OVERVIEW & SCRUTINY COMMITTEE

CAMBRIDGESHIRE & PETERBOROUGH FIRE AUTHORITY

Working together to improve community safety

Date:Thursday, 01 October 2020

14:00hr

**Virtual meeting
[Venue Address]**

AGENDA

Open to Public and Press

1   Apologies for Absence

2   Declarations of Interest

3   Minutes - 16th July 2020

OVERVIEW

4   Integrated Risk Management Plan Performance Measures

SCRUTINY

5   Member-Led Review of Health and Wellbeing

**6   Member Involvement in and Update on the Cambridgeshire Fire &
         Rescue Response to the COVID-19 Pandemic**
         AUDIT

7   Internal Audit Progress Report

         OTHER DECISIONS

8   Overview & Scrutiny Work Programme

The Overview & Scrutiny Committee comprises the following members:

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

<table>
<tr><td><i>The Fire Authority is committed to open government and the public are welcome to attend from the start of the meeting.</i>

<i>It supports the principle of transparency and encourages filming, recording and taking photographs at meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol which can be accessed via the following link below or made available on request.</i>

<i>Public speaking</i> <i>on the agenda items above is encouraged. Speakers must register their intention to speak by contacting the Democratic Services Officer at least three working days before the meeting.</i>

<i>Full details of the public speaking scheme for the Fire Authority is available at</i>

<i>http://www.cambsfire.gov.uk/fireauthority/fa_meetings.php</i></td></tr>
</table>

Councillor Mac McGuire (Chairman) Councillor Andrew Bond and Councillor Janet Goodwin Councillor Ian Gardener Councillor John Gowing Councillor Lynda Harford Councillor Sebastian Kindersley and Councillor Jocelynne Scutt

Clerk Name:	Daniel Snowdon
Clerk Telephone:	01223 699177
Clerk Email:	daniel.snowdon@cambridgeshire.gov.uk

**CAMBRIDGESHIRE AND PETERBOROUGH FIRE AUTHORITY
OVERVIEW AND SCRUTINY COMMITTEE – MINUTES**

Date: Thursday 16 July 2020

Time: 14:00 – 14.50

Place: Virtual Meeting

Present: Councillors Gardener (Vice-Chairman), Gowing, Harford, Kindersley,
                  McGuire (Chairman) and Scutt

Officers: Jon Anderson – Assistant Chief Fire Officer, Chris Parker – Area
                  Commander, Suzanne Rowlett– RSM, Daniel Snowdon - Democratic
                  Services Officer and Deb Thompson – Scrutiny and Assurance
                  Manager and Matthew Warren – Deputy Chief Executive Officer

80.   APPOINTMENT OF CHAIRMAN/WOMAN

It was proposed by Councillor Gardener and seconded by Councillor Gowing
that Councillor Mac McGuire be elected as Chairman of the Overview and
Scrutiny Committee for the municipal year 2020/21.

81.   APPOINTMENT OF VICE-CHAIRMAN/WOMAN

It was proposed by Councillor McGuire and seconded by Councillor Gowing
that Councillor Ian Gardener be elected as Vice-Chairman of the Overview
and Scrutiny Committee for the municipal year 2020/21.

82.   APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

There were no apologies for absence and no declarations of interest.

83.   MINUTES – 3rd OCTOBER 2019

The minutes of the meeting held on the 3rd October 2019 were approved as a
correct record, subject to the amendment of the final bullet point of minute 73,
Internal Audit Strategy 2019/20 to the Institute of Internal Auditors.

84.   INTERNAL AUDIT PROGRESS REPORT

The Committee received the Internal Audit Progress Report. The report was first circulated in April 2020 and since then two further pieces of work had been completed relating to General Data Protection Regulations (GDPR) and governance. The final Internal Audit Annual Report 2019/20 would be circulated following the meeting however it was highlighted that the overall opinion was positive with further enhancements identified for risk management, governance and internal control to ensure it remained adequate and effective.

During discussion of the report Members:

- Clarified that on page 4 of the report should have stated October and not February.

- Noted the comments of the Deputy Chief Executive regarding the system challenges relating to TRaCS and CFRMIS that required time and investment to improve the quality of the information held on the system. Working groups had been established for both systems to address the issues highlighted in the audit report. With regard to assurance, all issues highlighted in the report had been addressed.

- Clarified that following the meeting, reports would be circulated that would provide details of the Fleet Management Policies and Procedures audit.

It was resolved unanimously to:

note the contents of the report.

85. **FIRE AUTHORITY INTERNAL AUDIT REPORT**

Members received the internal audit report regarding the governance arrangements of the Fire Authority. Members noted the outcome of the audit and its findings regarding structural arrangements following the COVID-19 pandemic and how conflicts of interest were recorded and managed during a meeting.

During discussion of the report Members:

- Drew attention to page 4 of the report regarding Fire Authority meetings being required to assume the responsibilities of the Policy and Resources Committee and the Overview and Scrutiny Committee for as long as the restrictions of the coronavirus pandemic were in place and questioned why this meeting was taking place. Officers explained that the situation had progressed since the start of the pandemic and legislative changes that permitted virtual meetings now enabled the two committees to perform their functions.

- Expressed concern regarding the reports presented to the Committee and sought assurance that the Committee was operating as it should. Officers

confirmed this was the case and that the two reports discussed by RSM would be circulated after the meeting for review and comment.

- Noted the recommendation regarding declarations of interest and welcomed it as a useful reminder not to overlook the basics of a meeting. What action, if any, is taken in relation to any declarations of interest would be recorded moving forward.

It was resolved to note the report.

86. COVID-18 FRAUD RISKS

The Committee considered a report regarding COVID-19 Fraud Risks.

During discussion Members:

- Noted that the report was generic for all RSM clients and suggested that it would have been beneficial to see what steps the Fire Authority was taking to implement controls for a further report later in the year.   Officers explained that the risks highlighted were contained in the Authority strategic risk register. Cyber fraud was one of the highest risks identified and as a result continued, substantial efforts were made regarding training and security.

- Requested that a report to understand the impact and additional costs to the Fire Authority of the pandemic (to date) and how it could be mitigated in the future was undertaken. Officers confirmed that discussions regarding a Member-led review of the Fire Authority's response to the pandemic had taken place and that terms of reference would be established for approval. **ACTION:** Deb Thompson

- Commented that access to virtual meetings was essential during the pandemic and suggested that further work should be considered to ensure that a proper meetings programme be maintained in the event of the internet breaking down**. ACTION:** Democratic Services

It was resolved to note the report.

87. COVID-19 EMAIL SCAMS

The Committee received a report regarding emails scams arising during COVID-19.

It was resolved to note the report.

88. CYBER SECURITY RISKS

The Committee received a report regarding cyber security risks that highlighted the potential issues that could arise during times of uncertainty and crisis and how criminals sought to exploit them.

It was resolved to note the report.

89.   OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME

Members considered the Overview and Scrutiny Committee work programme and noted the additional Member-led review of the Fire Authority's response to COVID-19.

The next scheduled meeting was due to take place on 1st October and it was confirmed that this would be a virtual meeting.

Members noted that there were currently two ongoing Member-led reviews (approach to recruitment and health and well-being), both of which had been deferred for a number of reasons outside Members control. Officers sought to widen both reviews to encompass activity during COVID-19 before bringing them back to Committee in the autumn. It was also recommended that a previous review of the Fire Authority Structure and Membership be restarted with a reporting date no later than the scheduled April 2021 meeting.
ACTION: Deputy Chief Executive Officer/Deb Thompson/Chairman

It was resolved to note the work programme.

CHAIRMAN

TO: Overview and Scrutiny Committee

FROM: Assistant Chief Fire Officer (ACFO) – Jon Anderson

PRESENTING OFFICER(S):   Assistant Chief Fire Officer (ACFO) – Jon Anderson

                    Telephone: 07711 444201

                    Email: jon.anderson@cambsfire.gov.uk

DATE: 23 September 2020

INTEGRATED RISK MANAGEMENT PLAN PERFORMANCE MEASURES

1.   Purpose

1.1   The purpose of this report is to provide the Overview and Scrutiny Committee with our performance against our Integrated Risk Management Plan (IRMP) performance measures.

2.   Recommendation

2.1   The Committee is asked to note the contents of the performance report in Appendix 1 and make comment as they deem appropriate.

3.   Risk Assessment

3.1   **Political** - the IRMP process, outlined in the Fire and Rescue National Framework for England, requires the Authority to look for opportunities to drive down risk by utilising resources in the most efficient and effective way. The IRMP has legal force and it is therefore incumbent on the Authority to demonstrate that its IRMP principles are applied within the organisation.

3.2   **Economic** - the management of risk through a proactive preventable agenda serves to not only reduce costs associated with reactive response services but also aids in the promotion of prosperous communities.

3.3   **Legal** - the Authority has a legal responsibility to act as the enforcement agency for the Regulatory Reform (Fire Safety) Order 2005. As a result, ensuring both compliance with and support for business to achieve are core aspects of the fire and rescue service function to local communities.

4.   Equality Impact Assessment

4.1   Due to the discriminative nature of fire, those with certain protected characteristics are more likely to suffer the effects. Prevention strategies aim to minimise the disadvantage suffered by people due to their protected characteristic; specifically age and disability.

5. Background

5.1 The IRMP is a public facing document covering a four year period and represents the output of the IRMP process for Cambridgeshire and Peterborough. The document reviews the Service's progress to date and highlights initiatives that may be explored to further improve the quality of operational service provision and importantly in balance, further reduce the level of risk in the community.

5.2 The integrated risk management process is supported by the use of risk modelling. This is a process by which performance data over the last five years in key areas of prevention, protection and response is used to assess the likelihood of fires and other related emergencies from occurring; we term this 'community risk'. This, together with data from other sources such as the national risk register and our business delivery risks, is then used to identify the activities required to mitigate risks and maximise opportunities, with measures then set to monitor and improve our performance.

