

Fire & Rescue Service Headquarters Summergroves Way Kingston upon Hull HU4 7BB
Telephone 01482 565333

To: Members of the Governance, Audit and Scrutiny Committee	Enquiries to: Samm Campbell Email: committeemanager@humbersidefire.go.uk Tel. Direct: (01482) 393205 Date: 25 June 2021
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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 5 JULY 2021 at 10.00AM** at HUMBERSIDE FIRE & RESCUE SERVICE HEADQUARTERS, SUMMERGROVES WAY, KINGSTON UPON HULL, HU4 7BB.

Public and press attendance at meetings

Due to current social distancing requirements, a **maximum of 4 people** will be permitted entry to the public gallery - **places must be booked in advance** by contacting the Committee Manager on the contact details above.

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
<u>Procedural</u>			
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 14 June 2021	(pages 1 - 4)	Chairperson	To approve

Business	Page Number	Lead	Primary Action Requested
4. Matters arising from the Minutes, other than on the Agenda	-	Chairperson	To raise
<u>Governance</u>			
5. Update: Matters Arising/ Feedback from Fire Authority	verbal	Chairperson and Monitoring Officer/ Secretary	To consider and make any recommendations to the HFA
<u>Audit</u>			
6. Internal Audit Report - Equality, Diversity and Inclusion	(pages 5 - 16)	Internal Audit (TIAA)	To consider and make any recommendations to the HFA
7. Internal Audit Update	(pages 17 - 21)	Internal Audit (TIAA)	To consider and make any recommendations to the HFA
8. External Audit Update	(pages 22 - 40)	Mazars	To consider and make any recommendations to the HFA
<u>Finance and Performance</u>			
9. Draft Annual Statement of Assurance 2020/21	(pages 41 - 44)	Director of Service Improvement	To consider and make any recommendations to the HFA
10. HMICFRS Inspection Update	verbal	Director of Service Improvement	To consider and make any recommendations to the HFA
<u>Scrutiny Programme</u>			
11. Anti-Bullying Campaign	(pages 45 - 110)	Director of People and Development	To consider and make any recommendations to the HFA
12. Draft GAS Committee Scrutiny Programme 2021/22	(pages 111 - 115)	Monitoring Officer/Secretary	To approve
13. Any Other Business	-	All Members	To raise

Under the Openness of Local Government Bodies Regulations 2014 members of the public may film, record, take photographs or use social networking during Authority and committee meetings that are open to the public. *The Monitoring Officer/Secretary kindly requests advance warning from anyone wishing to film, record or take photographs during open meetings so that suitable provision can be made.*

HUMBERSIDE FIRE AUTHORITY
GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE

14 JUNE 2021

PRESENT: Independent Co-opted Members Mr D Chapman (Chairperson), Mrs P Jackson, Mr A Smith and Mrs M Thomlinson.

Councillors Briggs as an observer.

Paul McCourt - Director of Service Delivery, Niall McKiniry - Director of Service Improvement, Martyn Ransom - Head of Finance, Jason Kirby - Temporary Head of People and Development, Jamie Morris - Senior Service Improvement Officer, Mathew Buckley - Monitoring Officer/Secretary, Samm Campbell - Committee Manager and Andy McCulloch - Internal Audit (TIAA) 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.

The Monitoring Officer/Secretary took the chair for Minute 44/21.

PROCEDURAL

44/21 ELECTION OF THE CHAIRPERSON OF THE COMMITTEE 2019/20 - *Resolved* - That Mr D Chapman be appointed Chairperson of the Governance, Audit and Scrutiny Committee until its Annual General Meeting in 2022.

Mr D Chapman took the chair.

45/21 APOLOGIES FOR ABSENCE - Apologies for absence were received from Mr J Doyle.

46/21 DECLARATIONS OF INTEREST - There were no declarations of interest.

47/21 MINUTES - *Resolved* - That the minutes of the meeting of the Committee held on 12 April 2021 be confirmed as a correct record.

48/21 MATTERS ARISING FROM THE MINUTES, OTHER THAN ON THE AGENDA - There were no matters arising.

GOVERNANCE

49/21 UPDATE: MATTERS ARISING/FEEDBACK FROM FIRE AUTHORITY - The Monitoring Officer/Secretary provided feedback on items considered by the Fire Authority at its meetings of 4 June 2021.

Resolved - That the update be received.

Audit

50/21 INTERNAL AUDIT UPDATE - Andy McCulloch (TIAA) presented a verbal update on the internal audit process.

Five of the eight audit reviews due to be undertaken in 2021/22 had been scheduled, with the first due to commence in the following weeks. Audit work would continue to be undertaken remotely, with plans for TIAA to begin attending in-person later in the year.

Resolved - That the update be received.

FINANCE AND PERFORMANCE

51/21 ANNUAL STATEMENT OF ACCOUNTS 2020/21 (UNAUDITED) - The Head of Finance submitted unaudited Annual Statement of Accounts for 2020/21.

The Annual Statement of Accounts for 2020/21 had been produced ahead of the deadline (31 July 2021). The Service's underspend had been used to increase its reserves from £10.9m to £13.8m in the light of the uncertainty regarding future funding models for fire and rescue services. A Member queried the number of staff members referred to in the Accounts compared to the number of staff members (939) quoted in the report on diversity and recruitment received at the Committee's previous meeting (Minute 39/21 refers). It was explained to the Committee that the Accounts referred to the number of contracts rather than the number of employees, many of whom held more than one contract of employment with the Service.

A Member referred to the targets for response standards and the Committee agreed that the targets should be updated, replacing the phrase, 'threshold modelling', in four of the boxes with specific target ranges. A Member asked about the outstanding debts owed by HFR Solutions. HFR Solutions incurred roughly the same amount of debt with the Service each year, meaning that the current debt was not years old. A Member queried the amount spent on the salary of the Director of People and Development post during 2020/21. The amount was larger than it had been in previous years due to the then-substantive post-holder having been on sickness leave while the Service paid temporary replacements.

Resolved - (a) That unaudited Annual Statement of Accounts for 2020/21 be received.

(b) that the Annual Statement of Accounts for 2020/21 be updated in response to the Committee's recommended amendments.

52/21 TREASURY MANAGEMENT ANNUAL REPORT 2020/21 - The Head of Finance submitted a report summarising the Treasury Management Annual Report for 2020/21.

The rate of return on the Services investments in 2020/21 had been minimal due to its careful investment strategy and the low interest rates of that year. The Service had not taken out any short-term borrowing during the year, but it had used the opportunity presented by the low interest rates to take out £4m of new long-term borrowing. The Service's average level of borrowing for 2020/21 had been £15.2m, in relation to which £546,000 of interest had been paid. By 31 March 2021, the Service's closing level of debt with the PWLB was £16.9m. The maturity of the Service's debt was within the limits of the CIPFA Code of Practice on Treasury Management 2009.

The Service had spent £3.2m on capital projects during 2020/21. With some projects having slipped from 2019/20 into 2020/21 due to the emergence of Covid-19, others had then slipped into 2021/22. The pattern in recent years seemed to show that the Service could manage between £3-4m of capital projects in any given year.

Resolved - That the report be received.

53/21 DRAFT ANTI-FRAUD AND CORRUPTION STATEMENT 2020/21 - The Director of Service Improvement submitted a report summarising the draft Anti-Fraud and Corruption Statement for 2020/21.

The Statement summarised the key incidents and issues from the year 2020/21. The Service had four main policies (reviewed annually) in place relating to fraud and corruption: Whistleblowing, Anti-Bribery, Anti-Money-Laundering, and Anti-Fraud and -Corruption. Staff members were periodically reminded of the policies and provided with information on how to report any concerns they might have, with an option to report anonymously to an external organisation. An internal investigation was ongoing and had also been passed to Humberside Police for investigation. The outcomes of both investigations would be reported to the Committee following their conclusions.

Resolved - That the report be received;

54/21 HMICFRS INSPECTION UPDATE - The Director of Service Improvement provided the Committee with a verbal update in relation to Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service's (HMICFRS).

The Service had been preparing for its next inspection, which would take place in September 2021 at the earliest as it was in the second tranche of inspections nationally, the first of which was underway. The Service had been working to establish and keep up-to-date drafts of the self-assessment material which would need to be sent to HMICFRS prior to the next inspection and it had recently submitted one of its biannual data returns. A Member asked whether the Service's staff felt positive in the light of the upcoming inspection. The Strategic Leadership Team (SLT) was responsible for encouraging a positive culture and it was reported that staff did feel generally positive following the outcomes of the Covid-19 themed inspection. There remained an awareness that there were areas upon which the Service would need to improve, especially those identified in the first inspection undertaken in 2019.

Resolved - That the update be received.

SCRUTINY PROGRAMME

55/21 DRAFT GAS COMMITTEE SCRUTINY PROGRAMME 2021/22 - The Committee Manager submitted a report summarising the Committee's draft Scrutiny Programme 2021/22.

Resolved - (a) That the Programme be approved subject to the addition of a reference to feedback on promotion processes received through exit-interviews on the scope of the item due to be heard on 6 September 2021, and

(b) that the Committee thank the Fire Authority for providing its shortlist of topics for 2021/22.

56/21 ANY OTHER BUSINESS -

57/21 QUEEN'S BIRTHDAY HONOURS - The Committee offered its congratulations and thanks to two of the Service's watch managers who had been recognised in the Queen's Birthday Honours:

- Bernie McKiernan, Watch Manager at Snaith Fire Station, had received a British Empire Medal, and
- Tony Clark, Watch Manager at Howden Fire Station, had received the Queen's Fire Service Medal.

58/21 DIRECTOR OF PEOPLE AND DEVELOPMENT - The recruitment process for a substantive Director of People and Development was due to commence in June or July 2021 and the Committee would be kept up-to-date on the progress of this process.

59/21 TREASURY MANAGEMENT TRAINING - The Committee had undertaken a training session in relation to treasury management on 20 April 2021.



Internal Audit

FINAL








Humberside Fire and Rescue Service

Assurance Review of Equality, Diversity and Inclusion

2021/22

June 2021

Executive Summary

OVERALL ASSESSMENT	KEY STRATEGIC FINDINGS								
<div></div>	<div><div></div><div>All policies and other related documentation reviewed were found to be up to date and clearly set out the organisation’s philosophy and general approach to the subject.</div></div> <div><div></div><div>All staff must undertake mandatory annual equality, diversity and inclusion training.</div></div> <div><div></div><div>The importance of the completion of Equality Impact Assessments should be emphasised to staff, managers and the Fire Authority.</div></div> <div><div></div><div>A comparison has been undertaken of the gender, age and ethnicity of staff at HFRS against those in the geographical area and of other fire services nationally.</div></div>								
ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE	GOOD PRACTICE IDENTIFIED								
<div>Opportunities within the People and Development directorate of the Risk and Opportunities Register: Representation of our Communities, Women, BME and Disability.</div>	<div><div></div><div>Training for all first line managers includes Equality and Inclusion (unconscious bias and avoiding discrimination in selection tests or processes).</div></div> <div><div></div><div>An equality, diversity and inclusion training and development pathway is in the process of being put in place. This sets out the required courses and modules that are to be completed by Firefighters, Crew, Watch and Station Managers, Heads of Functions and Directors.</div></div>								
SCOPE	ACTION POINTS								
<div>The review considered the arrangements that HFRS has put into place, which demonstrate that the Service operates fairly and equally in its operations. The review also considered how policies and processes have been embedded into the everyday working practices of HFRS and considered interaction both internally and externally.</div>	<table><tr><th>Urgent</th><th>Important</th><th>Routine</th><th>Operational</th></tr><tr><td>0</td><td>1</td><td>2</td><td>0</td></tr></table>	Urgent	Important	Routine	Operational	0	1	2	0
Urgent	Important	Routine	Operational						
0	1	2	0						

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	<p>Commentary provided by the Head of Organisational Development (OD) identified that HFRS currently has a total of 32 Equality Impact Assessments (EIAs) published on the intranet. These relate to policies and procedures, training, recruitment and selection, service redesign and service developments. It is felt, however, that this is not reflective of all the papers that have been produced or the service consultation, policy, redesign and developments that have been undertaken. There is, therefore, a variance in the amount of completed EIAs that have been submitted to OD.</p> <p>Any gaps in the production of EIAs that have not been submitted will be addressed by the EDI Heads of Function action plan that will require Heads of Function to account for EIAs produced and submitted at their monthly directorate performance meetings.</p> <p>Heads of Function, Committees and the Fire Authority have a responsibility to ensure that, where relevant, EIAs have been completed in relation to policies and other documents that they are required to review and approve.</p>	All managers and Members of the Fire Authority be informed of their obligation to ensure that Equality Impact Assessments have been completed in relation to the policies and other documentation they are requested to review and approve.	2	<p>We acknowledge the variance of completed and submitted EDIs to OD and the production by the Service in relation to service consultation, policy, redesign and developments. This is being addressed by the nomination by each function and service delivery for EIA leads and the launch of the adopted NFCC form and methodology and training to support this taking place in July and August respectively. A plan is in place linked to the training for EIAs to be completed</p> <p>Heads of Function will be required to report on EIA activity in their PSED action plan that will be circulated for completion on a quarterly basis. This activity will contribute to the production of the EDI annual report that will go to SLT and HFA to review and approve. A governance structure is also in place and will be communicated via the EDI steering group in June, and will also feature in the EDI annual report in September. The EDI policy</p>	<p>EIA training July and August 2021</p> <p>EIA first annual review July 2021</p> <p>EDI Annual report September 2021</p> <p>EDI Policy review July 2021</p>	<p>Lou Marritt OD Manager</p> <p>Lou Marritt OD Manager</p> <p>Sam O'Connor Head of OD</p> <p>Sam O'Connor Head of OD</p>

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
					<p>refresh in July will also communicate the responsibilities and obligations from HFA and throughout the Service.</p> <p>In addition to this HFRS has adopted the Fire Standards Board Code of Ethics in which the responsibilities of the Fire Authority is clearly communicated regarding EDI, the Fire Authority constitution has been amended to reflect this.</p>		
1	Directed	<p>The Equality and Inclusion Policy was last reviewed in July 2020 (due for review in July 2021) and includes an Equality and Inclusion Commitment Statement, in addition to reference to the appropriate legislation and the protected characteristic (as defined by the Equality Act 2010) and the responsibilities of staff, managers and the Leadership Teams.</p> <p>As the culture of any organisation is set by, and should be demonstrated by, its governing body, the Equality and Inclusion Policy should include the responsibilities of the Fire Authority.</p>	At its next review in July 2021, the Equality and Inclusion Policy be amended to include the responsibilities of the Fire Authority.	3	It is acknowledged that this recommendation will be reflected in the EDI policy review in July 2021 which will reflect the comments outlined above.	EDI Policy review July 2021	Sam O'Connor Head of OD

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)
2	Directed	It is essential that organisation's policies and working practices do not discriminate against certain groups of staff and other stakeholders. To this end, it is a requirement that an Equality Impact Assessment (EIA) is carried out prior to the policy being approved or procedures implemented. Although a policy or strategy in relation to the completion of EIAs has not been produced, this has already been identified by HFRS and an action plan has been put in place. This contains a draft policy for consultation by May 2021, communication, coaching and the dedicated Sharepoint page to be updated. Associated training is to be undertaken from July 2021 onwards. In order to demonstrate that policies and procedures have been appropriately assessed against the Equality, Diversity and Inclusion Policy, it should be ensured that the completion of an EIA (and its date) should be recorded on the policy/procedure. This will provide assurance to Authority Members that, where required, an EIA has been undertaken.	The completion of an Equality Impact Assessment be recorded on the policy/procedure.	3	<i>This recommendation is acknowledged and will be included in the Service policy for policy procedure and guidance.</i>	<i>Policy for Policies August 2021</i>	<i>Simon Rhodes Head of Corporate Assurance</i>

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
No Operational Effectiveness Matters were identified.				

ADVISORY NOTE

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

Findings



Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1, & 2	-
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	3	-

Other Findings



The assessment of HFRS by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in 2018/19 noted that "The service promotes diversity and engages with under-represented groups in its staff. It is taking steps to improve the diversity of its firefighters, with some positive results, though it doesn't yet reflect the community it serves".

Actions contained within the Service Improvement Plan in relation to this area include: to provide evidence of recruitment work targeted towards all ethnic minorities; work to demonstrate that the Service supports staff from a protected characteristic and challenges unacceptable behaviour; and that the Service ensures staff understand the importance of EDI and that it is well embedded in everything they do.



The following opportunities have been identified and recorded within the People and Development directorate of the Risk and Opportunities Register: Representation of our Communities (1) - Women; (2) - BME; and (3) - Disability. A number of appropriate controls and further actions have been noted within the Register.

Other Findings



A review was undertaken of a sample of four Equality Impact Assessments. This showed that the documents had been fully completed and suitable mitigating actions identified where required. These were in relation to the issuing to all appliances of smoke curtains, the Dignity Works Programme – 2019/20, a review of the Absence Management Policy – November 2020 and the DEFRA Flood Rescue Concept of Operations – HFRS Action Plan.



Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In place	-	-
FC	Financial Constraint	The process operates within the agreed financial budget for the year.	Out of scope	-	-
R	Resilience	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings



The Equality and Inclusion Annual Report is reviewed by the Senior Leadership Team prior to being presented to the Fire Authority in September. This sets out the progress made regarding each of the priorities of:

- Leading by example on equality;
- Increasing diversity throughout the workforce;
- Ensure a safe and fair workplace for all staff;
- Continue to improve knowledge of the diverse communities and how HFRS engage with them; and
- Identifying the fire and other emergency risks linked to multiple disadvantage and discrimination.

Other Findings



As part of the HFRS Governance, Audit and Scrutiny Committee Scrutiny Programme, the Director of People and Development provided a report to the Committee in April 2021 encompassing:

- How diverse is the Service's workforce currently;
- Does this reflect the level of diversity in the local population;
- How does the level of diversity compare at different levels within the organisation; and
- What have been the main challenges to increasing diversity in the organisation.

Data included within the report demonstrated that the percentage of staff at HFRS who identified as BAME (1.8%) was significantly below that for the Humber area (5.4%), however, 3.6% of HFRS staff did not declare their ethnicity (the unitary authority statistics did not include this category).

In relation to gender, 22% of all staff are female. When HFRS is assessed against all Fire and Rescue Services in England, this shows that HFRS is above the national statistics of 17% female. When this is drilled down into firefighters only, the comparison is 6% female at HFRS and 7% female for the national data.



As part of the plan to address the disparities in employment data, a Positive Action Communications Plan in relation to Full-Time Firefighter recruitment in 2021 has been developed. This contains details of the campaigns utilised to talk about the roles in the Service and to promote HFRS as an employer of choice, including Race Equality week, Women's History Month, International Women's Day, National Inclusion Week and Black History Month.

The communication activities to support positive action and recruitment of all roles in the Service incorporates targeting groups to consider a career with HFRS, podcasts, social media and YouTube content relating to roles in the Service, opportunities for career progression, meet the team and Q&A sessions.

In addition, all job vacancies state that HFRS welcomes applications from ethnic minorities and women, as they are underrepresented within the fire service.



A dedicated comprehensive Equality, Diversity and Inclusion (EDI) Staff Handbook is in the process of being produced. This contains a commitment statement by HFRS; a definition of what EDI is and what it means to HFRS; details of the different types of discrimination; how this can be challenged; dignity at work; inappropriate behaviour; inappropriate and appropriate language; HFRS Principles and Behaviours; Equality in Recruitment; and how equality will be monitored.

EXPLANATORY INFORMATION

Appendix A

Scope and Limitations of the Review

1. 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. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the 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.

Effectiveness of arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	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.
Limited Assurance	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.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

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

Release of Report

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

Stage	Issued	Response Received
Audit Planning Memorandum:	10 th May 2021	17 th May 2021
Draft Report:	28 th May 2021	16 th June 2021
Final Report:	21 st June 2021	

AUDIT PLANNING MEMORANDUM

Appendix B

Client:	Humberside Fire & Rescue		
Review:	Equality, Diversity and Inclusion		
Type of Review:	Assurance	Audit Lead:	David Robinson

Outline scope (per Annual Plan):	The review considers the arrangements that HFRS has put into place, which demonstrate that the Service operates fairly and equally in its operations. The review will also consider how policies and processes have been embedded into the everyday working practices of HFRS and consider interaction both internally and externally.
Detailed scope will consider:	<p>The review will set out to provide assurance to the Governance, Audit and Scrutiny Committee that the organisation has robust controls in relation to equality and diversity.</p> <ul style="list-style-type: none"> The policy and procedures are up-to-date and clearly define authorisation limits and responsibilities. Any changes to process that have arisen due to Covid-19 working practices will also be considered to ensure that controls remain robust. Appropriate action has been taken to monitor diversity data and to identify inequalities within the staffing makeup The recruitment and career progression processes do not disadvantage certain groups or individuals. Appropriate training has been delivered in relation to unconscious bias.

