proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources. In the current Code, this is referred to as work on arrangements to secure value for money. Currently, the local auditor reports against a single overall criterion as to whether: *"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."* This is known as the value for money conclusion and is included in the Auditor Report included in Council's financial statements. The consultation draft Code proposes changes to this reporting, with a more detailed commentary on the value for money arrangements being included in a new 'Auditor's Annual Report'.

Should the Authority wish to respond to the consultation, the details are provided in the link below. The consultation will close on 22 November 2019.

<https://www.nao.org.uk/code-audit-practice/code-of-audit-practice-consultation/#>

### 6. Detailed analysis of fires attended by fire and rescue services in England from April 2018 to March 2019, Home Office, September 2019

This release contains statistics about incidents attended by fire and rescue services (FRSs) in England for the 2018-19 financial year.. The statistics are sourced from the Home Office's online Incident Recording System (IRS) and include statistics on all incidents, fire-related fatalities and casualties from fires.

The report finds that nationally there were 253 fire-related fatalities, which was the lowest for any financial year since records began in 1981-82. Over three quarters of these fatalities were in dwelling fires. The number of dwelling fires has fallen by 23 per cent over the last 10 years, including four per cent from 2017-18 to 2018-19. However, there was a nine per cent increase in total fires compared with the previous year, which was driven by an increase in secondary fires resulting mainly from the hot, dry summer of 2018.

<https://www.gov.uk/government/statistics/detailed-analysis-of-fires-attended-by-fire-and-rescue-services-england-april-2018-to-march-2019>

### 7. Local government finance settlement 2020 to 2021: technical consultation, MHCLG, October 2019

The government has published a consultation document setting out its proposals for funding local government in 2020-21. The consultation confirms that the Core Spending Power of local authorities is estimated to rise in real terms by 4.3% to £49.1 billion in 2020-21, an increase of £2.9 billion. It is anticipated that as part of the settlement, local authorities will be able to access an additional £1.5 billion of funding for adult and children's social care.

The consultation, which was open during October 2019, contained the following proposals:

- options for councils to raise more money for adult social care (where needed) through additional council tax flexibilities;
- powers for local authorities to raise council tax by up to 2% plus an additional 2% of adult social care tax before the need for a local referendum;
- £900 million for New Homes Bonus in 2020-2021;
- maintaining the funding for the Improved Better Care Fund at the 2019-20 levels of 1.837 billion;
- continuing the Rural Services Delivery Grant at £81 million, with all recipients receiving the same amount as in 2019-20;
- confirmation that business rates retention pilots agreed for 2019-20 will finish at the end of the financial year with no further pilots running in 2020-21; and
- confirmation of the decision to delay the funding distribution and business rates retention reforms until 2021-22.

The full technical consultation document can be found through this link:

<https://www.gov.uk/government/consultations/local-government-finance-settlement-2020-to-2021-technical-consultation>

1. Audit progress

2. National publications

3. Contact details

### 3. CONTACT DETAILS

Please let us know if you would like further information on any items in this report.

[www.mazars.co.uk](http://www.mazars.co.uk)

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1. Audit progress

2. National publications

3. Contact details

# APPENDIX 1: ADDITIONAL FEE LETTER

Kevin Wilson  
Executive Director of Corporate Services  
Humberside Fire and Rescue Service Headquarters  
Summergroves Way  
Hull  
HU4 7BB

Direct Line 0191 383 6300

Email [gavin.baker@mazars.co.uk](mailto:gavin.baker@mazars.co.uk)

Date: 19 September 2019

Dear Kevin

### **Humberside Fire Authority - Additional Fee Letter 2018/19**

When we issued the Annual Audit Letter for 2018/19 on 19 August 2019, we reported that we had not yet finalised our audit fees for the year. We indicated that if the final fee varied from the fee reported of £24,561 plus VAT, we would write to the Chief Financial Officer setting out the proposed variation and any reasons for the variation, and seeking agreement to it. Any variations to the final fee will also require the approval of Public Sector Audit Appointments Limited (PSAA), which manages the contracts for our work.

You will recall that the fees from the 2018/19 audit year, were set by PSAA at 23% less than the fees for previous years, following the latest national procurement. It is envisaged that where additional work is undertaken beyond that normally expected a fee variation would be appropriate.

We have now assessed the final costs of our audit for 2018/19 and are seeking an additional fee variation of £950 plus VAT, making a total audit fee for the 2018/19 audit of £25,511 plus VAT.

The reasons for the variation are the significant additional work required as part of the audit this year in relation to accounting for IAS 19 pensions, in light of the national issues that arose, particularly in relation to the McCloud judgement.

These issues were summarised on page 8 of our Audit Completion Report, and resulted in significant amendments to the financial statements as set out on page 13 of the Audit Completion Report.

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Registered by the Institute of Chartered Accountants in England and Wales to **16** out audit work.



Extract from page 8 of our Audit Completion Report:

### Significant matters discussed with management

There have been significant issues this year relating to accounting for pensions. These issues are not specific to the Authority, but are national issues impacting on all local government and related bodies, including police and fire. There have been three issues, but the most significant issue has been the impact of what is known as the McCloud judgement.

The nature and impact of the McCloud judgement was referenced in the Authority's draft financial statements. It relates to claims of discrimination in respect of protections offered to some, but not all, pension scheme members as part of reforms to public sector pensions. In December 2018, the Court of Appeal ruled in a test case that this did amount to unlawful discrimination. At the time the Authority was producing its draft financial statements, the Government intended to appeal to the Supreme Court and the outcome was uncertain.

During the audit period, the Government has not been granted leave to appeal, meaning that some form of restitution across all public sector pension schemes seems more certain, requiring the estimated impact of this to be reflected in the pension disclosures in the financial statements, subject to materiality considerations.

The other two issues have been:

- Guaranteed Minimum Pension (GMP) indexation and equalisation, which relate to the move to a single-tier new State Pension and equalisation of the GMP benefits between males and females, which has been accounted for to varying degrees by each actuary; and
- Asset values – this issue relates only to the Local Government Pension Scheme (which is funded) and not to the firefighters' scheme (which is not funded). The issue is whether the estimation of assets by the actuary using asset values at the end of December 2018 / end of January 2019 was accurate, given higher than expected returns in the final quarter of 2018/19.

For each of these issues, our approach has been to suggest that the Authority engages with the actuary of each scheme, to assess the potential impact of these issues, to see whether the impact is material, and if so, to make amendments to the financial statements.

The additional work included but was not limited to:

- Assessing the impact of each of these issues as they emerged;
- Communicating and discussing the implications with your officers as the position became clearer;
- Discussing and agreeing the additional steps that would be required to address these issues;
- Reviewing the additional information provided by your officers and by the actuary to assess its reasonableness;
- Considering and following up on issues raised by our own consulting actuary; and
- Checking the amendments to the financial statement disclosures when they had been made.

In your case, the additional work was undertaken both in relation to the Local Government Pension Scheme and the firefighters' scheme.

In arriving at the additional fee variation, I believe we have been fair minded, and we have absorbed a significant element of our additional costs. However, I believe that a fee variation of £950 plus VAT and an additional contribution by the Authority to our additional costs in relation to this work is both reasonable and justified in the circumstances.

I write now to seek the Authority's agreement to the proposed fee variation, so that I can write to PSAA to seek approval of the fee variation.

I propose to highlight this matter when I present the Annual Audit Letter at the Authority meeting on 30 September 2019.

Please feel free to contact me if you would like clarification on any point.

Thank you again to you and your team for the support and cooperation in enabling us to complete the audit.

Yours sincerely

*Gavin Barker*

Gavin Baker  
Director



## Humberside Fire and Rescue Service

### Audit Progress Report

Governance, Audit & Scrutiny (GAS) Committee:  
11th November 2019

**2019/20**

October 2019

## Introduction

1. This summary report provides the Governance, Audit & Scrutiny (GAS) Committee with an update on the progress of our work at Humberside Fire and Rescue Service as at 30<sup>th</sup> October 2019.

## Progress against the 19/20 Annual Plan

2. Our progress against the Annual Plan for 2019-20 is set out in Appendix A.

## Audits Completed since the last report to Committee

3. The table below sets out details of audits finalised since the previous meeting of the GAS Committee. A summary of the report is set out in Appendix B.

Review	Evaluation	Key Dates			Number of Recommendations			
		Draft issued	Responses Received	Final issued	1	2	3	OE
Fleet Management	Reasonable	17/09/19	30/09/19	02/10/19	0	3	2	0

## Emerging Governance, Risk and Internal Control Related Issues

4. We have identified no emerging risks which could impact on the overall effectiveness of the governance, risk and internal control framework of the organisation.

## Changes to the Annual Plan 19/20

5. There are no changes proposed to the Annual Plan at this time.

## Frauds/Irregularities

6. We have not been advised of any frauds or irregularities in the period since the last meeting of the GAS Committee.

## Responsibility/Disclaimer

7. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. The matters raised in this report not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

## Progress against the Annual Plan for 2019/20

System	Planned Quarter	Days	Current Status	Comments
Fleet Management Usage	1	6	Completed	Final report to GAS November 2019
Disaster Recovery	2	4	To be arranged	
Procurement	2	6	Completed	Final report to GAS September 2019
Business Planning	2	4	Start Date 05/11/19	
Performance Management	3	4	Start Date 27/11/19	
Workforce Planning	3	6	To be arranged	
Business Safety	3	6	To be arranged	
Risk Management Framework	4	4	To be arranged	
Key Financial Controls	4	9	To be arranged	
Follow Up	4	3	To be arranged	

**KEY:**

	=	To be commenced
	=	Site work commenced
	=	Draft report issued
	=	Final report issued

Assurance Review of Fleet Management

**OVERALL ASSURANCE ASSESSMENT**

**OVERALL CONCLUSION**

Improvements are required to ensure that service due dates are correctly calculated and adherence to the service schedule by ESFM is accurately reported.

- With the exception of operational staff, checks of driving licences are not routinely undertaken.
- The due dates of vehicle services reported from Tranman do not correlate to the agreed service schedule.
- At the time of the audit review there were 82 defect works orders open in Tranman.
- Estimated accident repair costs are not being consistently logged in Tranman.

**SCOPE**

The review considered the arrangements in place for managing, maintaining and operating the Service's fleet of vehicles.

**ACTION POINTS**

Urgent	Important	Routine	Operational
0	3	2	0

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	There is the facility within each accident record in Tranman to note the estimated cost of repair, in addition to the final cost. It was, however, noted that this is not being routinely captured with only 4 out of 26 accidents in 2019 having a cost logged.	It be ensured that the estimated value of repairs relating to accidents is recorded within Tranman.	2	<i>We will instigate work through the contract management arrangements with ESFM to ensure these data fields are routinely populated. Those highlighted here will be retrospectively updated.</i>	31/12/19	<i>ESFM Contract Management Andrew Day</i>
3	Directed	The licence check arrangements are currently: <ul style="list-style-type: none"> <li>operational station staff and staff on the Flexi Duty System (FDS) – licence checked by the Driver Training Team at the point of a driver assessment or training being undertaken (a minimum of every three years);</li> <li>Users of pool cars including the Community Protection Unit – licence checked by the Fleet and Operational equipment Manager at the point of issuing a Dallas key; and</li> <li>Casual car users – no licence or insurance checks currently undertaken.</li> </ul>	The arrangements regarding verifying driving licence and/or insurance details be confirmed and implemented.	2	<i>All staff will be required to provide evidence through the PDRPro system of their driving status. Amendment to policy to reflect that as well as notification to the Chief Fire Officer of any points awarded that PDRPro is also updated by the individual. Annual (through PDR process) and with cause checks undertaken.</i>	30/03/20	<i>Sam O'Connor (PDR elements) David Collingwood (Policy)</i>
4	Operational	The service due dates generated from Tranman do not appear to correlate to the date of the last service held in Tranman.	A review be undertaken of how service due dates are generated within Tranman and the impact on the KPI calculations and reporting.	2	<i>Proceeding towards an annual maintenance schedule in line with the delivery of service to HumPol will assist with this issue.</i>	30/03/20	<i>David Collingwood</i>

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	At the time of the audit review there were 82 defect works orders open in Tranman (of which 30 were more than three months old).	All open vehicle defects works orders be reviewed to establish the correct position.	3	<i>We will instigate work through the contract management arrangements with ESFM to ensure these data fields are routinely populated. Those highlighted here will be retrospectively updated.</i>	31/12/19	<i>ESFM Contract Management Andrew Day</i>
5	Operational	The KPI reports presented to the ESFM Directors Board and the Operations Board utilise a RAG rating system regarding performance. With the exception of the KPIs relating to vehicle availability, the remaining performance measures do not contain tolerances against the targets.	Performance goals and RAG rating tolerances be agreed and incorporated into the KPI reporting arrangements.	3	<i>ESFM Board to agree performance thresholds for RAG rating.</i>	31/12/20	<i>David Collingwood</i>

## Humberside Fire & Rescue Service

### Assurance Review of Fleet Management Usage

2019/20

# Executive Summary

**OVERALL ASSURANCE ASSESSMENT**

**OVERALL CONCLUSION**

Improvements are required to ensure that service due dates are correctly calculated and adherence to the service schedule by ESFM is accurately reported.

- With the exception of operational staff, checks of driving licences are not routinely undertaken.
- The due dates of vehicle services reported from Tranman do not correlate to the agreed service schedule.
- At the time of the audit review there were 82 defect works orders open in Tranman.
- Estimated accident repair costs are not being consistently logged in Tranman.

**SCOPE**

The review considered the arrangements in place for managing, maintaining and operating the Service's fleet of vehicles.

**ACTION POINTS**

Urgent	Important	Routine	Operational
0	3	2	0

## Management Action Plan - Priority 1, 2 and 3 Recommendations

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	There is the facility within each accident record in Tranman to note the estimated cost of repair, in addition to the final cost. It was, however, noted that this is not being routinely captured with only 4 out of 26 accidents in 2019 having a cost logged.	It be ensured that the estimated value of repairs relating to accidents is recorded within Tranman.	2	<i>We will instigate work through the contract management arrangements with ESFM to ensure these data fields are routinely populated. Those highlighted here will be retrospectively updated.</i>	31/12/19	<i>ESFM Contract Management Andrew Day</i>
3	Directed	The licence check arrangements are currently: <ul style="list-style-type: none"> <li>operational station staff and staff on the Flexi Duty System (FDS) – licence checked by the Driver Training Team at the point of a driver assessment or training being undertaken (a minimum of every three years);</li> <li>Users of pool cars including the Community Protection Unit – licence checked by the Fleet and Operational equipment Manager at the point of issuing a Dallas key; and</li> <li>Casual car users – no licence or insurance checks currently undertaken.</li> </ul>	The arrangements regarding verifying driving licence and/or insurance details be confirmed and implemented.	2	<i>All staff will be required to provide evidence through the PDRPro system of their driving status. Amendment to policy to reflect that as well as notification to the Chief Fire Officer of any points awarded that PDRPro is also updated by the individual. Annual (through PDR process) and with cause checks undertaken.</i>	30/03/20	<i>Sam O'Connor (PDR elements) David Collingwood (Policy)</i>

### PRIORITY GRADINGS

**1 URGENT** Fundamental control issue on which action should be taken immediately.

**2 IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

**3 ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Operational	The service due dates generated from Tranman do not appear to correlate to the date of the last service held in Tranman.	A review be undertaken of how service due dates are generated within Tranman and the impact on the KPI calculations and reporting.	2	<i>Proceeding towards an annual maintenance schedule in line with the delivery of service to HumPol will assist with this issue.</i>	30/03/20	David Collingwood
2	Directed	At the time of the audit review there were 82 defect works orders open in Tranman (of which 30 were more than three months old).	All open vehicle defects works orders be reviewed to establish the correct position.	3	<i>We will instigate work through the contract management arrangements with ESFM to ensure these data fields are routinely populated. Those highlighted here will be retrospectively updated.</i>	31/12/19	ESFM Contract Management Andrew Day
5	Operational	The KPI reports presented to the ESFM Directors Board and the Operations Board utilise a RAG rating system regarding performance. With the exception of the KPIs relating to vehicle availability, the remaining performance measures do not contain tolerances against the targets.	Performance goals and RAG rating tolerances be agreed and incorporated into the KPI reporting arrangements.	3	<i>ESFM Board to agree performance thresholds for RAG rating.</i>	31/12/20	David Collingwood

PRIORITY GRADINGS

**1** **URGENT** Fundamental control issue on which action should be taken immediately.

**2** **IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

**3** **ROUTINE** Control issue on which action should be taken.

## Operational Effectiveness Matters

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Ref	Risk Area	Item	Management Comments
No Operational Effectiveness Matters were identified.			

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

## Detailed Findings

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### Introduction

1. This review was carried out in September 2019 as part of the planned internal audit work for 2019/20. Based on the work carried out an overall assessment of the overall adequacy of the arrangements to mitigate the key control risk areas is provided in the Executive Summary.

### Background

2. The Authority makes significant investment in its operational fleet; it is important that controls are applied in the management and running of the fleet.

### Materiality

3. The Authority own over 200 operational and support vehicles. The budgets allocated for 2019/20 to repairs and maintenance is £1,125,682 and £326,064 for fuel.

### Key Findings & Action Points

4. The key control and operational practice findings that need to be addressed in order to strengthen the control environment are set out in the Management and Operational Effectiveness Action Plans. Recommendations for improvements should be assessed for their full impact before they are implemented.

### Scope and Limitations of the Review

5. The review considered the arrangements in place for managing, maintaining and operating the Service's fleet of vehicles.
6. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan.

### Disclaimer

7. The matters raised in this report are only those that came to the attention of the auditor during the course of the internal audit review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

## Risk Area Assurance Assessments

8. The definitions of the assurance assessments are:

<b>Substantial Assurance</b>	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
<b>Reasonable Assurance</b>	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
<b>Limited Assurance</b>	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
<b>No Assurance</b>	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

## Acknowledgement

9. We would like to thank staff for their co-operation and assistance during the course of our work.

## Release of Report

10. The table below sets out the history of this report.

<b>Date draft report issued:</b>	17 <sup>th</sup> September 2019
<b>Date management responses received:</b>	30 <sup>th</sup> September 2019
<b>Date final report issued:</b>	2 <sup>nd</sup> October 2019

11. The following matters were identified in reviewing the Key Risk Control Objective:

**Directed Risk: Failure to direct the process through approved policy & procedures.**

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- 11.1 There are no risks contained within the Strategic Risk Register that specifically relate to fleet management, however, risks are considered within particular fleet related projects, for example the large scale procurement of vehicles.
- 11.2 The Group Manager (Service Support) is responsible for management of the Authority's fleet including fire engines and support service cars and vans. On a day-to-day basis this is administered by the Fleet and Operational Equipment Manager who is supported by the Watch Manager (Fleet and Equipment), who is on secondment to the Fleet Team.
- 11.3 Repairs, MOTs and servicing are carried out by Emergency Services Fleet Management (ESFM) who are a joint venture company set up between Humberside Fire and Rescue Service (HRFS) and Humberside Police. The Service Level Agreement (SLA) in place is dated 1<sup>st</sup> April 2015 and is renewed annually.
- 11.4 The costs of repairs and services that are contained within the SLA are a price per vehicle per annum and are based on those incurred by HFRS when the work was previously carried out in-house. Although the overall costs are reviewed annually to ensure that the number of vehicles in the fleet is accurate, a 5% cost saving has been applied to the charging schedule for 2019/20.
- 11.5 The Provision and Use of Vehicles Policy, dated October 2017, is the overarching document governing the fleet management arrangements. This incorporates:
  - The purchase and replacement of vehicles. This states that vehicles must be the type and standard most suited to the needs of the work, the model chosen should be suited to the mileage, number of persons and type of equipment to be carried and the need for every vehicle should be reviewed prior to replacement;
  - The conditions in place relating to the use of hired and pool vehicles;
  - The use of Flexible Duty System (FDS) vehicles;
  - The use of private vehicles for official journeys. Drivers are required to register their vehicle details with the Finance and Fleet and Equipment sections including providing copies of valid MOT Certificate, insurance certificate including business usage cover and driving licence details;
  - The rules regarding parking fines and fixed penalty notices;
  - Any member of staff who receives any penalty awards, driving bans or convictions is required to inform the Chief Fire Officer immediately in writing;
  - Accident reporting arrangements;
  - Breakdown and repair arrangements;

- Daily vehicle condition checks. On each change of watch or at the commencement of use, vehicles must be checked to ensure that they are roadworthy and to maintain the health and safety of personnel. These checks include fuel, coolant and oil levels, lights, tyres and bodywork; and
- Planned and unplanned maintenance including the provision of spare appliances.

11.6 An additional Health and Safety policy, in relation to the Management of Occupational Road Risk, is in place. Although a number of areas in this policy are also contained within the Provision and Use of Vehicles Policy, additional guidance is provided in relation to driver assessments.

11.7 All policies are available to staff via the online portal.

#### **Vehicle specification and replacement plan**

11.8 The Authority own 65 operational heavy goods vehicles, 54 operational light goods vehicles and 88 support cars and vans. These were purchased from 2007 onwards through the Crown Commercial Services procurement framework.

11.9 The specification of vehicles, although assessed during the procurement process, are based on: officer cars - 4x4 estates, vans - 4x4, fire engines - B class, cars - 4 door diesels and station vans - Hilux trucks.

11.10 All vehicles, in addition to all pieces of equipment with a motor, are logged within the Tranman fleet management system. This records the vehicle registration number and call sign.

11.11 The Fleet and Operational Equipment Manager maintains a vehicle replacement plan. This utilises the expected lifespans of vehicles to predict the future procurement programme. This is developed annually in September and is incorporated into the follow years' budgetary requirements.

11.12 The lifespans of engines has been set at 16 years based on national rules provided by the Transport Officer Group (part of the National Fire Chief Council). Although lifespans have been documented of between five and ten years in relation to support and other operational vehicles, these are used as a guideline only. Annual individual vehicle condition and mileage assessments are to be introduced in order to determine the most appropriate replacement period.