5.3 It should be noted that these are the new IRMP measures for 2020 to 2024, the key change is our definition of urban and rural attendance to bring our definition in line with the Office of National Statistics definition based on population density. The map below highlights the orange areas as urban and the green areas as rural.
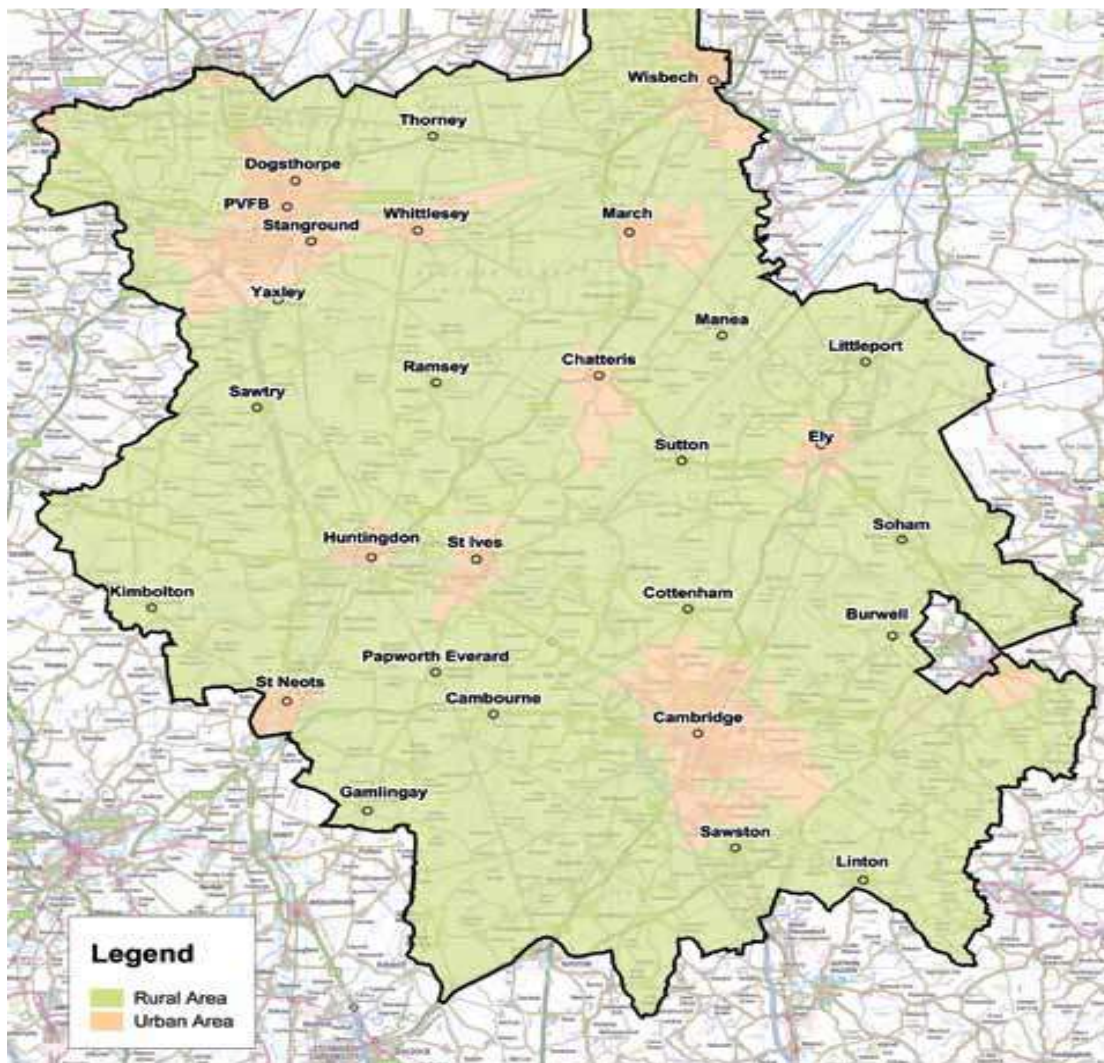
BIBLIOGRAPHY

Source Document	Location	Contact Officer
IRMP 2020 - 24	Hinchingbrooke Cottage Brampton Road Huntingdon	Jon Anderson 07711 444201 jon.anderson@cambsfire.gov.uk

Overview and Scrutiny Committee – IRMP Performance Review 2020/21 Quarter 1

We will respond to the most serious incidents within an average of 9 minutes in urban areas and 12 minutes in rural areas for the first fire engine in attendance. And we will respond to all incidents in our authority area within 18 minutes for the first fire engine in attendance 95% of the time. Most serious are defined as fires, rescues from water and road traffic collisions.

An important point to note is that this is the first reporting period where our new urban and rural definitions, as described in the IRMP, are being applied.

Urban

Call Year to Date ▼ -4.4%

08:00   07:39

The average attendance time for the 1st pump in urban areas remains positive at 7:49 this is a 21 second improvement on this measure from this time last year. With the COVID restrictions that were in place at this time, many wholetime activities were also stopped including non-essential travel. This has meant that crews are more likely to have been responding from their stations when calls were received.

Rural

Call Year to Date ▼ -3.8%

12:14   11:45

Within rural areas the 1st pump has seen similar levels of improvement where we are responding to the most serious calls in 11:45 which is 29 seconds faster than the same time last year and 15 seconds inside our performance measure. Some of this performance improvement can be attributed to the COVID-19 lockdown which started on the 23rd March. As a result we found many on-call staff were furloughed which led to an increase in our appliance availability.

All incidents

Call Year to Date ▼ -0.4%

95.5%   95.1%
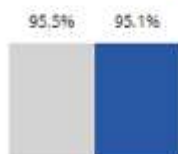
Our performance has exceeded this measure in this reporting period at 95.1% which is 0.1% above our 95% measure. Our success in this measure is in no small part to the imposition of the COVID lockdown, however we hope to continue to see the performance maintained over the coming months.

In our IRMP we have outlined a number of areas that we are going to focus on through our action plan. To help us deliver against these we will be monitoring the following areas to ensure that we are making effective decisions about the targeting of our resources and activities:

The number of primary and secondary fires.

Primary fires

Call Year to Date ▲ 10%

200   219

In the year to date we have seen an increase in primary fires by 19 on the year to date compared to the same period last year. When looking at the detail behind these numbers we have seen marginal increases in a number of areas which can be broken down as, accidental house fires (+8), deliberate house fires (+7) and accidental non-domestic property fires (sheds +8 and barns +5).

Secondary Fires

Call Year to Date ▲ 1%

342   347

In the year to date we have seen an increase in secondary fires by 5 compared to the same period last year.

The number of associated deaths and injuries from fire

Fire deaths

Call Year to Date ▼

2   0

We have had no fire fatalities recorded in the first quarter of year 2020/21.

Fire casualties

Call Year to Date ▲ 23%

13   16
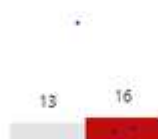
Very slight increase this quarter (16) compared to previous year (13). However, all fire injuries in this last quarter have been slight injuries or less.

On the injuries sustained, six people attempted to put the fire out, four people were injured trying to escape, two people had mobility issues, one person was under the influence of alcohol and 2 other circumstances.

The number of people killed and seriously injured on our roads

The latest available data from police accident data is December 2019 and therefore not relevant to this quarter.

Number of Road traffic collisions attended.

Call Year to Date ▼ -54%

97   45

We have seen a huge 54% drop in the number of RTCs attended in the last quarter (45) compared to last year (97). This has been due to the much reduced traffic that was on the roads during the COVID-19 lockdown. With less people on the roads there has been less opportunity for people to become casualties.

The number and type of special services that we attend

Special services attendance

Call Year to Date ▼ -19%

253   206

We have seen a 19% drop in the number of special services attended, 206 in this year to date compared to 253 for the same period last year.

Types of special services attended – excluding Road Traffic Collisions

Whilst we are still attending the full range of special service categories, we have seen a slight reduction in people orientated special services like medical incidents (first responder 1 in 2020 compared to 10 in 2019), removal of objects/people (10 in 2020 compared to 17 in 2019), effecting entry/exit (12 in 2020 compared to 26 in 2019), lift release (4in 2020 compared to 12 in 2019). We are still assisting other agencies as much in 2020 as we were in 2019 (51 in both periods) and have assisted in more animal rescue incidents (46 in 2020 compared to 36 in2019).

Total **Previous Year** **Five Year Average**

Category	Total	Previous Year	Five Year Average
Advice Only	11	15	12
Animal Rescues	133	117	127
Assist Other Agencies	244	196	159
Co-Responder	39	43	50
Effecting Entry/Exit	120	156	140
Evacuation (no fire)	8	8	8
No Action (not false alarm)	50	72	64
Other Rescue / Release of Persons	62	61	63
Other Transport Incident	17	14	17
Removal of objects from people	33	29	29
Removal of people from objects	22	28	24
Spills and Leaks (not RTC)	19	18	20
First Responder	21	29	22
Flooding	83	70	79
Hazardous Materials	27	32	30
Lift Release	20	31	27
Making Safe (not RTC)	29	20	22
Stand by	6	8	7
Suicide/Attempts	33	36	28
Water Provision	1	0	0
Water Rescues	26	20	19

As well as looking at the number of fires, RTCs and other incidents, we also look at trends and seek to understand the underlying causes or factors that we are able to influence to reduce numbers.

The diversity of job applicants and employees

Applicant Diversity over a rolling five year period

Female			Female and Operational			Black, Asian and Minority Ethnicity		
149	2020	38.6%	26		15.4%	34		8.8%
		▲ 16.0%			▲ 3.1%			▲ 3.2%
124	2016	22.6%	41		12.3%	31		5.6%

Declaring themselves LGBT			Declaring a Disability			Declaring Other Religion/Belief		
11	2020	2.8%	10		2.6%	17		4.4%
		▲ 0.5%			▲ 0.6%			▲ 2.4%
13	2016	2.4%	11		2.0%	11		2.0%

Over the rolling five year period we have seen an increase in applicants in all areas. Our most significant increase has been in the proportion of female applicants to the Service (up from 124 in 2016 to 149 in 2020). Whilst there is not always a notable increase in the numbers, it is still a positive picture as the proportion of applicants with protected characteristics within the applicant pool has increased (for example, the number of BME applicants in 2016 was 31 and in 2020 it was 34, but this 34 represented a greater proportion of all applicants). Although progress has clearly been made, we do recognise that there is further progress to be made to ensure that our applicant pool reflects the diversity of the communities that we serve.

Workforce Diversity

Female			Female and Operational			Black, Asian and Minority Ethnicity		
161	2020	21.4%	36		6.9%	27		3.6%
		▲ 1.3%			▲ 1.5%			▲ 0.7%
127	2016	20.0%	25		5.4%	18		2.8%

Declaring themselves LGBT			Declaring a Disability			Declaring Other Religion/Belief		
23	2020	3.1%	48		6.4%	21		2.8%
		▲ 1.5%			▼ -1.0%			▼ -1.0%
10	2016	1.6%	47		7.4%	24		3.8%
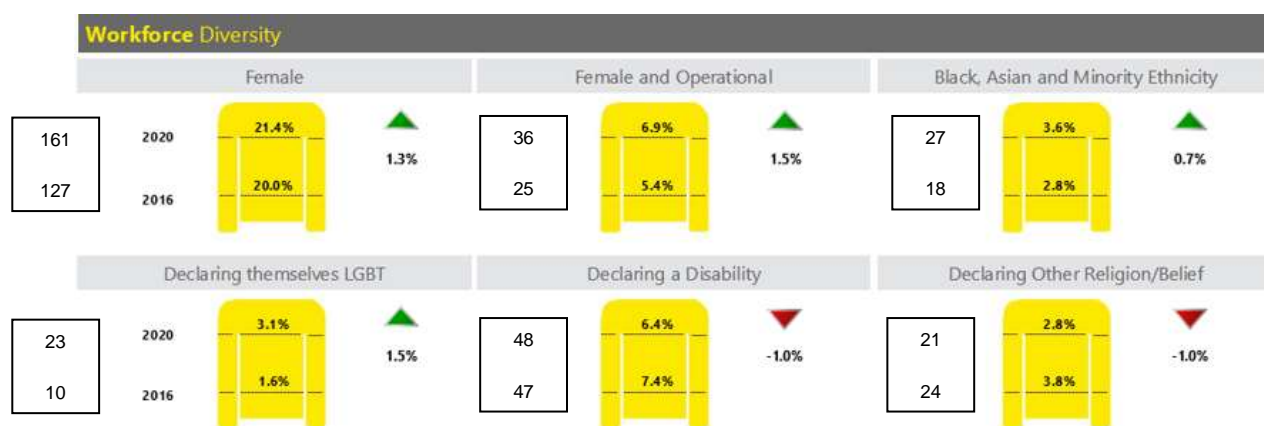
We have seen a small increase in gender diversity of our workforce this quarter (20.0% or 127 staff to 21.4% or 161 staff year on year) and this reflects an increase across all areas, including a reversal of the 5 year trend for a declining female workforce in our professional support services. We have also seen a percentage increase of female managers in the Service (44 to 53 female managers). The numbers of staff declaring a disability remains static, however we have seen a decrease in the percentage due to increasing size of the workforce. The increase in size of our current workforce is driven largely by wholetime and on-call, though there are headcount increases in all areas. We have seen an increase in LGBTQI+ staff across all areas of the workforce up from 1.6% to 3.1% (from 10 to 23 individuals) over the 5 year period.