Planned Start Date:	19/05/2021	Exit Meeting Date:	21/05/2021	Exit Meeting to be held with:	Head of Organisational Development
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SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	N
Are there any particular matters/periods of time you would like the review to consider?	N

Humberside Fire and Rescue Service

Summary Internal Controls Assurance (SICA) Report

2021/22

June 2021

Summary Internal Controls Assurance

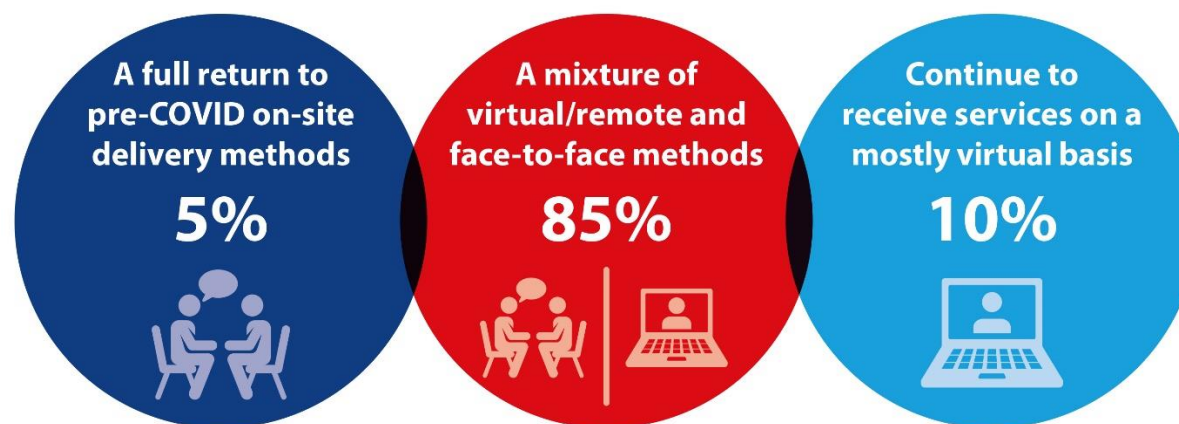
Introduction

1. This summary controls assurance report provides the Governance, Audit and Scrutiny Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Humberside Fire and Rescue Service (HFRS) as at 24th June 2021.

Emerging Governance, Risk and Internal Control Related Issues

2. With the easing of restrictions come the decisions by many businesses as to how they are going to operate in a post-lockdown world. There is a balance between the creativity and collaboration that arises from being in the same workplace and the benefits that arise from remote working and embracing of technology. Our approach is largely driven by how our clients are going to operate so we decided to ask their thoughts as part of our annual client survey. The majority of respondents said that they would prefer a mixture of virtual/remote and face-to-face provision of assurance services in the future. This is largely what we expected, although we recognise that is likely to vary between sectors.

How our clients would like their organisation's assurance services provided



3. Whichever model is adopted, we will continue to consider the impact on Governance, Risk and Internal Control of any changes to working practices.

Audits completed since the last SICA report to the Governance, Audit and Scrutiny Committee

4. The table below sets out details of audits finalised since the previous meeting of the Governance, Audit and Scrutiny Committee.

		<i>Audits completed since previous SICA report</i>						
		Key Dates			Number of Recommendations			
Review	Evaluation	Draft issued	Responses Received	Final issued	1	2	3	OEM
Equality, Diversity and Inclusion	Reasonable	28/05/2021	16/06/2021	21/06/2021	-	1	2	-

5. There are no issues arising from these findings which would require the annual Head of Audit Opinion to be qualified.

Progress against the 2021/22 Annual Plan

6. Our progress against the Annual Plan for 2021/22 is set out in Appendix A.

Changes to the Annual Plan 2021/22

7. There are no proposed changes to the Annual Plan for 2021/22.

Progress in actioning priority 1 & 2 recommendations

8. We have made no Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA.

Frauds/Irregularities

9. We have not been advised of any frauds or irregularities in the period since the last SICA report was issued.

Other Matters

10. We have issued a number of briefing notes and fraud digests, shown in Appendix B, since the previous SICA report.

Responsibility/Disclaimer

11. 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 Annual Plan

System	Planned Quarter	Current Status	Comments
Equality, Diversity and Inclusion	1	Completed	Final Report Issued
Productivity – Shift System	1	To commence 28 th June 2021	
NOG Phase 3 and 4	1	To commence 2 nd August 2021	
Enforcement	1	To commence 20 th July 2021	
Out of Hours Arrangements	2	To be booked	
Data Quality – Risk Information	2	To be booked	
Grievance Arrangements	3	To commence 9 th August 2021	B/fwd. by HFRS Management
Key Financial Controls	4	To be booked	
Contingency (targeted on inspection outcomes)	3 -4		
Follow-up	4	To be booked	




KEY:

	To be commenced		Site work commenced		Draft report issued		Final report issued
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Briefings on developments in Governance, Risk and Control

TIAA produces regular briefing notes to summarise new developments in Governance, Risk and Control that may have an impact on our clients. These are shared with clients and made available through our Online Client Portal. A summary list of those CBNs issued in the last three months which may be of relevance to HFRS is given below. Copies of any CBNs are available on request from your local TIAA team.

Summary of recent Client Briefing Notes (CBNs)

CBN Ref	Subject	Status	TIAA Comments
CBN - 21015	Grenfell Inquiry Fire Safety Bill		No Action Required To note awaiting further legislation and potential action.
CBN - 21014	National Audit Office – Guidance for Senior Leaders to improve operational delivery		Action Required Not Urgent Chief Executives, Chief Operating Officers and Operational senior management are asked to note the guidance and to reflect on the principles outlined in respect of the application within their own organisation.
CBN - 21013	Cyber Threats using the COVID-19 Pandemic		Action Required Not Urgent Audit Committees and Boards/Governing Bodies are advised to review practices referred to in the report, with particular emphasis on the eight points noted within recommendation three.

Audit Progress Report

Humberside Fire Authority

June 2021



1. Audit progress
2. National publications

01

Section 01: **Audit progress**

Audit progress

Purpose of this report

This report provides the Governance, Audit and Scrutiny Committee with an update on progress in delivering our responsibilities as your external auditors and also includes, at Section 2, for your information, a summary of recent national reports and publications.

2019/20 audit

Public Sector Audit Appointments (PSAA) Limited has recently confirmed its agreement of the fee variations related to the 2019/20 audit. We will arrange for billing in due course.

2020/21 audit

As members of the Governance, Audit and Scrutiny Committee will recall, we presented our draft Audit Strategy Memorandum for 2020/21, dated 12 February 2021, to the meeting on 22 February 2021. We subsequently presented our Audit Strategy Memorandum, dated 2 March 2021 to the full Authority meeting on 12 March 2021.

At that time, the planned timeline for completion of the audit was in accordance with the revised timetable for completion announced by MHCLG of the end of September 2021. We did alert members to the pressures we were experiencing in terms of recruitment and retention, and the continuing impact of the pandemic, particularly in light of the 2020/21 timetable for audit completion moving to 30 September 2021, whereas the timetable for 2019/20 had been 30 November 2020.

We have continued to experience difficulties and we have a backlog of work, resource difficulties, further departures of staff and difficulties with recruitment and retention.

Our latest plan is that we will still be able to complete the opinion audit to the end of September 2021 timetable.

Depending on our progress in the coming months, we may choose to report on VFM at a later date, in accordance with the revised guidance issued by the NAO, and explained on page 16 of this report.

As you are aware, the difficulties we are experiencing reflect the significant challenges in the local audit sector and are being experienced nationally by all audit firms working within the local audit regime. These issues were set out in the independent review by Sir Tony Redmond into the effectiveness of external audit and transparency of financial reporting in local authorities which reported on 8 September 2020 and the National Audit Office (NAO) publication, Timeliness of Local Auditor Reporting on Local Government in England, 2020 published on 16 March 2021.

Audit progress

Redmond concluded that the “local audit market is very fragile” and highlighted that 40% of 2018/19 audits had failed to meet the reporting timetable of 31 July 2019.

The position worsened in 2019/20 in part due to the pandemic. The NAO report highlights that only 45% of 2019/20 audits met the 30 November 2020 deadline, which had been extended as a result of the Covid-19 pandemic. Some of the relevant underlying weaknesses were summarised in the NAO report as follows:

14 The COVID-19 pandemic has exacerbated problems which already existed within the local audit landscape. Our previous reports and consultation with the sector identified several long-standing problems within local audit. There is insufficient staff with the relevant qualifications, skills and experience in both local finance teams and firms serving the local audit sector, and a net loss of qualified staff from both. The requirements of International Financial Reporting Standards, along with the increased expectations from the Financial Reporting Council (FRC) following the high-profile corporate failures such as Carillion, have combined to produce a significant increase in audit work, such as on asset and pensions valuations, which local authorities found less useful. The relative lack of attractiveness of the audit of local public bodies, compared with alternative audit opportunities available to staff, has contributed to a high staff turnover level.

Mazars has avoided the worst of these difficulties in the last two audit years (2018/19 and 2019/20) but we are now experiencing similar problems to the other audit firms.

One of the Government’s responses to the Redmond Review has been to extend the audit timetable for 2020/21 audits to 30 September 2021 on the grounds that 31 July is unrealistic at the current time. However, this is two months earlier than last year’s timetable of 30 November and fails to account for the continuing impact of the pandemic. The working restrictions imposed on all of us by Covid-19 has meant that work is taking longer to complete and this has also led to a backlog of 2019/20 audit work.

Our priority is to deliver a high quality audit and where we are unable, for reasons beyond our control, to work to the shorter timetable our only option is to deliver the work at a later date. We are actively recruiting new staff but they are unlikely to resolve the issues this year, although the steps we are taking will help prevent a recurrence in future years.

02

Section 02:

National publications

National Publications

	Publication/update	Key points
Chartered Institute of Public Finance and Accountability (CIPFA)		
1.	Consultation on stronger Prudential Code	CIPFA is consulting on the Prudential Code, including proposals to strengthen the requirements for commercial investments.
2.	Fraud and Corruption Tracker	CIPFA's latest information has been published.
3.	CIPFA Bulletin 06 – Application of the Good Governance Framework 2020/21	Provides updated guidance and takes into account the introduction of the CIPFA Financial Management Code 2019 during 2020/21.
4.	CIPFA Bulletin 09: Closure of the 2020-21 Financial Statements, 30 April 2021	This bulletin provides guidance for local government bodies on a range of issues that may need to be considered as part of their 2020-21 accounts preparation.
Ministry of Housing, Communities and Local Government (MHCLG)		
5.	MHCLG's Consultation on amendments to the Accounts and Audit Regulations 2015	Consultation closed on the 1 st March 2021; the Accounts deadline was set as 31 July 2021 and Audit deadline of 30 September 2021.
6.	MHCLG - Methodology for allocating £15 million to local bodies and review of Appointing Person regulations, 20 April 2021	£15 million in additional funding in 2021/22 towards external audit fees. Consultation on amending the timescale for setting fee scales.
7.	MHCLG - Local authority financial reporting and external audit: Spring update, 19 May 2021	A new regulator, the Audit, Reporting and Governance Authority (ARGA), to replace the FRC, preferred system leader. Public Sector Audit Appointments (PSAA) role to continue into next national procurement.
National Audit Office (NAO)		
8.	Local government finance in the pandemic, March 2021	The report found that the Department's successful monthly collection of data and continued intensive engagement with the sector provided a good evidence base to underpin the financial and other support provided by government.

National Publications

	Publication/update	Key points
National Audit Office (NAO)		
9.	Timeliness of local auditor reporting in England, 2020	The report is based on published data, the views of local authority finance directors, key stakeholders in the audit landscape, and audit firms.
10.	Public service pensions	This report outlines how the public service pensions landscape has changed since the Hutton Review and highlights key challenges for the future.
11.	NAO Updated Guidance for Auditors, April 2021	Revised guidance for VFM arrangements work under the new Code of Audit Practice, including extended deadlines, and updated guidance on consideration of going concern in the public sector context.
12.	NAO Report – <i>Initial learning from the government’s response to the COVID-19 pandemic, May 2021</i>	Latest NAO report on learning from the government response to the pandemic.
Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS)		
13.	State of Fire and Rescue – The Annual Assessment of Fire and Rescue Services in England 2020, March 2021	The annual assessment of England’s fire and rescue services by HMICFRS.

NATIONAL PUBLICATIONS

CIPFA

1. CIPFA consults on a stronger Prudential Code, January 2021

CIPFA has launched a consultation on proposals to strengthen the Prudential Code, following growing concerns over local government commercial property investments. The Prudential Code is a professional code of practice that aims to ensure local authorities' financial plans are affordable, prudent and sustainable. To date, the provisions in the Code have not prevented a minority of councils from taking on disproportionate levels of commercial debt to generate yield. The proposed changes are intended to prevent future misinterpretations of the Code and strengthen the necessary regard to its provisions to protect local decision making and innovation. The consultation will be open for 10 weeks and responses must be submitted by 12 April 2021.

<https://www.cipfa.org/about-cipfa/press-office/latest-press-releases/cipfa-consults-on-stronger-local-government-prudential-code>

2. Fraud and corruption Tracker, February 2021

The latest CIPFA Fraud and Corruption Tracker (CFaCT), which includes local government data between 1 April 2019 and 31 March 2020, provides a baseline illustration about the prevalence of grant fraud in the public sector, just before unprecedented levels of COVID-19 grant funding for councils were released by the government in March of last year. The report follows previous warnings from the National Crime Agency and other law enforcement bodies of an increase in cases related to suspected COVID-19 grant fraud. Valued at an estimated loss of £36.6m, the report reveals only 161 instances of grant fraud occurred in 2019/20.

The report also shows that council tax continued to be the largest area of identified fraud for councils, with more than 30,600 cases totalling £35.9m in 2019/20. This year, 32% of respondents also stated their organisation had been a victim of a Distributed Denial-of-Service (DDOS)/hacking attack in the last 12 months, a 5% increase from the previous year. Survey respondents also expressed concern about councils' inability to tackle usual areas of fraud due to resource being re-directed into the processing and review of COVID-19 business grants.

<https://www.cipfa.org/about-cipfa/press-office/latest-press-releases/grant-fraud-represented-less-than-of-uk-public-sector-fraud-pre-pandemic>

NATIONAL PUBLICATIONS

CIPFA

3. CIPFA Bulletin 06, Application of the Good Governance Framework 2020/21, February 2021

This bulletin covers the impact of the continuing COVID-19 pandemic on governance in local government bodies and the requirements of the Delivering Good Governance in Local Government Framework 2016 CIPFA and Solace (the Framework). It also takes into account the introduction of the CIPFA Financial Management Code 2019 (FM Code) during 2020/21.

<https://www.cipfa.org/policy-and-guidance/cipfa-bulletins/cipfa-bulletin-06-application-of-the-good-governance-framework-202021>

4. CIPFA Bulletin 09: Closure of the 2020-21 Financial Statements, 30 April 2021

Auditors will wish to be aware that CIPFA have published Bulletin 09: Closure of the 2020-21 Financial Statements. This bulletin provides guidance for local government bodies on a range of issues that may need to be considered as part of their 2020-21 accounts preparation.

Hot topics include accounting for grant funding in the pandemic, accounting for dedicated schools grant deficits and accounting for collection fund surpluses and deficits in 2020/21.

<https://www.cipfa.org/policy-and-guidance/cipfa-bulletins/cipfa-bulletin-09-closure-of-the-202021-financial-statements>

NATIONAL PUBLICATIONS

MHCLG

5. MHCLG's Consultation on amendments to the Accounts and Audit Regulations 2015, February 2021

MCHLG has consulted on its proposed changes to the accounts publication deadline for 2020/21 and 2021/22.

The draft regulations includes provisions, at regulation 2 to change the publication deadline for principal authorities from 31 July to 30 September as proposed in recommendation 10 by the Redmond review, but for 2 years - 2020/21 and 2021/22. The intention is for the amended deadline to be reviewed after that period when it will be clearer as to whether the audit completion rate has improved.

The draft regulations also enable principal bodies to publish their draft accounts for inspection, linked to the later publication deadline, by removing the fixed period for public inspection, to say instead that the draft accounts must be published on or before the first working day of August. This will allow authorities and audit firms more flexibility to schedule their audits in line with the later publication deadline but, importantly, will not prevent them from being signed off earlier. This mirrors the approach taken in the Accounts and Audit (Amendment) (Coronavirus) Regulations 2020.

MCHLG's consultation closed on 1 March 2021.

6. MHCLG - Methodology for allocating £15 million to local bodies and review of Appointing Person regulations, 20 April 2021

The Ministry of Housing, Communities & Local Government (MHCLG) announced as part of its response to the Redmond Review, that it would provide £15 million in additional funding in 2021/22 towards external audit fees and the development of the proposed new standardised statement of service information and costs. The department has now launched a short, four-week consultation, seeking views on the on the methodology for allocating these funds to local bodies.

<https://www.gov.uk/government/consultations/consultation-on-allocation-of-15-million-to-local-bodies-for-audit/redmond-review-response-changes-to-the-audit-fees-methodology-for-allocating-15-million-to-local-bodies>

Running alongside this, the department has also launched a separate six-week consultation on the implementation of changes to the fee setting process for principal bodies set out in the Local Audit (Appointing Person) Regulations 2015. The consultation primarily seeks views on amending the timescale for setting fee scales, enabling the appointing person to consult on and approve a standardised additional fee, and for such payments to be made in year rather than at the completion of the audit.

<https://www.gov.uk/government/consultations/amendments-to-local-audit-fee-setting-arrangements>

7. MHCLG - Local authority financial reporting and external audit: Spring update, 19 May 2021

In December 2020, MHCLG delivered its response to the Redmond Review. This report details the actions already taken to implement the Redmond Review recommendations, and also sets out the government's thinking on the recommendations relating to systems leadership.

In March 2021 the government published a White Paper setting out its plans to reform corporate audit, reporting and governance. The White Paper set out details of how the government proposes to establish a new regulator, the Audit, Reporting and Governance Authority (ARGA), to replace the FRC. It also set out government plans to create a new audit profession that is distinct from the accountancy profession, and to encourage competition in the market for audit of large listed companies. We have looked at options for local audit in the context of these wider reforms.

In this context, it is our view that ARGA, the new regulator being established to replace the FRC, would be best placed to take on the local audit system leader role.

The Department welcomes the changes made in the latest Code of Audit Practice in relation to VFM reporting. Until recently, the Code required auditors to give a binary opinion on whether the proper arrangements were in place. However, this was revised in the recent update to the Code, which now requires auditors to provide a narrative statement on the arrangements in place. The department welcomes this change, as it is our view that the binary value for money judgement required under the previous Code did not provide sufficient information for taxpayers or local bodies, particularly in a context where the complexity and commercialisation of local authority finances has increased. The new value for money requirements in the updated Code including a new commentary on governance, arrangements for achieving financial sustainability, and improving economy, efficiency and effectiveness - should help to address this.

MHCLG has confirmed that PSAA is the organisation best placed to act as the appointing body, including overseeing the next procurement of audit contracts. There is a balance to be struck between cost and quality. Historically, there were concerns that fees were too high and it was right that real savings were delivered for the taxpayer following the abolition of the Audit Commission. However, the context has changed since 2014, including the structure of the market, plus new obligations and the complexity of the work. It is striking that local audit scale fees reduced by 40% between 2014/15 and 2018/19, while central government and FTSE100 fees have increased by 20%. We have been working closely with PSAA in recent months to develop our plans for allowing greater flexibility to reflect additional costs in audit fees, and are allocating £15m to local bodies to help with this and the additional requirements associated with implementing Redmond's recommendations.