#### **Accident reporting**

11.13 Drivers are required to report all accidents through the Tranman online portal. Details of the incidents are reviewed by ESFM prior to being provided to the insurers. Where appropriate, accidents are also logged in the Rivo health and safety reporting system. This is managed by the Health and Safety Team who are responsible for appointing an appropriate officer to investigate an accident and for identifying accident trends.

11.14 Data provided by the Fleet and Operational Equipment Manager showed that there have been 26 accidents logged in Tranman during 2019 (to August), 32 during 2018 and 25 in 2017.

11.15 There is the facility within each accident record to note the estimated cost of repair, in addition to the final cost, of each incident. It was, however, noted that this is not being routinely captured with only 4 out of 26 accident records in 2019 having a cost logged.

11.16 Discussions with the Watch Manager (Fleet and Equipment) identified that the recording of this information would provide the opportunity to report on the total value of repairs carried out as a result of accidents (rather than those relating to vehicle defects).

11.17 This could also be used to allow for the identification of accidents where the value of repairs is above the insurance excess and therefore a claim is required to be processed.

**Recommendation: 1**

**It be ensured that the estimated value of repairs relating to accidents is recorded within Tranman.**

**Priority: 2**

**Vehicle servicing**

- 11.18 Due to the relatively low number of miles covered by vehicles, the requirement is that cars are serviced annually and HGV vehicles twice per year with visual inspections also being completed quarterly. Drivers are responsible for notifying ESFM where additional mid-year services may be required based upon the recommended mileage service interval.
- 11.19 ESFM email the station watch or the nominated driver one month prior to the service date. This enables alternative arrangements or a replacement vehicle to be arranged.
- 11.20 Although cars receive an MOT annually when they are three years old, HGV vehicles are MOT exempt. MOTs are managed in line with the servicing arrangements detailed above and are co-ordinated with the annual services.

**Defect reporting**

- 11.21 Vehicle and operational equipment repairs are reported by drivers and stations through the Tranman system. This generates an email to ESFM who liaise with the driver/station to arrange a suitable date for the work to be undertaken.
- 11.22 At the time of the audit review there were 82 defect works orders open in Tranman (of which 30 were more than three months old). This situation was discussed with the ESFM Deputy Joint Fleet Manager. It was agreed that these should be reviewed to establish the current status of each including identifying whether the repairs may have been undertaken as part of a service. It should be noted that this exercise may impact on the accuracy of defect KPI reporting which currently shows 100% completion year to date.

**Recommendation: 2**

**All open vehicle defects works orders be reviewed to establish the correct position.**

**Priority: 3**

**Fuelling arrangements**

- 11.23 Fuel for cars and engines is obtained via two routes.
- 11.24 Diesel pumps are in place at nine fire stations. These are operated via a Vectec fuel fob with the driver code and vehicle mileage being entered into the pump prior to fuel being dispensed. Drivers are encouraged to use these arrangements as the fuel purchase cost is lower than paid at filling stations.
- 11.25 Allstar fuel cards have been issued for each vehicle. Although all types of fuel can be purchased with the cards, which are accepted at the majority of fuel filling stations, as all vehicles are diesel, alerts are sent to the Fleet and Operational Equipment Manager where petrol (only used for equipment such as fans, portable pumps and generators) is purchased.

11.26 A report detailing all card transactions is generated monthly. This is reviewed by the Fleet and Operational Equipment Manager to establish where premium grade fuel has been purchased (instead of standard) in addition to instances of fuel being purchased from a filling station that is near a fire station housing a pump. This report is uploaded into the Vectec system resulting in all fuel purchase records being held together.

#### **Vehicle checks and tracking**

11.27 Staff are issued with a unique Dallas Key which must be presented to the vehicle sensor at the time of starting the vehicle. This records the driver's details and therefore enables the particular driver at any time to be established.

11.28 The requirement to complete daily vehicle condition checks is contained within the Provision and Use of Service Vehicles Policy (covered above) which also states that by presenting the drivers' Dallas Key, the driver is confirming that these have been completed.

11.29 All vehicles are fitted with trackers provided by UK Telematics. This enables the Fleet and Operational Equipment Manager to view the current location and driver of each vehicle. This system can also be utilised to review the route taken and vehicle speed in the event that an accident or a complaint is received.

#### **Driver training and assessments**

11.30 The Driver Training Supervisor and three Driver Trainers undertake evaluations of all new staff who will be required to undertake driving duties. A light vehicle assessment includes a Highway Code questionnaire and a half hour on-the-road driving assessment. Additional training may be arranged where required including as a result of a complaint being received regarding the quality of driving.

11.31 All drivers of fire engines are required to have a "response assessment" undertaken every three years. These are also carried out in the event of a new type of vehicle being received by the station.

#### **Driving licence checks**

11.32 The initial driving assessment, in addition to all other driver training courses delivered, includes verifying that the employee holds a valid driving licence.

11.33 Testing of a sample of station operational staff showed that licence checks had been carried out by the Driver Training Team within the last three years.

11.34 These arrangements therefore provide for licence checks to be undertaken on station staff who drive fire engines and the Flexi Duty System (FDS) who are Station Managers and above, but do not include staff such as the Community Protection Unit and drivers of non-HFRS vehicles.

11.35 All other drivers, including those referenced above, who are provided with Dallas keys have their licence checked at the point of issue of the Key. This exercise is however not repeated on a periodic basis.

11.36 The Provision and Use of Service Vehicle Policy states that "employees who use their own vehicle for official journeys must forward provide copies of their insurance certificate, MOT certificate and driving licence with the first claim made in each financial year". Discussions with staff from the Finance and Human Resources team, in addition to the Fleet and Operational Equipment Manager, identified that this requirement is not being followed.

11.37 Both the Provision and Use of Service Vehicle Policy and the Management of Occupational Road Risk Policy state that staff must inform HFRS of any change regarding their eligibility to drive including convictions for driving or vehicle offences and suspension or disqualification from driving.

11.38 Furthermore the casual car user mileage claim form requires that claimants confirm that they hold a current licence to drive the vehicle.

11.39 To summarise, the current driving licence check arrangements are as follows:

- Operational station staff and staff on the Flexi Duty System (FDS) – licence checked by the Driver Training Team at the point of a driver assessment or training being undertaken (a minimum of every three years);
- Users of pool cars including the Community Protection Unit – licence checked by the Fleet and Operational equipment Manager at the point of issuing a Dallas key; and
- Casual car users – no licence or insurance checks currently undertaken.

11.40 It is accepted that it is a time consuming process for either a line manager/station manager or for the Human Resources/Finance/Fleet Team to periodically collect employees' driving licence and insurance details. There is nonetheless a reputational risk to the Authority were an employee to be involved in an incident whilst driving for work purposes and it was subsequently discovered that they were not correctly insured and/or were subject to a driving ban.

11.41 Appropriate arrangements should be made for the periodic checking of driving licences for all staff who are required to drive on Authority business, this also including the insurance details of casual car users. The frequency of these checks should be appropriate to the frequency of driving undertaken and the risk involved.

<b>Recommendation: 3</b>	<b>The arrangements regarding verifying driving licence and/or insurance details be confirmed and implemented.</b>
<b>Priority: 2</b>	

**Compliance Risk: Failure to comply with approved policy and procedure leads to potential losses.**

**Insurance**

11.42 Insurance is provided to the Authority by QBE, the current policy running from 1<sup>st</sup> October 2018 to 30<sup>th</sup> September 2019. The policy excess is determined by the type of vehicle and is as follows:

- £50,000 for Heavy Goods operational and non-operational vehicles;
- £5,000 for New Dimension Vehicles and Demountables; and
- £500 for other vehicles including cars.

11.43 The Fleet Administrator at ESFM forwards copies of accident reports onto the insurers where the anticipated repairs value is above the vehicle excess or a third party is involved.

11.44 As the estimated repairs value is not being routinely recorded within Tranman it was not possible to carry out substantial testing of this process. Of the four accidents logged where the value had been recorded, two were below the excess value. The remaining two related to insurable claims and these were supported by evidence of a claim being reported to the insurers.

### Servicing

- 11.45 The Workshop Supervisor is responsible for generating the monthly vehicle service schedule from Tranman. This report shows the service type and due date.
- 11.46 Testing undertaken of a sample of vehicles showed that:
- Vehicle ref 999155 - a quarterly service was carried out on 13<sup>th</sup> March 2019. This is showing as being next due on 11<sup>th</sup> September. No quarterly service was completed in June. For information this vehicle was not showing on the June monthly service schedule produced by the Workshop Supervisor utilised to book the service visits.
  - Vehicle ref 999124 - two quarterly services were recorded as being carried out on 9<sup>th</sup> May and 21<sup>st</sup> May 2019. The work undertaken recorded against the service on 21<sup>st</sup> May would appear to indicate that this was not a quarterly inspection type service and may relate to a full six monthly service of a different vehicle.

### Performance monitoring

- 11.47 The Fleet Administrator at ESFM calculates the KPIs performance data on a monthly basis. A discussion was undertaken relating to how the data is gathered in relation to services completed within timescale. This identified that the service due date generated from Tranman does not appear to correlate to the date of the last service recorded in Tranman. The Fleet Administrator however stated that she does not use this date to determine whether the service has been completed within time and instead uses the dates recorded on a further report held by the Workshop Supervisor. This date does also not accord with the genuine due date.

The ESFM Deputy Joint Fleet Manager stated that he generates the service schedule annually. This sets the due dates for the next 12 months of the B quarterly inspections and D six monthly services. This is not routinely updated to take into consideration the actual dates that services are carried out throughout the year. This results in the due dates not being real time information and does not reflect the true dates that services are to be carried out throughout the year. The table below relating to a sample of vehicles reviewed demonstrates the impact of this.

Vehicle Ref	Last service date	True service due date	Due date showing on service schedule report
999148	16-Jul	15-Oct	12-Sep
999147	22-Jun	21-Sep	19-Sep
999136	24-Jun	23-Sep	17-Sep
999117	26-Jun	25-Sep	23-Sep
999159	23-May	22-Aug	12-Aug
999162	29-May	28-Aug	09-Aug
999124	21-May	20-Aug	06-Aug

11.48 It is recommended that a project is carried out to establish how the service due dates are generated from Tranman. If it is confirmed that the dates are based on those predicted at the beginning of the year (which subsequently are not updated to reflect the actual service dates) then the service schedule should be produced on a more regular basis (suggested monthly) to ensure that the due dates, and consequently the completed service, accords with the agreed 3/6/12 month schedule.

<b>Recommendation: 4</b>	<b>A review be undertaken of how service due dates are generated within Tranman and the impact on the KPI calculations and reporting.</b>
<b>Priority: 2</b>	

**Operational Risk: Failure to identify opportunities to operate more efficiently or to be prepared for forthcoming changes.**

11.49 The SLA in place with ESFM contains a number of key performance indicators relating to the availability of vehicles and service repairs times. These include:

- Vehicle availability (Above 90-95% of the fleet dependent upon the type of vehicle);
- Appliance, light vehicle and equipment servicing (within 10-30 days of the schedule due date);
- 'B' type Service every 13 weeks;
- 'D' type Service annually; and
- Defects causing an operational appliance to be 'off the run'.

11.50 The reports presented to the ESFM Directors Board and the Operations Board utilise a RAG rating system regarding performance. With the exception of the KPIs relating to vehicle availability, the remaining performance measures do not contain tolerances against the targets. For example the KPI relating to servicing of appliances within scheduled timescales for June 2019 is shown as 92%, however, this has been rated as green.

11.51 Performance goals relating to servicing and repairs programmes should be agreed between the Authority and ESFM and these should be included in the SLA. Appropriate tolerances should then be determined and incorporated into the reporting process.

<b>Recommendation: 5</b>	<b>Performance goals and RAG rating tolerances be agreed and incorporated into the KPI reporting arrangements.</b>
<b>Priority: 3</b>	

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**SERVICE PERFORMANCE AND RISK REPORT**  
**End of the 2nd QUARTER 2019 - 2020**

**1 July 2019 – 30 September 2019**  
REPORT EXECUTIVE SUMMARY

This report provides information relating to the Service's Performance and Risk Framework.

**Report Highlight Summary Table**

<b>Prevention Performance</b>	
Accidental Dwelling Fires	5.4% below 3 year average.
Other Accidental Fires (exc. Vehicles)	25.8% above 3 year average.
Deliberate Primary Fires	4.7% above 3 year average.
Deliberate Secondary Fires	1.8% above 3 year average.
Automatic Fire Alarms	5.3% below 3 year average.
Fatalities	0 fatalities (aspirational target 0)
Injuries	14 injuries (aspirational target 0)
<b>Response Performance</b>	
First engine response	7.54% better than target
Second engine response	11.13% better than target
<b>Projects Update</b>	
<ul style="list-style-type: none"> <li>Infrastructure, ICT, Collaboration</li> </ul>	Summary of progress is provided at Paragraph 8 within the body of this Report.
<b>Strategic Risks</b>	
Reduction in external financial support	No change in risk. Scenario Planning outcomes reported to HFA identifying efficiencies in medium term. CSR announced on 4 September with an inflationary grant increase for 2021 and a precept cap.
East Coast and Hertfordshire Control Room Project (ECHCR).	No change in risk. Go Live date is scheduled for 26 November
Impact of Brexit	No change in risk. Service continues to support LRF and review Business plans.
	<b>Critical</b>
	<b>Critical</b>
	<b>Critical</b>
<b>Complaints</b>	
<b>Quarter 2 Detail</b>	
Driving related	3 Upheld      0 Not Upheld
Conduct of employees	0 Upheld      1 Not Upheld
Performance of employees	0 Upheld      0 Not Upheld
Damage to property whilst responding to incidents	0 Upheld      0 Not Upheld
Other	0 Upheld      0 Not Upheld
<b>Current and Previous Quarter for comparison</b>	
	Current Quarter      Previous Quarter
Totals	3 Upheld    1 Not Upheld    4 Upheld    4 Not Upheld
<b>Compliments and Messages of Thanks</b>	
29 compliments and messages of thanks were received and posted on our Website: <a href="#">Compliments and Messages of Thanks</a>	

## RECOMMENDATIONS

1. That Members consider the report's detail and make any recommendations to the Fire Authority as necessary.

## BACKGROUND

2. Regular performance and risk reviews are undertaken internally to jointly review any issues at Strategic Leadership Team (SLT), and Project level. SLT provide the oversight of Projects and therefore there are two levels of risk register; one for Strategic Risks and separate registers for individual projects.
3. The ownership of performance and risk is detailed below:-

<b>Strategic Leadership Team</b>	Strategic Objectives Strategic Risk Register
<b>Directors</b>	Director Workstream Objectives Directorate Risk Register
<b>Heads of Functions</b>	Function Workstream Objectives Directorate Risk Register
<b>Project Owners</b>	Project Risks and performance against project milestones.

4. The Strategic Leadership Team in conjunction with the Tactical Leadership Team, Head of Corporate Assurance and GAS Committee provides an internal scrutiny function for Strategic Risks and Service Performance Indicators.
5. All performance and risk information is managed through automated systems which enable managers at all levels to have access to information which is as up to date as possible, and in many instances is live information.
6. The Strategic Risk Register is publicly accessible via the Service website [Our-performance](#). Members can also view the Action Plans relating to any performance or identified risks electronically at meetings through the Corporate Information Portal.

## PERFORMANCE FOCUS

7. A summary of all key performance can be seen at Appendix 1. The following paragraphs relate to some current areas of focus.
  - a) Accidental Dwelling Fires (ADFs)

The number of accidental fires to the end of Quarter 2 is 5.4% below the 3-year average. It was 13.5% above the 3-year average for the same period last year. However, the number of incidents rated as high severity to the end of Quarter 2 was still low as can be seen in Appendix 2.

### Intervention Activity examples

- ✓ A problem profile has identified "Outlying Seniors" as the mosaic type most likely to be involved in an ADF in the East Riding. Goole and Bridlington operational crews are now delivering safe and well visits with households of this mosaic type as a public safety priority.

- ✓ Hull Community Safety team are involved in a project to engage with letting agents and landlords to promote fire safety messages and to make us aware of any tenants who would fall into our high-risk profiles.
- ✓ Monthly updates and educational messages are shared with Grimsby Telegraph showing the types of incidents that have happened in dwellings for educational purposes. Occupiers are asked if they would share their stories.
- ✓ We have expanded our use of the Blue Light Brigade volunteers, who carry out Safe and Well visits on our behalf, into North Lincolnshire.

b) Deliberate Secondary Fires

Deliberate secondary fires are 1.8% above the 3-year average. In Quarter 2 last year they were 31.6% higher than the 3-year average.

Intervention Activity examples

- ✓ Close partnership working is ongoing with the Police and other agencies to reduce arson. CCTV is being retrieved from appliances to assist the Police where possible. We are sharing motorcycle arson data on a weekly basis to support the police with Operation Yellowfin and crews are to receive input from the police on retrieval of frame numbers from burned motorcycles.
- ✓ Joint work between Hull and East Riding Safety Teams and Operational Crews continued in the Orchard Park/Cottingham border to try and address the large number of incidents of arson.
- ✓ The demolition of flats in Immingham had been proving a hot spot for incidents involving youths. The youths have been identified through local PCSO patrols and incidents have since reduced in numbers.
- ✓ In North Lincolnshire, following multi-agency meetings, Humberside Police are performing visible patrols in evenings prior to waste collection days.

c) Deliberate Primary Fires

Deliberate Primary Fires are 4.7% above the 3-year average. In Quarter 2 last year they were 2.6% higher than the 3-year average.

Intervention Activity examples

- ✓ During the summer months, we again experienced a number of incidents on farmland during Harvest season. A proactive media approach was taken along with partner working and high visibility with Humberside Police.
- ✓ Across the South bank Police are focusing on city drug dealers and intelligence sharing between the two organisations at TTCG is aiding this work.
- ✓ Operational Crews continue to directly refer abandoned vehicles to the Community Protection and Compliance teams within Local Councils. This continues and is showing positive outcomes.

d) Automatic Fire Alarm false alarm calls (AFA)

The number of false alarms in commercial premises is 5.3% below the 3-year average.

Intervention Activity examples

- ✓ Whilst our non-attendance and charging position wasn't in place until 1 October, the proactive communication and media exposure on this matter appears to have had a positive effect on the occurrences of AFA's in the months leading up to go-live.
- ✓ The number of Unwanted Fire Signals, since adopting the new position as of 1 October 2019, have reduced compared to previous years. Call challenge has led to 37 non-attendance incidents as of 22 October. There have been no invoices raised against the criteria for charging during October.

e) Other Accidental Fires (excluding vehicles)

Other Accidental Fires (excluding vehicles) are 25.8% above the 3-year average this quarter.

Intervention Activity examples

- ✓ Faults in appliances and equipment account for a large percentage of Accidental Fires in Commercial Properties (44% in 2019 so far)
- ✓ The East Riding is currently rolling out an initial training programme for existing On-Call station public safety champions which will upskill them to carry out Business Safety engagements post-incident, supported by the Business Safety team. Following a commercial incident, stations will be available to follow up, giving education to prevent repeat occurrences.
- ✓ During the summer months, we again experienced a number of incidents on farmland during Harvest season. We continue to engage with the farming community as changes to their practices, including controlled burning, can lead to a number of incidents.

## STRATEGIC PROJECTS

8. Notable developments in Strategic Projects:

a) East Coast and Hertfordshire Control Room Project

Final load testing is taking place in Hertfordshire FRS. Training on the telephone aspect is ongoing and technical migration plans are now in place and go live date is currently scheduled for 26 November. Significant additional support and resilience arrangements are in place.

b) The Ark Flood Preparation and Response Centre

Engagement continues with Central Government and Ministers. A business case has been sent to DEFRA who are engaging with other Government Departments and communication has been initiated by the project team with DEFRA's lead civil servant. Project Board, Estates Group and Sponsors Board meetings have also taken place, with a number of actions arising from the discussions, including an action to progress the water strategy and ecological survey. Ongoing discussions are taking place to

resolve outstanding issues and Patrick Parkson has been commissioned to undertake the preliminary ecological survey.

c) Rota and Availability System

The introduction of a new Corporate Availability System will allow the Service to manage individual's availability and aggregate these details to populate rotas. Fire engine availability details need to flow into the CAPITA provided Command and Control System (soon to be Vision 4) and details of incidents extracted for pay purposes, to generate efficiencies in what is currently a labour intensive process. A briefing note was presented to July SLT meeting, the project team has been created and a business case will be presented to the October SLT meeting to seek approval for the preferred supplier and proceed with procurement.

STRATEGIC PLAN COMPATIBILITY

9. This report supports the delivery of all of our Strategic Objectives in the most effective and efficient way and is a key part of the underpinning Governance Framework.

FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

10. Any area of improvement in performance without an increase in resources adds value for money and the proactive management of risks is important to ensure financial stability.

LEGAL IMPLICATIONS

11. None arising directly.

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

12. None arising.

PERFORMANCE AND RISK MANAGEMENT IMPLICATIONS

13. This report details the information for Members to provide assurance as to the proactive management of performance and risk by the Service.

HEALTH AND SAFETY IMPLICATIONS

14. Performance against the second engine response standard directly contributes to the Health and Safety of operational crews.