We will be working to support businesses to ensure compliance with the fire safety order and we monitor this through:

The number of non-domestic fires.
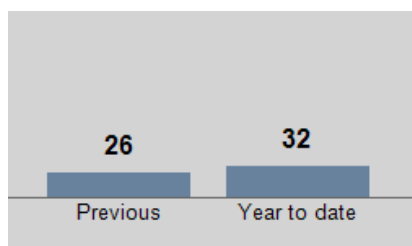
Only 6 more fires this quarter compared (32) to last year (26). More agricultural barn fires.

The number of business engagements identified through our risk based audit programme.

We identify high risk premises using predicted fire risk data from Experian, alongside national addressing data. High risk sleeping premises are allocated to fire protection officers for auditing in line with the fire safety order and high risk non sleeping premises are prioritised and allocated to watches for business engagements to be carried out.

There has been a pause in the completion of business engagements undertaken by watches during the COVID-19 period, with one business engagement reported in the quarter one figures, however the fire protection team have actively supported businesses within the community and have carried out both face to face and desktop audits.

Quarter one figures are shown below, for a comparison between 2019 and 2020. Note, this is for 1st April to 30th June only for each year displayed.

Year	Audit Type		
	Full	Short	Grand Total
2019	73	1	74
2020	3	42	45

To ensure that we are delivering value for money for our communities we will monitor:

Our collaborations and the benefits that these bring to us, our partners and to our communities.

We continually monitor our collaborations and ensure that they continue to provide benefit to the Service and to our communities. Our priority collaborative work this quarter has been on the requests made to CFRS to undertake wider community activity to support the COVID-19 response. This was done through the Cambridgeshire and Peterborough community hub. This was the Local Resilience Forum mechanism to manage and meet the needs of the community during the peak of the COVID-19 pandemic. In terms of recognised tripartite activities we were approached to support blue light Ambulance driving, face fitting masks for NHS and training new ambulance drivers. We also supported welfare visits to vulnerable persons who were shielding. We also seconded a member of our staff back into the Ambulance service for 12 weeks as they were a qualified paramedic.

Savings that we achieve through improving our business practices. These may be financial savings and/or more efficient ways of working.

In terms of key savings achieved in this quarter, we achieved a £250,000 saving over the next five years in our network provision. We previously had been part of collaboration with a number of partners but when evaluating our options we decided to enter into a collaboration with Bedfordshire Fire and Rescue Service to procure this service and successfully delivered the above savings againsts our other collaboration option.

REVIEW OF CAMBRIDGESHIRE FIRE AND RESCUE SERVICE HEALTH AND WELLBEING

To:	**Overview and Scrutiny Committee**
Date:	**1 October 2020**
From:	**Overview and Scrutiny Review Group**

Forward Plan ref:	**N/A**	*Key decision:*	**No**

Purpose:	**To present the findings of the review of Cambridgeshire Fire and Rescue Service Health and Wellbeing Provision**
Recommendation:	**The Committee is asked to:**

- **Consider the findings of the Review Group and note the contents of this report**

Officer contact:		*Member contact:*	
Name:	Deb Thompson	Name:	Councillor Lynda Harford
Post:	Scrutiny and Assurance Manager	Portfolio:	Lead on Overview and Scrutiny Member-led Review
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Tel:	07775 731629	Tel:	01480 444500

EXECUTIVE SUMMARY OF FINDINGS

Theme	Paragraph	Positive Findings	Neutral Findings	Negative Findings	Recommendation
Part A - Background	1 - 3				
Part B – Findings					
Background	4	People at the centre Clear vision statement People Strategy in place COG sponsored	More work required to progress values and culture action plan(s)	Poor mental health growing concern nationally within emergency services	Consider demand v resources in future
Internal and External Drivers and Influencers	5	Legally compliant Two way sharing Level of employee involvement		Influencers and drivers outside organisational control	Continue to work to address areas of improvement
Scope of Activities both Established and Planned	6	Wide ranging Commitment to do more	Availability of resources/finances		
Progress Against any Action Plan and/or Any other Measures in Place	7		Mixed levels of progress		
Comparison Against Other Fire and Rescue Service Family Group	8	HMICFRS inspection report findings			
COVID-19 Related Activities	9	Proactive approach			
Equality Impact Assessment	10				
Observations/Recommendations	11	Authentic leadership Clarity of commitment and direction Self-aware organisation			
Conclusions	12				

PART A - BACKGROUND

1.   INTRODUCTION

1.1   This review is being undertaken to satisfy the Fire Authority that the work undertaken by Cambridgeshire Fire and Rescue Service (CFRS) under its People Strategy and specifically that in relation to the health and wellbeing of its employees is appropriate. Whilst this review contributes to all four excellence statements it is predominantly focussed on people.

1.2   It is recognised that those working in emergency services deal with a range of challenges and recent research shows that rates of poor mental health are growing across all services; it's more important now than ever that employees are offered the support to deal with the situations they face every day. It will be necessary to review the lessons learned and any changes/improvements that need to be made as a result of the Service's experience of the COVID-19 pandemic.

1.3   The review was undertaken by Councillors Lynda Harford (and Janet Goodwin).

2.   REVIEW OBJECTIVES

2.1   The objectives of the review were to;

- identify the internal and external drivers and influencers,
- identify the scope of activities both established and planned,
- review progress against the action plan and/or any other measures in place,
- compare CFRS against other fire and rescue service family group members,
- provide the Authority with assurance that the direction of travel and approach is appropriate.

3.   METHODOLOGY

3.1   The terms of reference for this Member-led review set out the key lines of enquiry;

- understand the drivers and influencers,
- identify what activities CFRS has put in place to maximise opportunities and progress against any measures,
- research/compare CFRS against other fire and rescue service family group members,
- confirm the direction of travel.

3.2   The report does not comment on any related influencers outside of CFRS control. It does however consider how the Service monitors any change in direction of those influencers and responds to it.

3.3   In order to familiarise themselves with the work being undertaken and those delivering it, the review group interviewed a number of key individuals (Amy Jackson, Sam Smith,

Jacqui Gavin and the Chief Fire Officer (CFO)) and conducted desk top research of the tools available to employees.

3.4   Any Member of the Overview and Scrutiny Committee wishing to review evidence not specifically included in this report or requiring further information should contact the Scrutiny and Assurance Manager who will make the necessary arrangements.

3.5   The remainder of this report sets out the findings from the review.

PART B – FINDINGS

4.   BACKGROUND

4.1   Cambridgeshire and Peterborough Fire Authority is a complex organisation with a range of statutory and community duties. To enable the Authority to meet its statutory obligations, strategic priorities and operational needs it currently operates from 28 fire stations across the county, 27 of which are operational. Management, professional support services and the UK's first Combined Fire Control (CFC) are all based at Service Headquarters in Huntingdon.

4.2   The current establishment is 242 wholetime firefighters (including Principal Officers) and 250 (full time equivalent) On-Call firefighters who are mobilised across Cambridgeshire, Peterborough and Suffolk by 36 staff operating within the CFC. Essential operational and business support functions are provided by 138 full time employees that work in professional support service roles.

4.3   The number and locations of the stations, management structures and staffing model are routinely reviewed to ensure CFRS delivers a service that continues to be effective and efficient within the constraints of the budget available each year.

4.4   People are at the centre of the organisations vision; this is an ambitious statement of where CFRS aspires to be one day and includes people in the community and CFRS staff in terms of training, development, health, safety and wellbeing.

4.5   CFRS believe that organisational success depends on having appropriately skilled and motivated staff who feel valued as individuals, making them more likely to deliver an excellent service. Their **People Strategy** (Appendix 1), published in July 2018 and sponsored by the CFO, considers both internal and external drivers and influencers to set the strategic direction for workforce development and engagement activities. Through the review of risk and opportunity the Service has identified a number of areas to further improve its People Strategy; one such area is developing and improving the ways in which the Service supports the mental health and wellbeing of its staff.

5.   INTERNAL AND EXTERNAL DRIVERS AND INFLUENCERS

5.1   The Service is influenced by a number of both internal and external drivers and influencers; the review group consider the following as the most significant.

5.2   In May 2013 the government published an independent report by Sir Ken Knight entitled **'Facing the Future'** that made recommendations on the efficiency and operation of fire and rescue provision in England and then in November 2016 it published another independent review of conditions of service for fire and rescue staff in England by Adrian Thomas (the **Thomas Review**). The Service considered the recommendations of both reviews, conducted a gap analysis against them and converted identified opportunities into a prioritised action plan which in turn informed the development of the people section of the integrated risk management plan (see Paragraph 5.4 below).

5.3   The **Fire and Rescue National Framework** published in May 2018 states that each fire and rescue authority should have in place a people strategy that has been designed in collaboration with the workforce and that takes into account the principles set out in the N**ational Fire Chiefs Council (NFCC) People Strategy**; the framework also sets out the minimum requirements for inclusion in a people strategy. Further information on the NFCC People Programme can be found at Appendix 2.

5.4   Government places a legal requirement on each fire authority to produce an easily accessible and publicly available **Integrated Risk Management Plan** (IRMP) covering at least a three year time span and show how it will meet a number of criteria. The Service published its IRMP for 2020/24 and underpinning action plan after an extensive period of activities to inform its content including both internal and external consultation with key stakeholders and approval by the Authority. It has been deliberately developed as a single, integrated and holistic strategic plan written within the context of blue light collaboration and continued reductions in public sector funding. It robustly addresses all the areas that the national framework states such a document should cover including signposting where CFRS strategic plans take account of the framework requirements. The document can be found on the website via the following link https://www.cambsfire.gov.uk/media/2783/final-cfrs-irmp-2020-24-a4-32pp.pdf. The review group scrutinised the action plan to find one action under the people heading that specifically relates to the mental health and wellbeing of staff; further detail is given at Paragraph 6.13 below.