<https://www.gov.uk/government/publications/local-authority-financial-reporting-and-external-audit-spring-update/local-authority-financial-reporting-and-external-audit-spring-update>

NATIONAL PUBLICATIONS

National Audit Office

8. Local government finance in the pandemic, March 2021

The NAO published its report *Local government finance in the pandemic* in March 2021. Local authorities in England have made a major contribution to the national response to the pandemic. This has in turn placed significant pressure on finances, which in many cases were already under strain. The report examines if MHCLG's approach to local government finance in the COVID-19 pandemic enabled the Department to assess and fund the costs of the new services which local authorities have been asked to deliver. It also examines whether the Department fulfilled its responsibilities in securing financial sustainability across the sector. The report focuses on:

- the financial health of the sector before the pandemic and the financial impact of the pandemic in 2020/21;
- action taken by the government to support the sector in 2020/21, including its effectiveness; and
- action taken by government to support the sector's financial sustainability in 2021/22.

The report found that the Department's successful monthly collection of data and continued intensive engagement with the sector provided a good evidence base to underpin the financial and other support provided by government. Action by the Department and wider government to support the sector averted system-wide financial failure at a very challenging time and means that the Department managed the most severe risks to value for money in the short term.

However, the financial position of local government remains a cause for concern. Many authorities will be relying on reserves to balance their 2020/21 year-end budgets. Despite continuing support into 2021/22, the outlook for next year is uncertain. Many authorities are setting budgets for 2021/22 in which they have limited confidence, and which are balanced through cuts to service budgets and the use of reserves.

<https://www.nao.org.uk/report/local-government-finance-in-the-pandemic/>

NATIONAL PUBLICATIONS

National Audit Office

9. NAO Report – Timeliness of local auditor reporting in England, 2020

On 16 March, the NAO published its report Timeliness of local auditor reporting on local government in England, 2020. Since 2015, the Comptroller and Auditor General (C&AG) has been responsible for setting the standards for local public audit in England, through maintaining a Code of Audit Practice and issuing associated guidance to local auditors. This report sets out the:

- roles and responsibilities of local auditors and national bodies to the local audit framework in England; and
- facts relating to the decline in the timeliness of delivering audit opinions on local government in England and the main factors contributing to that decline in timeliness.

The report is based on published data, the views of local authority finance directors, key stakeholders in the audit landscape, and audit firms. The report also considers the impact on central government. Given the increasing financial challenge and service pressures on local authorities since 2010, local councils need strong arrangements to manage finances and secure value for money.

The report concludes that the position for 2019/20, with 55% of local authorities failing to publish audited accounts by 30 November, is concerning, given the important part that external audit plays in assurance over taxpayers' money both centrally and locally.

Since the NAO reported on local authority governance and audit in 2019, and despite efforts by the various organisations involved in the local audit system and by the Ministry of Housing, Communities and Local Government, the report concludes that the situation has worsened. The increase in late audit opinions, concerns about audit quality and doubts over audit firms' willingness to continue to audit local authorities all highlight that the situation needs urgent attention, which will require co-operation and collaboration by all bodies involved in the local audit system, together with clear leadership from government.

<https://www.nao.org.uk/report/timeliness-of-local-auditor-reporting-on-local-government-in-england-2020/?slide=1>

NATIONAL PUBLICATIONS

National Audit Office

10. NAO Report – public service pensions, March 2021

As an employer, the government provides public service employees with access to occupational pension schemes. As at 31 March 2020, there were more than 8 million members of four of the largest public service pension schemes (the armed forces, civil service, NHS and teachers' pension schemes), of which 2.8 million were retired and receiving pension benefits and 5.2 million were either current or former employees. Around 25% of pensioners and 16% of the working-age population are members of a public service pension scheme.

In general, public service pensions have become more expensive over time as the number of people receiving them has increased, owing to more members entering retirement and living longer. This trend applies across public and private pensions and is consistent with international experience. In 2010 the government established the Independent Public Service Pensions Commission, chaired by Lord Hutton (the Hutton Review) to undertake a fundamental structural review of public service pensions. Following the Hutton Review final report in March 2011, and a period of negotiations with trade unions representing public service employees, the government introduced reforms intended to manage the future costs of providing pensions.

Public service pensions are a notable benefit to public servants. HM Treasury focuses on the affordability of these pensions and who pays for them. The total costs of providing pensions have been increasing over time, reflecting increasing numbers of pensioners. The government's pension reforms over recent years have contained the rise in future taxpayer costs by making pensions less generous and by increasing contributions from employees. However, taxpayer funding has increased and it will take decades for the full effects of the 2011/2015 reforms to be seen in the government's affordability measure. The balance of taxpayer funding has shifted from central payments by HM Treasury to employer contributions by departments and organisations to ensure that employers bear the consequences of their employment decisions.

However, HM Treasury needs to monitor more than just affordability. Government's approach to protecting those nearest retirement has been ruled unlawful and will cost time and money to resolve. The government's reforms also take no account of pensions as a recruitment and retention tool, with pensions continuing to be relatively inflexible; the only real choice for most employees is to stay in the scheme or opt out altogether.

<https://www.nao.org.uk/report/public-service-pensions/>

NATIONAL PUBLICATIONS

National Audit Office

11. NAO Updated Guidance for Auditors, April 2021

In April 2021, the Comptroller and Auditor General (C&AG) approved and published updated auditor guidance:

Auditor Guidance Note 03 (AGN 03) - Auditors' Work on Value for Money Arrangements. This has been updated to enable auditors to give their opinion on the financial statements if they have not yet completed all their VFM arrangements work (where there is no material impact on the opinion), including the approach to reporting any further issues if necessary by exception when auditors issue their certificate. The AGN also introduced revised deadlines for the Auditor's Annual Report, which includes the new commentary on VFM arrangements, of up to 3 months after issuing the audit opinion.

Auditor Guidance Note 07 (AGN 07) – Auditor Reporting. This was updated to bring it into line with AGN 03 as above.

Supplementary Guidance Note 01 (SGN 01) - Going Concern – Auditors' responsibilities for local public bodies. The SGN focus is primarily on *Practice Note (PN) 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2020)*, setting an expectation that auditors will follow the approach it sets out. This recognises that going concern in the public sector context includes the concept of the 'continued provision of services' and the legislative basis for public services, which means that the circumstances that will give rise to a material uncertainty in going concern are relatively limited and rare, and would normally require legislative changes. This view is also reflected in the CIPFA Code, which recognises that the financial statements are prepared on a going concern basis.

The NAO guidance does, however, highlight the wider issue of financial sustainability and funding for public services. Management will still need to undertake a going concern assessment, and disclose an appropriate narrative within its financial statements in relation to the impact of the pandemic and pressures on funding, and disclose any potential material uncertainties should they exist.

All of the NAO auditor guidance is publicly available at this link: <https://www.nao.org.uk/code-audit-practice/guidance-and-information-for-auditors/>

NATIONAL PUBLICATIONS

National Audit Office

12. NAO Report – *Initial learning from the government's response to the COVID-19 pandemic, May 2021*

The NAO has recently published its *Initial learning from the government's response to the COVID-19 pandemic* report, which is part of a programme of work the NAO is undertaking to support Parliament in its scrutiny of government's response to COVID-19. The report finds that the COVID-19 pandemic has stress-tested the government's ability to deal with unforeseen events and potential shocks. Government has often acted at unprecedented speed to respond to a virus which has caused dramatic disruption to people's lives, public service provision and society as a whole. Government had to continue to deliver essential public services, while reprioritising resources to deliver its response to the COVID-19 pandemic and supporting staff to work from home. In its response, government has had to streamline decision-making, work across departments and public bodies and use a range of delivery structures.

Departments will need to reflect on the lessons learned to ensure that they capitalise on the benefits and opportunities these new ways of working have brought.

This report draws out learning from the reports that we have published to date, as well as other work we have published that covered the COVID-19 pandemic. It sets out this learning across six themes:

- risk management;
- transparency and public trust;
- data and evidence;
- coordination and delivery models;
- supporting and protecting people; and
- financial and workforce pressures.

The NAO will continue to draw out learning from the government's response to the pandemic from our future work.

The full report is available from the NAO website. <https://www.nao.org.uk/wp-content/uploads/2021/05/Initial-learning-from-the-governments-response-to-the-COVID-19-pandemic.pdf>

13. State of Fire and Rescue – The Annual Assessment of Fire and Rescue Services in England 2020, March 2021

In his annual assessment of England's fire and rescue services, Her Majesty's Chief Inspector of Fire and Rescue Services, Sir Thomas Winsor, found that:

- fire services rose to the challenge of the pandemic, with many fire and rescue staff taking on additional activities;
- changes to improve fire and building safety in the wake of the Grenfell Tower fire are necessary and welcome; and
- progress has been made on introducing a code of ethics to address toxic working cultures found in a few fire services.

However, the Chief Inspector said fire leaders were not always able to quickly deploy firefighters to support the pandemic response – for example the COVID-19 national vaccination programme – because fire National Employers and the Fire Brigades Union failed to reach a national agreement.

<https://www.justiceinspectorates.gov.uk/hmicfrs/publications/state-of-fire-and-rescue-annual-assessment-2020/>

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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**Governance, Audit and Scrutiny Committee
5 July 2021**

**Report by the Director of Service
Improvement**

DRAFT ANNUAL STATEMENT OF ASSURANCE 2020/21

REPORT EXECUTIVE SUMMARY

The Fire and Rescue National Framework for England (Revised 2018) sets out a requirement for Fire and Rescue Authorities to provide annual assurance, based upon the Department for Communities and Local Government (DCLG) Guidance on Statements of Assurance for Fire and Rescue Authorities in England (2013), and show they have had due regard to the expectations set out in their Integrated Risk Management Plan and the requirements included in the Framework.

The areas covered are Financial assurance, governance assurance and operational assurance.

RECOMMENDATIONS

1. That Members consider the draft statement presented and make any comments to the Fire Authority as necessary.

REPORT DETAIL

2. The Annual Statement of Assurance 2020/21 can be viewed in Appendix 1.

STRATEGIC PLAN COMPATIBILITY

3. Not applicable.

FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

4. None directly arising.

LEGAL IMPLICATIONS

5. None directly arising.

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

6. None directly arising.

CORPORATE RISK MANAGEMENT IMPLICATIONS

7. This Statement demonstrates compliance with The Fire and Rescue National Framework for England (Revised 2018).

HEALTH AND SAFETY IMPLICATIONS

8. None directly arising.

COMMUNICATION ACTIONS ARISING

9. This Statement will be published on the HFRS website following approval by the Fire Authority.

DETAILS OF CONSULTATION AND/OR COLLABORATION

10. The Strategic Leadership Team have been consulted in the preparation of this Statement.

BACKGROUND PAPERS AVAILABLE FOR ACCESS

11. Nil.

RECOMMENDATIONS RESTATED

12. That Members consider the draft statement presented and make any comments to the Fire Authority as necessary.

N McKINIRY

Officer Contact: Simon Rhodes ☎ 01482 567479
Head of Corporate Assurance

HUMBERSIDE FIRE AUTHORITY DRAFT ANNUAL STATEMENT OF ASSURANCE 2020/21

Introduction

1. The Fire and Rescue National Framework for England (Revised 2018) sets out a requirement for Fire and Rescue Authorities to provide annual assurance on financial, governance and operational matters and show they have had due regard to the expectations set out in their Integrated Risk Management Plan and the requirements included in the Framework.
2. The content of the Humberside Fire Authority (HFA) Statement of Assurance is based upon the Department for Communities and Local Government (DCLG) Guidance on Statements of Assurance for Fire and Rescue Authorities in England (2013).

Financial Assurance

3. The Authority places a great deal of emphasis on ensuring that its financial management arrangements meet the highest standards.
4. This is discharged through a number of key processes as follows:
 - The Annual Statement of Accounts is produced in line with accounting Codes of Practice, is scrutinised by an independent Governance, Audit and Scrutiny Committee, approved by the Fire Authority and audited by independent external auditors prior to publication.
 - Management Accounts are distributed for consideration by the Strategic Leadership Team, the Governance, Audit and Scrutiny Committee and the Fire Authority.
 - An independent external audit view is given on an annual basis as to whether the Authority is delivering a value for money service.

Governance Assurance

5. The Authority has an approved 'Local Code of Corporate Governance' in accordance with the CIPFA/SOLACE Framework for Corporate Governance.
6. The Constitution of HFA includes:
 - Committee Membership and Terms of Reference.
 - Scheme of Delegation to Officers.
 - Financial Procedure Rules.
 - Contract Procedure Rules.
 - Members' Code of Conduct.
 - Officers' Code of Conduct.
 - Protocol for Member and Officer Relationships.
 - Code of Corporate Governance.

The Constitution is published on the HFRS Website.

7. An Annual Governance Statement (AGS) is produced explaining how HFA has complied with the code of corporate governance and also meets the requirements of regulation 4(3) of the Accounts and Audit (England) Regulations 2011. The AGS is published on the HFRS Website.

Operational Assurance

8. The Strategic Plan and Integrated Risk Management Plan (IRMP) have a three-year life cycle, reviewed annually in accordance with the Business Planning Framework. The Strategic Plan and IRMP are published on the HFRS Website.
9. The Strategic Plan 2021/24 includes Strategic Objectives across the following headings:
 - What we must do well.
 - How we support our communities.
 - We value and support the people we employ.
 - We efficiently manage the Service.
10. The IRMP 2021/24 takes account of the requirements of the National Framework (Revised 2018), providing a detailed assessment of the risks facing our communities and firefighters and the measures taken to mitigate those risks.
11. Mutual aid arrangements are in place with other services and agencies to provide resilience for large scale or complex incidents, or events, where additional resources need to be called on. HFRS actively contributes to local and national resilience and has made its assets available to support local and national emergencies, including the Covid-19 Pandemic.
12. Business Continuity plans exist for generic, key functions and building asset risks and have been developed over many years in conjunction with partners. There is a coordinated approach to Business Continuity Management across the Service including development, training, exercising and review. Arrangements are aligned to International Standard ISO22301
13. An Annual Performance Report and Quarterly Performance and Risk Reports are reported to HFA.

Conclusions

14. Due regard has been paid to the requirements placed upon HFA through the National Framework and other governance and financial frameworks.

Signed

.....
John Briggs
Chair of Humberside Fire Authority

.....
Chris Blacksell
Chief Fire Officer and Chief Executive

Anti-Bullying Campaign

REPORT EXECUTIVE SUMMARY

This paper responds to the following questions\requests as part of the GAS Committee Scrutiny Programme.

1. **How does the Service define bullying (what guidance has informed its policies etc)?**
2. **To what extent is bullying an issue within the Service?**
3. **How does the Service measure and understand its organisational culture and bullying in its workforce?**
4. **What have staff surveys shown with regard to bullying?**
5. **How many staff surveys have been conducted since the Service's last inspection by HMICFRS?**
6. **Is the Service confident that its anti-bullying campaign has/will improve its culture?**

RECOMMENDATIONS

1. The GAS committee take assurance from the progress that the Service is making in relation to Bullying and Harassment.

REPORT DETAIL

How does the Service define bullying (what guidance has informed its policies etc)?

2. A definition of bullying is provided in our dignity at work policy and is as follows: -

'Bullying is characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.'
3. This is directly informed by the ACAS definition, which is often referred to as best practice, and used as a comparator in Employment Tribunal cases concerning bullying and harassment claims.
4. Our dignity at work policy was fully consulted on with the representative bodies, wider HFRS consultation and implemented in October 2019. At the same time, we developed and launched HFRS 'Zero Tolerance to Bullying Campaign' which included: -
 - a) Displaying of awareness posters in every Service building;
 - b) Video message from the CFO encouraging bullying to be reported and specifying that it would be dealt with seriously;
 - c) Supply of confidential contact numbers on posters;
 - d) Screensavers that run automatically on every Service PC;
 - e) An eLearning training and assessment package on Learn Pro that every member of staff was required to complete;
 - f) Credit card sized contact details distributed throughout all Service premises.
5. This approach is further complemented by employees having access to Blue Light Champions who they can approach for support – more of which were trained in 2019, and latterly with the launch of our Employee Assistance Programme (EAP) provision where employees can access support 24/7 on any matter they would like assistance with.
6. The eLearning module for Bullying and Harassment includes the same definition and provides a definition for harassment as well as guidance on banter in the workplace. A section within the module identifies differences between legitimate performance management and bullying, including examples of behaviours associated with both.

To what extent is bullying an issue within the Service?

7. During the period November 2018 to May 2021, 8 grievances were raised which alleged bullying. Of these, 3 were not upheld, 2 were partially upheld, with mediation being recommended, and 1 grievance was resolved under Stage 1, the informal process, with mediation being offered. It should be noted that, with regard to the 2 grievances that were partially upheld, no subsequent appeals were received by the Service. Another grievance was received, where the individual resigned shortly thereafter, no further action was taken by said individual and any pertinent time limits have now passed. Following the afore-mentioned resignation, a counter grievance was also received however this was not pursued by the individual due to the individual who was originally aggrieved resigning.

8. Throughout the same period, 5 disciplinary cases arose, which alleged bullying. All 5 cases were linked and were at the same location. Of these, 3 matters resulted in a final written warning, 1 matter resulted in a written warning and 1 matter was found to have no case to answer. It should be noted that with regard to the 4 individuals who received a sanction, no subsequent appeals were received by the Service. Further individual support and development is now in place at this location to promote a positive culture and mitigate against the potential for reoccurrence.

How does the Service measure and understand its organisational culture and bullying in its workforce?

9. Allegations of bullying are fortunately infrequent but always taken seriously and thoroughly investigated; most often employees choose to raise these as grievances. The majority of allegations of this nature raised since November 2018 have not been evidenced and therefore have not been upheld.
10. Mediation is always offered as a 'repair' mechanism to damaged relationships and in most cases as soon as possible following issues arising to deal with the issue as early as possible before it escalates.
11. All complaints of this nature, whether they are routed through the dignity at work policy or the grievance policy, are documented at every stage. Confirmation letters are issued to the complainant about the outcome of each stage and further stages or options open to them.
12. Managers work very closely with the HR Service Partner for each area which ensures that specialist HR knowledge is shared when dealing with these often sensitive and contentious matters and the manager is fully supported.
13. Data relating to grievances and disciplinary matters is uploaded to Firewatch, which feeds into the Power Bi system. A bespoke tracker system is also maintained and monitored by the HR team. The tracker system is currently being developed to enable our data to be further interrogated, providing an understanding of any trends, patterns and 'hot spots' which can then be managed in a timely and appropriate manner.

What have staff surveys shown with regard to bullying?

HMICFRS Surveys

14. The HMICFRS 2018/19 staff survey received 206 responses, of the responses 26% reported feeling bullied or harassed. The survey indicated that the source of bullying & harassment was often someone more senior to them and that role/level/rank in the service was the cause. Respondents were split on whether they had reported the bullying and harassment they had experienced, but where they had it tends to have been informally.
15. In August 2020 HMICFRS conducted a further staff survey which received 119 responses, of the responses 14% identified that they had felt bullied or harassed at work. Further detail from the survey indicated that the source of bullying and harassment was most often someone more senior to them and that performance at work is often the cause. The majority of respondents advise that they had reported the bullying and harassment and that they had done so informally.
16. HMICFRS include the following narrative to consider when interpreting the results of their surveys: -
- a) *The results are not representative of the opinions and attitudes of a service's whole workforce. The survey was self-selecting, and the response rate ranged*

from 8 percent to 31 percent of a service's workforce. So, any findings should be considered alongside the service's overall response rate, which is cited in the report.

- b) To protect respondents' anonymity and allow completion on shared devices, it was not possible to limit responses to one per person. So, it is possible that a single person could have completed the survey multiple times. It is also possible that the survey could have been shared and completed by people other than its intended respondents.*
- c) Due to the limitations set out above, the results from the staff survey should only be used to provide an indicative measure of service performance.*

HFRS Organisation Health Check

- 17. HFRS invested in a detailed and thorough Organisational Health diagnostic during 2018/19 which included an organisational health check questionnaire aimed at a diagonal slice by employee contributions/completions across the Service.
- 18. The subsequent report (February 2019) identified 12 themes under 'daily workplace features' bullying behaviour featured as 11 (mean score rate 1.3) out of 12, and being exposed to violent and aggressive behaviour featured 12 (mean score rate of 1.27) out of 12 that were reported on in the report. The findings from this survey suggested a low proportion of staff reported feeling or being bullied in the workplace at this time. The main factor that contributed to better workplace conditions was supportive leadership. The Service has subsequently developed and implemented a leadership framework focussing on developing supportive leaders within the Service.
- 19. The findings from the health check questionnaire, and internal grievance data did not match the findings from the 2018/19 HMIC inspection where 26% of those that responded reported feeling bullied and harassed. As a result of this feedback HFRS made every effort to set up and publicise supportive mechanisms, including launching of zero tolerance to bullying campaign and training for all staff.