COMMUNICATION ACTIONS ARISING

15. None arising.

DETAILS OF CONSULTATION AND/OR COLLABORATION

16. None applicable.

BACKGROUND PAPERS AVAILABLE FOR ACCESS

17. None.

## RECOMMENDATIONS RESTATED

18. That Members consider the report's detail and make any recommendations to the Fire Authority as necessary.

**S RHODES**

Officer Contact: GM Simon Rhodes 📞 01482 567479  
Head of Corporate Assurance

Humberside Fire & Rescue Service  
Summergroves Way  
Kingston upon Hull

SR  
14 October 2019

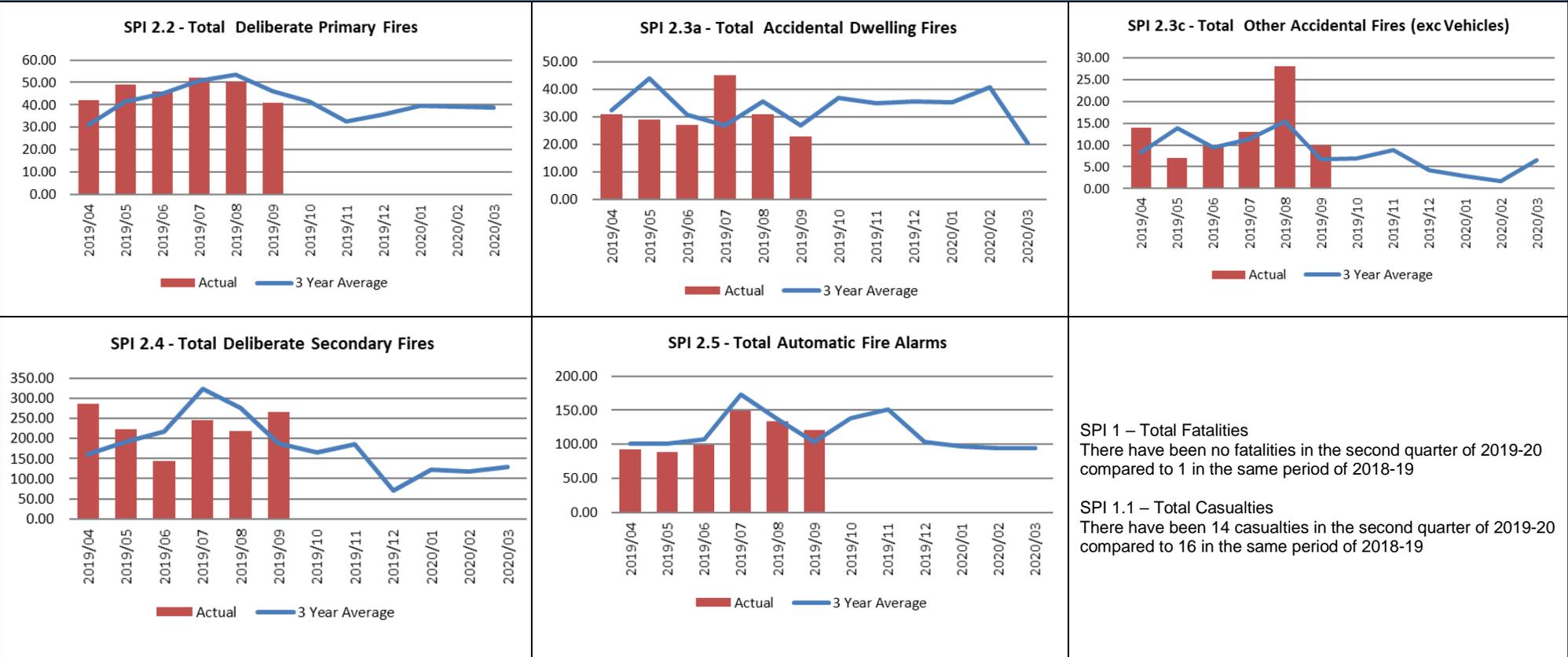
# Service Performance and Risk Report – 2nd Quarter 2019-20

## 1 April 2019 – 30 September 2019

### Service Performance Indicators

<ul style="list-style-type: none"> <li>SPI 1 – Total Fatalities – 0 Fatalities</li> </ul>	<ul style="list-style-type: none"> <li>SPI 1.1 – Total Casualties – 14 Casualties</li> </ul>	<ul style="list-style-type: none"> <li>SPI 2.2 – Total Deliberate Primary Fires – 4.7% above three-year average</li> </ul>
<ul style="list-style-type: none"> <li>SPI 2.3a – Total Accidental Dwelling Fires – 5.4% below three-year average</li> </ul>	<ul style="list-style-type: none"> <li>SPI 2.3c – Total Other Accidental Fires (exc Vehicles) 25.8% above three-year average</li> </ul>	<ul style="list-style-type: none"> <li>SPI 2.4 – Total Deliberate Secondary Fires – 1.8% above three-year average</li> </ul>
<ul style="list-style-type: none"> <li>SPI 2.5 – Total Number of Automatic Fire Alarms – 5.3% below three-year average</li> </ul>		

### How are we doing?



## Service Performance Indicators

<ul style="list-style-type: none"> <li>SPI 2 – Standard of First Appliance in Attendance is met</li> </ul>		<ul style="list-style-type: none"> <li>SPI 2.1 – Standard of Second Appliance in Attendance is met</li> </ul>	
Actual – 97.54%	Objective – 90%	Actual – 91.13%	Objective – 80%

### Average First Appliance attendance times for the Service

2nd Quarter - Average 1st appliance attendance time – Dwellings	2nd Quarter - Average 1st appliance attendance time – RTC's
Actual – 5 Minutes 33 Seconds	Actual – 9 Minutes 33 Seconds

### Average Second Appliance attendance times for the Service

2nd Quarter - Average 2nd appliance attendance time – Dwellings	2nd Quarter - Average 2nd appliance attendance time – RTC's
Actual – 7 Minutes 12 Seconds	Actual – 11 Minutes 14 Seconds

## Rescues

Between 1st April 2019 and 30th September 2019, the Service rescued 500 people in incidents across the Service area. This table shows the number of people rescued and the type of incident, for the end of the 2nd quarter period July 2019 to September 2019.

RTCs	22	Other (e.g. assisting other agencies and suicides)	16
Effecting Entry/Exit (to children, elderly and medical cases)	77	Removal of objects from people / people from objects	32
Other Rescue/Release of Persons (e.g. from height, in machinery)	49	Rescue or Evacuation from water	5
Primary Fires	13	Other Transport Incidents (e.g. children locked in vehicles)	16
Lift Release (to children/elderly and medical cases)	11	Medical Incident – First Responder	11
Animal Assistance Incidents	1	<b>Total number of rescues</b>	<b>253</b>

## Medical Intervention

This table details the 2nd quarter activity for First Responder incidents and Falls Team incidents attended, across the Service area.

	Period – 01/04/2019 – 30/09/2019	Period – 01/07/2019 – 30/09/2019
*Falls Incidents	422	198
Emergency First Responder calls attended	1000	464

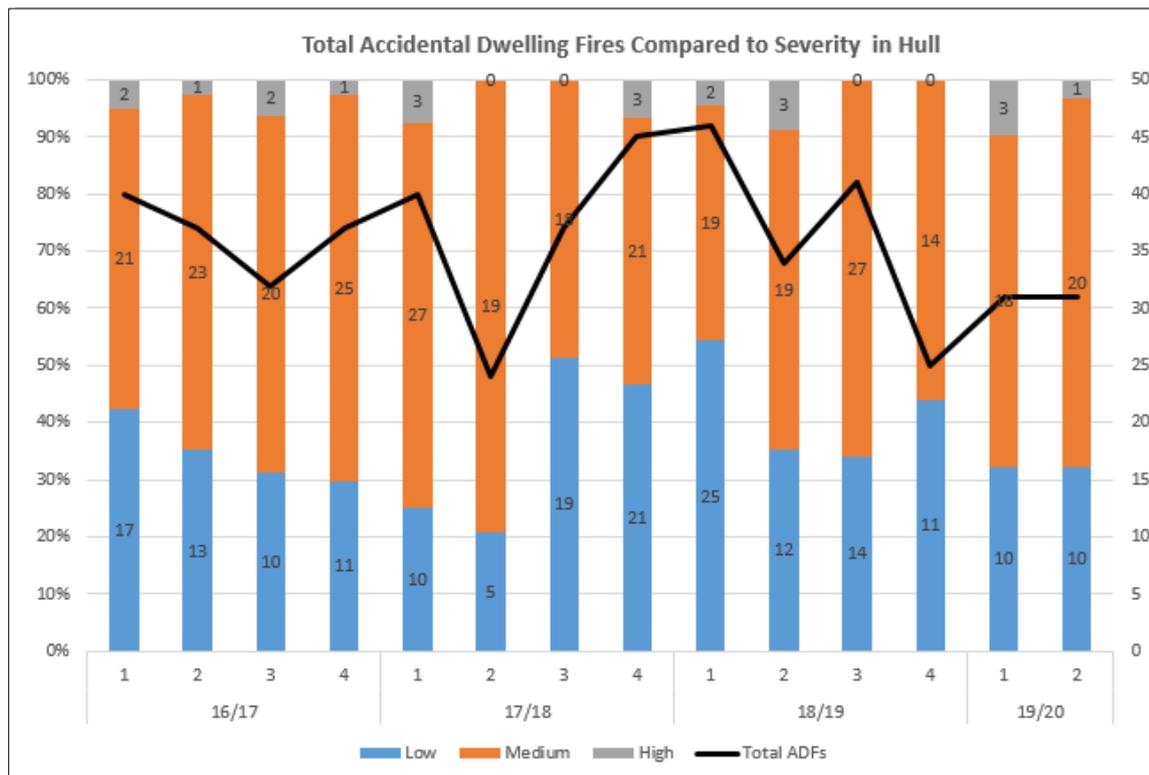
\*Please note that Falls Teams often attend Emergency First Responder Incidents also.

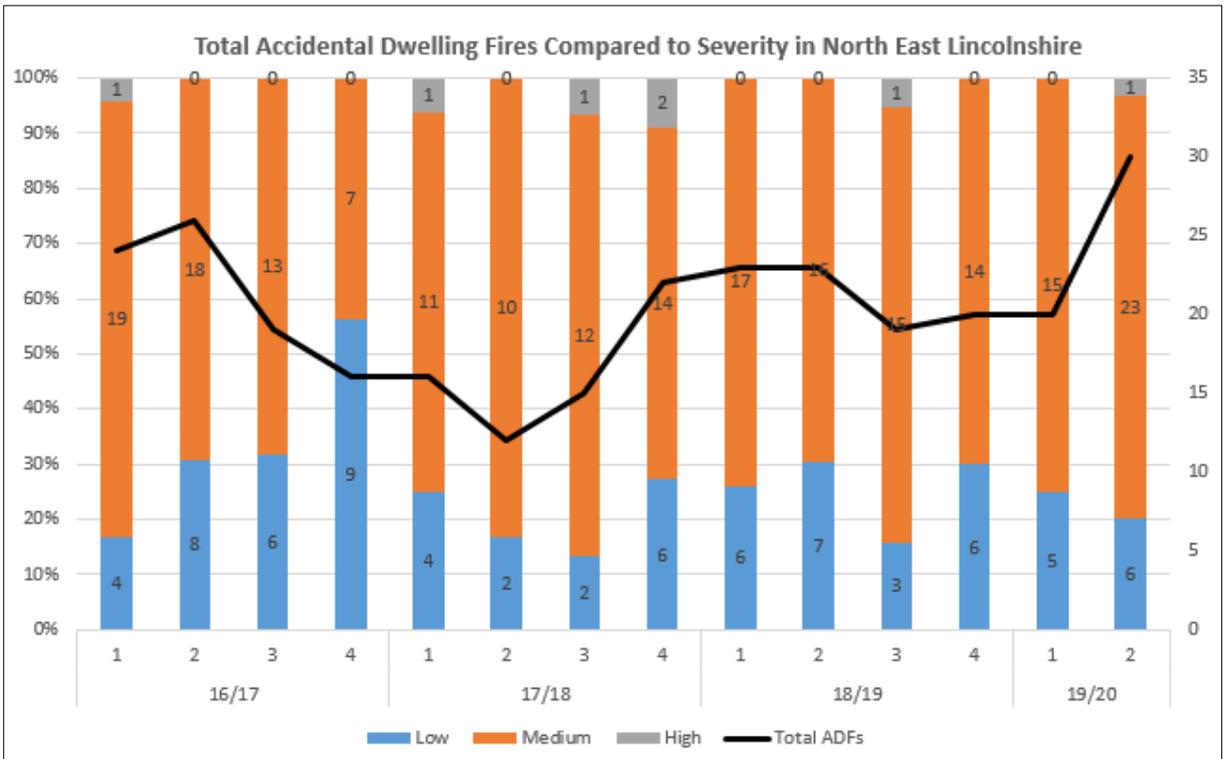
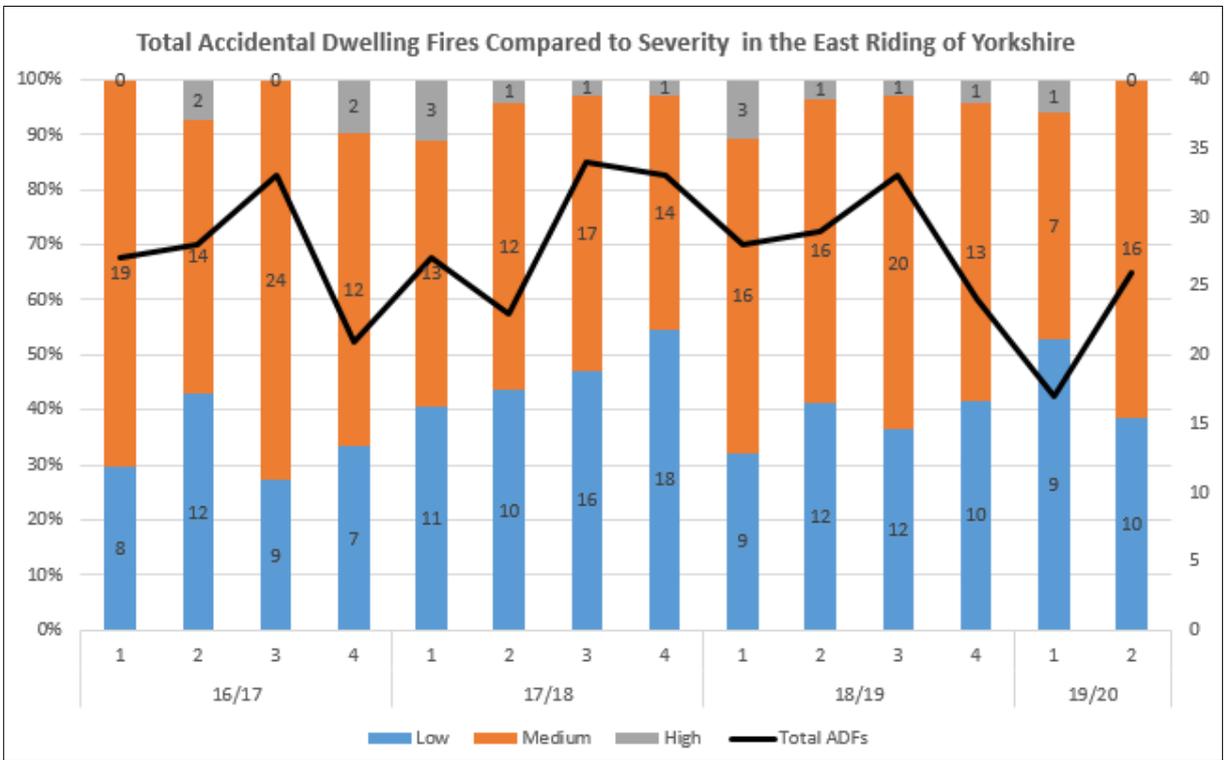
**Accidental Dwelling Fires**

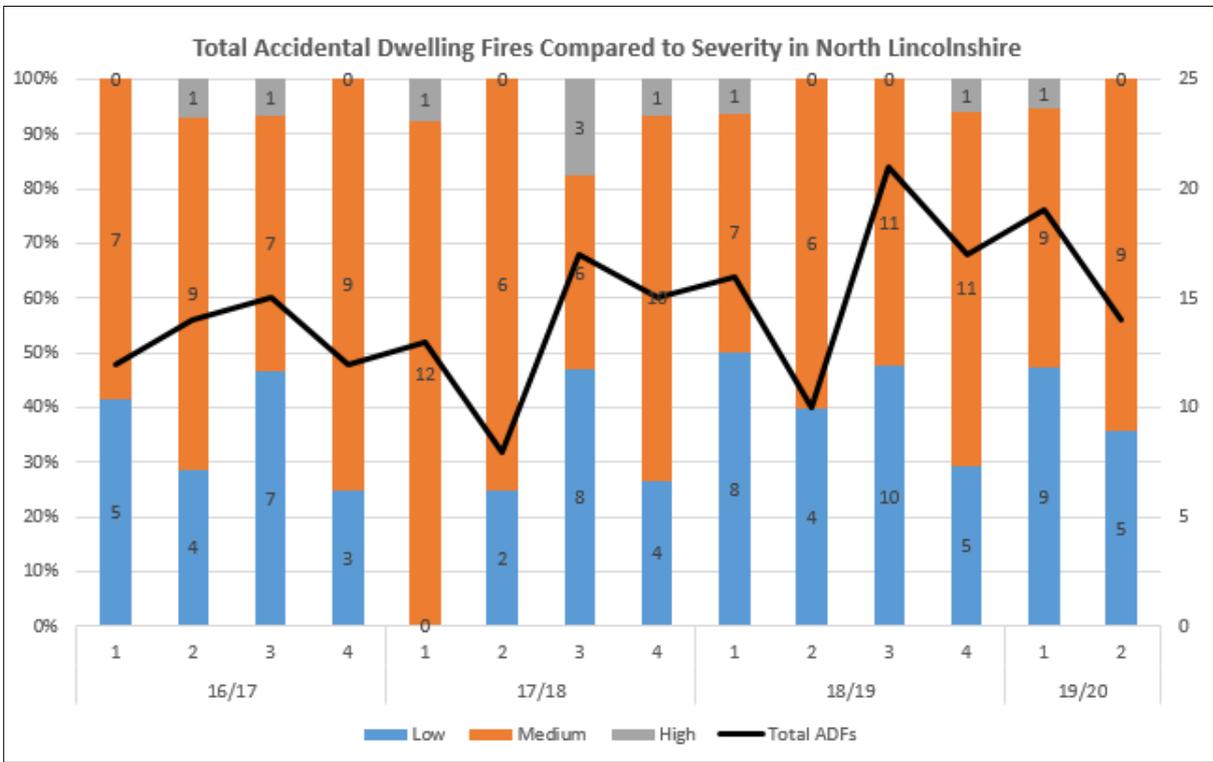
The charts below show the severity level for Accidental Dwelling Fire incidents over the last 3 years. The number of incidents in quarter two was lower this year compared to last year in Hull and the East Riding but was higher in North and North East Lincolnshire. The trend for accidental dwelling fires in North East Lincolnshire has been upwards since quarter two of 2017/18 and the number of fires in quarter two of this year (30 fires) is the highest since quarter three of 2013/14. Of these 30 fires, 76% were of medium severity. North Lincolnshire also has an upward trend from quarter 2 of 2017/18, but this trend has started to reduce with lower incident numbers since quarter three of 2018/19.

The number of high severity dwelling fires this quarter was very low with only 2 of 101 incidents (2%).

*Note: The charts show the number of accidental dwelling fires within each severity category for each quarter of 2016/17, 2017/18, 2018/19 and 2019/20 to Q2.*









**Governance, Audit and Scrutiny Committee  
2019**

**Report by the Director of Service  
Improvement**

**HEALTH, SAFETY AND ENVIRONMENTAL QUARTERLY REPORT  
2<sup>nd</sup> QUARTER  
2019/2020  
July – September  
2019**

REPORT EXECUTIVE SUMMARY

This is the 2<sup>nd</sup> Quarter 2019/20 report on Health, Safety and Environment. Appendix 1 provides a summary of the statistical data.

During the reporting period there were 21 incidents recorded (Figs 1 & 2) that resulted in some form of personal injury compared to 29 for the same period last year. This is a significant decrease of just almost 28%. It is also well below the three-year rolling average of 26.3 for quarter two. Even more reassuringly, it is the lowest number of reported injuries or ill-health for quarter two in the last three years (Fig 3).

Due to the make-up of the workforce, the majority of the reported injuries, 62%, were incurred by full-time firefighters. This is representative of our employment profile and the more hazardous nature of the activities carried out by operational staff.

As can be seen from the three-year rolling average (Fig 3), the longer-term accident trend is falling. Training and routine activities make up the top two highest number of the total injuries reported with 8 and 7 respectively. Injuries arising from fire and physical training have reduced in comparison with last year's quarter 2, with those from special services remaining the same.

The only activity area showing an increase in reported injuries is RTC with a rise from zero to 1.

Near miss reporting has decreased by just over 37% but at 31 for the quarter it is still notably higher than the number of reported accidents (21), which in itself is a positive indicator of a proactive and responsible safety culture.

## RECOMMENDATIONS

1. That the Committee considers this report and makes any recommendations to the Fire Authority as necessary.

## BACKGROUND

2. Three of the reported injuries during training activities, were sustained at the external venue used for water rescue training; all caused by striking subsurface obstacles whilst navigating the water flow on different dates. One of these incidents was severe enough to cause a sickness absence for the individual concerned for a period of 27 days; necessitating reporting to the Health and Safety Executive under RIDOR 2013. The other two did not result in any sickness absence. Incorrect technique was established as a contributory factor in two of these cases.
3. The other significant injury incurred whilst performing operational training was a burn during a breathing apparatus revalidation at the Immingham West Training Centre. This burn was severe enough to cause a sickness absence of seven days. A comprehensive investigation was carried out by the H, S and E team with subsequent recommendations produced for remedial action by the training section.
3. Two of the injuries sustained during routine activities were to children on organised visits at different fire stations. Although both minor in nature, a review of relevant risk assessments to quality assure their effectiveness was subsequently conducted remotely by the H, S and E team. The other five reported accidents were all similarly superficial with no resultant sickness absence.
4. The only other two accidents significant enough to cause injuries requiring sickness absence for the affected individuals were both sustained by Fulltime firefighters. One was due to a back injury whilst assisting the ambulance to move a casualty which required reporting under RIDOR 2013. The other was when a hydraulic cutting tool failed catastrophically and dropped onto the person holding the casualty protection inside a car. The subsequent investigation attributed this to an incorrect cut of a boron steel bolt.
7. During this quarter, there have been two RIDDOR events, the same as quarter two for the previous year. Both were reportable due to injuries causing individual sickness absence of more than seven days. They were comprehensively investigated with appropriate corrective and preventative measures implemented. The Service strives to reduce accidents and subsequent RIDDOR events to an aspirational target of zero.
8. Although near miss reports (Fig 6) have decreased by 37% in comparison with the same quarter for last year; they remain higher than the number of reported accidents. This is indicative of a positive safety culture within HFRS with the emphasis on reporting events that have the potential to cause injury before they actually do. As an area constantly promoted by the H, S and E team, near misses are treated with an equal degree of seriousness as accidents; once again being investigated accordingly to identify proactive control measures. Ongoing training and quality assurance within this area seeks to ensure near miss reports are appropriate and meet the necessary criteria for submission and analysis.
9. The H, S & E team continue to undertake research in several areas reflecting the Services proactive approach. These are detailed in the snap shot provided at Appendix 1.  
area.
10. Details of the Service's Health, Safety and Environmental outcomes for this Quarter 2019/20 are contained in Appendix 1.