5.5   In July 2018 the Service was inspected by **Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS)** and was judged to be '**Good**' across all three key strands of efficiency, effectiveness and people.

5.6   Members will recall that within the people key strand of the inspection, focus was put on how well an organisation trains, manages and supports their staff. The review group scrutinised the report further and found commentary that staff and representative bodies had told HMICFRS inspectors that CFRS;

- puts its people's wellbeing first; staff use and appreciate its support services,
- a set of values underpins the organisational culture,
- staff respect leaders and their efforts to improve workplace culture,
- leaders look for feedback and the Service is keen to engage better with staff.

5.7   **Culture and Values** – the review group were particularly pleased that HMICFRS had drawn specific attention to the fact that (the organisation) '*it is good at promoting the right values and culture.*' Staff at all levels understand and demonstrate the Services **one team**

behaviours of trust, respect, results, commitment and honesty (Appendix 3 refers). As stated above HMICFRS found that staff see senior leaders as role models (visible, approachable, open to challenge, supportive of and demonstrating the one team behaviours) and respect them for improving the culture within the Service. This is particularly since the current senior team have been in place although some staff expressed concerns that not all managers have embraced the new culture. That said, although the Service had commissioned an action plan to improve culture it had made slow progress against the plan in some respects. There is limited evidence of bullying and harassment but staff are not confident in reporting such incidents should they occur; it needs to do more to make staff feel comfortable reporting bullying and harassment if it occurs (please also see Paragraph 5.11 below).

5.8   In order to assess and document progress since December 2018, CFRS were due to be inspected in the second round of the HMICFRS inspection process in May 2020. However due to the COVID-19 pandemic inspections have been suspended and at the time of writing the Authority was awaiting confirmation of revised dates.

5.9   The first **State of the Fire and Rescue** (annual assessment) report follows on from the three tranches (December 2018, June 2019 and December 2019) of the first independent inspection into all 45 fire and rescue services (FRS's) for 12 years by HMICFRS. This report makes some stark comments on the variances found across the sector and future reporting will influence CFRS activities. The report can be found at https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/state-of-fire-and-rescue-2019-2.pdf

5.10   **Employee Engagement Survey** – the Service ambition is to have a fully engaged workforce. Employee engagement is best described as a deep emotional connection to the organisation, characterised by employees that are satisfied, committed, motivated and strong advocates of their employer. The Service undertook an employee engagement survey in 2015, a pulse check in 2017 and another full survey in 2019. Analysis of the data revealed that between 2015 and 2019 the level of engagement had incrementally increased with 66% of the workforce 100% engaged; work is ongoing to further improve engagement but this level of engagement is about 22% higher than the national average across emergency services.

5.11   One of the areas identified through the employee engagement survey was a lack of confidence among staff in reporting bullying and harassment. The Service commissioned research from an external consultant (IODA Ltd) to address this area of concern and the resulting **RESPECT** action plan was developed to support staff to raise issues of inappropriate behaviour in confidence; to get the support they need through this process and to ensure that the response to this is thorough, appropriate and proportionate with both informal and formal resolution options. It further sets out that leadership in the context of such negative behaviours is consistent, fair, sustained and that the organisation learns from its mistakes. Although progress against the action plan has been slow, it remains important that staff feel confident in reporting bullying and harassment should it occur and the Service should improve delivery against the RESPECT action plan to ensure staff have this feeling (please also see Paragraph 5.7 above).

5.12   **Equality Strategy and Priorities** – a strategic document covering a three year period provides direction for the continued improvement of equality and inclusion in CFRS. It covers equality in service delivery as well as the working environment and builds on previous

strategies and achievements whilst taking account of the legal requirements set out in the Equality Act 2010.

…….. an extract from Page 7 (plus items 6 and 7 of the associated action plan) reads … *the well-being of all our staff is a priority and we will continue to participate in the **MIND Blue Light Programme**, supporting staff at the earliest stages of mental ill health through our **Blue Light Champions Network***. A further priority is … '*to bring about lasting cultural change in the way we interact and deal with each other'*. The review group identified that since 2007 the Service has worked to inform and train staff on appropriate behaviours in the workplace, how to challenge inappropriate behaviour, including bullying and harassment and how to seek support in dealing with these issues.

* The charity MIND runs the Blue Light Programme to give mental health support to emergency service staff and volunteers; over 30 voluntary Blue Light Champions were embedded throughout the Service in 2017/18 to provide additional mental health support and information to colleagues. Appendix 4 refers.

5.13   The review group was particularly interested to note a further support provided by the Service to ensure fairness and promote diversity, the use of **Inclusion Custodians.** An Inclusion Custodian is a manager who; takes a particular interest in a specific aspect of inclusion or diversity, wants to find out more about it, is committed to raising staff awareness of that issue and is committed to listening to staff and their viewpoints about the issue. There are currently eight managers who have volunteered to become custodians and one of them is focussed on mental health and wellbeing. The review group commend all eight who, whilst not necessarily an expert in the subject matter, have volunteered to raise awareness about inclusion and spread good practice; ultimately making the Service more inclusive for people affected by their area of interest.

6.   SCOPE OF ACTIVITIES BOTH ESTABLISHED AND PLANNED

6.1   The review group looked for evidence that there is commitment from the very top to continuous improvement of a subject that has already been externally acknowledged as **Good** and which has the challenge of culture change at its heart. It found evidence of a continuous thread running from the national influencers mentioned in Paragraph 5 above to activities within the Service and that opportunities are taken to ensure that communication channels are open in both directions. Whilst interviewing outside organisations was out of scope, the evidence obtained from CFRS Officers pointed to an outward facing service with a leadership willing to learn from and share good practice. In addition to the activities mentioned in Paragraph 5 above, the review group identified a number of other opportunities being undertaken by the Service.

6.2   The Service introduced a social media application called **Workplace** to improve engagement. It provides an interactive source of service news and information and includes a 'Chiefs Chatter Group' where the CFO posts regular blogs and welcomes comments and direct feedback. Although it is recognised that this method of communication does not suit everyone it is another resource in which to inform staff about health and wellbeing matters.

6.3   A **Wellbeing Matters open group** was formed on this application in December 2019. The first post was published by Sam Smith, Head of People (Inclusion Custodian for mental

health and wellbeing) informing readers it was a place to discuss and support each other in all matters wellbeing. At the time of writing the review group evidenced that there were 657 members of the group and a myriad of posts giving links to videos, articles and individuals own experiences. The review group wish to highlight a few key articles;

20 January 2020 - Lots of people will be talking about **#BlueMonday** today - supposedly the most depressing day of the year. The mental health charity MIND have helpfully shared that depression doesn't care what day it is and there is support available year-round. The NHS are also encouraging people to participate in **#BrewMonday** instead - to use today to reach out to a friend, colleague, family member or neighbour over a cup of tea.

Attendance by two officers at a **Blue Light Training showcase event** where police and fire gave updates regarding their respective progress with supporting the positive mental health of all staff. It was recognised that there is more to do but acknowledged that both services are building on a positive platform.

Mental Health Awareness Week May 2020 – as published by the Mental Health Foundation about 1 in 7 people experience mental health problems in the workplace. Additionally, women in full-time employment are nearly twice as likely to have a common mental health problem as full-time employed men (19.8% vs 10.9%). Evidence suggests that 12.7% of all sickness absence days in the UK can be attributed to mental health conditions. The CFRS rate of sickness absence due to mental health and wellbeing is attached at Appendix 5.

The term 'mental health' is such a broad term and having started the week with a video clip from ACFO Anderson outlining how the Chief Officers Group or COG believe people are the greatest organisational asset and how important it is to look after yourself and colleagues, information on a range of topics was posted for the next six days for example, male suicide, * mental health bias in the workplace, anxiety, panic attacks, bipolar/personality disorder, depression, eating disorders and stress.

* Research by social psychologists Tajfel and Turner, highlights how we as human beings, and thus employers, have a tendency to divide the world into in-groups and out-groups based on a set of both conscious stereotypes and implicit bias. These biases often result in mental health stigma. Social stigma, as stressed by the sociologist Erving Goffman arises from negative attitudes and discriminating behaviour, based on common stereotypes such as; people with mental illness are dangerous and unpredictable (most prevalent stereotype), incompetent, deserve blame for their conditions, have little hope for recovery. These biases impact employers' perceptions of people with mental health issues resulting in them not wanting to employ people or assign certain types of work to people with mental health conditions, avoidance by colleagues and name calling and talking behind people's backs.

Research by the YMCA found that two thirds (66%) of young people have heard harmful words relating to mental health. Many young people say it is simply part of everyday language, with 'psycho', 'retard' and 'attention seeker' being among the most commonly used words. This type of language has a profound impact on an employee's sense of self, resulting in 'covering' at work. The term 'covering' was coined by Goffman as part of his work on stigma. 'Covering' is a strategy through which individuals manage or downplay their differences. In a paper entitled 'Uncovering Talent: A new model of inclusion' by Deloitte University, the authors have identified four ways in which 'covering' at work manifests;

appearance ('covering' up aspects of ones' appearance, including attire and mannerisms), affiliation-based 'covering' (not talking about medical appointments or not wanting to support mental health related work events or talks for fear of being outed), advocacy-based 'covering' (not wanting to outwardly be an advocate for mental health issues at work. Not 'sticking up for' mental health issues or colleagues with known conditions. This results in down-playing their own condition) and association-based 'covering' (not wanting to attend disability or mental health employee network groups for fear of being exposed and discriminated against).

The review group was advised by those that they interviewed that the Service had adopted or was in the process of adopting the following practices to mitigate (mental health) social bias within the organisation;

- reviewing recruitment polices and at work processes to ensure it did not discriminate against people with mental health conditions,
- training hiring managers to be mental health aware,
- creating an inclusive work environment by educating everyone on the nature of mental health conditions - focusing on myth busting,
- proactively challenging negative stereotypes and attitudes amongst employees,
- providing a platform for mental health role models,
- ensuring mental health inclusion is central to organisational diversity and inclusion goals.

6.4   A programme of informal **'back to the floor'** engagement visits by senior leaders is well received by staff as they are seen as a good opportunity to engage, feedback and challenge. The visits are carried out across the organisation and are inclusive of all departments. Evidence of where this had been specifically about mental health and wellbeing was found in a workplace post; **National Time to Talk Day** (6 February 2020), a day designed to get the nation talking about mental health in a bid to end mental health discrimination and stigma. At that time the Service had been working behind the scenes to develop a wellbeing strategy for employees and seized this opportunity to share with as many employees as possible the progress to date. It also wanted to start to engage everyone in the conversation about wellbeing and what more could be done to achieve a positive wellbeing culture across the organisation. A chief officer, member of the IRMP team or Head of Group visited locations across the organisation at morning tea break to discuss the strategy, garner employee thoughts on the work done to date and hear ideas about what more can be done to achieve the positive wellbeing culture. The review group were able to see evidence of the visits and (positive) comments made online by those that attended after the event.