Zero Tolerance Campaign Communications

- 20. Further to the CFOs video message regarding our zero tolerance to bullying, and messages to staff via the Siren Bulletin about how to report such matters, in November 2018, a message was printed on every employee payslip that if anyone wished to report bullying, they could do so confidentially and anonymously should they wish, to the Head of HR.
- 21. This resulted in two anonymous letters – in the same style: -
 - a) A female on-call FF from Cleethorpes who had resigned not long after her training. When investigated, the ex-employee was horrified and stated that she had not written the letter and denied being bullied in any way.
 - b) A male FF (also from Cleethorpes) who's bullying claim had already been addressed previously (resulting in dismissals and relocation of implicated staff).
- 22. No further cases were ever reported in this way which led us to conclude that either employees had nothing they wished to report, or if they did, they were not prepared to do so, even anonymously.

How many staff surveys have been conducted since the Service's last inspection by HMICFRS?

- 23. HMICFRS carried out a further staff survey in August 2020 as detailed above.

24. Whilst not specifically focussed on bullying and harassment four Staff Impact Assessments (SIA) have also been undertaken over the last year. The SIAs were undertaken in conjunction with line managers and as such there was line manager/staff dialogue to understand the impact and support required for staff during various points of the pandemic. The SIA and dates were as follows:
 - a) First SIA (report date 280520) conducted for staff working from home – 202 responses.
 - b) Second SIA (report date 220720) conducted for staff working from home – 186 responses.
 - c) Third SIA (report date 251020) conducted for all staff – 482 responses.
 - d) Fourth SIA (report date 040621) conducted for all staff – 919 responses.
25. The SIA returns have been analysed and separate reports produced for each period, the reports have been considered by the Influenza Management Team and the (COVID) Recovery Group latterly with associated actions undertaken by the respective groups.
26. We acknowledge the need to conduct further organisational staff surveys and have agreed that several shorter thematic surveys ran throughout the year will be more beneficial than a long annual survey. The Organisational Development and Corporate Communications teams are scoping this work and identifying the opportune time to conduct the first of this new style of survey.

Is the Service confident that its anti-bullying campaign has/will improve its culture?

27. Our commitment to zero tolerance is evidenced every time a member of staff turns on their computer and sees our zero tolerance screensavers. Our internal communications campaign continues with posters in the workplace backed up by regular Siren bulletin entries and video updates by the CFO, showing leadership on this issue from the very top of the organisation. Staff are openly and consistently reminded how they can report such matters through a variety of routes and how to seek support.
28. The numbers of grievances and disciplinary cases linked to bullying has remained relatively low as evidenced earlier in this paper. The HMICFRS surveys also show a reduction in those who experience bullying from 26% of respondents in 2018/19 to 14% of respondents in 2020. Whilst we aspire to reduce this further, to the point bullying does not exist within the organisation, this is a promising reduction.
29. The 2020 survey also identifies that the majority of respondents are more likely to report instances of bullying, this is an increase from 2018/19 where an even split was referenced. The majority of respondents in the 2020 survey identified they had used an informal route.
30. Whilst it is difficult to demonstrate the improvements are a direct result of our campaigns it is probable that staff are more aware of procedures (for dealing with) and expectations (in terms of behaviours) relating to bullying and harassment. Furthermore, it is likely that staff are more likely to report instances of bullying due to the increase in awareness and associated confidence with processes.
31. We are due to launch the refresh of the eLearning module as we aim to keep the subject in every employee's mind. The CFO has referenced the grievance procedure in his latest video, identifying its importance as a Service improvement tool and

judging by the grievances that have been raised, it does not appear that employees are afraid to use our processes. We have demonstrated with every investigation how thoroughly we examine these allegations which should enable greater confidence of both managers and staff to raise and deal with these issues appropriately.

32. We have evaluated the supportive leadership behaviours programme run for senior and middle managers, this together with the launch of the adoption of the NFCC Code of Ethics will emphasise and reinforce the behaviours and standards that we expect from our leaders within the Service. A programme of CPD via the well-established leadership forum will aid development, thus having a better impact on improving workplace culture within the Service.
33. We have conducted 4 staff impact assessments during COVID with the message of supportive management to assist staff with any difficulties during these challenging times, the results from these have been positive and encouraging with the majority of staff feeling supported and safe.

STRATEGIC PLAN COMPATIBILITY

34. The report supports the delivery of our Strategic Plan 2021-2024 through pillar 3 'We value and support the people we employ.'

FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

35. None directly, all initiatives within this report will be delivered within existing budgets.

LEGAL IMPLICATIONS

36. The report outlines several areas which contribute to the Service's compliance with the Equality Act 2010 and numerous other aspects of Employment Law.

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

37. The contents of this report are directly related to improvements in the way that dignity at work is managed within the Service. These are important aspects in ensuring that our workforce feel safe and supported, in turn promoting our aspiration of being an Employer of choice within the Humberside area; a key aspect of our Positive Action Strategy.

CORPORATE RISK MANAGEMENT IMPLICATIONS

38. Many of the areas explored within this report feature as key items on the Services Risk Register and within Improvement Plans.

HEALTH AND SAFETY IMPLICATIONS

39. None arising directly.

COMMUNICATION ACTIONS ARISING

40. None arising directly.

DETAILS OF CONSULTATION AND/OR COLLABORATION

41. None arising directly.

BACKGROUND PAPERS AVAILABLE FOR ACCESS

- 42. Dignity at Work Policy – attached as Appendix A
- 43. HMICFRS Survey 2018\19 – attached as Appendix B
- 44. HMICFRS Survey 2020 – attached as Appendix C

RECOMMENDATIONS RESTATED

- 45. The GAS committee take assurance from the progress that the Service is making in relation to Bullying and Harassment.

J. Kirby

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HUMBERSIDE FIRE AND RESCUE SERVICE

People and Development

DIGNITY AT WORK

Owner	Director of People and Development
Responsible Person	Head of Human Resources
Date Written	July 2018
Date of Last Review	June 2020
Date of next review	October 2022

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1. INTRODUCTION

The Dignity at Work Policy – Bullying and Harassment Procedure has been developed to enable members of staff who believe they have been the subject of bullying and harassment to take action, obtain support and to ensure that all staff understand their responsibilities under the policy. It also guides managers involved with cases of bullying and harassment by defining their role and responsibility, the processes to be followed, both informal and formal and the support that is available to staff.

All employees are expected to behave in accordance with the values and principles of the organisation and this includes treating all employees with dignity and respect.

Humberside Fire and Rescue Service are committed to the development of leadership behaviours.

2. EQUALITY AND DIVERSITY

HFRS has a legal responsibility under the Equality Act 2010, and a commitment, to ensure it does not discriminate either directly or indirectly in any of its functions and services nor in its treatment of staff, in relation to race, sex, disability, sexual orientation, age, pregnancy and maternity, religion and belief, gender reassignment or marriage and civil partnership. It also has a duty to make reasonable adjustments for disabled applicants, employees and service users.

3. POLICY STATEMENT

HFRS will not tolerate any behaviour at any level in the organisation which constitutes bullying, harassment, victimisation or discrimination. Any reported allegation of this nature will be investigated fully and promptly by HFRS and appropriate action will be taken which may include disciplinary proceedings against the offender which could result in disciplinary action up to and including dismissal.

All allegations concerning bullying or harassment will be taken seriously and dealt with fairly, sensitively and confidentially by HFRS and there will be no victimisation of any member of staff making or involved in a complaint.

The Dignity at Work Policy – Bullying and Harassment Procedure has been developed to enable members of staff who believe they have been the subject of bullying or harassment to take action and to ensure that all staff understand their responsibilities under the policy.

This policy should be read in conjunction with HFRS Grievance Procedure, Whistleblowing Procedure and Disciplinary Policy.

4. SCOPE

This policy covers bullying and harassment of and by managers, employees, contractors, agency staff. This includes bullying and harassment in the workplace and

in any work-related setting (business trips, work-related social events).

5. ROLES AND RESPONSIBILITIES

Overall responsibility for ensuring that this policy is implemented rests with the Senior Leadership Team of HFRS, but specific accountability is with the Director of People and Development.

HFRS take their responsibility seriously to train and develop all leaders at every level in the organisation in appropriate leadership behaviours. However, there is also an implicit responsibility on all employees to behave in a reasonable, empathetic and respectful manner. All employees are therefore required to behave within reasonable boundaries of dignity and respect for others.

Managers:

- are responsible for setting appropriate workplace standards
- have a responsibility to ensure the working environment is free from bullying, harassment, and victimisation and that all employees are treated fairly and with respect
- are responsible for challenging bullying and harassment.
- should examine their own behaviour and be aware of circumstances where staff may feel bullied even if bullying is unintended
- are responsible for taking complaints of bullying and harassment seriously and dealing with them promptly and appropriately
- must support employees experiencing bullying and harassment and provide the opportunity to discuss matters with their trade union, HR and/or any of the counselling and support services available within HFRS
- must ensure that the complainant is not victimised for bringing a complaint forward

HFRS will support managers who legitimately discharge their management responsibilities properly and reasonably without this constituting bullying and harassment where a reasonable and proportionate approach is taken within the organisations policies and procedures. Examples of good management are:

- Setting achievable standards of work and time limits;
- Holding staff accountable for carrying out their duties and responsibilities;
- Ensuring team performance meets organisational requirements;
- Positively supporting the performance of individual workers;
- Addressing matters of performance, attendance and conduct through the appropriate HFRS procedures objectively;
- Applying HFRS procedures in a just and fair manner

Employees:

- are expected to treat each other with dignity and respect

- have a responsibility not to bully or harass other employees nor must employees aid or collude with others to bully, harass or victimise
- have a responsibility to report bullying and harassment through appropriate channels
- have a responsibility to challenge appropriately and/or raise concerns as early as possible, sharing the responsibility for reaching a solution.

All members of staff are responsible for supporting this policy to ensure that all staff can work in an environment that is free from bullying and harassment.

Human Resources Department

Will provide advice and assistance to all stakeholders. A central record of all grievances will be kept in HR where trends will be monitored, and action planned to address such trends.

Trade Unions

The trade unions are responsible for working in partnership with HFRS to tackle bullying and harassment at work.

Right to be Accompanied

An employee may be represented or supported at any formal meeting under this policy by a recognised trade union, staff association or current HFRS employee who is not involved in the proceedings. It is the responsibility of the employee to make their own arrangements for their representation. In exceptional circumstances and with the agreement of all parties, trade unions and staff association representatives may attend informal meetings as appropriate.

There may be occasions when HFRS has a responsibility to take action in respect of bullying and harassment even if these issues have not been raised by individual employees. For instance, because of the severity or circumstances of the alleged conduct, it may be necessary to take other action such as initiating disciplinary proceedings.

6. DEFINITIONS OF BULLYING, HARASSMENT AND DISCRIMINATION

Harassment

The Equality Act 2010 uses a single definition of harassment to cover protected characteristics:

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

The relevant protected characteristics are:

- Age
- Disability
- gender reassignment

- marriage or civil partnership (in employment only)
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation

Employees are able to raise concerns regarding behaviour that they find offensive even if it is not directed at them. In addition, the employee need not possess the relevant protected characteristic themselves; they can be harassed because of their association with a person who has a protected characteristic or because they are wrongly perceived to have a protected characteristic or are treated as if they do have one.

Direct and Indirect Discrimination

In equality legislation, there's an important distinction between direct and indirect discrimination. It's unlawful to discriminate against people who have 'protected characteristics' (as listed above) - treating someone less favourably because of certain attributes. This is known as direct discrimination.

Indirect discrimination occurs when an organisation's practices, policies or procedures apply to everyone, but have the effect of disadvantaging people who share certain protected characteristics.

Bullying

Bullying is characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

Examples of inappropriate behaviour:

Any behaviour that meets the definitions within this policy may constitute bullying or harassing behaviour in HFRS, the following is a non-inclusive list of examples:

- Spreading malicious rumours or insulting someone by word or behaviour
- Ridiculing or demeaning someone - picking on them or setting them up to fail
- Exclusion, isolation or victimisation
- Unfair treatment
- Overbearing supervision or other misuse of power or position
- Unwelcome sexual advances - touching, standing too close, display of offensive materials, asking for sexual favours, making decisions on the basis of sexual advances being accepted or rejected
- Making threats or comments about job security without foundation
- Deliberately undermining a competent worker by overloading and constant

- Criticism
- Preventing individuals progressing by intentionally blocking promotion or training opportunities
- Covert recording of conversations
- Misuse of social media

Bullying or harassing actions can range from unintentional misunderstandings and lack of awareness through to deliberate and malicious acts.

Bullying and harassment left unchecked or badly handled, may result in poor morale and employee relations; loss of respect for managers and supervisors; poor performance; lost productivity; absence; resignations and reputational damage. It is in everyone's interest to promote a safe, healthy and fair environment in which people can work.

Bullying is not about the management of conduct, change or performance although it is recognised by HFRS that members of staff may find it difficult to cope with these circumstances. Other aspects of management e.g. the allocation of work, holding staff accountable or the refusal of specific requests such as time off or changes in hours do not in themselves constitute bullying.

The difference lies in the way that staff and managers carry out their duties and there is a difference between firm but fair management practice and a manager who uses a management style that is perceived as bullying by staff. The table below sets out a framework to make clear the distinctions between the management styles and provides a guide as to whether a member of staff's concerns may relate to bullying. These behaviours apply to staff at all levels.

Firm but fair	Bullying or harassing
Consistent and fair	Aggressive, inconsistent and unfair
Determined to achieve the best results but reasonable and flexible	Unreasonable and inflexible
Knows their own mind and is clear about their ideas, but willing to consult with colleagues and staff before drawing up proposals	Believes that they are always right, has fixed opinions, believes they know best and are not prepared to value other people's opinions
Insists on high standards of service and behaviours in the team. Holds staff accountable for quality and output.	Insists upon high standards of service and behaviour but blames others if things go wrong.
Will discuss in private any perceived deterioration before forming views or taking action and does not apportion blame on others when things go wrong	Loses temper, regularly degrades people in front of others, and threatens official warning without listening to any explanation
Asks for people's views and listens to the team	Tells people what is happening, does not listen

Deciding on a course of action

In some cases where employees feel they may have been or are being bullied or harassed it may be possible to rectify matters informally. Employees have a responsibility to raise concerns at as early a point as possible and therefore share the responsibility for reaching a solution. Often people are not aware that their behaviour is unwelcome, and an informal facilitated discussion can lead to greater understanding and an agreement that the behaviour will cease. An employee may choose to approach the person themselves to discuss the behaviour. However, if an employee feels unable to do this themselves, informal resolution of matters can sometimes be best achieved through timely dialogue with a manager, HR representative, or a member of a trade union or staff association.

7. SUMMARY OF OPTIONS FOR RESOLVING ISSUES AND COMPLAINTS OF BULLYING AND HARASSMENT

The options are not listed in a specific order as there is no one set pathway for addressing issues such as these. It is for the member of staff to decide the best course of action for them to take.

- Speak or write to the alleged harasser about the bullying or harassing behaviour.
- Speak to the line manager or to a more senior manager.
- Speak to a member of Human Resources, who can advise on the process that should be followed.
- Speak to a trade union/staff representative.
- Speak to Occupational Health/counselling service.
- Consider using mediation or facilitated conversation through a trained mediator or a trained facilitator (this would commence stage 1 of the procedure).
- Make a complaint (verbally or written) asking for an investigation to the line manager or to a more senior manager or to the Director of People and Development.
- Should any individual have a complaint that is so serious and sustained over a long period time, that they feel they cannot raise through this process due to widespread cultural issues, consideration may be given to use of the Whistleblowing procedure.

Facilitated Conversations

It is the role of the line manager or a more senior manager to facilitate resolution to apparent concerns between staff as they affect working relations and/or performance.

This may be at a point before or at the informal stage of the Dignity at Work policy, and is designed to:

- address workplace concerns raised by the manager or another member of staff with the relevant member(s) of staff
- understand the situation from the perspective of those involved
- explore the impact of the concerns on the individuals involved and the service
- create realistic solutions

The facilitating manager will meet individually with each of the members of staff involved before bringing them together and will then lead the joint meeting, giving time for each member of staff to explain their concerns and discuss ways of resolving the problem.

The role of the manager as facilitator is to promote both a shared resolution to the concerns of the staff, and in so doing ensure that the staff understand the standards of behaviour and performance expected of them. The manager should set out their expectations in writing, following the meeting.

Managers must seek advice and guidance on conducting facilitated conversations from the HR Department. The context and outcome of this conversation must be noted by the manager and recorded centrally in HR by the HR Service Partner.

Mediation

Mediation is a voluntary process for resolving interpersonal differences at either an informal or formal stage of the bullying and harassment procedure.

The process of mediation is designed to help the members of staff involved to share their experiences, identify the impact of the situation on them, and consider how they need to change and what they need from others to resolve the situation.

Mediation should only be considered when the affected staff are openly committed to resolving their differences. It can help rebuild relations that have been damaged through other HRFS procedures but should not be used in place of formal procedures; where the health and safety of staff is at ongoing risk; or, in place of clear management instruction on expected behaviours/levels of performance.

Mediation may be requested by the line manager for the affected staff and is conducted by a trained mediator. Staff will be encouraged to establish a written agreement with the mediator, which will remain confidential, unless all those party to the agreement are prepared to share it.

8. PROCEDURE FOR MANAGING BULLYING AND HARASSMENT COMPLAINTS

As soon as possible after an employee considers that an incident of bullying or harassment has occurred, they should seek to resolve it either through the informal (stage 1) or formal (stage 2) procedures outlined below.

In some cases, an employee may only perceive that they have been a victim of bullying or harassment because of a course or pattern of conduct over a period of time. If this

is the case the employee should seek to resolve their concerns as soon as they perceive they may have been bullied or harassed.

Employees are encouraged, wherever possible to resolve complaints in an informal manner. This approach should not be used to discourage an employee from using the formal procedure or when an instance of harassment could be of such a serious nature that the complaint would warrant formal action.

Informal complaint and resolution is not appropriate if the employee has fears for their health or safety or if informal resolution has previously been attempted and failed to produce a change in the alleged bully or harasser's conduct.

STAGE 1 - INFORMAL PROCEDURE

At stage 1 (informal stage), there are a number of different options open to a member of staff who feels they have been harassed or bullied by another member of staff including a colleague, subordinate, supervisor or manager. It is for the member of staff to decide the best course of action for them to take.

If possible, an employee who feels bullied or harassed should in the first instance tell the person responsible that their behaviour is unwelcome, that it is causing them distress and to ask them to stop as the alleged bully/harasser may be unaware of the effect of their actions. The employee may wish to ask a colleague to be present when they speak to the person concerned. Alternatively, they may find it easier to write to them.

The employee has the option of speaking to a member of Human Resources, who can advise on the process that should be followed, speaking to a trade union or staff representative; or speaking to Occupational Health (where appropriate use of the free confidential counselling service may be provided) participating in a facilitated conversation or using another of HFRS services.

If the member of staff concerned decides that they wish to pursue the matter further, they should speak to their manager. If their manager is the alleged harasser or if they do not wish to raise the issue with their manager, then they should speak to a more senior manager or to a member of Human Resources. At this stage the manager will try to resolve the situation informally using a number of different options - these could include the manager speaking to the alleged harasser directly about the complaint or arranging a meeting where both parties come together and the manager, another manager or a member of Human Resources or facilitates the discussion. The manager will need to find out what has happened by establishing the facts and should also keep a written record. Where the complaint is against a member of staff from another department or against a more senior person than the employee's manager, the Manager must contact HR.