## STRATEGIC PLAN COMPATIBILITY

11. The monitoring of Health, Safety and Environmental information is a key part of the Strategic Plan to:
- Maintain a positive health and safety environment, compliant with legislation and provide operational assurance.
  - Implement measures to ensure environmental sustainability.

## FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

12. None.

## LEGAL IMPLICATIONS

13. None.

## EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

14. None.

## CORPORATE RISK MANAGEMENT IMPLICATIONS

15. None.

## HEALTH AND SAFETY IMPLICATIONS

16. This report provides the opportunity for an additional level of scrutiny of Health and Safety information.

## COMMUNICATION ACTIONS ARISING

17. None.

## DETAILS OF CONSULTATION AND/OR COLLABORATION

18. None.

## BACKGROUND PAPERS AVAILABLE FOR ACCESS

19. Health and Safety Policy Statement.

## RECOMMENDATIONS RESTATED

20. That the Committee considers this report and makes any recommendations to the Fire Authority as necessary.

**N McKINIRY**

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Director of Service Improvement

HumberSide Fire & Rescue Service  
Summergroves Way  
Kingston upon Hull

NM  
2019

## Accidents Categorised by Role

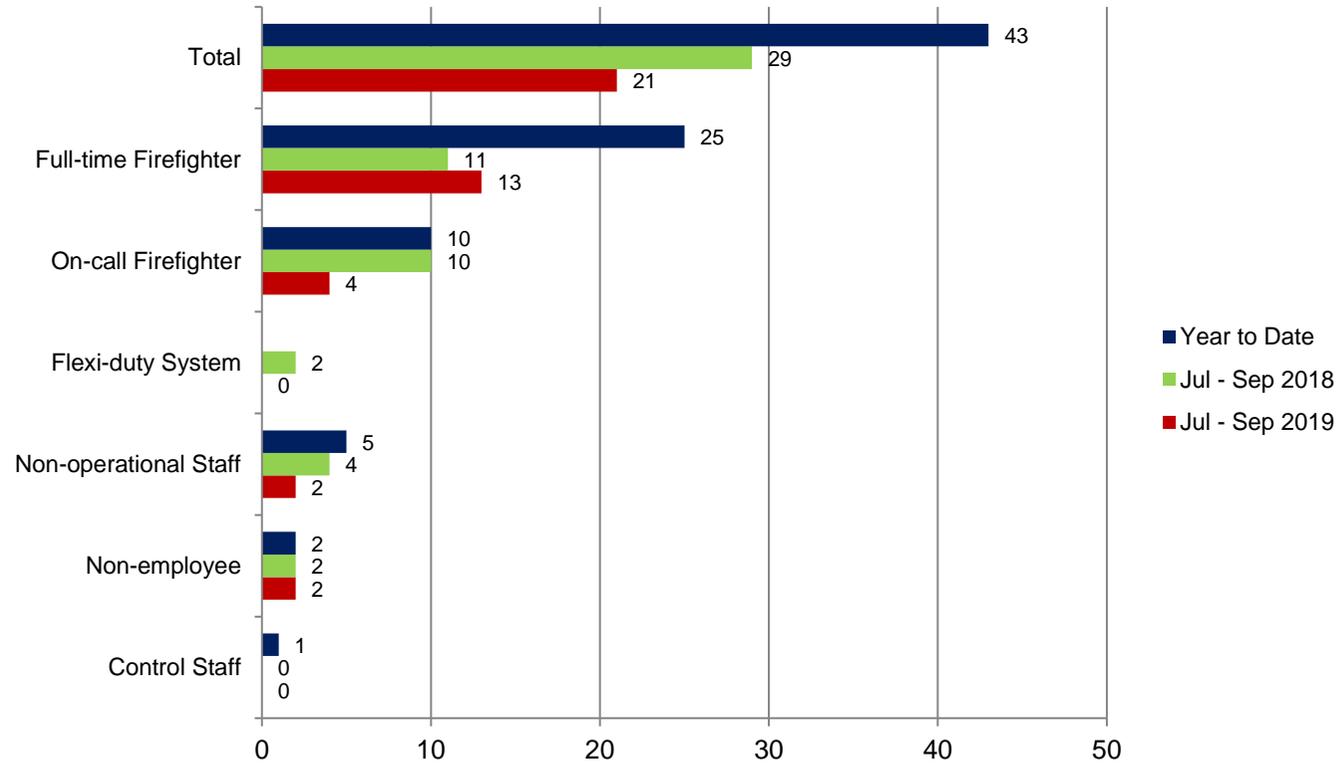


Figure 1

The chart above shows the *role* of those involved in accidents, for this period (July – September 19) alongside a comparison for the same quarter from the previous year and a year to date total. The total number of reported accidents for the quarter (21) is 28% lower than the previous year (29). Four of the six categories show a reduction with one remaining the same. The exception to this general downward trend is accidents reported by Full-time firefighters which has increased by 18%.

**Accidents Categorised by Activity**

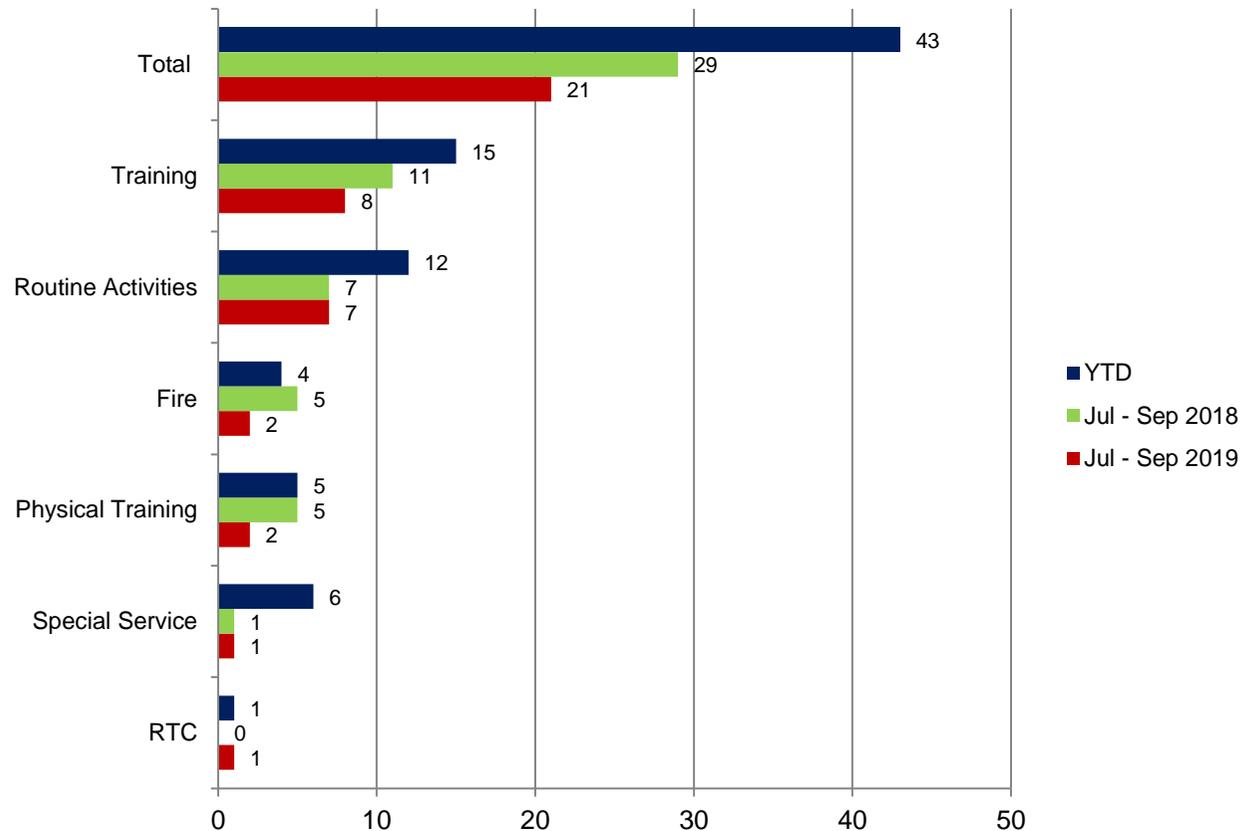


Figure 2

The chart above relates to the activities undertaken at the time of the recorded accident. Reported injuries or ill-health during training are the most frequent with routine activities second which is the same as last year’s second quarter. Positively, training accidents show a significant decrease of more than 27% in comparison.

## Average of Q1 Accidents for the Past Three Years

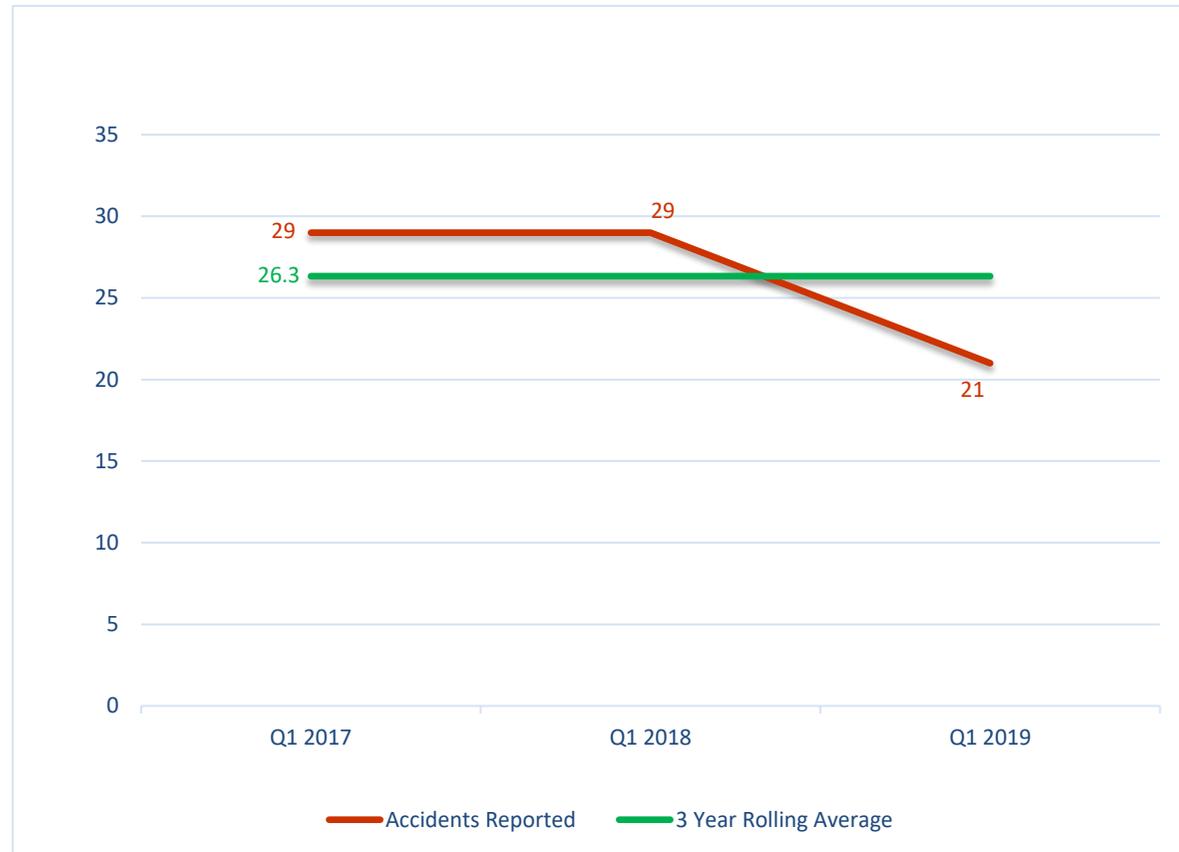


Figure 3

Encouragingly, reported accidents (21) are more than 20% below well below the three-year rolling average (26.3) and at the lowest level for the previous three years' quarter 2 data. This indicates considerable and consistent health and safety performance improvement.

## Cause of Injury due to Accident

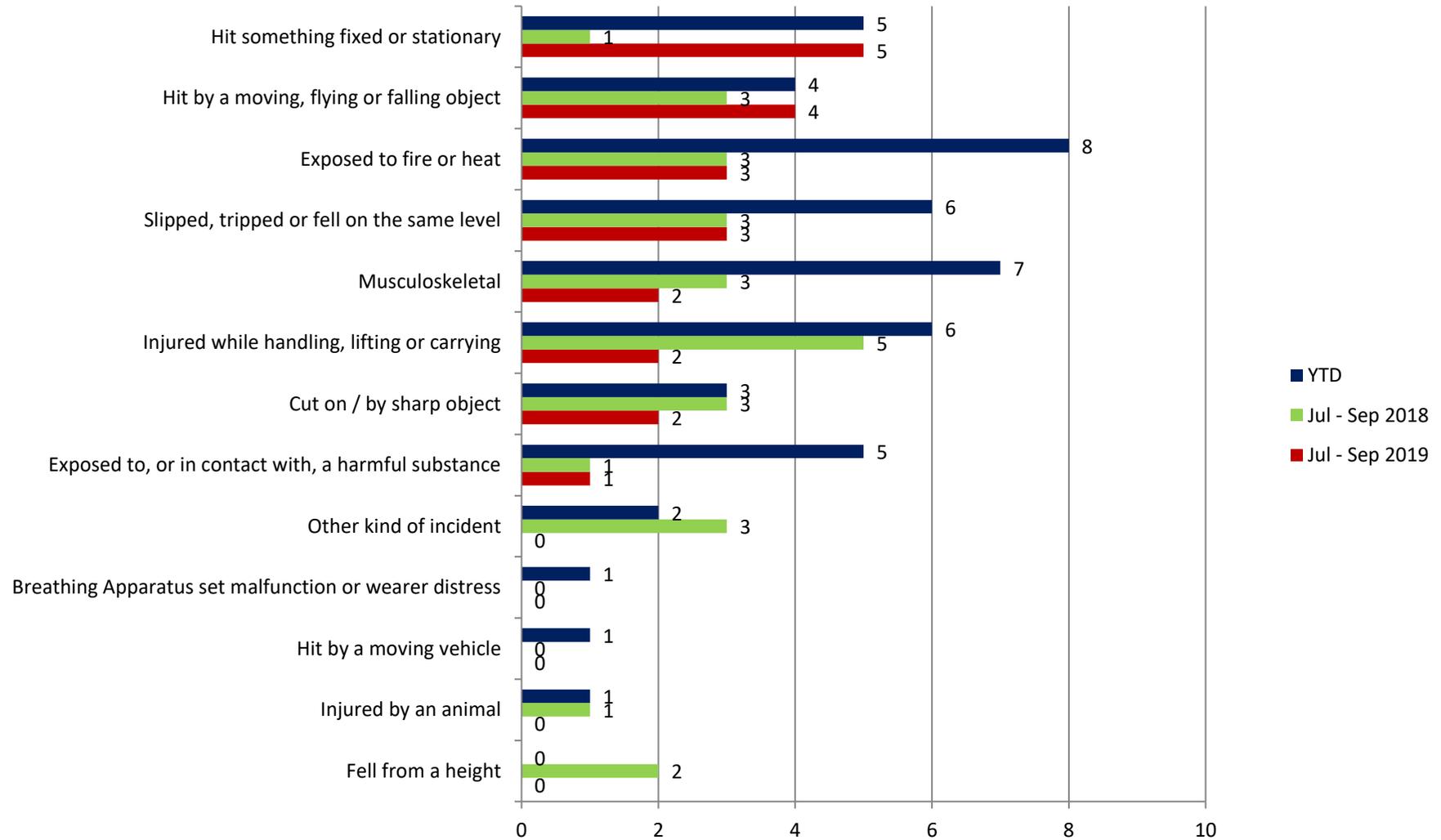


Figure 4

Figure 4, on the previous page shows the cause of accidents for this quarter compared against the same period from the previous year. The most common cause of injuries are “hit something fixed or stationary”. Four out of the five injuries of this type were sustained by Full-time firefighters, three during training and one whilst carrying out routine activities

**N.B. Injured persons can record multiple causes on the initial reporting form; hence the cumulative total being more than 21.**

### Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

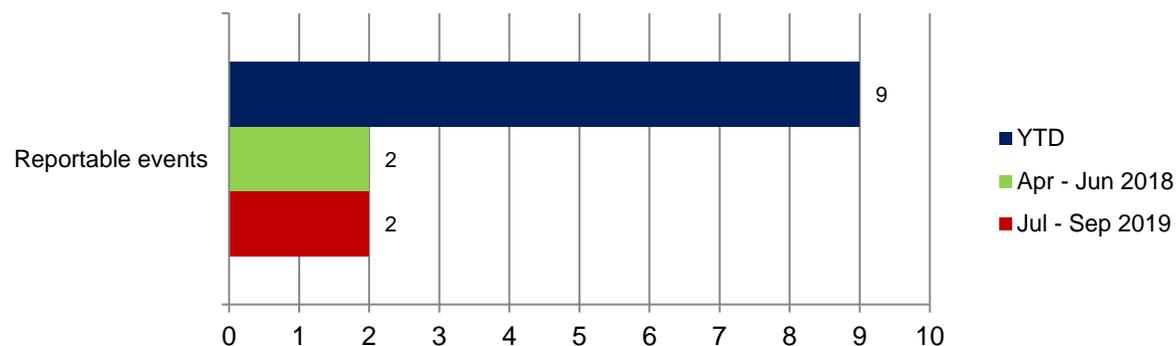


Figure 5

During this quarter there have been two accidents reportable under RIDDOR 2013 due to them resulting in sickness absences of more than seven days for the two individuals concerned. Both were suffered by Full-time operational staff; one during training activities and the other whilst performing a special service assisting the ambulance. The required online reports to the Health and Safety Executive were made within the appropriate timescales and investigated accordingly. The Health, Safety and Environment team continue to react to such events by implementing modified and improved control measures wherever possible to try to reduce future incidents of this type.

## Near Miss Reporting

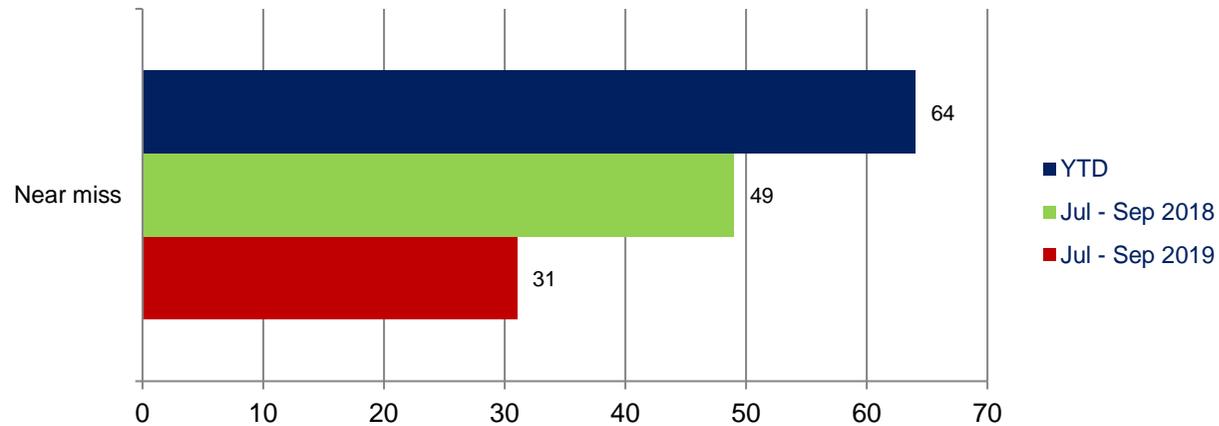


Figure 6

Near miss reports are encouraged to proactively identify potentially harmful events before any injury is realised. Although they have decreased by just over 37% in comparison to the same period last year, there have still been more near miss reports (31) than accidents (21) for this quarter. This is indicative of a positive workplace safety and reporting culture.

### Forward Look

#### Key current areas being addressed are:

- Implementation and development of the Joint Health and Safety Service (JHSS) in collaboration with Humberside Police.
- Recruitment drive for a new Operational Assurance Manager, JHSS Supervisor and two Advisors due to expansion and internal transfer.
- Procurement of suitable receptacles for dirty fire kit as a result of the research/recommendations of the Contamination Working Group.
- Production of new policy and guidance covering immediate fireground cleaning and procurement of cleansing wipes to reduce the risk in a timely manner.
- Media and internal campaign to highlight a recent spate of minor vehicle collisions.
- Review and alignment of policies and strategy with Humberside Police.
- Launch of 'Refill' campaign across the Service to encourage hydration and reduce single use plastics.
- Research environmentally sustainable options for drinking water at operational incidents and training environments.
- Joint Senior Executives IOSH training for HFRS and HP.

**Governance, Audit and Scrutiny Committee  
2019**

**Report by the Director of Service  
Improvement**

## **OPERATIONAL ASSURANCE QUARTERLY REPORT**

### **2<sup>nd</sup> QUARTER 2019/20**

### **July – September 2019**

#### **REPORT EXECUTIVE SUMMARY**

This is the 2<sup>nd</sup> Quarter 2019/20 report on Operational Assurance. Appendix 1 provides a summary of the statistical data.