6.5   **Workforce Wellbeing** - both the physical and mental wellbeing of staff are a clear priority for the Service. It has a well-resourced **occupational health department** providing a variety of support including health and wellbeing advice, health screening, medicals and fitness testing. It also offers an externally provided **employee assistance programme** (EAP) and **medical plan** via Healthshield. These two programmes provide staff with services such as legal and financial advice, counselling, physiotherapy and hospital investigations. The review group was advised that between September 2019 and September 2020 the following contact to the EAP had been made by members of staff;

- **8 telephone calls** (all were due to mental health/stress/wellbeing issues and direct support was provided),

- **35 online visits** (33 out of 35 could be included in the mental health/stress/wellbeing categories). Online access means accessing specific online guides dealing with for example, bereavement, managing stress, low self-esteem, relationship breakdowns, in other words a broad range of mental health and wellbeing issues.

6.6   Both Cambridgeshire Constabulary and CFRS utilise an effective **trauma risk management** or TRiM debriefing system for incidents within their organisations. The system provides a positive and proactive approach to debriefing staff (post incident) to ensure their welfare is considered at the earliest opportunity and individuals receive the correct level of support that they need at that time. This collaboration is covered by a Memorandum of Understanding with Blue Light Partners and reviewed to ensure it remains fit for purpose.

6.7   **Manager Seminar Programme** – the Service hold regular seminars for managers to inform them and facilitate discussion on a range of issues that affect the organisation. The review group evidenced that the seminar held in January 2020 was focussed on the people agenda for 2020 and beyond. It was led by the COG who stated that they wanted to talk about evolving the management culture and the large part individual managers could play to help embed and achieve this important cultural change. They also wanted to outline their expectations of them as leaders within the organisation and dispel some myths that they had heard about what they expected of them. The COG went on to say that whilst they recognised the organisation was in a great place from HMICFRS inspections and the employee engagement survey results, conversations with staff and feedback from the staff survey had led them to see that if we want to do even better we need to make changes in the way we do some things to fully create the culture we aspire to. This is the **driver for the change** they wanted to portray to managers at the seminar and maximum attendance was encouraged. The review group evidenced this as a leadership team taking a consistent approach to strategic direction, demonstrating the desire to engage with staff to inform this direction and putting people first.

6.8   In October 2019 a member of staff designed **a poster** that signposts readers to support that is currently available internally as well as some external support options. These have been displayed throughout service premises to support current work in the mental health and wellbeing area and to ensure that existing avenues of available support are communicated to everyone. Appendix 6 refers.

6.9   All service IT equipment has the Wellbeing Matters **logo** on it to remind users of its existence. As part of the wider **Wellbeing Strategy** a dedicated email inbox (wellbeing@cambsfire.gov.uk) was created in March 2020 for employees to share thoughts, make requests and put forward ideas for example, something specific at a work location, a service wide initiative, an idea for a national awareness day or any feedback for both physical and mental health. At the same time as this was published employees were informed about a **Wellbeing Working Group** being set up to help co-ordinate and deliver the Wellbeing Strategy; expressions of interest to be a part of this group were open. The Deputy Chief Executive Officer is the nominated strategic lead for the Wellbeing Strategy.

6.10   The Service are currently drafting a Mental Health and Wellbeing Policy.

6.11   The People Strategy forms part of the COG performance objectives in 2020/21. Part of the objective is to embed the Wellbeing Strategy (approved at the Chief Officers Advisory Group meeting in January 2020) by March 2021.

6.12   On 5 August 2020 the review group evidenced a Workplace post from the Learning and Development Manager stating a planned action as follows … '*At the time of writing the Service was in the process of commissioning* **well-being training** *from specialist providers for all employees. It had received three proposals which were being reviewed early August in consultation with stakeholders. The session will focus on mental ill health awareness in yourself and others and some early intervention strategies. It's an important piece of work and it's vital we get it right. The desire to share this with every employee shows our commitment and desire to do the right thing'.* At the time of writing this action was still being progressed.

6.13   **People Strategy – IRMP Action Plan** - as stated at Paragraph 5.4 above the IRMP includes an action plan that details the work the Service will deliver within the people pillar. There are seven actions, one of which is specifically about developing and improving the ways in which CFRS support the mental health and wellbeing of its staff. The measure of success is stated that by 2024 CFRS will have designed, implemented and evaluated a range of wellbeing interventions via a wellbeing strategy. It is clear from the plan that the Service recognises that these are areas where it can work to improve everyone's working life, ensuring everyone feels valued and motivated and able to be the best they can be in whatever role they do across the organisation. The review group could evidence that since late 2019 the Service had shared information on how it was focussing on mental health and wellbeing recognising it was an area which they hadn't given specific focus to until recently.

The following is an extract from a communication from the CFO stating … '*That's not to say we haven't done anything. We have a whole range of support options available to staff to help them, but we have recognised that it is predominately 'reactive' help, which is there at the point a person needs it. There is more that we could potentially do to support people to maintain good mental health and wellbeing, as well as extra support for managers and peers to help them identify the signs that someone could benefit from some support with their mental health and wellbeing. And we don't just mean work related stress and mental illness. Around 40% of sickness last year was mental health related, but by far the largest proportion was non-work related. Family complications, relationship problems, financial worries - all can take its toll on a person.*

We don't have all the answers right now, and actually we want staff to help us shape where we can make improvements, what might be beneficial, understand what some of the causes of workplace stress are and help us develop solutions. We also know we need to better communicate about the support that's already available, as I'm not confident everyone could name every option available to them if they needed help – or know where to go to discreetly find that information if they need to.

We all have mental health, all of the time, and it can vary for all of us, just like our physical health can ….'

The review group consider the inclusion of a specific action, this communication (that was followed by an action (Manager Seminar at Paragraph 6.7)) demonstrates authentic leadership and commitment to the mental health and wellbeing of staff.

6.14   The review group was made aware that the Service plan to recruit a Mental Health Advisor in autumn 2020.

7.   PROGRESS AGAINST ANY ACTION PLAN AND/OR ANY OTHER MEASURES IN PLACE

7.1   The Review group believe progress against any action plan and/or measures in place are routinely monitored and the Service works hard, under increasing pressures, to deliver what it sets out in its strategic documents.

7.2   Further, the review group are confident the Fire Authority are involved in decision making where appropriate and sighted, through democratic processes, on key policies, audit reports, service delivery and direction of travel in the context of health and wellbeing.

8.   COMPARISON AGAINST OTHER FIRE AND RESCUE SERVICE FAMILY GROUP

8.1   Primarily due to the COVID-19 pandemic, the review group did not wish to burden other organisations with requests for information however it did scrutinise the available reporting from inspections and overt information from sources such as organisational websites. Please see Appendix 7 for headlines.

8.2   The review group was pleased to evidence that CFRS are performing at the forefront of the sector and is striving to maintain that influential position.

9.   COIVD-19 PANDEMIC EVIDENCE

9.1   During the review period, the organisation was faced with the COVID-19 pandemic; unprecedented times for the world. At the time of writing the pandemic continued to test business continuity plans and the Authority accepts that it may lead to a delay in delivering some of the actions as they were previously planned and are detailed in this report. However the review group was satisfied with the evidence available that the impacts and recovery are being closely monitored as part of ongoing business continuity activities. It found no reason to suspect that the Service's inherent attitude towards continuous improvement would change due to the pandemic but rather that it would take account of learning from the emergency to further its efforts.

9.2   Whilst working to ensure that the emergency response provided to the public is continued and sustainable, the review group noted that the Service is also working with partner agencies to support them in their response. This includes providing staff to help with community hub work and drivers to help the ambulance service deal with extra demand and staff sickness. It is recognised that this may expose staff to different environments and incidents and could impact on their mental health and wellbeing.

9.3   It is also recognised that the social distancing and level of isolation we are currently having to deal with can be difficult for some; it can be easy to fall into unhealthy habits and

patterns of behaviour that make people feel worse. The review group evidenced that the Service had taken opportunities to share information and support with staff and would like to highlight the examples below;

- Public Health England campaign to help people to manage their mental wellbeing during the pandemic using Every Mind Matters self-care resources (www.nhs.uk/oneyou)

- MIND information support and resources on coronavirus and your wellbeing

- Handout giving information on looking after physical health as a home worker

- Launch of a COVID-19 specific section on the intranet http://intranet/our-service/coronavirus-covid-19/

- Launch of a wellbeing hub on the intranet giving information on mental health and wellbeing, physical, financial and child wellbeing, bereavement support and domestic problems http://intranet/our-service/wellbeing/

- Enrolment of employees in a (Coaching Culture) Mindset Module Programme including a wellbeing module and a thriving during isolation module

- Letter to all employees about expectations during COVID-19 pandemic

- Letter to all employees following the death of FF Baker with a leaflet detailing information on wellbeing support services

- Letter of thanks to all children for supporting their parents (employees) to do their job during the pandemic

- Email from the Inclusion Custodian for mental health and wellbeing to Heads of Group in May 2020 detailing all the support, information and resources available to support people with their wellbeing during the pandemic to aid (manager/employee) conversations.

- Circulation of a new 24/7 wellbeing single point of contact available via Cambridgeshire Constabulary; contact details were also published on intranet wellbeing hub pages.

10.   EQUALITY IMPACT ASSESSMENT

10.1   An equality impact assessment, in accordance with the Equality Act 2010, is carried out as part of the activities described within this report.

11.   OBSERVATIONS/RECOMMENDATIONS

11.1   The review group felt that in view of the evidence available and especially in light of the current pandemic conditions it was not necessary to make any recommendations at this time however Councillor Harford wishes to make the following observations.

11.2   Talking about change, particularly of culture, is easy but putting it into practice is much more difficult. When an organisation says all the right things but doesn't act on them employees will pick up on this and become disengaged; more than that, it has the potential to diminish their trust in and respect for those making those claims. She felt that CFRS were **authentic** in their commitment and this is particularly evidenced in the employee engagement rates and ongoing activities highlighted at Paragraphs 5 and 6 above. No evidence of a toxic workplace (alpha office, under performance, micro management, negativity, leavism (phenomena of employees using available leave entitlement schemes to have time off when in fact they are too unwell to work) were found.

11.3   Given the increased importance being placed on mental health and wellbeing, Councillor Harford was satisfied that the risks to employees are recognised and that preventative measures are increasingly being identified and implemented to manage them. The breadth and range of support is at a level that is not evidenced in many other comparable organisations and crucially is seen as being of sufficient importance to merit continuous improvement.

11.4   HMICFRS has announced it will inspect CFRS in October 2020 to ascertain its response and learning in the current COVID-19 pandemic conditions. The required self-assessment, which includes a number of questions relating to wellbeing, has been submitted, a Member briefing is planned for late September and the (virtual) inspection and interviews are being scheduled by HMICFRS. The outcome of this inspection will be available at the end of the calendar year. There is no doubt that this pandemic has put an additional strain on the emergency services however the evidence found during this review should give the Authority confidence it is looking after its people and striving to do more.

11.5   The Service must continue to engage with and encourage feedback from staff via appropriate means (employee surveys), analyse the results promptly and integrate actions into strategic documents for example, the IRMP.