STAGE 2 - FORMAL PROCEDURE

Where the informal procedure is exhausted or the matter is considered too serious or the member of staff does not wish to deal with the matter informally, a stage 2 (formal) written complaint should be made by the member of staff to their manager who will

contact HR. Where this is inappropriate the member of staff should make the complaint to a more senior manager or to the Director of People and Development who will commission an investigation.

In circumstances where a member of staff wants to make a formal complaint without having initially tried to resolve the situation informally, if it is appropriate the manager to whom they make their formal complaint may suggest supporting them to try to resolve the matter informally at this stage. If they do not wish to resolve their complaint informally, the complaint will be formally investigated. It is for the member of staff to decide if they are willing to take this course of action.

The formal complaint should include the following information:

- Clear, specific allegations against the named person(s)
- Where possible, dates, times and witnesses to any incidents
- Relevant documentary evidence
- Details of any informal action taken to address the issue.

An investigating manager will be appointed to conduct the investigation. Consideration will be given to those carrying out the investigations to ensure they reflect the nature of the case, are impartial* and are at an appropriate level within the organisation. If a full investigation has already been carried out at the informal stage of the procedure, it will be the decision of the commissioning manager (along with HR advice) as to whether further investigations are appropriate.

**This means that wherever possible the investigating manager will not have close working links with the work areas where the members of staff involved are employed. It is essential that the manager investigating the case is not then involved in any related disciplinary case other than providing evidence to the hearing.*

HFRS recognises the need to investigate and resolve cases of bullying and harassment in a timely manner, to minimise potential stress to all those involved. However, such cases are often very complicated and need to be dealt with sensitively and thoroughly to ensure that full consideration is given to each situation. The timescales given below are therefore a guide only and may need to be extended for reasons which may include arranging dates for meeting with all parties involved, gathering evidence/ statements etc.

The investigation meetings will be arranged by the investigating manager, supported by a Human Resources Service Partner and will normally begin to be conducted within 10 working days of the complaint being received by the manager. All parties and witnesses who are interviewed should be afforded and should maintain strict confidentiality, although anonymity will not be possible.

The investigating officer will normally meet both parties and any relevant witnesses individually. Both parties should be permitted to submit written statements, to be represented or accompanied during the investigation meetings by a trade union

representative or a work colleague. Where appropriate, witnesses may also be asked to make a written statement.

In the event of a serious allegation of bullying or harassment it may be necessary to separate the two parties at the workplace or suspend the person against whom the allegation has been made until a full investigation has been carried out. In exceptional circumstances consideration may also be given to whether the complainant should be suspended. Suspension will be on full pay and does not constitute disciplinary action.

Once the investigations have been completed, the investigating manager will submit a written report to the commissioning manager making recommendations on what actions should be taken which may include:

- taking no action, where the allegation has not been substantiated; or
- making a finding of a case to answer in which the commissioning manager may convene a Disciplinary Hearing, where there is evidence of misconduct or
- taking informal action such as exploring mediation, recommending suitable training etc.

The commissioning manager will confirm the outcome of the investigation normally within 5 working days of receipt of the investigation report or as soon as is practically possible.

Where a disciplinary hearing is decided to be convened, it will be held in accordance with the HFRS Disciplinary Policy.

Where there have been serious or repeated incidences of bullying or harassment or the breach of the Dignity at Work Policy – Harassment and Bullying Procedure is serious, formal disciplinary action up to and including dismissal may be taken.

Where a member of staff is being performance managed under HFRS Performance and Capability Procedure and they raise a complaint of harassment or bullying by the Manager conducting the performance reviews, HR will work with the Manager and the member of staff to determine the most suitable means for resolving both issues.

Wherever possible this policy should be used to deal with all allegations of bullying and harassment. However, where the individual feels that their circumstances are exceptional and they have sound justification for doing so, they may raise a complaint under the Whistleblowing policy.

Any malicious or vexatious complaint, which after investigation is proved to be unfounded will be treated seriously and appropriate action taken which may include disciplinary action against the complainant.

9. DISSATISFACTION WITH THE OUTCOME

Where a member of staff is not satisfied with the actions confirmed to be taken as a result of a bullying and harassment investigation, they can appeal in writing to the

Director of People and Development within 10 working days of receipt of the outcome letter.

The Dignity at Work Appeal process will mirror the stage 3 (appeal) of the Grievance Procedure. i.e. it will be conducted in the same way as detailed below. The employee's letter of appeal must state their grounds of appeal. The decision at Stage 3 will be final – there will be no other right of appeal.

Stage 3 – Appeal

In deciding who should be the appeal manager, the Service will consider who is the appropriate manager who has the appropriate authority to make the decision. This could be another manager with the same seniority or a more senior manager. On occasion, the appeal may need to be heard by a member of the SLT and each grievance will therefore be individually considered.

In the appeal letter, the employee is expected to summarise:

- why they are not happy with the Stage 2 outcome;
- their suggested remedies for resolving the complaint.
- The appeal manager will acknowledge receipt of the appeal in writing within 5 working days from receipt of the appeal letter.
- The appeal hearing is to be held within a further 5 working days from receipt of the appeal letter wherever possible.

Appeal Hearing Process

- 2 working days prior to the appeal hearing, both parties will exchange all the information which will be referred to during the appeal;
- The hearing will be held at a reasonable place and time, and the employee has a duty to attend;
- The employee has the right to be accompanied by a work colleague or be represented by a recognised trade union representative during this hearing;
- A representative from HR will attend the hearing to provide advice, guidance and take the notes of the meeting;
- At the hearing, the manager who heard the complaint at Stage 2, will present their reason for the initial decision to the appeal manager and the employee will then be asked to present their reasons for dissatisfaction with the decision;
- The appeal manager will adjourn the hearing to decide. The decision will be communicated in writing and given to the employee within 5 working days of the hearing.
- This is the final stage of the complaint procedure and there is no further right of appeal.

In serious cases such as allegations of bullying, harassment, racism or other unlawful discrimination which suggests major problems for example, with culture or management style will (where the matter remains unresolved) require a further hearing to be conducted by a member of the Strategic Leadership Team (SLT): the appropriate level which both appreciates the wider importance and significance of the issue and has the authority to deal with it.

10. FOLLOW UP AND ON-GOING RESOLUTION

Following a bullying and harassment claim either party may be worried about working with the other again. HFRS will ensure that ongoing support is available for all parties involved if required and consideration given to exploring ways of resolving any remaining difficulties in working relationships.

TRAINING

HFRS will provide training for all staff and specifically for key employees and managers with roles in the policy including line managers, HR Advisers, and Investigating Officers.

MONITORING AND EVALUATION

HFRS will monitor all cases brought under the Dignity at Work Policy on an annual basis including:

- Numbers of formal cases brought under the Dignity at Work Policy
- Categories of complaint, including types of bullying, harassment, protected characteristic(s)
- Outcome of cases

11. FURTHER GUIDANCE

All Different All Equal – your rights your guidance (version 4), FBU

<https://www.fbu.org.uk/publication/all-different-all-equal>

**If you require any further guidance in relation to this policy,
please contact Human Resources**

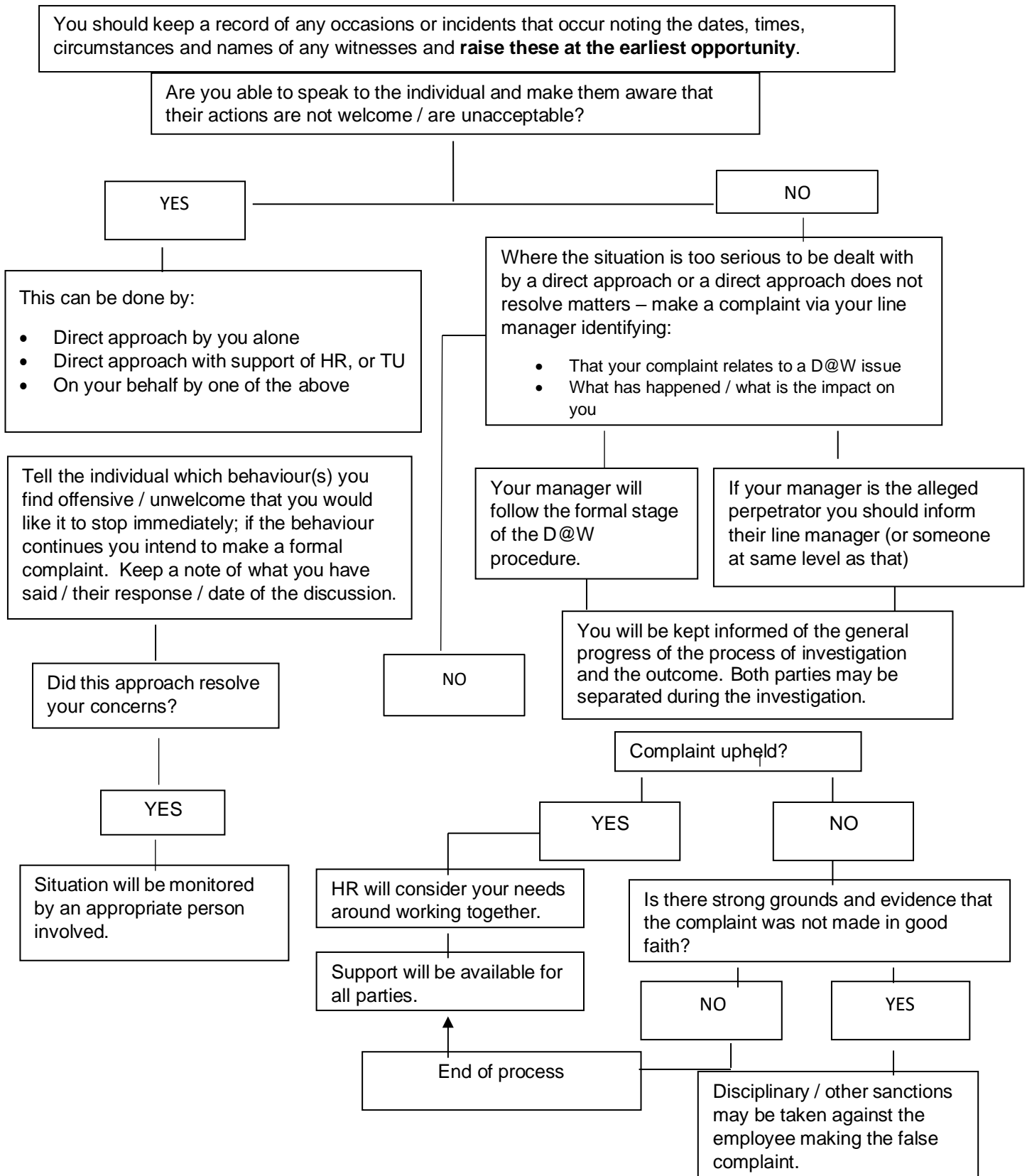
APPENDIX A

SUPPORT CONTACTS

Department	Contact Details	Support Available
HFRS Occupational Health	OccHealthAdmin@humbersidefire.gov.uk	Internal support for all staff, strictly confidential
Human Resources Department	mhepple@humbersidefire.gov.uk rgilmour@humbersidefire.gov.uk HR@humbersidefire.gov.uk	Policy advice for all staff
HFRS trained mediators	Please contact the Human Resources department for contact details.	The (voluntary) use of an independent third party to assist in the resolution of workplace disputes to reach a mutually agreeable outcome
ACAS	08457 47 47 47 www.acas.org.uk	For information and advice on employment rights/bullying at work
HSE	www.hse.gov.uk/stress/furtheradvice/informationonbullying.htm	Information and advice on stress in the workplace caused by bullying and harassment
TUC online	Trades Union Congress, Congress House, Great Russell Street, London WC1B 3LS, 020 7636 4030; www.tuc.org.uk	Support, advice for anyone being bullied at work
Bully Online	www.bullyonline.org	Information, advice, resources relating to Bullying at Work
Workplace Bullying	www.bullying.co.uk	A non profit site working to provide a legal resource to those working against bullying or harassment of any kind in the workplace
Unison	0800857857 (direct) 01482 318670 (Hull Office) info@unisonhull.org.uk	Unison members support
Unison There for You (member support)	02071215620 thereforyou@unison.co.uk 01482 318670 local unison Welfare line.	Unison members support
Blue Light Champions (via Control)	01482 567425	

APPENDIX B

FLOWCHART: MAKING A COMPLAINT WHAT SHOULD I DO IF I THINK I AM BEING BULLIED OR HARASSED?



Staff Survey Results for Humberside Fire and Rescue Service

Staff survey information

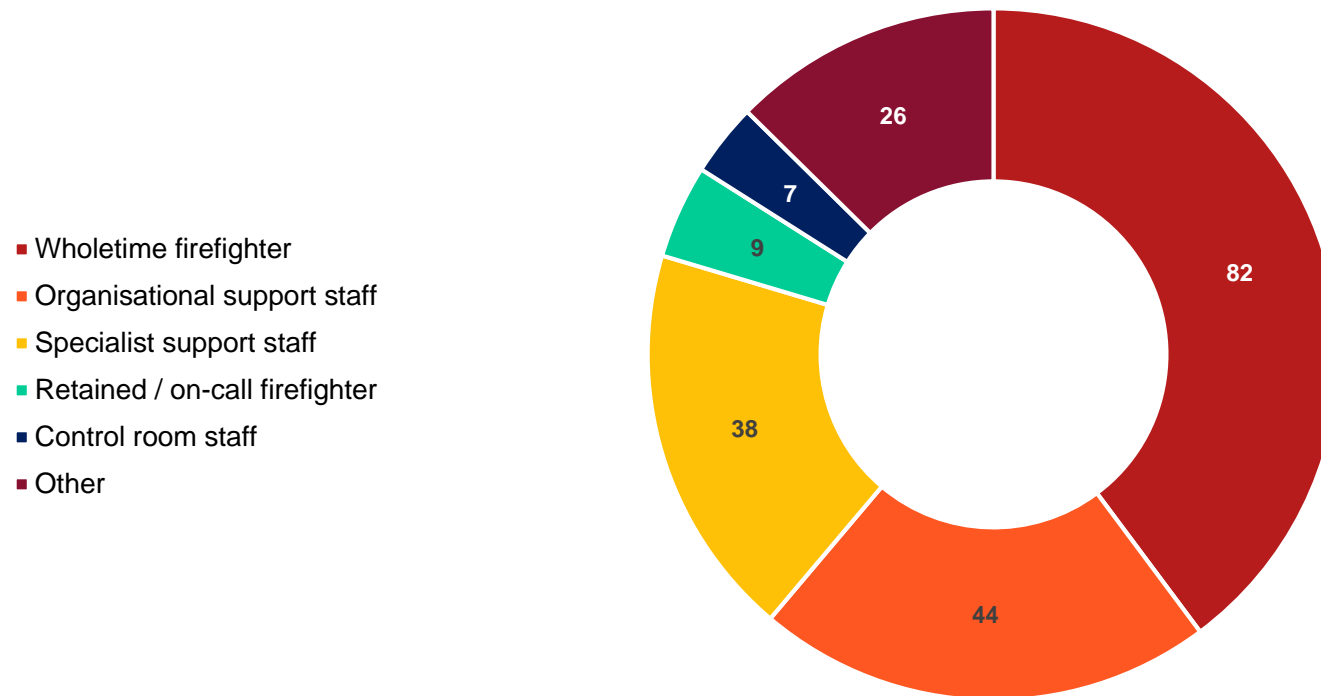
HMICFRS conducted a staff survey open to all members of FRS workforces across England and Wales from 1st October 2018 to 15th February 2019. 3,941 staff members from 30 Fire and Rescue Services have participated in completing the staff survey thus far, and so a body of data is being collected.

Of those 30 services, Isle of Scilly and Isle of Wight have not achieved the minimum response rate of 30 respondents required for further use and analysis of the survey data. This cut off point was implemented in line with ONS guidelines as a response rate that prevents unnecessary limiting of important and useful data to services and the public whilst still ensuring respondent anonymity. Due to the self-selection sampling methodology and the use of small sample sizes, the staff survey is not considered representative of the opinions and attitudes of service workforces. The results have been used as an indicative measure of service performance and to triangulate further evidence.

The response rate of the remaining services ranged from 17 to 448 respondents. Due to the self-selection sampling methodology and the use of small sample sizes, the staff survey is not considered representative of the opinions and attitudes of service workforces and, as such, is never used in isolation as sole evidence. Rather, the staff survey is used as an indicative measure of service performance and to triangulate further evidence.