The quality of information gathered from all types of debriefs has improved significantly through increased education and awareness of assessors. This has enabled a much greater understanding of the importance of capturing learning in order to continually improve firefighter safety.

Each assessment undertaken is broken down into three key areas; Safety Critical, Areas of Concern and Exceptional Practice. Safety Critical reporting reduced by 45% (9 to 5) and Area of Concern reporting reduced by 46% (100 to 54). Exceptional Practice reporting saw the most dramatic change with a 55% increase in reporting (130 to 202). The reduction in safety critical and areas of concern along with an increase in exceptional practices would indicate that we are performing well operationally as an organisation. However, we must also consider that not all safety critical and areas of concern are reported, and that people are more likely to report when they have performed well than when they have potentially put themselves or others in danger. We must continue to highlight to our personnel that operational assurance is a process that exists to promote learning and to improve firefighter safety. It is not designed to place them under heavy scrutiny or blame.

The utilisation of appliance CCTV to assure four operational incidents has highlighted an Area of Concern around the lesson learnt from “Beverley Road”, however, the majority of incidents have been managed in accordance with the principles of National Operational Guidance and HFRS standard operating procedures. A number of positive practices have been identified and support ongoing work in promoting best practice through the operational assurance of incidents

Over this reporting period, one thematic review concluded and collated. The correct PPE worn by appliance drivers review came to an end on the 31<sup>st</sup> of July. Operational assurance has been monitoring whether PPE is being donned within an appropriate timescale and is appropriate for the task being carried out at incidents and exercises. A total of 49 thematic review completions and 18 CCTV reviews taking the total activity to 67. There was a discrepancy in results prior to, and post FDS Officer arrival. In some cases staff are not donning PPE appropriate for the task they are carrying out at the beginning of an incident

As we strive to continually improve Operational Assurance and therefore firefighter safety, we plan to visit watches and stations in order to promote the OA process. The drivers PPE review results will be part of the agenda for these visits as we look to operational staff to ensure that procedures are being adhered to.

One of the most prominent learning outcomes from this review was the noticeable deficiency in exercise returns. Similarly, we must also reflect on the fact that the thematic review section was completed on only 49% of OA assessments. In order to rectify this, we will continue to communicate with responsible managers and operational staff through various pathways. This will include; OA notices on PDRPro, emails to operational staff and visiting stations to provide more information to crews on the work that is carried out by the Operational Assurance section. A wider review of our approach to Operational Assurance will be carried out over the coming months to ensure that we are operating in an effective way and making the best use of technology.

## RECOMMENDATIONS

1. That Members take assurance from the Service's proactive management of Operational Assurance outcomes.

## BACKGROUND

2. For further details on the 2<sup>nd</sup> quarters operational assurance assessment data please see the snapshot report at Appendix 1.
3. STRATEGIC PLAN COMPATIBILITY

The monitoring of operational assurance information is a key part of the Strategic Plan; Maintain a positive health and safety environment, compliant with legislation and provide operational assurance. We must also capture and share organisational learning as part of the strategic plan as well as ensuring firefighter competency is maintained (operational preparedness) and that we continue to work seamlessly with other emergency services (through multi-agency debriefs).

4. FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

None.

5. LEGAL IMPLICATIONS

None.

6. EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

None.

7. CORPORATE RISK MANAGEMENT IMPLICATIONS

None.

8. HEALTH AND SAFETY IMPLICATIONS

This report provides the opportunity for an additional level of scrutiny of Health and Safety information.

9. COMMUNICATION ACTIONS ARISING

None.

10. DETAILS OF CONSULTATION AND/OR COLLABORATION

None.

11. BACKGROUND PAPERS AVAILABLE FOR ACCESS

Health and Safety Policy Statement.

12. RECOMMENDATIONS RESTATED

That Members take assurance from the Service's proactive management of Operational Assurance outcomes.

## **N. McKiniry**

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Director of Service Improvement  
Humberside Fire & Rescue Service  
Summergroves Way  
Kingston upon Hull

☎ 01482 567166



## Operationally Assured Activities

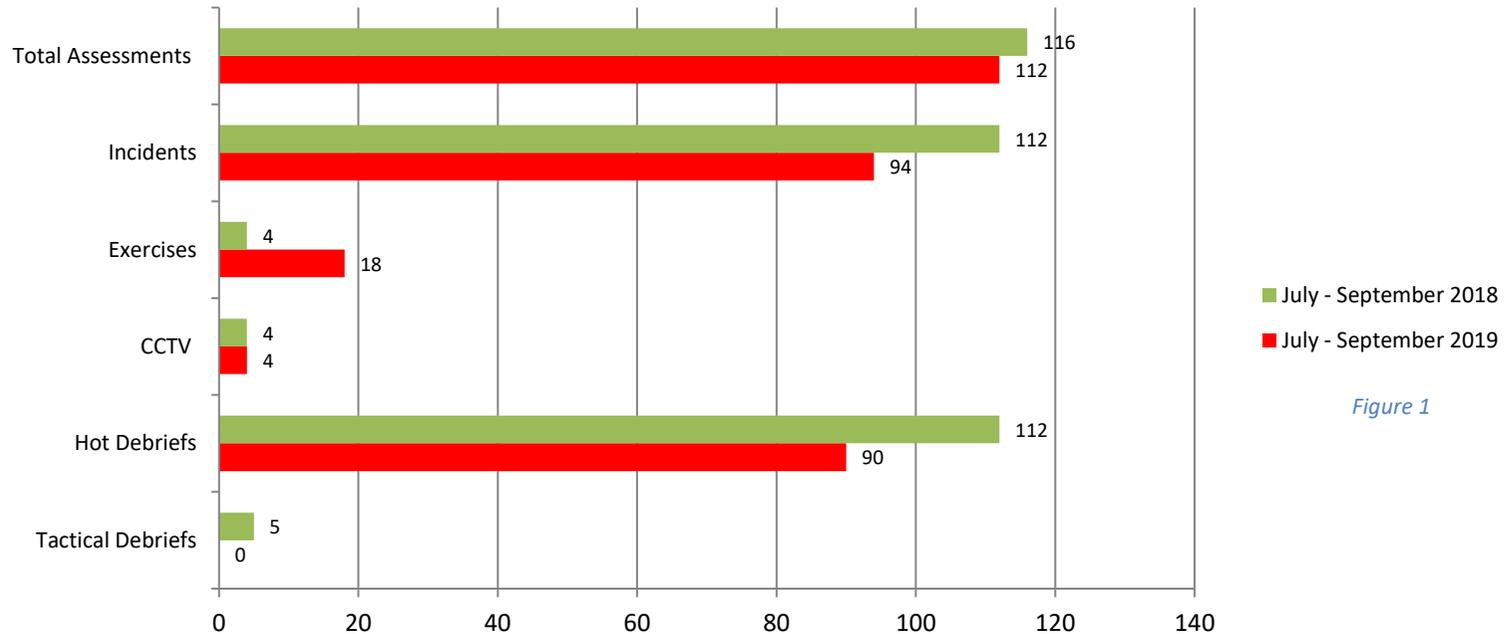


Figure 1

The chart above shows the number of incidents and debriefs that have been assured, for this period (July - September 2019) alongside a comparison for the same quarter from the previous year. The total number of activities assured have decreased by 3% compared to last year’s quarter. There has been a growth in exercises assured from last year’s figures, from 4 to 18. CCTV on fire appliances has been utilised to monitor activities over this period and has shown areas of concern. The decrease in hot debriefs is a matter that we are looking to rectify. A hot debrief should be carried out after every single incident and exercise, therefore, there should be no disparity between the number of Operational Assurance assessments and hot debriefs. In most cases the hot debrief is taking place but the assessor is failing to report this on the return due to a lack of understanding of how to complete the Operational Assurance assessment. This is an area we will drive an improvement in as we visit stations and watches in the new year to provide educational information for operational personnel.

## Breakdown of Key Areas

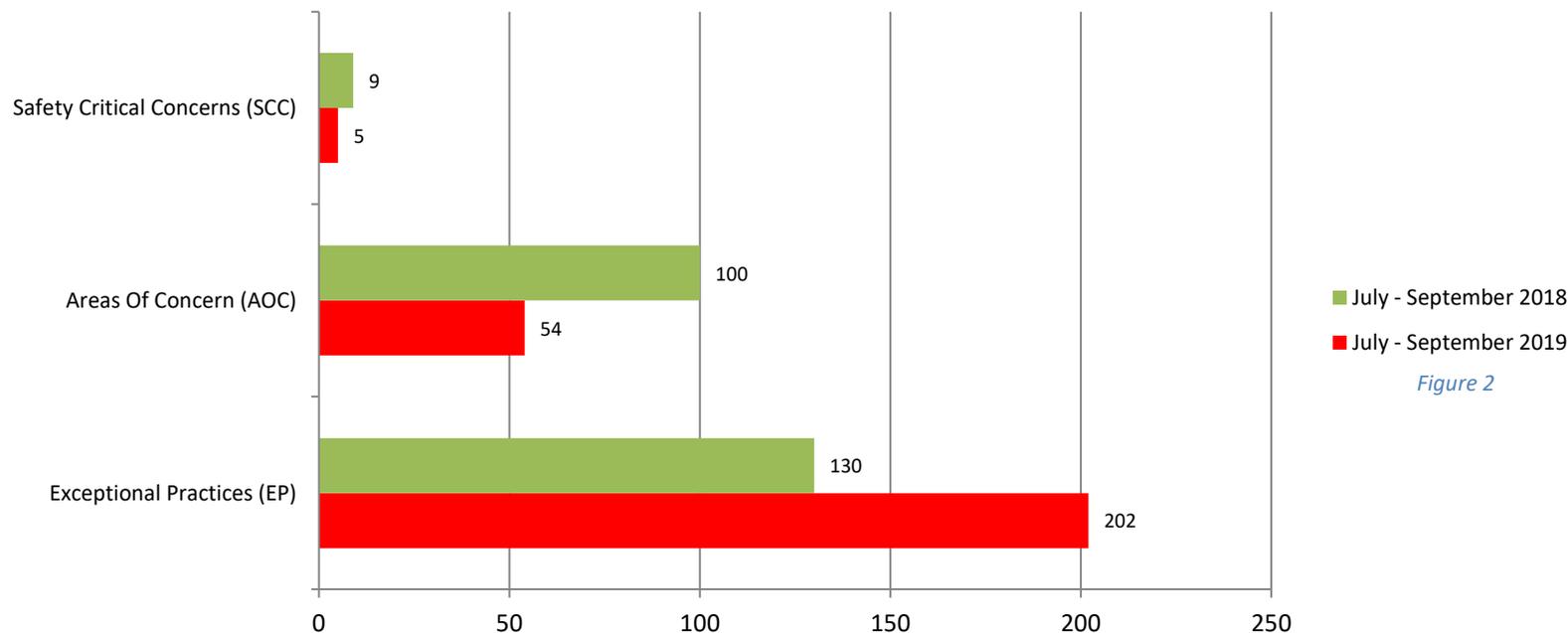


Figure 2

Assurance activities are broken down into three areas; safety critical concerns, areas of concern and exceptional practice. The number of safety critical concerns identified, and areas of concern reported have decreased. However, exceptional practices reporting has increased by 55% from 130 to 202. Once again, the vast majority of reports of areas of concern and exceptional practices have been highlighted through Service Control. The reduction in safety critical and areas of concern along with an increase in exceptional practices would indicate that we are performing well operationally as an organisation. However, we must also consider that not all safety critical and areas of concern are reported, and that people are more likely to report when they have performed well than when they have potentially put themselves or others in danger. We must continue to highlight to our personnel that operational assurance is a process that exists to promote learning and to improve firefighter safety. It is not designed to place them under heavy scrutiny or blame.

## Further Breakdown of Key Areas

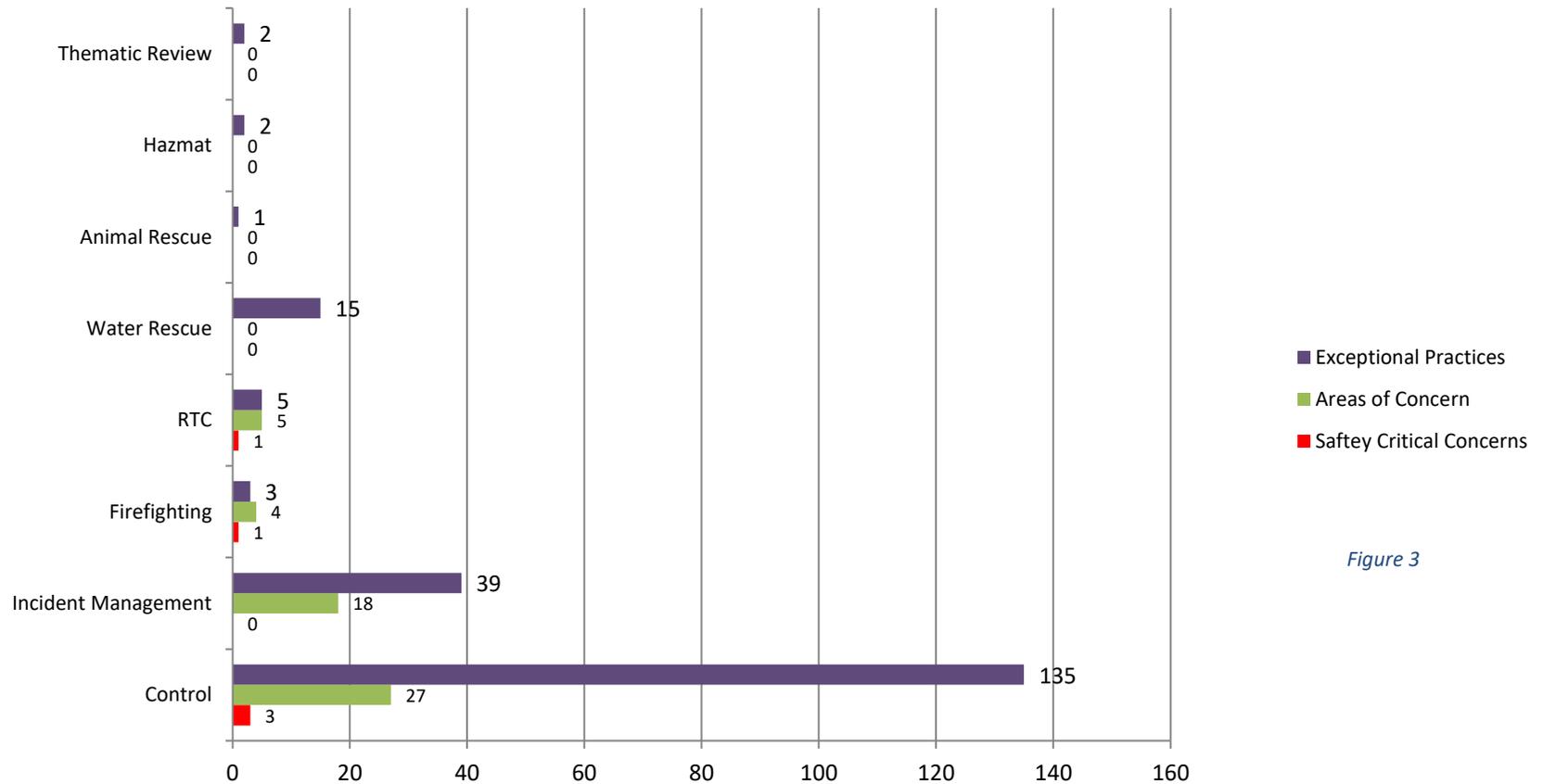


Figure 3

The safety critical concerns during this quarter related to Service Control reporting potential mobilisation issues due to a combination of backfill appliance cover arrangements, and separately an incident where there was a lack of a covering jet at a building fire.

### Internal Learning

#### Operational Assurance Assessment Learning

- I. RTC Inglemire Lane, Hull – This incident provided us with the operational assurance return that cited the use of a personnel holding area. This was put into a learning notice on PDRPro. Crews also raised concerns about being unsure when they could remove dust masks at this type of incident. RTC instructors were consulted and learning and guidance was provided to the watches involved.
- II. Low Farm, Welton – This incident brought forth learning points for Service Control staff regarding the passing of important incident information to crews.
- III. Humber Bridge – This incident highlighted the need to train certain crews on how to use rescue harnesses to perform quick rescues on the Humber bridge. This training has now taken place.

### Posted Learning Notifications

The Operational Assurance Team have captured learning outcomes and communicated appropriate actions where necessary through notifications on the PDRPro competence recording system. This method provides an accountable record of understanding which every individual must confirm.

The following examples highlighted the following areas;

- I. Personnel Holding Area – This was recommended by a Group Manager who had been to an RTC incident where crews had utilised a, personnel holding area to prevent overcrowding of the risk area and to increase the awareness of the Incident Commander as to which personnel were available to be given a task. The learning notice cited this and suggested points on how to implement this at incidents. This area was highlighted via an Operational Assurance return on PDRPro. This is an idea that we will be submitting to NOL to promote learning on a national scale.
- II. Carbon Monoxide (CO) from Hookah Pipes – This was shared by a Fire Chief from North America. It referred to an incident involving large amounts of CO being released by bongs and hookah pipes which was causing gas detection units to alarm. This was posted to give operational staff an awareness of this type of risk.

- III. Fixing Loose Items – This notice was posted as a result of a number of near misses relating to helmets beginning to pyrolyse on the dashboard of appliances when OIC handlamps had been accidentally switched on. This post listed a number of recommendations including where to correctly stow all operational and personal kit on the fire engine.

### External Learning

Winter Hill – We received the full report from the Winter Hill and Saddleworth Moor fires in Manchester and Lancashire last year. We have already begun implementing any changes or recommendations to our policies and procedures as a result of this report. These largely pertain to consideration being given to new pieces of equipment and command support pack forms as well as the introduction of an SSRI for the Moors in our area.

### Workplace Learning

- I. Water Tank Bacteria – Essex fire and rescue found that a harmful bacteria was present in their appliance water tanks throughout a year-long testing period. The bacteria have been found to be particularly harmful to those suffering burns. Our immediate emergency care (IEC) instructors have recently received training on how to treat burns and this training reiterated that appliance tank water is only to be used as a very last resort when cooling burns.

### NOL Action Notes

## 2<sup>nd</sup> Quarter (July – September 2019) Operational Assurance Performance



- I. Magnetic Door Lock Reactivation – An action note was issued concerning the risk of magnetic door locks at some care homes re-energising once alarm is silenced closing off certain areas and causing significant problems in evacuation. This has been communicated to our business safety team and they are deciding whether this requires further action or not.
- II. Cross Border Communication Issues – This action note was regarding the switchover of some services to digital radios and the problems this was causing when attending incidents with services who still utilised analogue channels. As a service we were already aware of this issue and had communicated this to all operational staff.
- III. Timber Framed Building Fires Case Study – The case study mentioned the difficulties in locating seats of fire and the hinderance of hidden fire spread at incidents with this type of building structure. A learning notice was sent out to all operational staff detailing the contents of this case.

Appliance CCTV was utilised four times throughout this quarter and has raised some issues concerning operational practices. It would appear that in some cases we have still not learned the lessons of the “Beverley Road” incident. Viewing two separate domestic dwelling fire incidents reiterated that on occasion, crews are still siting the appliance directly in front of the property involved, omitting the charging of an appropriate covering jet, neglecting to utilise proper cordon control, and siting the Entry Control Board (ECB) within very close proximity to the entrance to the building. One instance also showcased inappropriate transitions between two ladders causing firefighters to take a greater risk.

CCTV footage has also highlighted a number of positive practices. These include good stabilisation of vehicles using Rescue Support Unit (RSU) equipment, quick and safe extrication of time critical casualties, and good hazard perception of emergency response drivers when en route to an incident. It was also encouraging to see that in all four cases that were reviewed, appliance drivers donned appropriate Personal Protective Equipment (PPE) as soon as reasonably practicable, a vast contrast to footage we have seen in previous quarters. This can be accredited to our recent poster campaign encouraging drivers to put on appropriate PPE as soon as reasonably practicable at operational incidents as well as the thematic review that studied this particular area.

In the near future, the Operational Assurance section will be visiting the watches and stations that have been subject to a CCTV review and discussing the potential improvements and good practices to promote self-evaluation in order to increase firefighter safety and encourage the learning process.

The use of CCTV footage continues to be an incredibly useful tool for the Operational Assurance team, allowing us to get an accurate view of how we are performing at incidents as a service. It is also very helpful as a visual aid when feeding back to the crews involved in the footage reviews.

The Drivers' PPE thematic review has now been completed and the findings collated. Operational Assurance has been monitoring whether personal protective equipment (PPE) is being donned within an appropriate timescale and is suitable for the task being carried out at incidents and exercises. Data has been captured through operational assessments and exercises. Throughout the reporting period (April 26<sup>th</sup> – July 31<sup>st</sup>) a total of 49 responses were received via the OA process. Appliance CCTV was also utilised during this review by randomly “dip sampling” incidents. In total, 18 Incidents were reviewed by watching the CCTV, bringing the overall activities reviewed up to 67.

There was a discrepancy in results prior to, and post FDS arrival. Although drivers may be wearing correct PPE once the FDS officer has arrived, in many cases they are not donning PPE appropriate for the task they are carrying out at the beginning of an incident. This is an area of concern. The OA section will continue to monitor the correct donning of appropriate PPE through CCTV footage reviews. As we strive to continually improve Operational Assurance and therefore firefighter safety, we plan to visit watches and stations in order to promote the OA process. The drivers PPE review results will be part of the agenda for these visits as we look to operational staff to ensure that procedures are being adhered to. As previously mentioned, we have also started a poster campaign based on the results of the Drivers' PPE thematic review, providing guidance on this subject to all personnel.

One of the most prominent learning outcomes from this review was the noticeable deficiency in exercise returns. Similarly, we must also reflect on the fact that the thematic review section was completed on only 49% of OA assessments. In order to rectify this, we will continue to communicate with operational staff through various pathways. This will include; OA notices on PDRPro, emails to operational staff and visiting stations to provide more information to crews on the work that is carried out by the Operational Assurance section.