11.6   The Authority has regular opportunities to provide support through its review of strategic documents and the importance of Member commitment to providing that support cannot be overstated.

11.7   Overall the review group commend CFRS for its commitment to high performance which currently sees it occupying a place at the forefront of the sector and the family group.

12.   CONCLUSIONS

12.1   CFRS has set out clearly its vision of putting people at the centre of everything it does and how it will look after its employees including their mental health and wellbeing. The People Strategy and activities that fall under it, contribute to the strategic objectives, have (senior) sponsors (and champions) and governance oversight.

12.2   It is a self-aware, learning organisation that can evidence it takes action to address areas of improvement highlighted to them for example, in inspection reporting. It is prepared to ask difficult questions and take action on feedback where appropriate.

12.3   In recent years, cognisant of the national picture within emergency services, it is making mental health and wellbeing a priority to support employees which in turn should contribute to organisational efficiency and effectiveness.

12.4   The Service can demonstrate it has a (largely) wide ranging and inclusive culture that provides a welcoming place to work for the widest variety of people. It is working towards a positive wellbeing culture by acknowledging and striving to close gaps.

12.5   The Service has a generally positive relationship with representative bodies and staff associations. HMICFRS inspectors found examples of regular engagement and evidence of negotiation to resolve concerns (5 to 4 watch duty system), as well as evidence of feedback influencing changes within the Service (On-Call standby policy).

12.6   The review group, whilst concerned about the state of the emergency services overall in terms of mental health and wellbeing (MIND report), is satisfied that CFRS is committed to doing all it can to mitigate the risks, especially in respect of trauma and organisational culture and priorities. It acknowledges the rapid expansion of the range of support available and that the organisation has been agile enough to meet demand in the pandemic.

BIBLIOGRAPHY

Source Documents	Location	Contact Officer
Various	Hinchingbrooke Cottage Brampton Road Huntingdon	Deb Thompson Deb.thompson@cambsfire.gov.uk 07775731629

Further Information on National Fire Chiefs Council (NFCC) People Programme

People Programme

Investing in people by providing good practice guidance, tools and improvements at a national level for local implementation. The programme has clear cross-cutting objectives focusing on supporting a positive working culture by inspiring distributive leadership, embedding equality, diversity and inclusion in everything we do, finding and nurturing diverse talent, and caring for the health and well-being of our staff.

We will support the continuous improvement of workforce performance through; quality assuring the competency of our workforce, providing high quality training and development, and duty systems that are best matched to the risks within our communities.

We are in the second phase of the programme and are now focusing on cultural reform and strengthening leadership. Complementing this important work, we are also working on diversity and recruitment alongside enhancements to competence that include embedding apprenticeships and rethinking duty systems.

Along with producing tools and guidance, we have started to map Fire Standards against the programme and have begun drafting the first of these.

People Strategy

The NFCC People Strategy (2017-2022) responds to recommendations for workforce reform and draws out the main drivers for change over the five year period and the impact they have on our people. Over this period we will develop flexible duty systems, contract types, and how we work together on the day to day activity. The evolving role of fire and rescue services in working in partnerships has implications for professional development, well-being and organisational culture. If we are to build on our success we need to develop new leadership skills and attract a diversity of thought and knowledge. We have agreed six key areas to help us define and plan improvements.

People Products

The NFCC has products on On-Call recruitment, FRS Learn, Apprenticeships, Leadership, Model Policies and Equality, Diversity and Inclusion. These are model policies designed to promote good practice and efficiency across the UK FRS sector using a 'do it once' approach.

The NFCC aims to produce five such policies per annum.

Further Information on MIND

MIND, a mental health charity in England and Wales, has published findings from its research on wellbeing and mental health support in emergency services. Mind has been providing a dedicated programme of mental health support to 999 staff and volunteers across the sector since 2015. The 2019 research received over 5,000 respondents across police (41 per cent), fire (20 per cent), ambulance (28 per cent) and search and rescue services (11 per cent). Research from Mind reveals that emergency services staff and volunteers are over twice as likely to say that their service encouraged them to talk about their mental health, compared to four years ago. Wellbeing and mental health support in emergency services;

- 64 per cent of emergency services personnel said they felt encouraged to talk about their own mental health, compared to 29 per cent in 2015;

- 53 per cent said their service supports people with mental health problems well, compared to 34 per cent in 2015;

- 65 per cent reported they were aware of what support was available to them to help them manage their mental health, compared to 46 per cent in 2015;

- 59 per cent felt that attitudes towards mental health at their organisation were changing for the better;

- 45 per cent reported to have 'good' or 'very good' mental health and 21 per cent reported having 'poor' or 'very poor' mental health, compared to 53 per cent and 14 per cent in 2015 respectively;

Search and Rescue volunteers report the best mental health (69 per cent stating it is 'good' or 'very good') while ambulance personal reported 'the worst' with only 34 per cent stating it to be 'good' or 'very good'. The top three reported mental health problems were depression (48 per cent), anxiety (48 per cent) and Post Traumatic Stress Disorder (21 per cent); excessive workload' remained the most frequently cited cause of poor mental health among respondents. 'Trauma' moved up from fifth place in 2015 to second place in 2019. These were followed by 'pressure from management', 'long hours' and 'organisational upheaval.'

People Strategy

Introduction

The Fire and Rescue National Framework (published May 2018) states that each Fire and Rescue Authority should have in place a people strategy that has been designed in collaboration with the workforce, and takes into account the principles set out in the NFCC's People Strategy. The National Framework also sets the minimum requirements for inclusion in a people strategy.

Our Integrated Risk Management Plan (IRMP) and associated Action Plan has been deliberately developed to be our single, integrated and holistic strategic plan (including for People), and it has been consulted on both internally and externally. Because of this, CFRS does not have a separate people strategy. However, we do address all the areas that the National Framework states a people strategy should cover, and the purpose of this document is to signpost to where our strategic plans take account of the National Framework requirements.

Areas to be included in a people strategy as set out in the National Framework	How CFRS strategic plans take account of this
Continuously improving the diversity of the workforce to ensure it represents the community it serves	This is addressed through both the IRMP (DMS #495011) and associated Action Plan (DMS #465098, line 3.6) and through the Equality Strategy and Priorities (DMS #507395, p.6).
Equality, cultural values and behaviours	This is addressed through both the IRMP (DMS #495011) and associated Action Plan (DMS #465098, line 3.2) and through the Equality Strategy and Priorities (DMS #507395). Our cultural values are set out in our overarching values of Dignity, Respect and Welcome (http://www.cambsfire.gov.uk/about-us/our-values-770.aspx) with behavioural expectations set out in our One Team Behaviours (DMS #403653).
The various routes available in terms of recruitment, retention and progression	This is addressed through both the IRMP (DMS #495011) and associated Action Plan (DMS #465098, lines 3.1, 3.4, 3.5 and 3.7) and through the Equality Strategy and Priorities (DMS #507395, p.6). The workplace planning register (DMS #408315) maintained by the Resource Management Unit Board provides data on which strategic resource planning decisions

Areas to be included in a people strategy as set out in the National Framework	How CFRS strategic plans take account of this
	can be made for the wholetime workforce. The career management process (DMS #495095) sets out our strategic approach to development and career progression. The Recruitment and Selection Policy (DMS #271087) provides guidance to ensure the open and transparent processes to recruit staff to all roles (the foundation for strategic resourcing).
Flexible working	The Equality Strategy and Priorities (DMS #507395) and the Flexible Working Policy (DMS #491021) both set out the Service's strategic commitment to flexible working. A flexible working guidance document is also in development, which will provide practical guidance for both managers and staff on how to facilitate flexible working wherever possible.
Professionalism, skills and leadership	This is addressed through the IRMP (DMS #495011) and associated Action Plan (DMS #465098, lines 3.1 and 3.4). Equality of opportunity in skills and leadership development is also specifically addressed through the Equality Strategy and Priorities (DMS #507395).
Training opportunities	This is addressed through the IRMP (DMS #495011) and associated Action Plan (DMS #465098, lines 2.2, 2.4, 2.7 as well as within People section), as well as the Training Strategy (DMS #471871). Equality of access to training opportunities is also addressed through the Equality Strategy and Priorities (DMS #507395).
Health and safety, wellbeing, disabilities and support (e.g. mental health and physical support)	Health and Safety elements are addressed through the IRMP (DMS #495011) and associated Action Plan (DMS #465098, line 2.7), as well as the Health and Safety Strategy (DMS #40315) and the Service's accreditation to BS 18001. Wellbeing elements are addressed through

Areas to be included in a people strategy as set out in the National Framework	How CFRS strategic plans take account of this
	the Equality Strategy and Priorities (DMS #507395, p.7) and a Mental Health and Wellbeing Policy (DMS #471217) (currently in consultation). The Disability Support Policy (DMS #183404) addresses support for those with disabilities.
Tackling bullying, harassment and discrimination	This is addressed through both the IRMP (DMS #495011) and associated Action Plan (DMS #465098, line 3.2) and through the Equality Strategy and Priorities (DMS #507395). The RESPECT action plan (which is referenced within both these documents) can be found at DMS #490295.

ONE TEAM BEHAVIOURS

What we believe in
What we do

Trust
I talk straight
I do what I say I will do
I genuinely listen to others

Respect
I praise and give credit to others
I help others to succeed
I value all people equally

Results
I try to improve things
I seek feedback and I act on it
I get the right things done

Commitment
I get the job done but not at others' expense
I show loyalty for the Service, not just my own area
I support decisions

Honesty
I admit if I'm wrong, graciously
I challenge inappropriate behaviour
I'm open and honest