Total number of respondents	206
Percentage of workforce	19%

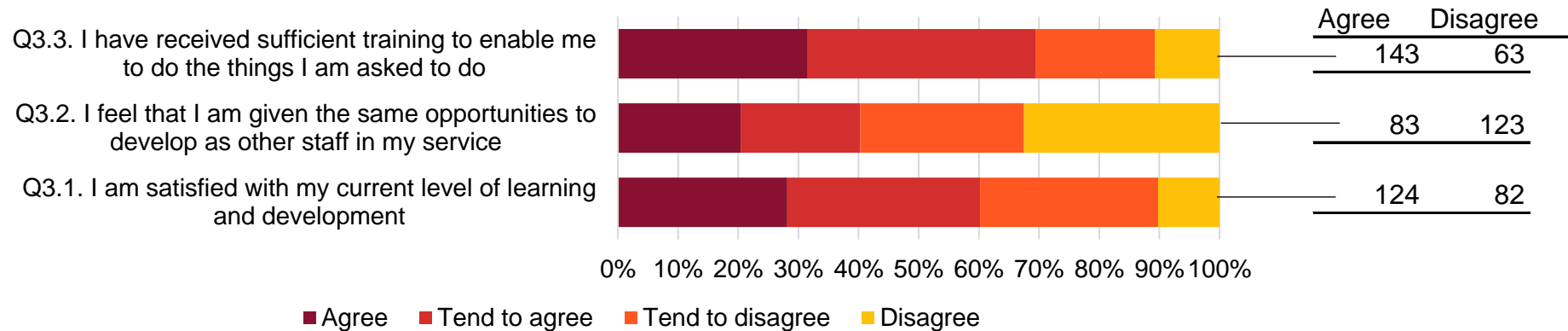
Respondent Roles within Service



Data from all Respondents

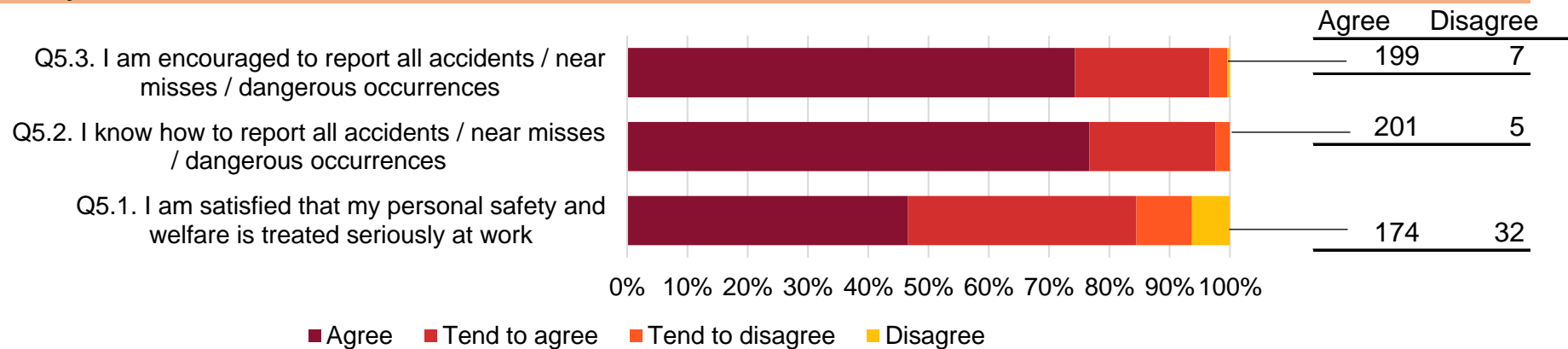
Training and development

Raw Numbers

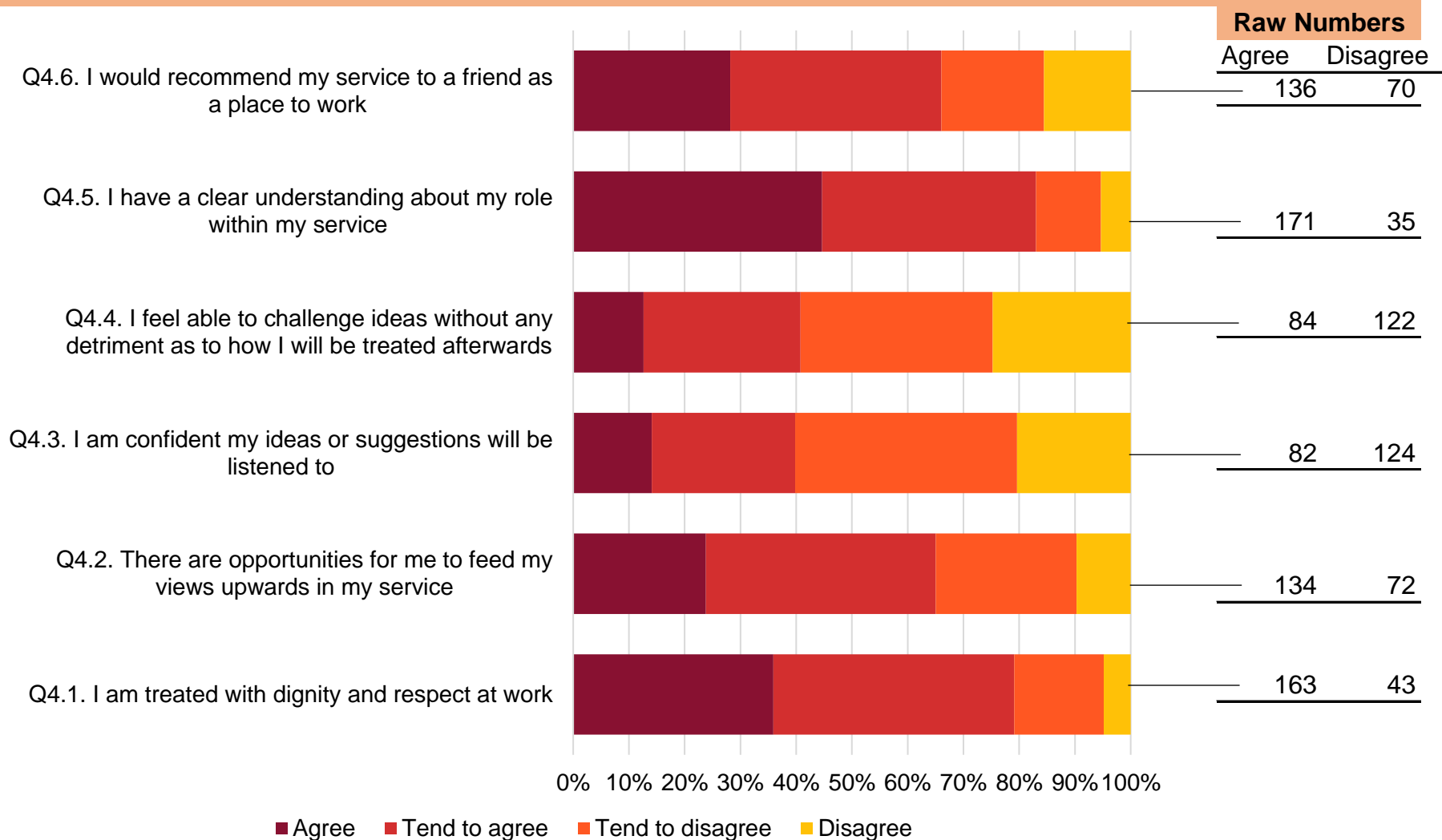


Safety and welfare

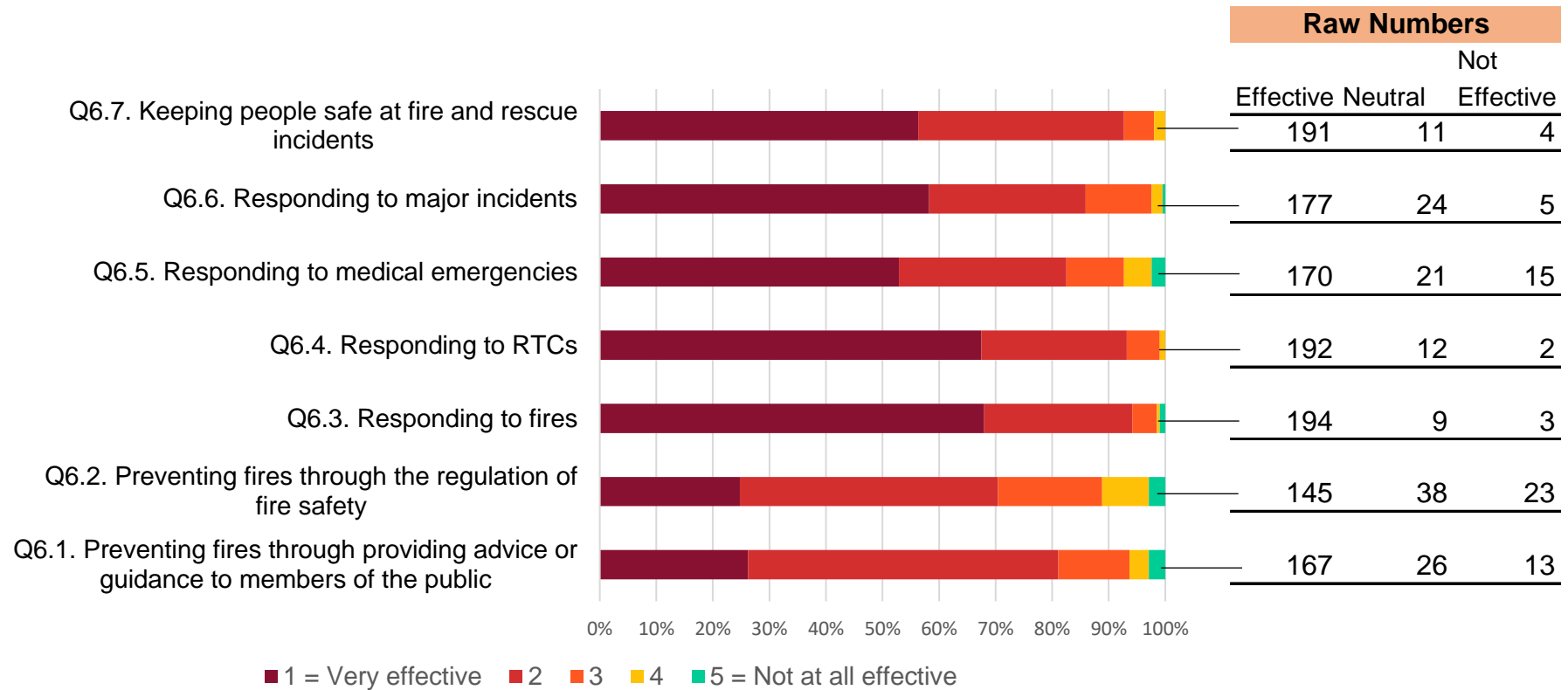
Raw Numbers



Treatment at work

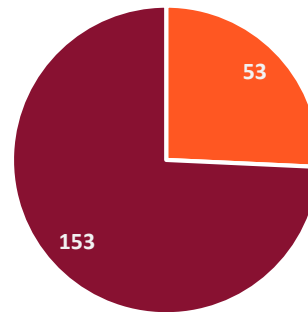


How effective is your service at...



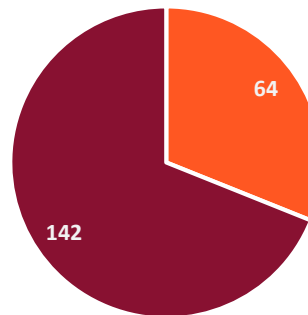
Bullying, Harassment and Discrimination

Q8. Have you felt bullied or harassed at work in the last 12 months? (Raw numbers stated)



■ Yes ■ No

Q14. Have you felt discriminated against at work in the last 12 months? (Raw numbers stated)



■ Yes ■ No

Q9. Who is the source of the harassment and/or bullying that you have felt in the last 12 months?

Respondents indicate that the source of harassment/bullying is often someone more senior to them.

Q15. Who was the person responsible for the discrimination you have felt in the last 12 months?

Respondents indicate that the source of the discrimination is most often someone more senior to them.

Q10. What do you think the harassment and/or bullying that you have felt in the last 12 months might be related to?

Respondents indicate that role/level/rank in the service is often the source of harassment/bullying. Other factors such as age and gender have also been cited as cause of bullying/harassment.

Q16. What do you think the discrimination you have felt in the last 12 months might be related to?

Respondents indicate that role/level/rank in the service and gender are often the source of discrimination. Other factors such as age have also been cited as cause of discrimination.

Q11. Have you reported the harassment and/or bullying that you have felt in the last 12 months?

Respondents were split between whether they had reported the harassment/bullying they have experienced, but when they had it tends to have been informally.

Q12. Of those who did report the incident- Has action been suggested or taken which you think will make a difference?

Of those who did report bullying/harassment, many of the respondents indicated that they felt that action which will make a difference was not taken.

Q17. Have you reported the discrimination you have felt in the last 12 months?

Respondents often did not report the discrimination they had experienced. Of those who do report, they tend to do so informally.

Q18. Of those who did report the incident- Has action been suggested or taken which you think will make a difference?

Of those who did report discrimination, respondents indicated that they felt that action which will make a difference was not taken or that it was too early to tell.

Q13. Why did you not report the harassment and / or bullying?

Respondents who did not report bullying/harassment incidents often did not do so because they were worried about possible victimisation, had concerns about being labelled a troublemaker, felt nothing would happen and were concerned about lack of confidentiality.

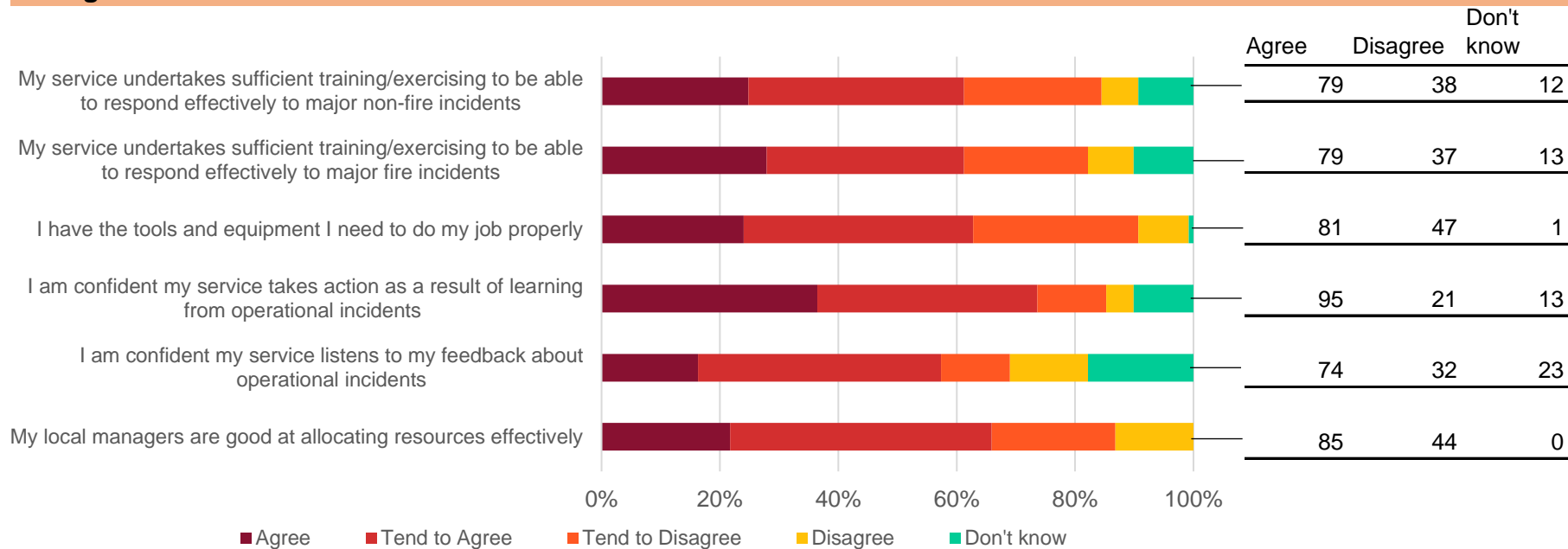
Q19. Why did you not report the discrimination?

Respondents who did not report discrimination incidents often did not do so because they felt nothing would happen. Some also had concerns about being labelled a troublemaker and were worried about possible victimisation and lack of confidentiality.

Of the 129 firefighters, or specialist support staff:

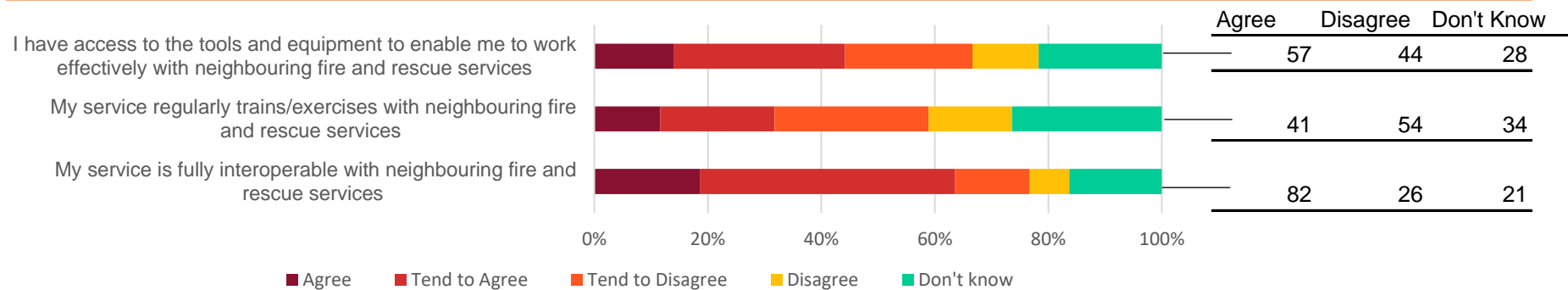
Thoughts about the Service

Raw Numbers



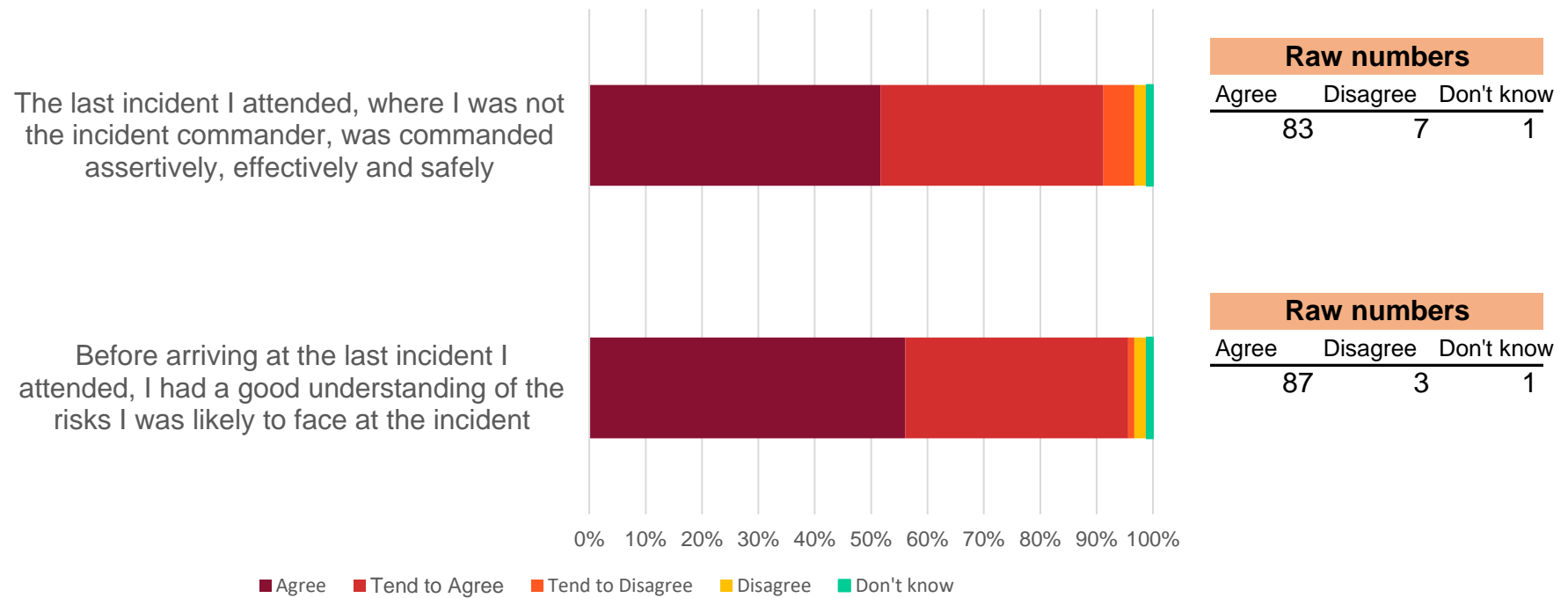
Interoperability

Raw Numbers



Of the 91 firefighters:

Last Incident



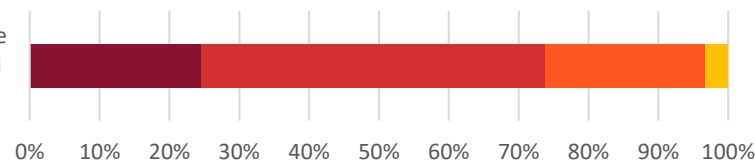
Of the 61 firefighters, who were Crew Manager or above:

Unauthorised Tactics

Raw Numbers

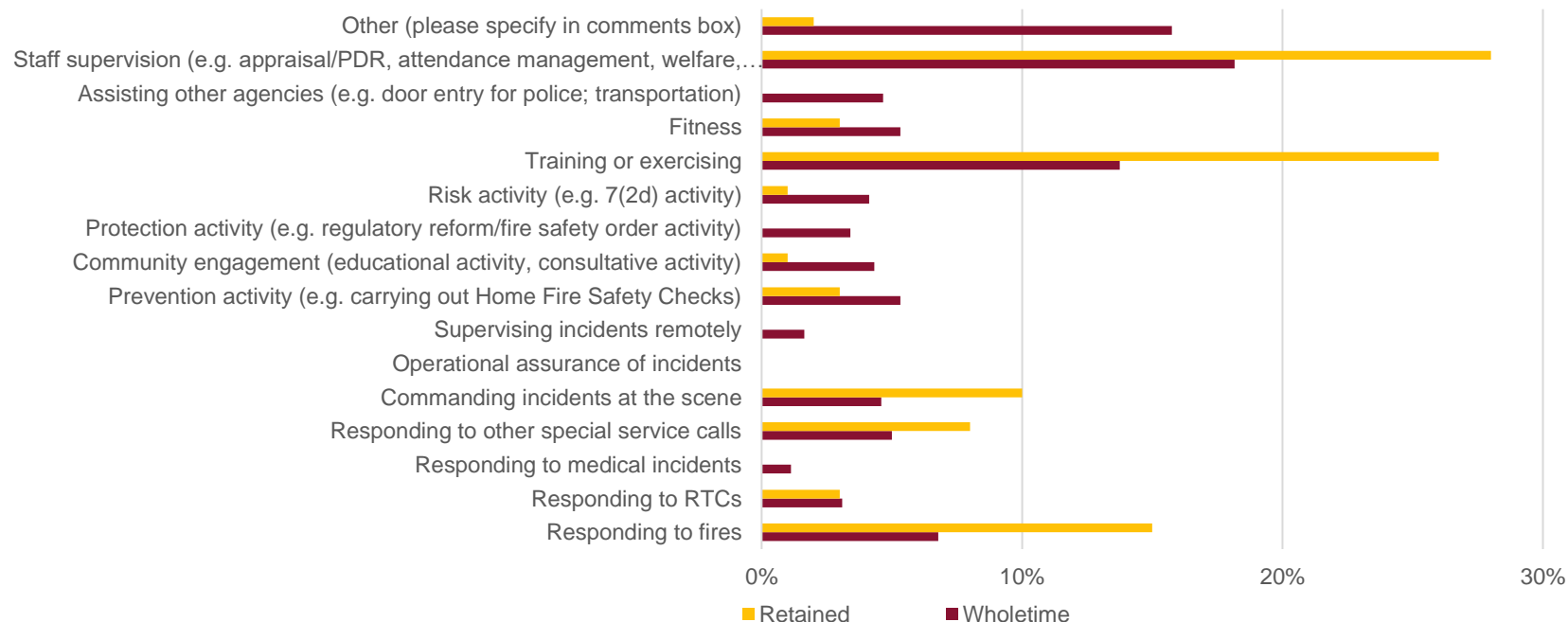
Q26.1. If the incident required it, I am confident that I would be supported by my service if I used unauthorised tactics, or used tactics in a novel way