### Forward Look

- The findings of the thematic review have been collated and a condensed version will soon be disseminated to crews along with recommendations for moving forward.
- A plan has been put together to visit all stations and watches in the new year along with Health and Safety. We will be providing crews with an update on what Operational Assurance (OA) is and does and how to best utilise it as well as embedding the need for near misses to be reported in order to improve firefighter safety. During these visits we will also reiterate the new thematic review and the need to complete an OA assessment for station exercises.
- We have created criteria for the peer assessment of exercises with a view to trial and implement in the new year. The idea is not only to assess the quality of the exercise but to also assess the standard of the Operational Assurance assessment carried out by the Station or Watch Manager. We can then provide feedback to the personnel involved. Hopefully, this will improve the standard of OA assessment returns which, in turn, will maximise the learning opportunities from operational exercises.
- NOL have begun to supply us with information notes as well as the action notes. These provide us with data surrounding operational concerns that are of a less urgent nature than the action notes. Nevertheless, we will be disseminating these to operational crews accordingly to increase the awareness of the relevant hazards and risks. We will also be publishing a learning action log which will present every piece of learning that we receive and what action we have taken based on the information we have received. This will be available to all personnel.

## 2<sup>nd</sup> Quarter (July – September 2019) Operational Assurance Performance



- Introduction of the new thematic review will be taking place shortly. This will be centred around the need for crews to wear hi-visibility surcoats when working in roadways.

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## ABSENCE MANAGEMENT UPDATE

### SUMMARY

1. This report provides an update to Members with regard to absence management for the period 1 April 2019 to 30 September 2019. In keeping with the previous approach, absence remains a key area of focus for the Service.

### RECOMMENDATIONS

2. That Members note the content of the report and take assurance that absence is being managed fairly, consistently and appropriately in the Service and necessary follow up actions are taken to address short and long term absence issues.

### ABSENCE MANAGEMENT REPORTING

3. Table 1 below shows the performance during this period against target by staff group with 1 staff group being significantly below target and 1 area of focus above target due to long term absence in that area.
4. Whilst the level of absence in control is a concern as far as the headline figures refer in Table 1, this is due to small amount of staff having long term absence issues which we are progressively working through. As there are only 29.5 staff on the Control establishment, long term absence can quickly skew the figures disproportionately. The new Head of Occupational Health and Well-being has now commenced and is already providing additional support to that area.
5. It is however important to note that during this quarter, as shown in Table 2, 95.7% Full Time Firefighters and 94.85% of Fire Staff achieved full attendance.

**Table 1**

	Sum of Days Lost	Establishment	Average Duty Days Lost per person	2019/20 annual target per person	YTD (annual divided by 12 x current month number)
Control	317	29.5	10.75	8.70	4.35
Fire Staff	1175.43	174.82	6.72	10.00	5.00
On Call	556.20	343	1.62	7.00	3.5
Full Time	1846	468	3.94	7.00	3.5
<b>total</b>	<b>3894.63</b>	<b>1015.32</b>	<b>3.84</b>		

**Table 2**

	2nd Quarter 2017/18	2nd Quarter 2018/19	2nd Quarter 2019/20	Target attendance
Full time	95.86%	96.55%	95.69%	95%
Control	90.71%	97.75%	88.26%	95%
Fire Staff	94.21%	96.53%	94.85%	97%

6. Table 3 shows the reasons for absence for all staff groups during the period and shows that, once again, mental health conditions are the top reason for absence. This may be related to the significant work undertaken by the Service in raising awareness of mental health and encouraging staff to be open about the impact of mental ill health on individuals. Staff may well be more prepared to declare that their ill health is related to mental conditions, rather than mask with other conditions due to stigma.
7. The Service continues to support staff experiencing mental health conditions with initiatives such as the Blue Light Champions, Critical Incident Support and publicising potential internal and external routes where staff may seek support. It is also anticipated that the recent training and promotion of the zero tolerance to bullying campaign may also help to identify and address situations which are leading to mental health issues in the Service.
8. Table 4 shows the comparison of long-term and short-term absence against medical condition and shows that mental ill health continues to account for the highest levels of long term absence. As referred to in para 6 above, work continues to address this issue.
9. Table 4 also shows current long term absences of a life threatening nature relating to cancer and cardiovascular issues. Added to which a number of staff are suffering from back, knee and lower limb musculoskeletal conditions which are often inherent in an aging workforce undertaking work of a physically demanding nature. All of these issues are being managed and supported as appropriate to each individual case.

**Table 3**

<b>CLG Category</b>	<b>Total duty days lost</b>
Mental Health Anxiety/Depression	809.52
Musculo Skeletal Lower Limb	612.40
Musculo Skeletal Back	462.07
Musculo Skeletal Knee	450.38
Cardiovascular Other	293.31
Musculo Skeletal Upper Limb	209.74
Gastro Intestinal	203.65
Neurological	185.06
Musculo Skeletal Shoulders	133.00
Respiratory Other	115.50
Musculo Skeletal Other	88.47
Other	85.00
Cancer	82.64
Endocrine	69.00
Dermatological	27.44
Mental Health Other	17.96
Urological	15.00
Musculo Skeletal Neck	10.99
Senses Hearing	9.68
Reproductive	8.82
Senses Vision	5.00
	3894.63

**Table 4**

<b>CLG Category</b>	<b>Long Term days lost</b>	<b>Short Term days lost</b>	<b>Grand Total – days lost</b>
Cancer	82.64	0.00	82.64
Cardiovascular Other	290.41	2.90	293.31
Dermatological	0.00	27.44	27.44
Endocrine	62.00	7.00	69.00
Gastro Intestinal	30.00	173.65	203.65
Mental Health Anxiety/Depression	756.71	52.81	809.52
Mental Health Other	15.54	2.42	17.96
Musculo Skeletal Back	337.20	124.87	462.07
Musculo Skeletal Knee	369.54	80.84	450.38
Musculo Skeletal Lower Limb	523.12	89.28	612.40
Musculo Skeletal Neck	0.00	10.99	10.99
Musculo Skeletal Other	75.27	13.20	88.47
Musculo Skeletal Shoulders	131.00	2.00	133.00
Musculo Skeletal Upper Limb	181.22	28.52	209.74
Neurological	141.00	44.06	185.06
Other	0.00	85.00	85.00
Reproductive	0.00	8.82	8.82
Respiratory Other	0.59	114.91	115.50
Senses Hearing	0.00	9.68	9.68
Senses Vision	0.00	5.00	5.00
Grand Total	2996.24	898.39	3894.63

**CASE REVIEW BOARD**

10. The Case Review Board continues to show real progress in encouraging consistent management of absence and empowering managers to both seek support and manage their own local absence issues more appropriately and effectively.
11. Managers are further supported in developing their absence management skills by HR Service Partners who provide assistance and coaching as necessary. This dual approach continues to provide consistency in managing absence cases and ensuring all parties are appropriately supported.
12. Occupational Health services, internal support for maintaining operational fitness and counselling services are all utilised according to individual need. This integrated approach seeks to make best use of all available health resources, support staff during periods of ill health and support their return to work (where possible) in the most effective way.

**COMPARISON WITH THE SAME PERIOD LAST YEAR**

13. Table 5 shows a comparison of absence in the same period last year with this year. Whilst there are concerns about the increase in long term absence, this is being addressed. Long term absence tends to be cyclical and is often complex to manage. At the point in the year with which we are comparing this data, a number of previous long term absentees had recently exited the Service on ill health grounds, thus improving the overall absence figures at that time. As referred to in para 9, we are now supporting a number of further staff through long term health issues; 70% of the absence issues during this period have been long term in nature.

**Table 5**

	2019/20 Sum of Duty Days Lost	Establishment as of 28/06/2019	2019/20 Average Duty Days Lost Per Person per Contract Type	2018/19 Sum of Duty Days Lost	Establishment as of 02/07/18	2018/19 Average Duty Days Lost Per Person per Contract Type	difference between contract groups 19/20 - 18/19
Control	317.00	29.5	10.75	60.00	25.29	2.37	257.00
Support Staff	1175.43	174.82	6.72	719.39	180.28	3.99	456.04
On-Call	556.20	343	1.62	630.60	343.00	1.84	-74.40
Full-Time	1846.00	468	3.94	1528.00	484.00	3.16	318.00
Grand Total	3894.63	1015.32	3.84	2937.99	1032.57	2.85	956.64
<b>Number of sickness absence days difference to 18-19</b>	<b>956.64</b>						

14. High levels of activity and focus continue to be placed on the management of absence. Recent developments with the zero tolerance to bullying campaign and mental health support mechanisms aim to address the mental health issues within the organisation. Similarly the biannual fitness testing process, which ran again in September 2019 aims to identify and support all operational staff with general fitness and muscular skeletal issues.

#### STRATEGIC PLAN COMPATIBILITY

15. Effective management of sickness absence is a key enabler towards achieving all of our Strategic Objectives and supports the Value Our People workload.

#### FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

16. Management of sickness absence and the retention of personnel through effective attendance have a positive impact on both the finances of the Service and the resources available for deployment.

#### LEGAL IMPLICATIONS

17. The fair management of absence with a consistent approach to the management of cases and the use of reasonable adjustments to support staff back into the workplace decreases the risk of Employment Tribunals being brought against the Authority and the loss of these cases when they happen.

#### EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

18. The fair management of absence cases supports the delivery of equality of opportunity and ensures that staff suffering from ill health are treated equally regardless of gender, disability and other protected characteristics.
19. The introduction of new ways of consistently managing absence represents the use of HR best practice across the Service.

#### CORPORATE RISK MANAGEMENT IMPLICATIONS

20. Appropriate management of absence reduces the risk of related corporate issues being raised.

#### HEALTH AND SAFETY IMPLICATIONS

21. Appropriate management of absence reduces the risk of negative health and safety implications.

#### COMMUNICATION ACTIONS ARISING

22. Managers are being regularly communicated with in relation to absence through a coaching approach by the HR Service Partners and regular meetings with the Director of HR and the DCFO.

#### DETAILS OF CONSULTATION

23. None directly arising.

#### BACKGROUND PAPERS AVAILABLE FOR ACCESS

24. None.

#### RECOMMENDATIONS RESTATED

25. That Members note the content of the report and take assurance that absence is being managed fairly, consistently and appropriately in the Service and that actions taken are having a positive impact on absence management figures.

**M HEPPELL**

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Director of People and Development

Humberside Fire & Rescue Service  
Summergroves Way  
Kingston upon Hull

MH  
30 September 2019





# Management Accounts for the period ending 30<sup>th</sup> September 2019



**HUMBERSIDE**  
Fire & Rescue Service

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### **Key To Traffic Light System**

The elements of the Traffic Light system being used in the report to highlight significant outturn variances / issues are as follows:-

**Status Column** - indicates, using a colour reference whether an issue is:-

**Red**            **Potentially detrimental** to the finances of the Authority

**Green**        **In line with budget or potentially advantageous** to the finances of the Authority.

**HUMBERSIDE FIRE & RESCUE SERVICE**  
**COMMENTARY ON THE MANAGEMENT ACCOUNTS**  
**For the period 1 April 2019 to 30 September 2019**

The following statements represent a summary of the financial activity of the Service for the period stated above.

Each statement is accompanied with notes, referenced to specific lines on that statement where significant variances have been forecasted or where further explanation of information shown is necessary.

### Revenue Statements

These statements show the actual and committed revenue expenditure, in summary subjective heading format (Table 1) and broken down by objective headings (Table 2), as at 30 September 2019 compared to the profiled 2019/20 budget for the same period. The report also shows the forecasted outturn for the full year based on current levels of income and expenditure and any known variations to the end of the financial year.

Table 1

**HUMBERSIDE FIRE & RESCUE SERVICE**  
**REVENUE MONITORING SUMMARY STATEMENT 2019/20**  
**1 April 2019 to 30 September 2019 (Period 06)**

	Original Budget £'000	Revised Budget £'000	30 September 2019		Full Year		Status	Note
			Profile £'000	Actual & Committed £'000	Projection £'000	Variance £'000		
<b>Employees</b>								
Wholetime Firefighters	22,980	25,498	12,748	12,754	25,725	227	0.89	Red 1
On-Call Firefighters	4,199	4,602	2,130	2,112	4,642	40	0.87	Red 1
Non-Operational	6,328	6,439	3,220	3,078	6,259	(180)	(2.80)	Green 1
Other Employee Expenses (Training, Occ Health, Insurance)	1,535	1,535	768	740	1,466	(69)	(4.50)	Green 2
<b>Total Pay &amp; Pensions</b>	<b>35,042</b>	<b>38,074</b>	<b>18,866</b>	<b>18,684</b>	<b>38,092</b>	<b>18</b>	<b>0.05</b>	
Premises	2,676	2,676	1,778	2,355	2,529	(147)	(5.49)	Green 3
Transport	1,664	1,664	832	1,409	1,687	23	1.38	Red 4
Supplies & Services	3,283	3,283	1,642	3,255	3,692	409	12.46	Red 5
Support Services	204	204	103	51	179	(25)	(12.25)	Green 6
Non Pay Efficiency Savings	(173)	(173)	(87)	-	(173)	-	-	Green
<b>Total Expenditure</b>	<b>42,696</b>	<b>45,728</b>	<b>23,134</b>	<b>25,754</b>	<b>46,006</b>	<b>278</b>	<b>0.61</b>	
Income	(1,469)	(4,501)	(3,521)	(3,389)	(4,586)	(85)	1.89	Green 7
<b>Net Expenditure (Ex Capital Charges)</b>	<b>41,227</b>	<b>41,227</b>	<b>19,613</b>	<b>22,365</b>	<b>41,420</b>	<b>193</b>	<b>0.47</b>	
Interest Payable	635	635	318	185	635	-	-	Green
Interest Receivable	(50)	(50)	(25)	(22)	(60)	(10)	20.00	Green 7
Accounting Adjustments	1,777	1,777	-	-	1,809	32	1.80	Red 8
Contributions to / (from) Reserves	(13)	(13)	-	-	(13)	-	-	Green
<b>Net Budget Requirement</b>	<b>43,576</b>	<b>43,576</b>	<b>19,906</b>	<b>22,528</b>	<b>43,791</b>	<b>215</b>	<b>0.49</b>	<b>Red</b>
<b>Financed By</b>								
Business Rates	(3,476)	(3,476)	(1,738)	(1,777)	(3,476)	-	-	
National Non Domestic Rates	(16,830)	(16,830)	(9,591)	(9,591)	(16,830)	-	-	
Precepts	(23,270)	(23,270)	(11,773)	(11,792)	(23,270)	-	-	
	-	-	(3,196)	(632)	215	215	-	

Table 2

**HUMBERSIDE FIRE & RESCUE SERVICE**  
**REVENUE MONITORING STATEMENT 2019/20**  
**1 April 2019 to 30 September 2019 (Period 06)**

	Original Budget £'000	Revised Budget £'000	30 September 2019		Full Year			Status	Note
			Profile £'000	Actual & Committed £'000	Projection £'000	Variance			
						£'000	%		
<b>Safety</b>									
<b>Expenditure</b>									
Employees									
Wholetime Firefighters	852	938 *	469	443	979	41	4.37	Red	1
On-Call Firefighters	13	13	6	17	18	5	38.46	Red	1
Non-Operational	2,247	2,247	1,124	996	2,067	(180)	(8.01)	Green	1
Indirect Employees	48	48	24	31	48	-	-	Green	
Premises	-	-	-	-	-	-	-	Green	
Transport	-	-	-	-	-	-	-	Green	
Supplies and Services	267	267	134	165	229	(38)	(14.23)	Green	5
Non Pay Efficiency Savings	(8)	(8)	(4)	-	(8)	-	-	Green	
<b>Total Expenditure</b>	<b>3,419</b>	<b>3,505</b>	<b>1,753</b>	<b>1,652</b>	<b>3,333</b>	<b>(172)</b>	<b>(4.91)</b>		
<b>Income</b>	<b>(101)</b>	<b>(101)</b>	<b>(50)</b>	<b>(175)</b>	<b>(121)</b>	<b>(20)</b>	19.80	Green	7
<b>Net Expenditure</b>	<b>3,318</b>	<b>3,404</b>	<b>1,703</b>	<b>1,477</b>	<b>3,212</b>	<b>(192)</b>	<b>(5.64)</b>		
<b>Fire Fighting &amp; Rescue Operations</b>									
<b>Expenditure</b>									
Employees									
Wholetime Firefighters	18,236	20,318 *	10,158	9,921	20,327	9	0.04	Red	1
Control	1,227	1,227	614	605	1,247	20	1.63	Red	1
On-Call Firefighters	4,186	4,589 *	2,124	2,095	4,624	35	0.76	Red	1
Non-Operational	138	138	69	69	138	-	-	Green	
Indirect Employees	70	70	35	20	70	-	-	Green	
Premises	733	733	733	722	714	(19)	(2.59)	Green	3
Transport	-	-	-	10	-	-	-	Green	
Supplies and Services	1,183	1,183	591	1,392	1,187	4	0.34	Red	5
Non Pay Efficiency Savings	(35)	(35)	(18)	-	(35)	-	-	Green	
<b>Total Expenditure</b>	<b>25,738</b>	<b>28,223</b>	<b>14,306</b>	<b>14,834</b>	<b>28,272</b>	<b>49</b>	0.17		
<b>Income</b>	<b>(358)</b>	<b>(3,215) *</b>	<b>(2,879)</b>	<b>(540)</b>	<b>(3,248)</b>	<b>(33)</b>	1.03	Green	7
<b>Net Expenditure</b>	<b>25,380</b>	<b>25,008</b>	<b>11,427</b>	<b>14,294</b>	<b>25,024</b>	<b>16</b>	0.06		
<b>Management &amp; Support Services</b>									
<b>Expenditure</b>									
Employees									
Wholetime Firefighters	2,665	3,015 *	1,507	1,785	3,172	157	5.21	Red	1
Non-Operational	3,943	4,054 *	2,027	2,013	4,054	-	-	Green	
Other Pension Costs	607	607	303	233	571	(36)	(5.93)	Green	2
Indirect Employees	623	623	312	357	589	(34)	(5.46)	Green	2
Employee Related Insurances	187	187	94	99	188	1	0.53	Red	2
Premises	1,943	1,943	1,045	1,633	1,815	(128)	(6.59)	Green	3
Transport	1,660	1,660	830	1,397	1,683	23	1.39	Red	4
Supplies and Services	1,652	1,652	826	1,628	2,124	472	28.57	Red	5
Support Services	199	199	100	49	174	(25)	(12.56)	Green	6
Non Pay Efficiency Savings	(130)	(130)	(65)	-	(130)	-	-	Green	
<b>Total Expenditure</b>	<b>13,349</b>	<b>13,810</b>	<b>6,979</b>	<b>9,194</b>	<b>14,240</b>	<b>430</b>	3.11		
<b>Income</b>	<b>(1,010)</b>	<b>(1,185) *</b>	<b>(592)</b>	<b>(2,674)</b>	<b>(1,217)</b>	<b>(32)</b>	2.70	Green	7
<b>Net Expenditure</b>	<b>12,339</b>	<b>12,625</b>	<b>6,387</b>	<b>6,520</b>	<b>13,023</b>	<b>398</b>	3.15		

Cont...

Table 2 Cont...

**HUMBERSIDE FIRE & RESCUE SERVICE**  
**REVENUE MONITORING STATEMENT 2019/20**  
 1 April 2019 to 30 September 2019 (Period 06)

	Original Budget £'000	Revised Budget £'000	30 September 2019		Projection £'000	Full Year		Status	Note
			Profile £'000	Actual & Committed £'000		Variance			
						£'000	%		
<b>Democratic Representation &amp; Management Expenditure</b>									
Transport	4	4	2	2	4	-	-	Green	
Supplies and Services	148	148	74	64	128	(20)	(13.51)	Green	5
<b>Net Expenditure</b>	<b>152</b>	<b>152</b>	<b>76</b>	<b>66</b>	<b>132</b>	<b>(20)</b>	<b>(13.16)</b>		
<b>Corporate Management Expenditure</b>									
Supplies and Services	33	33	17	6	24	(9)	(27.27)	Green	5
Support Services	5	5	3	2	5	-	-	Green	
<b>Net Expenditure</b>	<b>38</b>	<b>38</b>	<b>20</b>	<b>8</b>	<b>29</b>	<b>(9)</b>	<b>(23.68)</b>		
<b>Net Expenditure (excluding Capital Charges)</b>	<b>41,227</b>	<b>41,227</b>	<b>19,613</b>	<b>22,365</b>	<b>41,420</b>	<b>193</b>	0.47		
Interest Payable	635	635	318	185	635	-	-	Green	
Interest Receivable	(50)	(50)	(25)	(22)	(60)	(10)	20.00	Green	7
Accounting Adjustments	1,777	1,777	-	-	1,809	32	1.80	Red	8
Contributions to / (from) Reserves	(13)	(13)	-	-	(13)	-	-	Green	
<b>Net Budget Requirement</b>	<b>43,576</b>	<b>43,576</b>	<b>19,906</b>	<b>22,528</b>	<b>43,791</b>	<b>215</b>	0.49	Red	
<b>Financed by :</b>									
Business Rates	(3,476)	(3,476)	(1,738)	(1,777)	(3,476)	-	-	Green	
NNDR	(16,830)	(16,830)	(9,591)	(9,591)	(16,830)	-	-	Green	
Precepts	(23,270)	(23,270)	(11,773)	(11,792)	(23,270)	-	-	Green	
	-	-	(3,196)	(632)	215	215			

**Notes**

1. This overspend is primarily due to firefighter recruitment and a slower rate of retirements than expected. In addition to this there are a number of temporary posts to explore collaboration and co-ordinate HMICFRS inspection as well as a number of vacant support role posts.
2. This projected underspend is due to spending less on training as well as a lower ill health contribution to the Pension Fund.
3. This projected underspend is primarily due to lower business rate charges on our buildings as well as lower premises insurance premiums.
4. This projected overspend is due to an increase in fuel costs as well as an increase in motor insurance premiums.
5. This projected overspend is due to additional repairs and maintenance of firefighter kit due to the age, purchase of additional IT equipment and software. In addition to this there is a predicted underspend due to purchasing less smoke alarms.
6. This projected underspend is primarily due to spending less on legal fees than originally anticipated.