CFRS SICKNESS ABSENCE DATA
QTR 2 2018 to QTR 3 2020

Sum of AvgDaysLostPerFTE	Column Labels					
Row Labels	Control	Non-Uniformed	Retained	Uniformed	Wholetime	Grand Total
2018						
Qtr2	4.19	0.09	1.51	0.00	1.13	6.92
Qtr3	4.59	0.30	4.01	0.64	1.07	10.60
Qtr4	4.86	1.03	4.56	0.17	2.12	12.74
2019						
Qtr1	4.84	1.78	2.18	1.26	1.77	11.82
Qtr2	5.12	0.96	2.29	6.55	1.68	16.58
Qtr3	8.81	3.10	3.87	10.25	0.91	26.95
Qtr4	12.28	2.41	1.74	9.53	0.81	26.77
2020						
Qtr1	14.06	2.57	1.70	6.69	0.55	25.56
Qtr2	2.34	0.19	0.08	4.17	0.67	7.45
Qtr3	3.56	0.19	0.00	3.16	1.18	8.09
Grand Total	64.65667384	12.61339827	21.91601497	42.41685477	11.88690207	153.4898439
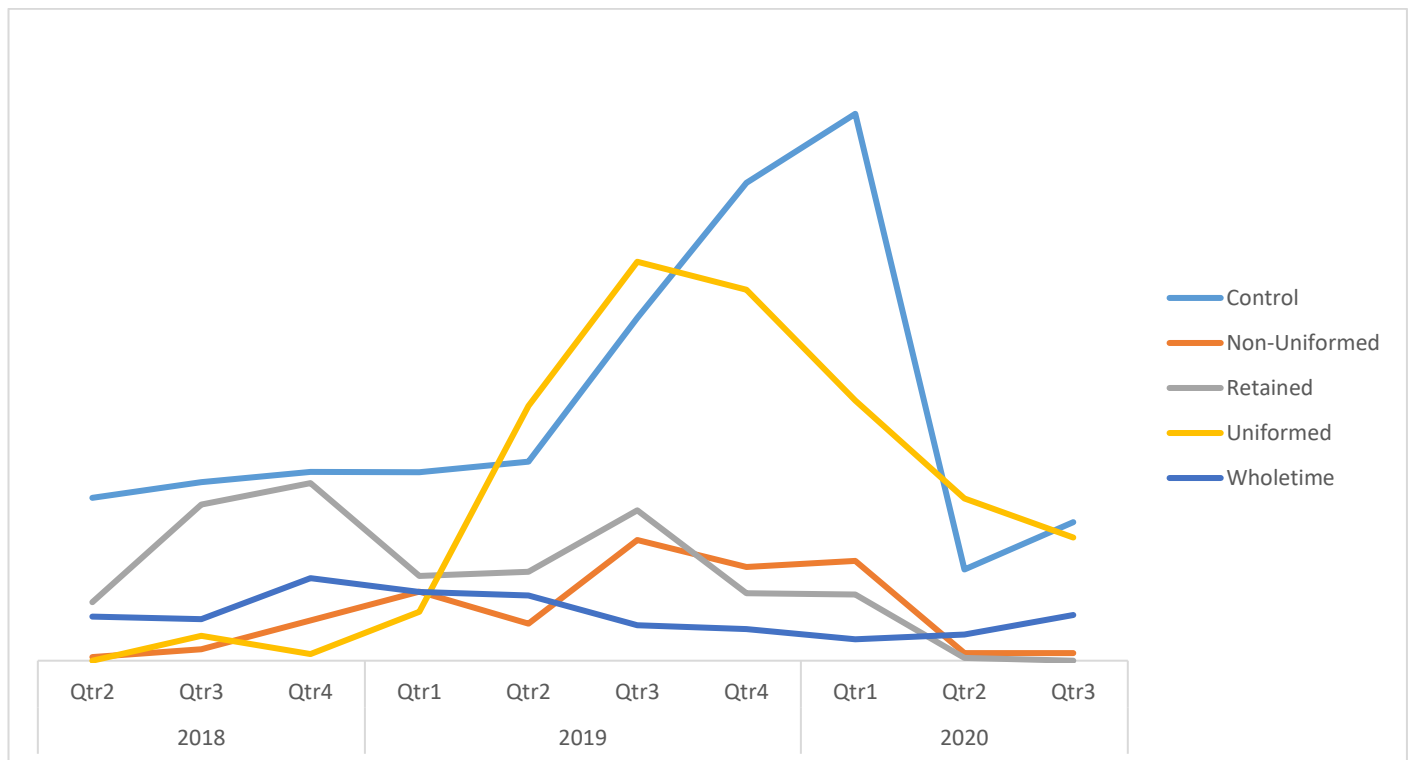
MENTAL HEALTH SUPPORT SERVICES

External Support

Mind infoline
0300 123 3393 or text 86463
www.mind.org.uk

Samaritans
Call: 116 123
www.samaritans.org

Saneline
0300 304 7000
www.sane.org.uk

Campaign Against Living Miserably (CALM)
0800 58 58 58
www.thecalmzone.net

Switchboard
0300 330 0630
https://switchboard.lgbt

The Helpline partnership
0300 330 7777
https://helplines.org/

NHS
Call 111
111.nhs.uk

Your own GP

Internal Support

Occupational Health
01480 309882

Employee Assistance Programme
www.my-EAP.com/login   (username: CPFRuser)
0800 1116 387

Mind Blue Light Pledge & Champions

TRiM practitioners

Healthshield Cashplan
01270 588555
www.healthshield.co.uk

The Fire Fighters Charity
01256 366566   www.firefighterscharity.org.uk

External counselling
Call Occupational Health   01480 309 882

CAMBRIDGESHIRE FIRE & RESCUE SERVICE

COMPARISON AGAINST OTHER FIRE AND RESCUE SERVICE FAMILY GROUP

HMICFRS INSPECTION RESULTS ON PERFORMANCE

Organisation	Effectiveness Grade	Efficiency Grade	People Grade	Comment
Bedfordshire	Good	Requires Improvement	**Requires Improvement**	Family Group and Eastern Region
Buckinghamshire	Requires Improvement	Requires Improvement	**Good**	
Cambridgeshire	**Good**	**Good**	**Good**	
Dorset and Wiltshire	Good	Good	**Good**	
Durham and Darlington	Good	Good	**Requires Improvement**	
East Sussex	Requires Improvement	Good	**Requires Improvement**	
Essex	Requires Improvement	Requires Improvement	**Requires Improvement**	Eastern Region only
Hertfordshire	Requires Improvement	Requires Improvement	**Requires Improvement**	Eastern Region only
Norfolk	Requires Improvement	Requires Improvement	**Requires Improvement**	Family Group and Eastern Region
Northamptonshire	Requires Improvement	Requires Improvement	**Requires Improvement**	
Oxfordshire	Good	Good	**Good**	
Royal Berkshire	Good	Good	**Good**	
Suffolk	Good	Good	**Good**	Family Group and Eastern Region
West Sussex	Requires Improvement	Requires Improvement	**Inadequate**	

Note 1. The UK fire and rescue service is divided into five family groups. These groups are used to aid analysis and comparisons between similar fire and rescue services. CFRS is grouped together with 11 other similar sized organisations which are deemed to have some but by no means all of the same key characteristics, into Group 2.

Note 2. The Eastern Region comprises of six fire and rescue services including Cambridgeshire.

TO: Overview and Scrutiny Committee

FROM: Chairman Overview and Scrutiny Committee

PRESENTING OFFICER(S):   Chairman Overview and Scrutiny Committee
Area Commander Chris Parker

Telephone: 07900267893
chris.parker@cambsfire.gov.uk

DATE: 1 October 2020

MEMBER INVOLVEMENT IN AND UPDATE ON THE CAMBRIDGESHIRE FIRE AND RESCUE SERVICE RESPONSE TO THE COVID-19 PANDEMIC

1.   Purpose

1.1   The purpose of this report is to provide an update on the Cambridgeshire Fire and Rescue Service (CFRS) response to the COVID-19 pandemic and Member involvement in advance of the (virtual) inspection by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services.

2.   Recommendation

2.1   The Overview and Scrutiny Committee is asked to note the detail within the report.

3.   Risk Assessment

3.1   **Economic** – there is a requirement to monitor the cost burden that COVID-19 has placed on CFRS, to minimise the impact on overall service delivery.

3.2   **Political** – there is requirement for CFRS to deliver its statutory duties under the Fire and Rescue Services Act 2004 whilst ensuring its support to the local COVID-19 response, alongside partners, is appropriate.

3.3   **Social** – there is a requirement to focus our response to COVID-19 around people to ensure the health and wellbeing of our staff and support to the wider public in terms of the service we provide.

3.4   **Legal** – CFRS has maintained its legal requirements under the Fire and Rescue Services Act 2004, Civil Contingencies Act 2004, Health and Safety at Work Act 1974 and Human Rights Act 1998.

4.   Background

4.1   On 23 March 2020 the country was placed in lockdown due to the COVID-19 pandemic. This report highlights key actions undertaken by the Service prior to

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and during lockdown in ensuring the safety and welfare of our staff as well as continuing to provide our statutory functions to the public. Member involvement is detailed at Paragraph 6 below.

4.2   **Pre COVID-19**

Highlighted as a significant risk on the National Risk Register, work in conjunction with partners had been undertaken to plan for pandemic flu and the impact it could have within Cambridgeshire. The Pandemic Flu plan is authored and reviewed by the Cambridgeshire and Peterborough Local Resilience Forum (CPLRF) Risk Group.

4.3   **Early COVID-19 (two weeks leading up to lockdown)**

To ensure strategic oversight, daily business continuity (BC) meetings were established to monitor the national picture and align the organisation to the response requirements of COVID-19. Activities completed during this initial phase included;

- **Station/Premises Lockdown -** reduced personnel attending our sites to operational personnel only across all our fire stations. For risk critical tasks authorisation was granted for contractors or internal personnel.
- **Home Working –** where possible, home working was introduced for all support staff across the Service.
- **Health and Safety -** COVID-19 risk assessments for all tasks and premises were completed.
- **Securing supply chains for Personal Protection Equipment (PPE) -** The support cell worked to ensure the supply chain for equipment and PPE was available, this included support and purchase of PPE for the CPLRF.
- **Crewing of Operational Appliances -** we reduced crewing to a maximum of four riders on each appliance to help maintain social distancing and limit the impact should a positive test have occurred. Where possible we used additional appliances to transport further personnel to the scene on whole time fire stations.
- **Establishment of Community Hub -** we engaged directly with the Community Hub to supply human resources, where required, to support activities such as checking on vulnerable people across our communities and fitting facemasks for clinical care settings.
- **Support to East of England Ambulance Service Trust (EEAST) -** through the Tripartite Agreement we arranged for operational staff to be seconded to EEAST to drive ambulances and provide specialist driver training for staff.
- **Establishment of other links to CPLRF Sub Groups -** we developed links into other key working groups such as the Multi-Agency Information Cell (MAIC - sharing of updates and issues for all local partners and provide support as required). We chaired the local business continuity sub group for partners to enable updates to be shared about what local continuity plans had been instigated.

- **Organisational Recovery Planning -** this was initiated during the response phase of the pandemic, allowing us to monitor organisational impact and improve efficiency of re-instigating activities during the recovery phase.

4.4 During COVID-19 (23 March 2020 onwards) - Response

During lockdown we changed our initial response structure to align our response with strategic areas of responsibility. This enabled a more efficient and effective way of working. These groups then fed directly into the BC meetings which were held daily in the early stage and later moved to twice weekly (currently).

Business Continuity Response Structure

COVID-19 KEY STRATEGIC AREAS

```
                    BUSINESS CONTINUITY
                         (COG)
   ┌──────────────┬──────────────┬──────────────┐
 Operations    Communication    Support        Recovery
Simon Newton   Hayley Douglas  Chris Parker   Ryan Stacey/
                                              Tamsin Mirfin
Resourcing Cell  Daily Bulletin    PPE/BA        Recovery Cell
Response (Appliances/FDS)  Communication plan  Internal Testing
Community Hub/EEAS                  Fleet/Equipment
FBU/FRSA Liaison                    Logistics Cell
```

Business Continuity Cell - the overarching strategic cell that took information from the Tactical Co-Ordinating Group (TCG), Strategic Co-Ordinating Group (SCG), CPLRF Sub Groups, Public Health England (PHE) Guidance and National Guidance. This allowed for key strategic decisions to be made in relation to the organisations response to COVID-19.