Agree	Disagree	Don't know
45	16	0

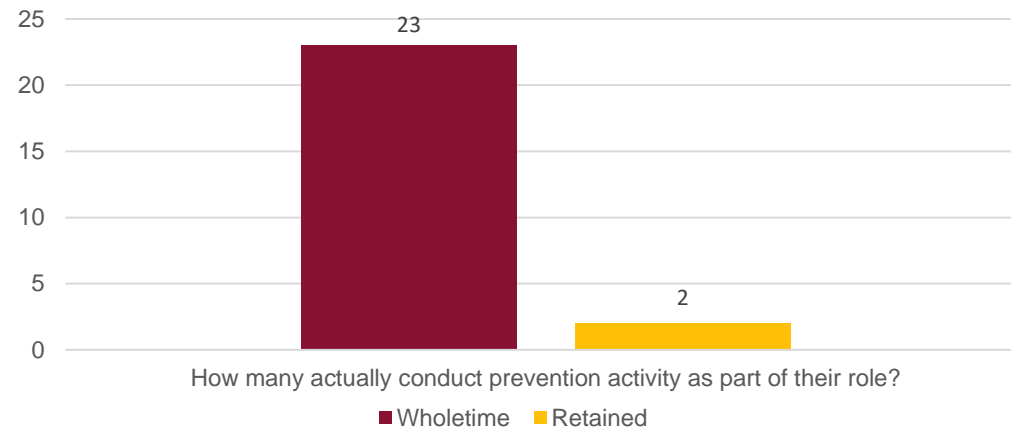


■ Agree ■ Tend to agree ■ Tend to disagree ■ Disagree ■ Don't know

Activities Conducted (% time spent on activities)

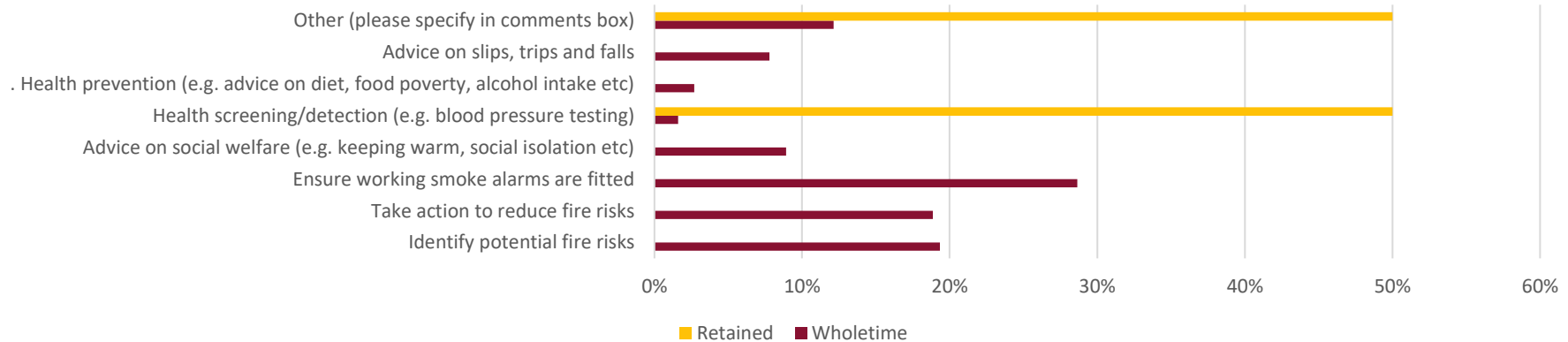


Raw Numbers



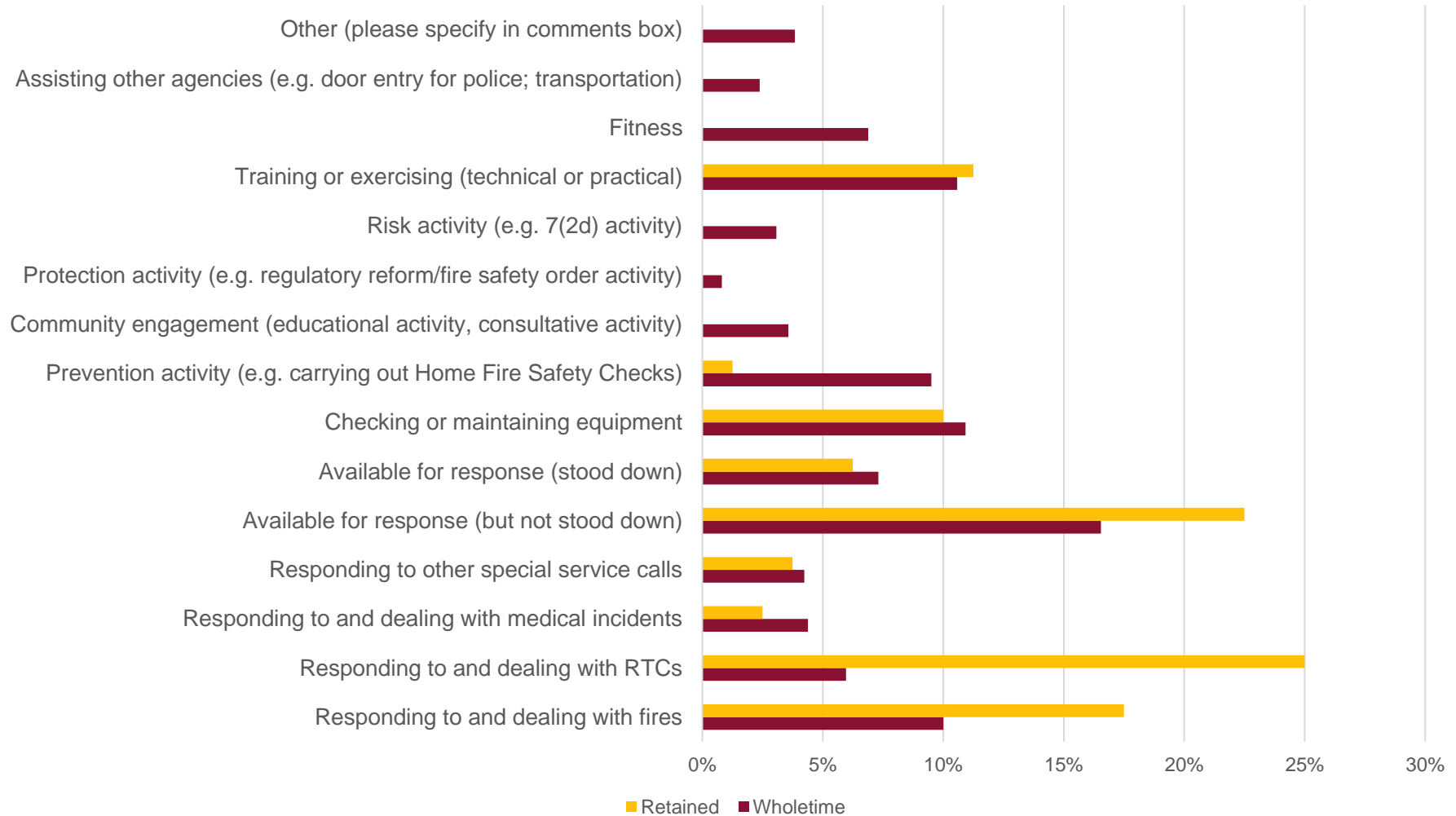
Of the 25 firefighters (Crew Manager or above), who conduct prevention activity:

Activities Conducted (% time spent on activities)



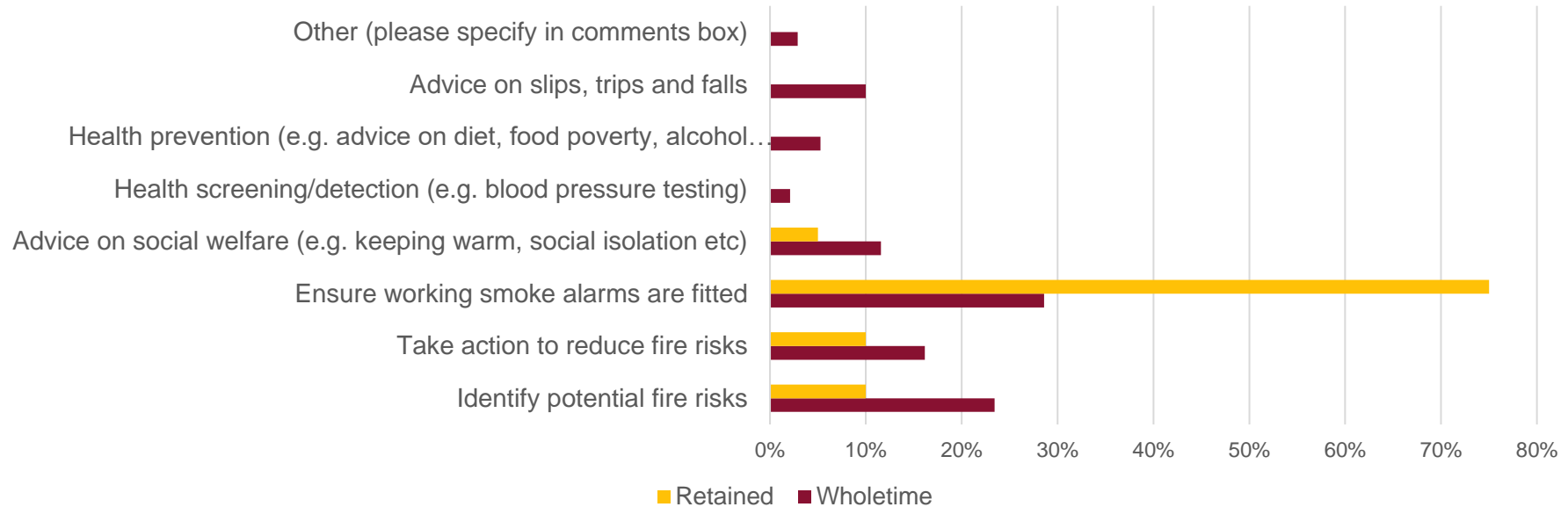
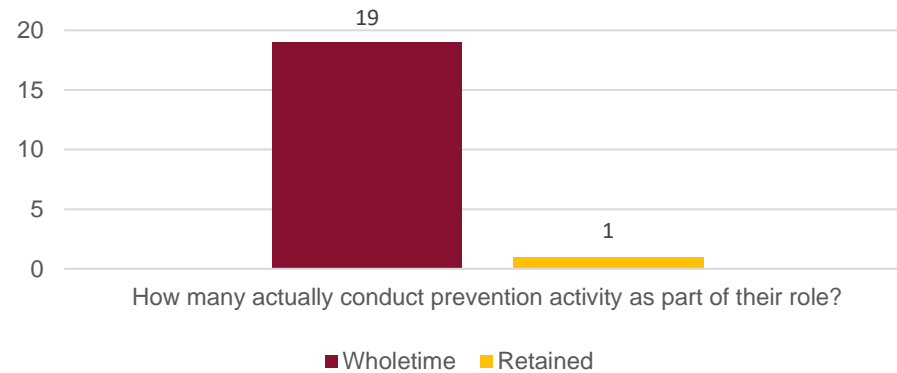
Of the 30 firefighters (role is firefighter only):

Activities Conducted (% time spent on activities)



Of the 20 firefighters (role is firefighter only), who conduct prevention activity:

Raw Numbers



COVID-19: Fire & Rescue Staff Survey Results for Humberside Fire and Rescue Service

Covid-19 Staff survey information

The COVID-19 pandemic is a global health emergency on a scale not seen in our lifetime. In August 2020, The Home Secretary commissioned HMICFRS to inspect how the fire sector in England responded to the Covid-19 outbreak and the numerous challenges it presents. As part of this, HMICFRS conducted a staff survey open to all England Fire and Rescue Service staff members from 12th August 2020 to 9th September 2020. We would like to thank you for your support in promoting our staff survey. This became an important evidence gathering tool for the Covid-19 inspection.

In total, we received 7,768 responses from 44 fire and rescue Services (Isle of Wight and Hampshire provided a joint response). Of those 44 services, there was only one service (Isle of Scilly FRS) where we did not receive the minimum response rate of 30 respondents required for further use and analysis of the survey data. This cut off point was implemented in line with Office of National Statistics guidelines as it prevents unnecessary limiting of important and useful data to services and the public whilst still ensuring respondent anonymity. However, data from this service has been used for national analysis.

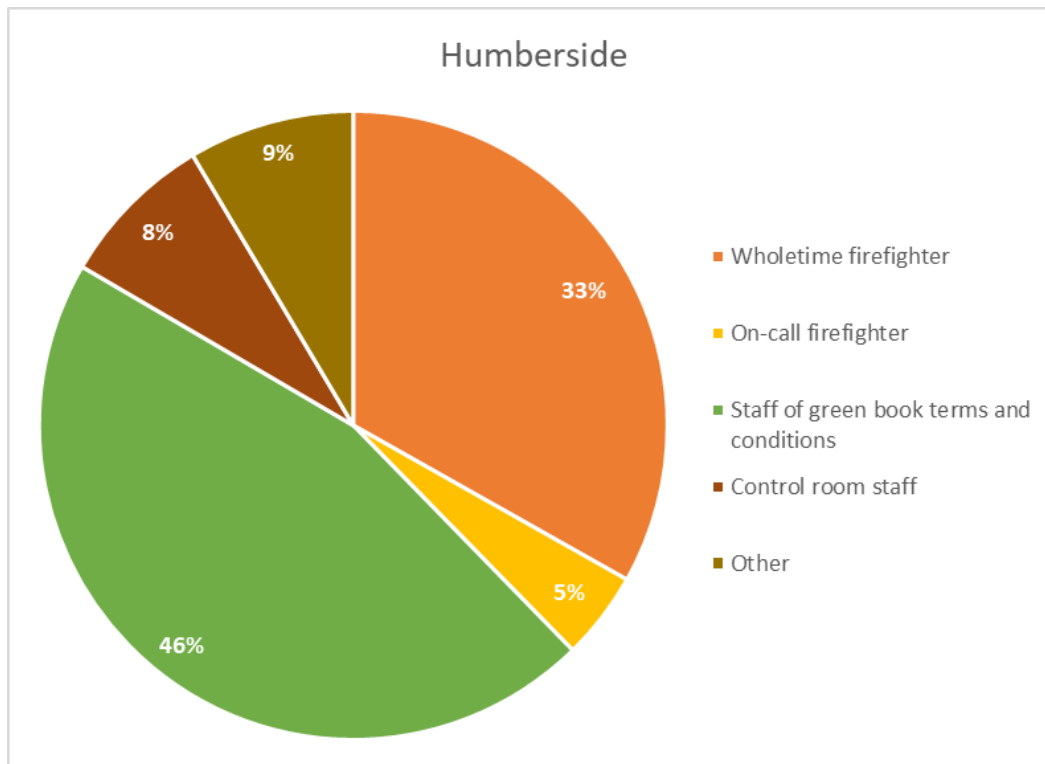
Due to the self-selection sampling methodology and relatively small sample sizes, we do not consider the staff survey representative of the opinions and attitudes of the entire service's workforce. The results have been used as an indicative measure of service performance and to triangulate further evidence obtained during inspection.

Some categories have been combined to protect respondent anonymity, and due to low on-call response rates, which for particular services could make up a large proportion of the workforce, some questions have been excluded.





Total number of respondents: 119


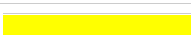


Percentage of workforce: 19%





Respondents roles within Service







Data from all Respondents

6. I am treated with dignity and respect at work				
			Response Percent	Response Total
1	Agree		46.73%	93
2	Tend to agree		41.71%	83
3	Tend to disagree		9.05%	18
4	Disagree		2.51%	5
			answered	199
			skipped	0

7. I am confident my ideas or suggestions will be listened to				
			Response Percent	Response Total
1	Agree		34.17%	68
2	Tend to agree		40.70%	81
3	Tend to disagree		19.60%	39
4	Disagree		5.53%	11
			answered	199
			skipped	0





8. I feel confident in the mechanisms for providing feedback to all levels				
			Response Percent	Response Total
1	Agree		26.63%	53
2	Tend to agree		34.17%	68
3	Tend to disagree		30.65%	61
4	Disagree		8.54%	17
			answered	199
			skipped	0

Communication to staff during Covid-19



9. The service provided regular and relevant communication during the COVID-19 pandemic				
			Response Percent	Response Total
1	Agree		81.91%	163
2	Tend to agree		15.08%	30
3	Tend to disagree		1.51%	3
4	Disagree		1.51%	3
			answered	199
			skipped	0

Values and Culture





12. I feel able to challenge ideas without any detriment as to how I will be treated afterwards

			Response Percent	Response Total
1	Agree		26.13%	52
2	Tend to agree		37.19%	74
3	Tend to disagree		24.62%	49
4	Disagree		12.06%	24
			answered	199
			skipped	0

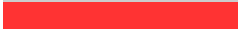



13. Are you aware of your service's statement of values?

			Response Percent	Response Total
1	Yes		98.99%	197
2	No		1.01%	2
			answered	199
			skipped	0





14. Senior leaders consistently model and maintain my service's values

			Response Percent	Response Total
1	Agree		20.60%	41
2	Tend to Agree		44.72%	89
3	Tend to Disagree		24.62%	49
4	Disagree		10.05%	20
			answered	199
			skipped	0

15. My manager consistently models and maintains my service's values





			Response Percent	Response Total
1	Agree		50.75%	101
2	Tend to agree		31.16%	62
3	Tend to disagree		12.56%	25
4	Disagree		5.53%	11
			answered	199
			skipped	0

16. My colleagues consistently model and maintain my service's values





			Response Percent	Response Total
1	Agree		38.69%	77
2	Tend to agree		49.25%	98
3	Tend to disagree		10.55%	21
4	Disagree		1.51%	3
			answered	199
			skipped	0

Fairness and Diversity




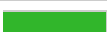
17. I feel that I am given the same opportunities to develop as other staff in my service

			Response Percent	Response Total
1	Agree		29.65%	59
2	Tend to agree		30.65%	61
3	Tend to disagree		20.60%	41
4	Disagree		19.10%	38
			answered	199
			skipped	0

18. I am treated fairly at work





			Response Percent	Response Total
1	Agree		39.20%	78
2	Tend to agree		38.69%	77
3	Tend to disagree		15.08%	30
4	Disagree		7.04%	14
			answered	199
			skipped	0

19. The promotion process in my service is fair

			Response Percent	Response Total
1	Agree		16.58%	33
2	Tend to agree		33.17%	66
3	Tend to disagree		27.64%	55
4	Disagree		22.61%	45
			answered	199
			skipped	0







Training and Personal development

20. I have received sufficient training to effectively do my job				
			Response Percent	Response Total
1	Agree		42.21%	84
2	Tend to agree		38.19%	76
3	Tend to disagree		15.58%	31
4	Disagree		4.02%	8
			answered	199
			skipped	0



21. I am satisfied with the level of learning and development that is available to me				
			Response Percent	Response Total
1	Agree		40.70%	81
2	Tend to agree		30.65%	61
3	Tend to disagree		22.61%	45
4	Disagree		6.03%	12
			answered	199
			skipped	0

22. My service allows opportunities for my personal development (Personal development: the process of improving my skills and increasing the amount of experience that I have in my job)				
			Response Percent	Response Total
1	Agree		36.68%	73
2	Tend to agree		30.15%	60
3	Tend to disagree		24.62%	49
4	Disagree		8.54%	17
			answered	199
			skipped	0

Performance

23. Since the beginning of the COVID-19 period (March 2020), I have a conversation about my performance with my manager: (please select most appropriate option)				
			Response Percent	Response Total
1	Never		14.07%	28
2	Less than once a month		27.64%	55
3	Once a month		23.62%	47
4	Once a fortnight		14.57%	29
5	Once a week		13.07%	26
6	More than once a week		7.04%	14
			answered	199
			skipped	0

Of the 171 respondents, who since the beginning of Covid-19 have had a conversation with their manager about their performance:

24. This conversation about my performance with my manager is useful to me				
			Response Percent	Response Total
1	Agree		85.96%	147
2	Disagree		14.04%	24
			answered	171
			skipped	28

Learning and Development

25. Since the beginning of the COVID-19 period (March 2020), I have a conversation about my learning and development with my manager: (please select most appropriate option)

			Response Percent	Response Total
1	Never		24.62%	49
2	Less than once a month		34.67%	69
3	Once a month		24.62%	49
4	Once a fortnight		8.54%	17
5	Once a week		5.53%	11
6	More than once a week		2.01%	4
			answered	199
			skipped	0







Of the 150 respondents, who since the beginning of Covid-19 have had a conversation with their manager about their learning and development:

26. This conversation about my learning and development with my manager is useful to me

			Response Percent	Response Total
1	Agree		85.33%	128
2	Disagree		14.67%	22
			answered	150
			skipped	49





Health and Wellbeing

27. Since the beginning of the COVID-19 period (March 2020), I have a conversation about my health and wellbeing with my manager: (please select most appropriate option)



			Response Percent	Response Total
1	Never		15.58%	31
2	Less than once a month		24.12%	48
3	Once a month		21.11%	42
4	Once a fortnight		13.07%	26
5	Once a week		18.09%	36
6	More than once a week		8.04%	16
			answered	199
			skipped	0



Of the 168 respondents, who since the beginning of Covid-19 have had a conversation with their manager about their health and wellbeing:

28. This conversation about my health and wellbeing with my manager is useful to me

			Response Percent	Response Total
1	Agree		47.02%	79
2	Tend to agree		37.50%	63
3	Tend to disagree		11.31%	19
4	Disagree		4.17%	7
			answered	168
			skipped	31

Bullying, Harassment and Discrimination

29. Have you felt bullied or harassed at work in the last 6 months?				
			Response Percent	Response Total
1	Yes		14.07%	28
2	No		85.93%	171
			answered	199
			skipped	0

30. Have you felt discriminated against at work, in the last 6 months				
			Response Percent	Response Total
1	Yes		12.56%	25
2	No		87.44%	174
			answered	199
			skipped	0

Of all respondents who reported feeling bullied/harassed in the last 6 months:

31. Who is the main source of the bullying/harassment

Respondents indicate that the source of the bullying and harassment is most often someone more senior to them.