7. Additional income due to funding of Road Safety Team from Safer Roads Humber, rental of PPE and plant to HFR Solutions, additional secondments to other government departments and a high level of return on our investments than anticipated.
8. This overspend is due to a higher level of Minimum Revenue Provision (MRP).

## Capital Statement

This report shows the actual and committed capital expenditure as at 30 September 2019 compared with the adjusted profiled 2019/20 budget for the same period. This report also shows the forecasted outturn for the full year based on current levels of expenditure and any known variations to the end of the financial year.

Table 3

HUMBERSIDE FIRE & RESCUE SERVICE  
CAPITAL MONITORING STATEMENT 2019/20  
1 April 2019 to 30 September 2019 (Period 06)

SCHEME	Original Budget £'000	Revised Budget £'000	30 September 2019		Projection £'000	Full Year		Traffic Light Status	Note
			Profile	Actual & Committed		Variance			
			£'000	£'000		£'000	%		
<b>Building Works</b>									
Invest to Save	-	142	57	-	50	(92)	(64.79)	Green	1
Goole	300	400	160	-	400	-	-	Green	
Scunthorpe	400	500	200	-	300	(200)	(40.00)	Green	1
Bridlington	-	450	180	-	250	(200)	(44.44)	Green	1
BA Training Refurbishment	-	23	9	4	23	-	-	Green	
HQ Phase 2	-	78	31	34	50	(28)	(35.90)	Green	1
HQ OTC	-	132	53	-	72	(60)	(45.45)	Green	1
Dignity Works	435	671	268	-	671	-	-	Green	
Industrial Training Centre	250	803	321	-	803	-	-	Green	
Co-Location	50	100	40	-	10	(90)	(90.00)	Green	1
Cleethorpes	85	85	34	-	85	-	-	Green	
Howden	200	200	80	2	2	(198)	(99.00)	Green	1
Block Allocation	80	80	32	-	80	-	-	Green	
	1,800	3,664	1,465	40	2,796	(868)	(23.69)		
<b>Vehicles</b>									
Operational Vehicles	450	450	180	72	220	(230)	(51.11)	Green	2
Support Vehicles	370	499	200	273	479	(20)	(4.01)	Green	2
<b>Equipment</b>	69	69	28	26	69	-	-	Green	
<b>PPE</b>	1,000	1,000	400	-	-	(1,000)	(100.00)	Green	3
<b>Information Technology</b>	675	926	370	79	926	-	-	Green	
	4,364	6,608	2,643	490	4,490	(2,118)	(32.05)		

## Notes

1. These Capital schemes will now conclude in 2020/21.
2. Rephasing of the replacement programme has resulted in the reduction of an appliance and two support vehicles during 2019/20.
3. The rollout of replacement PPE will not commence during 2019/20.

**Pensions Account Statement**

The Authority has a revised budgeted deficit of £11.271m on this account for 2019/20.

The deficit on this account is financed through the Pensions Top-up Grant given by the Home Office, of which 80% of the grant was received in July of this year. The Authority has to stand any cash flow losses until the balance of the grant is paid in full in July 2020.

Table 4

**HUMBERSIDE FIRE & RESCUE SERVICE  
PENSIONS ACCOUNT STATEMENT 2019/20  
1 April 2019 to 30 September 2019 (Period 06)**

	Revised Budget £'000	30 September 2019		Projection £'000	Full Year Variance		Note
		Profile £'000	Actual £'000		£'000	%	
<b><u>Expenditure</u></b>							
Pension payments	16,355	9,540	9,569	16,355	-	-	
Commutations	3,452	1,726	2,341	3,452	-	-	
<b>Total Pensions Expenditure</b>	<b>19,807</b>	<b>11,266</b>	<b>11,978</b>	<b>19,807</b>	<b>-</b>	<b>-</b>	
<b><u>Income</u></b>							
Contributions							
Ill Health	(115)	(58)	-	(115)	-	-	
Employee's	(2,503)	(1,252)	(1,222)	(2,503)	-	-	
Employer's	(5,818)	(2,909)	(2,820)	(5,818)	-	-	
	<b>(8,436)</b>	<b>(4,219)</b>	<b>(4,042)</b>	<b>(8,436)</b>	<b>-</b>	<b>-</b>	
Transfer Values	(100)	(50)	(94)	(100)	-	-	
<b>Total Pensions Income</b>	<b>(8,536)</b>	<b>(4,269)</b>	<b>(4,136)</b>	<b>(8,536)</b>	<b>-</b>	<b>-</b>	
Net Pensions Deficit/(Surplus) To be financed by HO grant	<b>11,271</b>	<b>6,997</b>	<b>7,842</b>	<b>11,271</b>	<b>-</b>	<b>-</b>	

## Treasury Management

### Borrowing & Lending Activity

This statement shows the borrowing and lending activities undertaken by the Corporate Finance section of Hull City Council, on behalf of the Service, for the period 1 April 2019 to 30 September 2019 under the terms of the SLA. It also shows any variation between the actual interest received from the temporary investment of surplus monies and the budgeted interest.

Table 5

**HUMBERSIDE FIRE & RESCUE SERVICE**  
**BORROWING AND LENDING ACTIVITY STATEMENT**  
For the Period Ending 30 September 2019

Ref.	Company	Investment £	From	To	%	Returned	
						Interest £	Investment £
MMF	Deutsche Managed Sterling Fund	1,000,000.00					
MMF	Aberdeen (SL) Liquidity Fund	165,000.00					
MMF	Goldman Sachs Liquid Reserve Fund	-					
301684	DMO	5,500,000.00	26/07/2019	30/07/2019	0.50	301.37	5,500,000.00
301672	BOS	500,000.00	20/05/2019	20/08/2019	0.90	1,134.25	500,000.00
301673	Barclays	1,000,000.00	20/05/2019	20/08/2019	0.64	1,613.15	1,000,000.00
301687	DMO	2,000,000.00	26/07/2019	27/08/2019	0.51	894.25	2,000,000.00
301685	Wirral MBC	2,000,000.00	31/07/2019	29/08/2019	0.60	953.42	2,000,000.00
301675	Thurrock Council	2,000,000.00	07/06/2019	09/09/2019	0.75	3,863.01	2,000,000.00
301688	DMO	1,000,000.00	23/09/2019	30/09/2019	0.50	95.89	1,000,000.00
301677	BOS	1,500,000.00	22/07/2019	22/10/2019	0.90	3,402.74	-
301678	Barclays	1,000,000.00	26/07/2019	28/10/2019	0.62	1,596.71	-
301679	London Borough of Hounslow	2,000,000.00	30/07/2019	28/10/2019	0.72	3,550.68	-
301681	Royal Borough of Windsor and Maidenhead	1,500,000.00	30/07/2019	29/11/2019	0.73	3,660.00	-
301680	Torfaen County Borough Council	2,000,000.00	30/07/2019	31/12/2019	0.74	6,244.38	-
301683	Surrey Heath BC	2,000,000.00	27/08/2019	27/02/2020	0.75	7,561.64	-
301682	London Borough of Islington	2,000,000.00	29/08/2019	28/02/2020	0.75	7,520.55	-
						42,392.05	

Total Investments at 30 June 2019

13,165,000.00

Summary of Interest Receipts

		Projection £	Actual £	Variance under/(over) £	%
Accumulated interest on Investments to :	30/09/2019	25,002	22,125	2,877	11.51

Temporary Loans

Investment £	From	To	%	Interest £
-				-

The total amount temporarily invested at 30 September 2019 is £13.165m.

The balance in the Authority's Liquidity Manager Account (LMA) bank account as at 30 September 2019 is £15,097.81. This account currently accrues interest at 0.10%.

**Movement in Revenue Reserves**

This statement shows the movements on the revenue reserves for the period 1 April 2019 to 30 September 2019.

This statement also gives a projected value of revenue reserves at 31 March 2020 based on the projections in Table 1.

**Table 6**

**HUMBERSIDE FIRE & RESCUE SERVICE  
MOVEMENT IN REVENUE RESERVES  
as at 30 September 2019**

	As at 1 April 2019 £'000	In Year Movements £'000	Projected Balance at 31 March 2020 £'000
General Reserve	5,251	172 *	5,423
Earmarked Reserves			
Insurance	500	-	500
Change Management	400	(400)	-
The Ark - National Flood Resilience Centre	1,000	-	1,000
Capital Programme	2,400	-	2,400
Resilience Reserve	300	-	300
ESMCP	338	-	338
	10,189	(228)	9,961

\*In year contribution to the General Reserve is based on the budgeted contribution to the reserve plus any estimated under/overspend as at 30<sup>th</sup> September 2019.

**Budget Virements (transfer between lines) Processed**

There were no budget virements processed during the period to 30<sup>th</sup> September 2019.

## TREASURY MANAGEMENT MID-YEAR UPDATE REPORT 2019/20

### SUMMARY

1. This report provides an update on the Authority’s treasury management activities for the first half of the financial year 2019/20.

### RECOMMENDATIONS

2. That Members consider the treasury management activities undertaken during the first half of 2019/20 and the Prudential Indicators as outlined in paragraphs 15 and 16 and detailed in Appendix 1.

### BACKGROUND

3. Treasury Management, as defined by the Chartered Institute of Public Finance and Accountancy (CIFPA) Code of Practice 2009 is:

“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 the optimum performance consistent with those risks.”

4. The Authority on 15 March 2019 approved the annual Treasury Management Policy Statement and agreed a range of Prudential Indicators aimed at ensuring effective treasury management and affordability of capital plans.
5. This report ensures compliance with recommended practice as outlined in the Code, by providing Members with an update on treasury management undertaken since the beginning of the financial year and highlighting key Prudential Indicator information.

### INVESTMENT ACTIVITY

6. The Authority’s temporary investments totalled £13.2m as at 30 September 2019, with a further £15k in the Authority’s Special Interest Bearing Account (SIBA).

Table 1 – Investment income earned April to September 2019

Interest Earned April to September 2019	Rate of return April to September 2019	Benchmark return at 30 September 2019*	Difference (Favourable) April to September 2019
£22k	0.63%	0.57%	(0.06%)

\* Benchmark set as 7 day compounded LIBID

7. The Authority's rate of return is in line with the benchmark return provided by Link Asset Services.

## BORROWING

### Short-Term Borrowing

8. The Authority has not taken any short-term borrowing in the first six months of the year. The Authority is unlikely to undertake short-term borrowing in the second half of the financial year.

### Long-Term Borrowing

9. Long-term loans are taken out either to replace existing loans which have matured or to fund capital expenditure. Under the Prudential Regime there are no longer centrally imposed limits on borrowing, but individual Authorities are required to determine themselves what is a sustainable and affordable level of borrowing as an integral part of their Medium-Term Financial Planning processes.
10. The Authority's level of borrowing was £14.6m as at 30 September 2019, with an equated average rate of interest payable at 4.07%. An expected £635k of interest is projected to be payable on external debt for 2019/20.
11. The Authority has not undertaken any new long-term borrowing so far this financial year but this position will be reviewed in the second half of the financial year against the backdrop of interest rate changes and projections.
12. Limited opportunities for rescheduling of debt in order to secure savings in interest have been available given the prevailing market climate, thus no re-scheduling has been undertaken during the course of the financial year to date. The Authority continues to monitor the market in conjunction with its treasury management advisors with a view to capitalising on opportunities should they arise during the remainder of the year.

## PRUDENTIAL INDICATORS

13. Appendix 1 details the Prudential Indicators agreed by Members at the Fire Authority on 15 March 2019 and shows for comparison the actual figures as at 30 September 2019.
14. During the period April to September 2019, the Authority operated wholly within the limits approved.

### Capital Expenditure

15. The S.151 Officer considers the current capital programme to be affordable and sustainable with the revenue effects of capital investment built into the Medium-Term Financial Plan. Through the Medium-Term Financial Planning Process the Authority has ensured alignment of its capital resources to key strategic priorities.

### Treasury Management

16. External debt is currently £15.6m below the agreed authorised limit for 2019/20 and the maturity structure for both borrowing and investments remain within the approved upper and lower limits. Subsequent borrowing or re-scheduling will take in to account prevailing interest rates on offer from the Public Works Loans Board, the current maturity structure of loans, balanced with the need to reduce capital risk by maintaining prudently low levels of cash-balances.

## STRATEGIC PLAN COMPATIBILITY

17. Treasury management is an integral part of the financial management of the Authority. Utilising approved borrowing and investment strategies will maximise investment income whilst minimising exposure to liquidity and market risks.

## FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

18. The Authority's approach to investment of surplus funds is designed to further mitigate against potential losses as a consequence of counterparty failure and reflects a prudent approach to treasury management activity.

## LEGAL IMPLICATIONS

19. The Authority must comply with the requirements of the CIPFA Code of Practice on Treasury Management and the Local Authorities (Capital Finance and Accounting) (England) (Amendment) Regulations 2008. This report ensures such compliance.

## EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

20. No direct issues arise from this report.

## CORPORATE RISK MANAGEMENT IMPLICATIONS

21. The application of and regular monitoring thereafter of a prudent Treasury Management Policy and related Prudential Indicators ensures that the Authority effectively manages financial risks such as exposure to interest rate changes, liquidity and market risk whilst minimising borrowing costs and maximising investment income. As an integral part of the financial planning process, it ensures that the financial plans upon which the Authority's Strategic Plan is based are effective and robust.

## HEALTH AND SAFETY IMPLICATIONS

22. No issues arising.

## COMMUNICATIONS ACTIONS ARISING

23. No direct issues arising.

## DETAILS OF CONSULTATION

24. The Authority's current approved Treasury Management Strategy reflects guidance and market information supplied by the Authority's treasury management advisors.

## BACKGROUND PAPERS

25. 'Treasury Management and Capital Expenditure Prudential Indicators, Treasury Management Policy Statement 2019/20 and Minimum Revenue Provision for 2019/20' – Report to Fire Authority 15 March 2019.  
CIPFA Code of Practice on Treasury Management 2009  
CIPFA Treasury Management Guidance - March 2009

## RECOMMENDATIONS RESTATED

26. That Members consider the treasury management activities undertaken during the first half of 2019/20 and the Prudential Indicators as outlined in paragraphs 15 and 16 and detailed in Appendix 1.

**K WILSON**

Officer Contact: Kevin Wilson ☎ 01482 567183  
Executive Director Corporate Services & S.151 Officer

Humberside Fire & Rescue Service Headquarters  
Summergroves Way  
Kingston upon Hull

SE/JP  
28 October 2019

Prudential Indicators as at 30 September 2019Indicator 1 - Capital Expenditure

The actual capital expenditure for the current year compared to the original estimate and revised budget, together with estimates of expenditure to be incurred in future years are shown below:

	2018/19	2019/20	2019/20	2020/21	2021/22	2022/23
	Actual	Budget	Revised	Estimate	Estimate	Estimate
	£k	£k	£k	£k	£k	£k
Total Capital expenditure	2,971	6,608	4,490	1,473	3,579	3,410

The revised 2019/20 figure reflects the latest estimate of spend, as reported to members in the monthly 'Management Accounts' report in September 2019.

Indicator 2 - Capital Financing Requirement

The capital financing requirement for 2019/20 and estimates for future years are as follows:-

	Actual	Estimate	Estimate	Estimate	Estimate
	31/03/19	31/03/20	31/03/21	31/03/22	31/03/23
	£k	£k	£k	£k	£k
Capital Financing Requirement	15,851	18,545	19,260	20,245	20,945
Lease - Integrated Care Centre*	979	966	951	936	919
Total CFR	16,830	19,511	20,211	21,181	21,864

\*This has been revised to reflect the accounting treatment of the ICC lease

The capital financing requirement measures the Authority's need to borrow for capital purposes. In accordance with best professional practice, the Humberside Fire Authority does not associate borrowing with particular items or types of expenditure. The Authority has, at any point in time, a number of cash flows both positive and negative, and manages its treasury position in terms of its borrowings and investments in accordance with its approved Strategy. In day to day cash management, no distinction can be made between revenue cash and capital cash. External borrowing arises as a consequence of all the financial transactions of the authority and not simply those arising from capital spending. In contrast, the capital financing requirement reflects the Authority's underlying need to borrow for a capital purpose.

A key indicator of prudence under the Prudential Code is: -

"In order to ensure that over the medium term net borrowing will only be for a capital purpose, the local authority should ensure that net external borrowing does not, except in the short term, exceed the total of the capital financing requirement in the preceding year plus the estimates of any additional capital financing requirement for the current and next two financial years".

The S151 Officer reports that the Authority has had no difficulty meeting this requirement during the course of this financial year and no difficulties are envisaged in future years. This takes into account current commitments, existing plans and the proposals contained in the Medium Term-Financial Plan.

### Indicator 3 – Core Funds and Expected Investment Balances

The table below shows the estimates of the year-end balances for each resource and anticipated day-to-day cash flow balances.

	2019/20 Original £k	2019/20 Revised £k	2020/21 Estimate £k	2021/22 Estimate £k	2022/23 Estimate £k
Fund Balances / Reserves	9,778	9,961	9,221	8,569	7,955
Capital Receipts	30	30	30	30	30
<b>Total Core Funds</b>	<b>9,808</b>	<b>9,991</b>	<b>9,251</b>	<b>8,599</b>	<b>7,985</b>
Working Capital	(4,000)	(4,000)	(4,000)	(4,000)	(4,000)
(Under)/Over Borrowing	(3,955)	(4,016)	(2,565)	(3,487)	(4,195)
<b>Expected Investments</b>	<b>1,853</b>	<b>1,975</b>	<b>2,686</b>	<b>1,112</b>	<b>(210)</b>

The actual total investments held as at 30<sup>th</sup> September 2019 is £13.2m. This is higher than the expected investments due to the Pensions grant of which 80% was received in July 2019 which is drawn upon each month.

### Indicator 4 - Operational Boundary for External Debt

The proposed operational boundary for external debt is based on the same estimates as the authorised limit but reflects directly the S151 Officer's estimate of the most likely, prudent but not worst case scenario, without the additional headroom included within the authorised limit to allow for example for unusual cash movements, and equates to the maximum of external debt projected by this estimate. The operational boundary represents a key management tool for in year monitoring by the S151 Officer.

	2019/20 Boundary £k	Actual As at 30/09/19 £k	2020/21 Boundary £k	2021/22 Boundary £k	2022/23 Boundary £k
Borrowing	21,600	14,574	21,600	21,600	21,600
Other Long Term Liabilities	3,500	972	3,500	3,500	3,500
	<hr/> 25,100	<hr/> 15,546	<hr/> 25,100	<hr/> 25,100	<hr/> 25,100

The S151 Officer confirms that borrowing in the year has not exceeded the operational boundary at any point within the year to date and is not expected to do so over the course of the next period based on information currently available.

#### Indicator 5 - Authorised Limit for External Debt

The table below shows the Authorised limit for External Debt for 2018/19 and subsequent three year period as approved by Members, compared to the actual level of borrowing as at 30 September 2019.

	2018/19	Actual as at 30/09/19	2019/20	2020/21	2021/22
	Limit £k	£k	Limit £k	Limit £k	Limit £k
Borrowing	27,600	14,574	27,600	27,600	27,600
Other Long Term Liabilities	3,500	972	3,500	3,500	3,500
	<u>31,100</u>	<u>15,546</u>	<u>31,100</u>	<u>31,100</u>	<u>31,100</u>

The Authorised Limit reflects the Authority's projected long and short term borrowing requirements, together with any other long-term liabilities it may have. The figures are based on the estimate of most likely, prudent but not worst case scenario, with sufficient headroom over and above this to allow for operational management of, for example unusual cash movements.

The S151 Officer confirms that the Authorised Limit has not been approached at any point during the first half of the year, nor is it likely to during the remaining six months of 2019/20.

#### Indicator 6 - Ratio of Capital Financing Costs to Net Revenue Stream

The ratio of financing costs to net revenue stream for the current year and estimates for future years are as follows: -

	2018/19	2019/20	2019/20	2020/21	2021/22	2022/23
	Actual	Original	Revised	Estimate	Estimate	Estimate
	%	%	%	%	%	%
Ratio of Financial Costs to Net Revenue Stream	5.63	5.71	5.58	6.27	6.25	6.43

These ratios indicate the proportion of the net budget of the Authority that is required to finance the costs of capital expenditure in any year. Estimates of financing costs include current commitments and the proposals contained in the capital programme of the Authority.

In calculating the ratio, Net Revenue Streams in any year have been taken to exclude any element of the net budget requirement that is intended to provide reserves for the Authority.

The projected increase in the ratio over the period reflects the increase in capital financing costs resulting from the capital allocations approved as part of the medium-term financial plan.

Indicator 7 – Upper and Lower Limits for the maturity structure of borrowings

This indicator seeks to ensure the Authority controls its exposure to the risk of interest rate changes by limiting the proportion of debt maturing in any single period. Ordinarily debt is replaced on maturity and therefore it is important that the Authority is not forced to replace a large proportion of loans at a time of relatively high interest rates.

“The Authority will set for the forthcoming financial year both upper and lower limits with respect to the maturity structure of its borrowings. The prudential indicators will be referred to as the upper and lower limits respectively for the maturity structure of borrowing and shall be calculated as follows:

Amount of projected borrowing that is fixed rate maturing in each period expressed as a percentage of total projected borrowing that is fixed rate;

Where the periods in question are:

- Under 12 months
- 12 months and within 24 months
- 24 months and within 5 years
- 5 years and within 10 years
- 10 years and above”

	Actual as at 30/09/19	Upper Limit	Lower Limit
	%	%	%
Under 12 Months	7.16	15	0
12 months and within 24 months	4.35	15	0
24 months and within 5 years	22.14	30	0
5 years and within 10 years	32.04	60	0
10 years and above	34.31	80	0

The S151. Officer confirms that the maturity structure of external debt as at 30/09/19 is within the upper and lower limits approved by the Authority.