32. What do you think the bullying/harassment is primarily related to?

Respondents indicate that performance at work is often the source the bullying and harassment. Other factors such as gender and terms of contract have also been cited as cause of the bullying and harassment.

33. Have you reported the bullying/harassment?

The majority of respondents reported the bullying and harassment, of which most did so informally.

36. What was the primary reason you did not report the bullying/harassment?

Respondents who did not report bullying and harassment often did not do so because they felt that nothing would happen, because they had concerns about being labelled a troublemaker, about being victimised or about confidentiality.

Of all respondents who reported feeling discriminated against in the last 6 months:

37. Who is the source of the discrimination?

Respondents indicate that the source of the discrimination is most often someone more senior to them.

38. What do you think the discrimination might be related to?

Respondents indicate that role/level/rank in the service is often the source of discrimination. Other factors such as unconscious bias, caring responsibilities and mental health have also been cited as cause of discrimination.

39. Have you reported the discrimination?





The majority of respondents did not report the discrimination. Of those who did, they tended to do so informally.

42. What was the primary reason you did not report the discrimination?





Respondents who did not report discrimination often did not do so because they felt that nothing would happen, were concerned about being victimised, about confidentiality or about being labelled as a troublemaker.

Safety and Welfare






45. I am confident that my service would offer wellbeing services after an incident, where I think appropriate

			Response Percent	Response Total
1	Agree		63.32%	126
2	Tend to agree		32.66%	65
3	Tend to disagree		2.51%	5
4	Disagree		1.51%	3
			answered	199
			skipped	0





46. I am able to access services to support my mental wellbeing

			Response Percent	Response Total
1	Agree		64.32%	128
2	Tend to agree		32.66%	65
3	Tend to disagree		2.01%	4
4	Disagree		1.01%	2
			answered	199
			skipped	0





47. I have the appropriate COVID-19 personal protective equipment I need to do my job safely

			Response Percent	Response Total
1	Agree		70.35%	140
2	Tend to agree		19.60%	39
3	Tend to disagree		3.02%	6
4	Disagree		1.01%	2
5	N/A		6.03%	12
			answered	199
			skipped	0






48. I understand the policies and procedures my service has in place to make sure I can work safely

			Response Percent	Response Total
1	Agree		75.88%	151
2	Tend to agree		21.11%	42
3	Tend to disagree		1.51%	3
4	Disagree		1.51%	3
			answered	199
			skipped	0

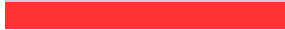



49. I have access to gender-appropriate workplace facilities

			Response Percent	Response Total
1	Agree		76.38%	152
2	Tend to agree		18.59%	37
3	Tend to disagree		3.02%	6
4	Disagree		2.01%	4
			answered	199
			skipped	0





50. Do you have any of the following caring responsibilities (select all that apply):

			Response Percent	Response Total
1	I have no caring responsibilities		43.22%	86
2	I have childcare responsibilities		41.21%	82
3	I have other caring responsibilities (e.g. providing help or support to others with long-term physical or mental illness or disability, or problems related to old age)		15.58%	31
4	Prefer not to say		4.02%	8
5	Other caring responsibilities (please specify):		4.02%	8
			answered	199
			skipped	0





51. I have felt supported by my service in balancing caring arrangements and work responsibilities over this COVID-19 time period

			Response Percent	Response Total
1	Agree		60.38%	64
2	Tend to agree		20.75%	22
3	Tend to disagree		11.32%	12
4	Disagree		7.55%	8
			answered	106
			skipped	93





52. I am satisfied that my personal safety and welfare is treated seriously at work

			Response Percent	Response Total
1	Agree		58.29%	116
2	Tend to agree		32.16%	64
3	Tend to disagree		9.05%	18
4	Disagree		0.50%	1
			answered	199
			skipped	0

53. My service has clear procedures to report all accidents, near misses, and dangerous occurrences

			Response Percent	Response Total
1	Agree		83.42%	166
2	Tend to agree		15.08%	30
3	Tend to disagree		1.01%	2
4	Disagree		0.50%	1
			answered	199
			skipped	0

54. I am encouraged to report all accidents, near misses, and dangerous occurrences

			Response Percent	Response Total
1	Agree		78.89%	157
2	Tend to agree		19.60%	39
3	Tend to disagree		1.01%	2
4	Disagree		0.50%	1
			answered	199
			skipped	0

Covid-19 Safety and Welfare

55. I fully understand my responsibilities around reporting any COVID-19 related sickness to the service

			Response Percent	Response Total
1	Agree		91.46%	182
2	Tend to agree		8.54%	17
3	Tend to disagree		0.00%	0
4	Disagree		0.00%	0
			answered	199
			skipped	0

56. Have you, at any time throughout the COVID-19 period, needed to carry out your role in a different location/environment than you are used to?




			Response Percent	Response Total
1	Yes		75.88%	151
2	No		24.12%	48
			answered	199
			skipped	0





Of those 151 respondents, who reported that they needed to carry out their role in a different location/environment than they were used to:

57. The service has provided sufficient resources to enable me to effectively carry out my role in a different location/environment than I am used to




			Response Percent	Response Total
1	Agree		94.04%	142
2	Disagree		5.96%	9
			answered	151
			skipped	48

Of the 75 firefighters (both wholetime and on-call):



58. I have the appropriate, and properly-fitting, (non COVID-19 related) personal protective equipment I need to do my job safely				
			Response Percent	Response Total
1	Agree		80.00%	60
2	Tend to agree		13.33%	10
3	Tend to disagree		6.67%	5
4	Disagree		0.00%	0
			answered	75
			skipped	124

59. I have access to both the time and equipment I need to maintain operational fitness				
			Response Percent	Response Total
1	Agree		66.67%	50
2	Tend to agree		28.00%	21
3	Tend to disagree		1.33%	1
4	Disagree		4.00%	3
			answered	75
			skipped	124

Additional roles during Covid-19

60. Did you have the opportunity to volunteer to carry out an additional role- including those in the tripartite agreement?					
				Response Percent	Response Total
1	Yes			67.84%	135
2	No - Service did not receive any requests to carry out additional activities			12.06%	24
3	No - Service assigned additional roles without asking for volunteers			20.10%	40
				answered	199
				skipped	0

Of the 135 respondents, who reported they had the opportunity to volunteer for an additional role:

61. Did you volunteer to carry out an additional role (including those in the tripartite agreement)?					
				Response Percent	Response Total
1	Yes			31.85%	43
2	No			68.15%	92
				answered	135
				skipped	64





Of the 92 respondents, who reported they had the opportunity to volunteer, but chose not to:





62. What was your reason for not volunteering?




Respondents who did not volunteer often did not do so because of other responsibilities outside of work (e.g. caring, family members shielding), which prevented them from volunteering.

Incidents




Of the 75 firefighters (both wholetime and on-call):

65. I am confident that my service listens to my feedback about operational incidents				
			Response Percent	Response Total
1	Agree		42.67%	32
2	Tend to agree		37.33%	28
3	Tend to disagree		13.33%	10
4	Disagree		6.67%	5
			answered	75
			skipped	124

66. I am confident that my service takes action as a result of learning from operational incidents				
			Response Percent	Response Total
1	Agree		44.00%	33
2	Tend to agree		41.33%	31
3	Tend to disagree		10.67%	8
4	Disagree		4.00%	3
			answered	75
			skipped	124





67. My service is interoperable (can work together coherently as a matter of routine) with neighbouring services				
			Response Percent	Response Total
1	Agree		50.67%	38
2	Tend to agree		40.00%	30
3	Tend to disagree		9.33%	7
4	Disagree		0.00%	0
			answered	75
			skipped	124

68. The last incident I attended, where I was not in command, was commanded effectively

			Response Percent	Response Total
1	Agree		74.67%	56
2	Tend to agree		21.33%	16
3	Tend to disagree		4.00%	3
4	Disagree		0.00%	0
			answered	75
			skipped	124

Operational Discretion

Of the 61 firefighters, who were Crew Manager and above:

69. If the incident required it I am confident that I would be supported by my service if I used operational discretion				
			Response Percent	Response Total
1	Agree		49.18%	30
2	Tend to agree		39.34%	24
3	Tend to disagree		9.84%	6
4	Disagree		1.64%	1
			answered	61
			skipped	138

Effectiveness ranking

70. How effective is your service at: (where 1 is least effective and 5 is most effective)							
	1	2	3	4	5	Don't know	Response Total
Responding to fires	5.0% (10)	0.0% (0)	2.5% (5)	11.1% (22)	69.8% (139)	11.6% (23)	199
Rescuing at RTCs	5.0% (10)	0.0% (0)	3.5% (7)	9.5% (19)	66.8% (133)	15.1% (30)	199
Prevention activity	4.0% (8)	3.0% (6)	12.6% (25)	24.1% (48)	45.2% (90)	11.1% (22)	199
Accessing operational risk information	2.5% (5)	3.0% (6)	9.5% (19)	26.6% (53)	39.7% (79)	18.6% (37)	199
Protection activity	2.5% (5)	4.5% (9)	12.6% (25)	24.1% (48)	38.7% (77)	17.6% (35)	199
Communicating with the public about incidents	2.5% (5)	5.5% (11)	17.1% (34)	25.1% (50)	38.7% (77)	11.1% (22)	199
Identifying community needs/risk	4.5% (9)	4.0% (8)	11.6% (23)	25.6% (51)	42.7% (85)	11.6% (23)	199
Multi-agency working	4.0% (8)	4.0% (8)	9.5% (19)	28.6% (57)	45.2% (90)	8.5% (17)	199
Cross-border working	1.5% (3)	3.0% (6)	14.1% (28)	24.1% (48)	30.7% (61)	26.6% (53)	199
						answered	199
						skipped	0

Effectiveness additional roles ranking

71. How effective is your service at the following additional work during COVID-19: (where 1 is least effective and 5 is most effective)								
	1	2	3	4	5	My service does not carry out this tripartite role	Don't know	Response Total
Ambulance driving	2.0% (4)	0.0% (0)	3.0% (6)	3.5% (7)	19.1% (38)	6.5% (13)	65.8% (131)	199
The delivery of essential items to vulnerable persons	3.0% (6)	1.0% (2)	1.5% (3)	10.1% (20)	43.2% (86)	3.0% (6)	38.2% (76)	199
Movement of bodies	0.5% (1)	0.5% (1)	1.0% (2)	5.5% (11)	8.0% (16)	12.6% (25)	71.9% (143)	199
Face fitting masks to be used by NHS and clinical care staff working with Covid-19 patients	0.0% (0)	1.0% (2)	1.5% (3)	3.5% (7)	12.1% (24)	10.1% (20)	71.9% (143)	199
Delivering PPE and other medical supplies to NHS and care facilities	2.0% (4)	0.5% (1)	0.5% (1)	7.5% (15)	28.6% (57)	7.5% (15)	53.3% (106)	199
Taking samples for Covid-19 antigen testing	0.5% (1)	0.5% (1)	0.5% (1)	1.5% (3)	3.0% (6)	17.1% (34)	76.9% (153)	199
Driving ambulances, not on blue lights (excluding Covid-19 patients) to outpatient appointments or to receive urgent care	1.5% (3)	1.0% (2)	0.5% (1)	2.5% (5)	12.6% (25)	9.5% (19)	72.4% (144)	199
Training for non-service personnel to drive ambulances (not on blue-lights)	0.5% (1)	0.5% (1)	1.0% (2)	1.0% (2)	6.0% (12)	16.6% (33)	74.4% (148)	199
packing/repacking food supplies for vulnerable people	2.5% (5)	0.5% (1)	1.5% (3)	3.0% (6)	27.1% (54)	8.5% (17)	56.8% (113)	199
Transferring known or suspected COVID-19 patients to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue lights)	1.0% (2)	0.5% (1)	1.0% (2)	1.5% (3)	11.6% (23)	12.1% (24)	72.4% (144)	199
Transferring patients, including those recovering and recuperating but no longer infected with Covid-19, to and from Nightingale hospitals under emergency response (blue light) or through non-emergency patient transfer (not on blue light)	0.5% (1)	1.0% (2)	1.0% (2)	1.5% (3)	10.1% (20)	11.1% (22)	74.9% (149)	199
Delivering infection, prevention and control training packages for care homes including hand hygiene, PPE guidance and procedures and supporting care home staff testing	1.5% (3)	0.5% (1)	0.5% (1)	2.0% (4)	14.6% (29)	10.1% (20)	70.9% (141)	199
							answered	199
							skipped	0

People ranking

72. How effective is your service at: (where 1 is least effective and 5 is most effective)						
	1	2	3	4	5	Response Total
Ensuring all staff are included and have equal opportunities	8.0% (16)	16.1% (32)	24.1% (48)	32.7% (65)	19.1% (38)	199
Managing my performance	4.0% (8)	9.0% (18)	24.6% (49)	36.2% (72)	26.1% (52)	199
Ensuring the recruitment process is fair and accessible	11.6% (23)	14.6% (29)	27.1% (54)	30.2% (60)	16.6% (33)	199
Ensuring I have opportunities to continuously learn and develop	7.5% (15)	18.6% (37)	24.6% (49)	24.6% (49)	24.6% (49)	199
Ensuring my wellbeing	4.0% (8)	10.1% (20)	23.6% (47)	27.6% (55)	34.7% (69)	199
Supporting my progression and development	7.5% (15)	20.6% (41)	19.6% (39)	28.6% (57)	23.6% (47)	199
Providing a positive culture which reflects the service values	9.0% (18)	9.5% (19)	25.6% (51)	28.6% (57)	27.1% (54)	199
Managing sickness absence	7.0% (14)	12.6% (25)	28.6% (57)	28.6% (57)	23.1% (46)	199
					answered	199
					skipped	0

Governance, Audit and Scrutiny Committee 5 July 2021	Report by the Monitoring Officer/Secretary
<p style="text-align: center;">GAS COMMITTEE SCRUTINY PROGRAMME 2021/22</p> <p style="text-align: center;">REPORT EXECUTIVE SUMMARY</p> <p>This paper summarises the Governance, Audit and Scrutiny Committee's Scrutiny Programme 2021/22. Each year, the Committee will programme six 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.</p>	

RECOMMENDATIONS

1. That Members consider and approve the Scrutiny Programme 2021/22.

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.
3. Six areas for scrutiny were identified by the Committee for its 2021/22 programme:
 - Anti-Bullying Campaign (Assessing the Issue)
 - Promotion Within Uniformed Roles
 - Implementation of the NFCC Code of Ethics
 - Management of Risk Information by On-Call Fire Stations
 - Workforce Monitoring and Planning (Revision of Workforce Plan)
 - Anti-Bullying Campaign (Progress Update)

STRATEGIC PLAN COMPATIBILITY

6. This paper supports the achievement of Strategic Plan 2021-24 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

14. That Members consider and approve the Scrutiny Programme 2021/22.

Officer Contact: Samm Campbell ☎ 01482 393205
 Committee Manager

 Mathew Buckley ☎ 01482 567174
 Secretary/Monitoring Officer

Humberside Fire & Rescue Service
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SC
June 2021

GAS Committee Scrutiny Programme 2021/22		
Meeting Date	Responsible Officer	Item and Scope
5 July 2021	Director of People and Development	Anti-Bullying Campaign (Assessing the Issue) <ul style="list-style-type: none"> • How does the Service define bullying (what guidance has informed its policies etc)? • To what extent is bullying an issue within the Service? • How does the Service measure and understand its organisational culture and bullying in its workforce? • What have staff surveys shown with regard to bullying? • How many staff surveys have been conducted since the Service's last inspection by HMICFRS? • Is the Service confident that its anti-bullying campaign has/will improve its culture?
6 September 2021	Director of People and Development	Promotion Within Uniformed Roles <ul style="list-style-type: none"> • How does the Service manage promotions within uniformed roles? • How has this process changed across the last 20 years? • What regard has been given to public sector and sector-specific best practice/guidance? • Does the promotion process fit with the Workforce Plan and with the Service's strategy on positive action? • What reference have ex-staff members made to promotion processes in their exit interviews and surveys?
15 November 2021	Director of Service Improvement	Implementation of the NFCC Code of Ethics <ul style="list-style-type: none"> • How has the NFCC Code of Ethics changed the Service? • How has the Service approached its implementation?
24 January 2022	Director of Service	Management of Risk Information by On-Call Fire Stations

	Delivery	<ul style="list-style-type: none"> • What processes are used to maintain accurate risk information by On-Call fire stations. • How is the Service assured that these processes are in line with best practice?
21 February 2022	Director of People and Development	<p>Workforce Monitoring and Planning (Revision of Workforce Plan)</p> <ul style="list-style-type: none"> • What changes has the Service made to its Workforce Plan? • To what extent has the Service's strategy on positive action affected both the Plan and its workforce? • Update in relation to the Committee's recommendations of 12 April 2021: <ul style="list-style-type: none"> (a) That the Service's future Positive Action Strategy and Framework be applied consistently; (b) that the Service ensure that its employees fully understand its Positive Action Strategy and Framework; (c) that the Service gather improved data in order to understand the makeup of its workforce in comparison to local demographics and other fire and rescue services; (d) that the Service improve its exit interview process to understand why employees leave the Service, and (e) that the Committee be updated about to the Service's progress in relation to the revision of its workforce plan and the recommendations of the associated internal audit report. • How does the Service balance external and internal recruitment? • How does this balance compare at different levels of seniority within the organisation?
11 April 2022	Director of People and Development	<p>Anti-Bullying Campaign (Progress Update)</p> <ul style="list-style-type: none"> • How has the Services anti-bullying campaign progressed? • How does the Service know progress has been made? • What have the Service's measures of organisational culture and bullying shown?