**Governance, Audit and Scrutiny Committee**  
**11 November 2019**

**Report by the Head of Finance**

**2019/20 ANNUAL ACCOUNTS CLOSEDOWN TIMETABLE**

REPORT EXECUTIVE SUMMARY

The Fire Authority is required by statute to produce accounts on an annual basis; this report includes the timetable to ensure the Fire Authority produces accounts for 2019/20 on an efficient and timely basis. The Fire Authority must make available for audit its draft (signed by the S.151 Officer) Annual Accounts by 31 May 2020 and the aim is to produce the Final (Audited) Annual Accounts approved by the Fire Authority by 31 July 2020.

## RECOMMENDATIONS

1. That the attached timetable gives assurance that the Fire Authority has robust plans in place to produce the Annual Accounts by the required deadlines.

### ANNUAL ACCOUNTS 2019/20

2. The attached timetable sets out the key tasks that will be undertaken on the 2019/20 Annual Accounts between December 2019 and July 2020.
3. Regular meetings will also be held with the Authority's external auditor, Mazars. These meetings will be held from late in 2019 through to the completion of the audit in summer 2020.
4. The Authority is required by statute to produce its 2019/20 audited Annual Accounts by 31 July 2020.
5. The Authority has liaised closely with our external auditors and planned a shorter period for the production and audit of the Authority's Annual Accounts. The timetable in Appendix 1 is very similar to that which was used for the successful early completion achieved on the 2015/16, 2016/17, 2017/18 and 2018/19 Annual Accounts.

### STRATEGIC PLAN COMPATIBILITY

6. No direct issues arising.

### FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

7. The Annual Accounts are a key document that ensures the Fire Authority is recording and reporting the transactions it enters into in an appropriate manner and reporting in line with the CIPFA Code of Practice for Local Authority Accounts.

### LEGAL IMPLICATIONS

8. The Authority is required by statute to provide Annual Accounts.

### EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

9. No direct issues arising from this report.

### CORPORATE RISK MANAGEMENT IMPLICATIONS

10. No direct issues arising but timely and accurate Annual Accounts are a cornerstone of good governance.

### HEALTH AND SAFETY IMPLICATIONS

11. No direct issues arising.

### COMMUNICATION ACTIONS ARISING

12. No direct issues arising.

### DETAILS OF CONSULTATION

13. No direct issues arising.

BACKGROUND PAPERS AVAILABLE FOR ACCESS

14. None.

RECOMMENDATIONS RESTATED

15. That the attached timetable gives assurance that the Fire Authority has robust plans in place to produce the Annual Accounts by the required deadlines.

**M RANSOM**

Officer Contact: Martyn Ransom  
Head of Finance

 01482 567176

Humberside Fire & Rescue Service  
Summergroves Way  
Kingston upon Hull

MR/JP  
24 October 2019

**HUMBERSIDE FIRE & RESCUE SERVICE**  
**CLOSEDOWN TIMETABLE 2020/20**

<u>Target Date</u>	<u>Task</u>	<u>Completed By</u>	<u>Date Completed</u>
02/09/2020	Roll Forward previous year Balances on Aptos	DL/SE	02/09/2020
27/12/2019	Review previous year audit report and adjust for non material errors where necessary	MR/SE/AB	
27/12/2019	Produce Skeleton Accounts with prior year Comparatives	MR/SE/AB	
27/12/2019	Complete CIPFA Disclosure Checklist	MR/SE/AB	
10/01/2020	Provide FF pensions Commissioning letter for GAD	DL/WYPA/SK	
24/01/2020	Review Accounting Policies	MR/SE/MR	
14/02/2020	Send email to spending officers re year end purchase orders	SE/AB	
02/03/2020	Send email to spending officers re closedown	SE/AB	
06/03/2020	Provide Pensions cashflow and Member data to GAD	DL/SE/MR	
23/03/2020	Stocktake to be completed	BK/AD/NH/Stores	
27/03/2020	Request Third Party Assurance Letters from Hull CC/ERYC/WYPA	SE/DL/AB/SK	
27/03/2020	Arrange final PWLB draw down with Hull City Council	SE/AB	
03/04/2020	Agree list of dated cheques and credit amounts back to ledger.	SE/AB	
03/04/2020	Post cash receipts and inter account transfers to 31 March	AB	
03/04/2020	Post all non cheque items to 31/03 to cash account	AB	
03/04/2020	Complete Financial Instrument Return for Sector	SE	
03/04/2020	Send confirmation letters to counterparties after requesting list from Hull CC	SE	
03/04/2019	Account for petty cash balances	SE/AB	
03/04/2019	Bank reconciliation to 31 March	AB	
03/04/2019	Adjust for April Pensions paid in advance.	SE	
03/04/2019	Complete FF Pension Analysis	SE	
03/04/2019	Run provisional Trial Balance for the year.	MR/SE	
03/04/2019	Deadline for receipt of Property Valuations	MR/SE/AB	
10/04/2019	Deadline for debtors lists	SE/AB	
10/04/2019	Deadline for creditors lists	SE/AB	
19/04/2019	Agree outstanding debtor's provisions and post to Aptos	SE/AB	
19/04/2020	Agree outstanding creditors provisions and post to Aptos	SE/AB	
19/04/2020	Complete Asset revaluation journals	MR/SE/AB	
19/04/2020	Reconcile Capital Spending and Funding	MR/SE/AB	
19/04/2020	Reconcile interest receipts to list supplied from Hull City Council and provided for interest due	SE/AB	
19/04/2020	Reconcile interest payments to P.W.L.B. and accrue for interest due at 31 March	SE/AB	
19/04/2020	Reconcile Finance Lease adjustments for the year.	MR/SE	
19/04/2020	Prepare and post capital financing journals.	MR/SE/AB	
19/04/2020	Reconcile VAT Account	SE/AB	
19/04/2020	Reconcile Payroll Balancing Account	SE/AB	
19/04/2020	Post debtor's Write offs	SE	
19/04/2020	Clear suspense accounts and or reconcile any balances to carry forward to 2019/19	SE/AB	
19/04/2020	Agree stock in hand @ 31/03	SE/AB	
19/04/2020	Pensions information re IAS 19 - Support Staff	SE/SK	
19/04/2020	Pensions information re IAS 19 - Fire Fighter's	SE/SK	
19/04/2020	Receive draft accounts from ESFM Ltd	ESFM Ltd	
19/04/2020	Provide for Retained Fire Fighters' pay paid in arrears.	SE/AB	
19/04/2020	Fair Value Statements from Sector	MR/SE	

**HUMBERSIDE FIRE & RESCUE SERVICE**  
**CLOSEDOWN TIMETABLE 2020/20**

<u>Target Date</u>	<u>Task</u>	<u>Completed By</u>	<u>Date Completed</u>
01/15/2020	Run provisional trial balance	MR/SE	
01/15/2020	Produce Financial Outturn and use for Foreword	SE	
01/15/2020	Run Final Revenue ledger.	MR/SE	
07/05/2020	Annual Governance Statement	SR	
07/05/2020	Ask Executive Director Service Support/Coporate Planning for foreword update	KW/SR	
07/05/2020	Deadline for Narrative report including performance numbers	KW/SR	
07/05/2020	Receive Collection Fund Balances from the Local Authorities and complete journals	SE/AB	
07/05/2020	Receive audited accounts from ESFM Ltd	ESFM Ltd	
07/05/2020	Produce statement of accounts	MR/SE	
07/05/2020	Notice for Right to inspect Accounts	KW/MR	
07/05/2020	Accounts to be published on the Authority Website	MR/SE	
01/06/2020	Commencement of right to inpect Accounts Period	KW/MR	
01/06/2020	Commencement of External Audit fieldwork - TBC	MR/SE/Mazars	
03/06/2020	Deadline for submission of Papers for June GAS Committee	MR/KW	
12/06/2020	Deadline for submission of Papers for June Fire Authority	MR/KW	
12/06/2020	Governance, Audit and Scrutiny Committee - June	MR/KW	
12/06/2020	Completion of Whole Government Accounts	SE	
26/06/2020	Fire Authority - June	MR/KW	
03/07/2020	Deadline of for Submission of Papers for July GAS Committee	Audit/MR/KW	
13/07/2020	Governance, Audit and Scrutiny Committee - July	Audit/MR/KW	
17/07/2020	Conclusion of right to inspect Accounts period	KW/MR	
17/07/2020	Deadline for submission of Papers for July Fire Authority	Audit/MR/KW	
27/07/2020	Fire Authority - July	Audit/MR/KW	
31/07/2020	Notice for Conclusion of the Audit	KW/MR	

**Officers**

MR = Martyn Ransom  
DL = Dave Lofthouse  
SE = Shaun Edwards  
AB = Amie Brown  
KW = Kevin Wilson  
SR = Simon Rhodes  
PC/BK/AD/Stores = Paul Clucas/Ben Kelly/Andy Day  
ESFM Ltd = ESFM (Humberside) Ltd JV Co

**Auditors**

Mazars



**GAS COMMITTEE SCRUTINY PROGRAMME 2019/20****Background Summary – Training and Development for Grey Book and Green Book Staff**

## REPORT EXECUTIVE SUMMARY

This paper provides a background with regard to the current and planned provision for Learning and Development in Humberside Fire and Rescue Service.

The recent Inspection process undertaken by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services highlighted some concerns around equity of provision for Learning and Development across different staff groups and a level of concern about the perception of fairness around promotion processes.

This paper provides background information to assist Members conduct scrutiny reviews relating to the Training, Promotion and Development for Operational and Non-Operational Staff, specifically:

1. What are the processes currently in place in relation to training, promotion and development for operational and non-operational staff?
2. Is provision for operational and non-operational staff equitable?
3. How does the Service intend to address HMICFRS' comments regarding difficulty in accessing training and development for non-operational staff?
4. How will the Service ensure that its development and promotion processes for operational staff are equitable and consistent?

## RECOMMENDATIONS

1. That Members consider the content of this report in support of their scrutiny review activity.

## LEARNING AND DEVELOPMENT HISTORICALLY

2. Learning and Development in the Service has historically been well developed, with mandatory training, induction and professional development in place.
3. Much of the Learning and Development structures were managed under the banner of the “Personal Development” Team which existed under a previous structure.
4. An unintended consequence of a previous restructure, which initially replaced this team with the Organisational Development function, and a subsequent further restructure which separated this function from the Operational Training team, was that much of this infrastructure was no longer maintained.
5. Over the last 2 years, a significant amount of work has been undertaken by the Organisational Development team to develop a new, modern approach to consistent learning and development for all staff. This is described later in this paper and is currently being rolled out across the Service.
6. Professional fees are paid for all Green Book staff and this has been and continues to be a contractual requirement.
7. In the recent Inspection process, feedback was received that the Service “does not plan training for Non-Operational staff or Firefighters on non-operational duties to the same extent it gives to Operational and risk critical training. Training for Non-Operational is inconsistent and staff cannot access it easily, nor is it widely available”.
8. As a result of this feedback, the work relating to Learning and Development across the Service has been prioritised and further developed.

## APPRAISAL / PERFORMANCE DEVELOPMENT REVIEWS

9. The approach to appraisals was refreshed in 2018 to be more inclusive of all staff groups, consistent with service values and introduced a focus on health and wellbeing into the PDR process, with an emphasis on a “quality conversation”.
10. Training on the new process and format was rolled out in March 2018, covering most of the Watch Manager cadre and Grades 11 and 12. Communications were then sent out service-wide to launch the new process and to inform staff and managers on the mandatory requirement and to complete all individual PDRs during April to June. During the 2018 cycle, the figures stood at 67% PDRs completed.
11. This was refreshed and repeated in early 2019. The figures for 2019 were greatly improved at 96%.
12. This approach will continue to evolve and develop in the coming years as we learn.
13. The information gathered from this exercise is pulled together to form an annual training needs analysis, which is then used to inform the levels of learning and development required.
14. More work is required on automating the system to ensure this is more accurate, less labour intensive and more intuitive.

15. It has been agreed that the PDR cycle will be moved earlier in the year for 2020 and will be completed in Quarter 1 to align with the Workforce Planning and budgeting cycles.

#### CORE SKILLS FRAMEWORK

16. The Core Skills Framework was approved by the Strategic Leadership Team as a method of ensuring that all staff, regardless of role, have a baseline of essential training to undertake their role.
17. The Core Skills Framework articulates the basic skills and learning required within each role in the Service, with generic mandatory training being common to all, plus a set of specific training required dependent on role. These "Role Specific Training Outlines" are currently in development and will be issued in the coming months.
18. It is planned that PDRs will be completed against Role Specific Training Outlines, once these are completed.

#### CAREER FRAMEWORK

19. The Career Framework forms part of the Core Skills Framework. Individual pathways for each professional in the Service are being mapped out, describing the knowledge, skills and training required to progress within each one, with requirements at each level articulated. Once the Role Specific Training Outlines have been developed for all roles with the Service, these will form the career pathways for each profession.
20. This Framework gives all staff clarity on requirements to progress or to change careers and supports personal development by laying out these requirements.

#### LEADERSHIP FRAMEWORK

21. The Leadership Framework, known as "The Humberside Way", lays out the approach to leadership in the Service and lays out 3 main strands: self-reflection and an understanding of one's own motivations and drivers using the Print Workshop methodology, development of supportive leadership and management behaviours using a structured training approach and development of practical management skills delivered in-house.
22. A roll out of training across senior and middle layers of the Service has partly been delivered and the remainder is planned, followed by a programme of in-house training to deliver the Framework to all first line managers. A maintenance programme to be delivered quarterly is also planned and will be described as the Management Development Programme.

#### TRAINING REVIEW

23. In the recent Inspection Report, Operational Training was described as "the Service gives operational and risk-critical training sufficient priority"
24. A report was submitted to SLT in October 2019 which laid out some areas for improvement, including some cost savings, which have been approved.
25. It was approved that these savings would be used to fund the development of a Learning and Development Support Function to better maintain the consistency of approach across the Service.

## PROMOTION AND PROGRESSION

26. Progression in HFRS has historically been dealt with differently dependent on the terms and conditions of employment that individuals have been employed under.
27. Staff on Grey book terms and conditions (Firefighting staff and more senior roles on the same terms) have traditionally followed promotion processes that have varied between national and local processes, using a mixture of approaches. Where staff have been considered to have been successful in these processes, they have entered a "pool", where they were held until a vacancy became available where a succession of different processes, most recently the use of a "professional discussion", were applied to appoint an individual from the pool to the post. External adverts have rarely been used for roles more junior than director level.
28. Staff on Green book terms and conditions (staff in any other role save Principal Officers who had previously held a Grey Book role) have usually followed a more traditional recruitment to progression. Vacancies have been advertised either internally or externally, with a wide variety of profession specific processes taking place in order to decide the appointment.
29. These varied approaches to progression and regular changes to processes within the Service have led to a perception of unfairness and disparity, with staff expressing in discussions with inspectors from HMICFRS, a level of dissatisfaction with promotions and how they are dealt with.
30. Following the most recent Station Manager Promotion round, a number of grievances were received, followed by a formal Collective Issue being submitted by the Fire Brigades Union. These centred on a challenge to the use of the Service Promotion Policy and on conclusion of these processes, a decision was taken to move to a recruitment and selection process for all progression in the Service, regardless of terms and conditions of employment.
31. Learning from this experience, the newly agreed Recruitment and Selection Policy has been developed in partnership with all representative bodies and is now being applied to all vacancies in the Service. It is anticipated that this policy will bring a more transparent approach to progression, building on the development of all staff being delivered in a more equitable fashion.

## STRATEGIC PLAN COMPATIBILITY

28. This paper supports the achievement of Strategic Plan 2018/21 through the provision of independent scrutiny of activity.

## FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

29. Independent scrutiny contributes towards efficiency review activity.

## LEGAL IMPLICATIONS

30. None directly arising.

## EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

31. Assessment completed and available. Equality of opportunity for progression and to learning and development will protect the Service from successful discrimination claims, both direct and indirect and will ultimately lead to a truly diverse workforce.

## CORPORATE RISK MANAGEMENT IMPLICATIONS

32. Scrutiny of performance provides an assurance that arising risks are being mitigated.

#### HEALTH AND SAFETY IMPLICATIONS

33. None directly arising.

#### COMMUNICATION ACTIONS ARISING

34. GAS Committee papers are publicly available via the HFRS Website.

#### DETAILS OF CONSULTATION

35. SLT regarding scrutiny topics.

#### RECOMMENDATIONS RESTATED

36. That Members consider the content of this report in support of their scrutiny review activity.

**M Heppell**

Officer Contact: Miriam Heppell  07966 365367  
Director of People and Development

Humberside Fire & Rescue Service  
Summergroves Way  
Kingston upon Hull

MH  
29/10/2019



**Governance, Audit and Scrutiny Committee  
11 November 2019**

**Report by the Monitoring  
Officer/Secretary**

## **GAS COMMITTEE SCRUTINY PROGRAMME 2019/20**

### **REPORT EXECUTIVE SUMMARY**

This paper summarises the Governance, Audit and Scrutiny Committee's Scrutiny Programme 2019/20. Each year, the Committee will programme four specific, defined scrutiny items complete with scopes in order that relevant officers can focus their reports. Appendix 1 to this report will serve as a point of reference for report-writers and as a 'living document' during the year for the Committee as it considers the scopes for its scrutiny items.

## RECOMMENDATIONS

1. That Members consider and approve the Scrutiny Programme 2019/20.

## PUBLIC SCRUTINY PROCESS

2. Public scrutiny is a corporate process undertaken by the GAS Committee, appointed by the Fire Authority for its breadth of professional experience.

Good public scrutiny can be distilled to a four-stage process:

- **Identifying** areas for scrutiny;
- **Developing** an incisive scope to inform officers' reports (which are published publicly);
- **Asking** questions of relevant officers and fulfilling the role of 'critical friend' in a public forum with the aim of making recommendations for change as appropriate;
- **Monitoring** the progress of the Committee's recommendations.

3. Four areas for scrutiny were identified by the Committee for its 2019/20 programme:

- Effectiveness of the Cost Recovery Model for Emergency Medical Response.
- Training, Promotion and Development for Operational and Non-Operational Staff.
- Business Safety Risk-Based Inspection Programme.
- Effectiveness of the Risk-Based Targeting Strategy.

## STRATEGIC PLAN COMPATIBILITY

6. This paper supports the achievement of Strategic Plan 2018/21 through the provision of independent scrutiny of activity.

## FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

7. Independent scrutiny contributes towards efficiency review activity.

## LEGAL IMPLICATIONS

8. None directly arising.

## EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

9. None directly arising.

## CORPORATE RISK MANAGEMENT IMPLICATIONS

10. Scrutiny of performance provides an assurance that arising risks are being mitigated.

## HEALTH AND SAFETY IMPLICATIONS

11. None directly arising.

## COMMUNICATION ACTIONS ARISING

12. GAS Committee papers are publicly available via the HFRS Website.

## DETAILS OF CONSULTATION AND/OR COLLABORATION

13. SLT regarding scrutiny topics.

## RECOMMENDATIONS RESTATED



<b>GAS Committee Scrutiny Programme 2019/20</b>		
<b>Meeting Date</b>	<b>Responsible Officer</b>	<b>Item and Scope</b>
16 September 2019	<b>Paul McCourt</b>	<p><b>Effectiveness of the Cost Recovery Model for Emergency Medical Response.</b></p> <ul style="list-style-type: none"> <li>• How has EMR developed since its inception?</li> <li>• How can the Committee be assured that EMR is a successful venture?</li> <li>• How effective has the Cost Recovery Model been?</li> <li>• What are the benefits of EMR (in relation both to residents of Humberside and HFRS itself)?</li> <li>• What challenges does EMR face in the future?</li> <li>• How does the Service's EMR model compare to those of other fire and rescue services?</li> <li>• How does Yorkshire Ambulance Service view the EMR provision?</li> </ul>
11 November 2019	<b>Paul McCourt</b>	<p><b>Effectiveness of the Cost Recovery Model for Emergency Medical Response.</b></p> <p>At its meeting of 16 September, the Committee resolved that a further report be considered at the Committee meeting to be held on 11 November 2019 including further details of the cost recovery model for EMR, details of the arrangements and cost recovery model in place with East Midlands Ambulance Service and details of the governance arrangements in place around EMR.</p>
11 November 2019	<b>Miriam Heppell</b>	<p><b>Training, Promotion and Development for Operational and Non-Operational Staff.</b></p> <ul style="list-style-type: none"> <li>• What are processes are currently in place in relation to training, promotion and development for operational and non-operational staff?</li> <li>• Is provision for operational and non-operational staff equitable?</li> <li>• How does the Service intend to address HMICFRS' comments regarding difficulty in accessing training and development for non-operational staff?</li> <li>• How will the Service ensure that its development and promotion processes for operational staff are equitable and consistent?</li> </ul>
21 February 2020	<b>Steve Topham</b>	<b>Business Safety Risk-Based Inspection Programme.</b>

		<ul style="list-style-type: none"> <li>• The most recent HMICFRS inspection report states: “While the service responds to consultations, building regulation requests and complaints, it doesn’t target its protection work on its greatest risks. The service can’t carry out its risk-based inspection programme to the expectations set out in its IRMP because it doesn’t have enough qualified staff.”</li> <li>• How does the Service intend to improve its Risk-Based Inspection Programme?</li> <li>• There remain concerns around the impact of false alarms on service delivery; how can this be addressed?</li> <li>• How will the Service ensure that it has the capacity and skills to deliver the Programme?</li> </ul>
6 April 2020	<b>Steve Topham</b>	<p><b>Effectiveness of the Risk-Based Targeting Strategy.</b></p> <ul style="list-style-type: none"> <li>• How is public protection activity targeted according to risk and intelligence?</li> <li>• What systems does the Service use to undertake its risk-based targeting activities?</li> <li>• How does the Service gather the intelligence necessary to target intervention effectively?</li> <li>• How does the Service respond to referrals for intervention that would not necessarily result in action according to the Risk-Based Targeting Strategy?</li> </ul>