Resources Cell - the resources cell managed all resources (both human and physical) to ensure we could maintain our statutory duties under the Fire and Rescue Services Act 2004 by;

- Gaining and sharing of information across the Service.
- Liaising with the MAIC to understand local impacts and outbreaks.
- Provide returns to the National Fire Chiefs Council (NFCC) on the impact COVID-19 was having on CFRS.
- Engagement and consultation with representative bodies.
- Active engagement and support to the Community Hub.

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- Formulate a strategy document to follow should the impact become un-manageable and we could not sustain our full crewing models. This included the use of retired or personnel who had left the Service as well as a reduction in number of appliances being crewed.

Support Cell - the COVID-19 support cell is responsible for the gathering and promulgation of information to ensure continuance of a timely supply of specialist COVID-19 PPE and related products for an unknown period of time, all key products and services across the Service and the timely receipt and delivery of same. It also ensured that, where permissible and reasonably practicable, business as usual is maintained and any potential risks and issues are acted up. The cell has;

- Ensured there is a hub of knowledge in relation to COVID-19 specialist PPE and consumables.
- Maintained contact with other agencies in relation to specific advice in relation to COVID-19.
- Maintained contact with key suppliers to review their BC arrangements.
- Ensured sufficient amounts PPE items are available through identification of optimum stock levels over the period of this pandemic.
- Complied with and supported Government, NFCC and other agencies reporting requirements on status of specialist PPE and products and associated costs incurred.
- Identified lessons learnt as a result of the BC activities in relation to contracts and procurement function and wider service in relation to supply of goods and services to learn from in the future.
- Identified and quantified risks associated with the recovery phase in relation to the procurement of goods and services including external training.

Recovery Cell - the overarching recovery cell was formed to report back on the recovery work streams and give strategic oversight to five of the recovery sub groups which are; service improvement, economic, structures, business recovery and people and culture.

4.5   **Highlights during COVID-19 Response**

- **Impact on IRMP -** we have seen limited to no impact on our IRMP measures for response times and other areas within the IRMP such as the delivery of the new turntable ladders, the Huntingdon move to St John's and the ICCS and Mobilisation Projects.
- **On-Call and Wholetime Recruits Course -** we have delivered (as planned) our initial 2020 recruits course for 16 personnel joining the wholetime group. We were also able to deliver our On-Call planned recruits course in May. Our second cohort of 15 wholetime recruits has also joined the Service supporting our succession planning and to maintain our establishment.

- **Assessment Processes -** we have been able to deliver (as planned) all of our promotion processes including a wholetime transferee process, again allowing individuals to seek development and promotion across all ranks from Assistant Chief Fire Officer (ACFO) to Firefighter (FF).
- **Community Hub -** as part of the Community Hub we used On-Call colleagues as well as professional support staff to provide support to the requests from the Hub. This included knocking on 356 homes of our extremely clinically vulnerable staff as well as fitting face masks (PPE) in clinical care settings.
- **East England Ambulance Service Trust (EEAST) Support -** our driver training team were seconded to provide 24 driving assessments to allow ambulance staff to drive non blue light ambulances. We also seconded 10 of our On-Call personnel to drive ambulances to approximately 2260 emergency calls over the eight week secondments. We also seconded one wholetime FF back to EEAST as a paramedic (previous role before becoming a FF to support their COVID-19 response for 12 weeks).
Staff Engagement – through our daily bulletins and staff surveys we have ensured consistent and transparent communication through our response to COVID-19.

## 5.	Transition to Recovery

5.1	As the national guidance relaxed lockdown measures, CFRS started to transition its response to recovery. This group has developed a recovery strategy with a focus on risk assessments and engagement with the representative bodies and staff to ensure areas of the business were turned back on securely and safely.

5.2	**Recovery Focus** – the current areas of focus for the recovery group are;

Crewing - how we return safely to the principles of our wholetime shift pattern.

COVID-19 Secure Workplaces - ensuring all of our premises are COVID-19 secure in line with national government guidance (risk assessments, individual premises COVID-19 secure assurance document, hand sanitisers, floor stickers, one way systems etc).

HMICFRS COVID-19 Inspection - preparation for the upcoming COVID-19 inspection in October 2020; please also see Paragraph 6 below.

Community Fire Safety/Technical Fire Safety - these core activities have been ongoing throughout COVID-19 and have been delivered by our Community Safety and Fire Protection Officers respectively. New ways of working have been identified and are being considered as we turn these activities safely back on for our operational crews.

Training (Operational Training, On-Call Drill Nights) - On-Call drill nights have been turned back on for some time but core training courses delivered by Training Centre are now also back to business as usual. This includes the use of off-site training venues with associated risk assessments.

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Economic Recovery Costs - CFRS was given a COVID-19 government grant of circa £750,000; we have tracked our spending and at the time of writing this report have utilised the amounts in the table below to support our COVID-19 response.

1	Personal Protective Equipment	£362,557.64
2	Cleaning and contamination supplies	£103,932.45
3	Other protective equipment	£52,605.00
4	ICT infrastructure and licencing	£14,427.01
5	Other costs excluding protective equipment	£13,788.38
6	Fleet and equipment	£5,185.00
TOTAL SPEND TO DATE		**£552,495.48**

5.3   **Recovery Summary**

We have continued to engage with staff and representative bodies to listen to feedback, ensuring we capture positive ways of working (driven by working differently during COVID-19) and also areas of learning that we can continue to review and action to improve the service delivery.

6.   Member Involvement

6.1   Whilst the Authority is sighted, through the democratic processes, on the actions taken to date by CFRS (as detailed above), additional scrutiny by Members relating to COVID-19 has taken place.

6.2   In August 2020 the Service received notification that HMICFRS had been commissioned to inspect the response by all fire and rescue services to the COVID-19 pandemic. CFRS subsequently received their inspection date of week commencing 5 October 2020.

6.3   The pre inspection requirement was to fill out a self-assessment return. On 10 September 2020, following their review of this documentation, Councillors McGuire and Gardener met (virtually) with Area Commander Parker to discuss the content.

6.4   On 23 September 2020, a Member seminar was held; one of the agenda items was the HMICFRS COVID-19 inspection. Officers presented the information detailed in the main body of this report and also gave an update on measures the Service would be implementing following the Prime Minsters announcement the evening before. This gave the wider Authority membership sight of all the information available and an opportunity to discuss the content whilst also gaining assurance the Service was meeting its obligations during the pandemic.

6.5   It is anticipated that the Authority will receive a letter, with an ungraded assessment, detailing the opinion of HMICFRS on the Service response to the COIVD-19 pandemic by the end of the calendar year.

BIBLIOGRAPHY

Source Documents	Location	Contact Officers
Business Continuity Plan	Stored on CFRS ICT System DMS#593753	Area Commander Chris Parker
Strategic Resource Planning Strategy	Stored on CFRS ICT System DMS#592187	Group Commander Stuart Smith
Recovery Strategy	Stored on CFRS ICT System DMS#593461	Service Transformation Manager Tamsin Mirfin
COVID-19 Secure Workplace Strategy	Stored on CFRS ICT System DMS#597996	
Business Continuity Meeting Agenda and Action Log	Stored on CFRS ICT System DMS#591023	Caz Lee
CPLRF Pandemic Flu	Stored on Resilience Direct	Area Commander Chris Parker

No: 7

Cambridgeshire and Peterborough Fire Authority

Internal Audit Progress Report

1 October 2020

This report is solely for the use of the persons to whom it is addressed.
To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no
responsibility or liability in respect of this report to any other party.

RSM

Contents

1 Key messages

This report below provides a summary update on progress against each plan and summarises the results of our work to date. Those reports finalised since the last Committee are highlighted in **bold** below. (Two reports were finalised prior to the last Committee, but not presented due to an admin error, therefore have been included within this paper for completeness)

Progress against the internal audit plan 2020/21

Assignment	Status / Opinion issued	Actions agreed			Opinion Issued
		L	M	H	
Fleet Management – Policies and Procedures (1.20/21)	**FINAL REPORT**	**0**	**2**	**0**	**Advisory**
Governance – Fire Authority (2.20/21)	**FINAL REPORT**	**2**	**2**	**0**	**Reasonable Assurance**
Procurement – Proactive Processes (3.20/21)	**FINAL REPORT**	**0**	**4**	**0**	**Reasonable Assurance**
Risk Management (4.20/21)	**FINAL REPORT**	**4**	**4**	**0**	**Reasonable Assurance**
Key Financial Controls	Planned - 5 October 2020				
People Strategy	Planned - 1 February 2021				
Follow up	Planned - 1 February 2021				
Estates and Property Maintenance	Planned – 24 February 2021				

Appendix A – Other matters

Annual Opinion 2020/21

The Overview and Scrutiny Committee should note that the assurances given in our audit assignments are included within our Annual Assurance report. The Committee should note that any negative assurance opinions will need to be noted in the annual report and may result in a qualified or negative annual opinion.

Changes to the audit plan

Since the last Overview and Scrutiny Committee we have been requested to delay the audit review of Estates and Property Maintenance audit due to the impact of COVID-19 on the department and the resources available from the team. This has now been re-scheduled for February 2021, previously October 2020.

Information and briefings

There has been four Emergency Services client briefing issued since our last Committee.

- Audit & Risk Committee – Navigating COVID-19
- Emergency Services New Briefing – September 2020

Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams.

The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department. This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

Appendix B – Executive summaries and action plans (High and Medium only) from finalised reports

EXECUTIVE SUMMARY – FLEET MANAGEMENT (POLICIES AND PROCEDURES)

With the use of emails for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit and provide you with the advisory report agreed. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely.

Why we completed this audit

We undertook an advisory review of the policies and procedures in place relating to fleet management, to review the control framework in place to mitigate against key-person dependency risk. Fleet management covers the maintenance of all vehicles owned by the Service, including both fire appliances and other light service vehicles. As part of the audit we reviewed the following plans, policies and procedures:

- Fleet Asset Management Plan;
- Use of Service Vehicle;
- Vehicle Maintenance;
- Fleet Safety Whilst Travelling;
- Vehicle Log Books;
- Collision, Vehicle or Third Party Damage, or Theft; and
- Pool Vehicle.

Conclusion

Our review found that policies and procedures were in place and included key information. However, we identified weaknesses relating to the absence of a gap analysis to ensure that all required policies and procedures have been identified, as well as issues with the approval and independent review of existing fleet management policies and procedures.

Key findings

We identified the following weaknesses:

Fleet Management Gap Analysis

We were informed by the Head of Fleet and Equipment Services that a gap analysis had not been performed to confirm that all required policies or procedures relating to fleet management had been identified. This includes the assessment of roles and responsibilities in relation to fleet management and ensuring back up controls are in place to mitigate against key-person dependency risk. There is a risk that there is insufficient guidance in place for

fleet management which could mean staff do not follow approved and consistent processes.

There is also a greater chance of key-person dependency risk materialising, resulting in controls not being effectively applied. As such, we have agreed a medium priority action to undertake a gap analysis of fleet management. **(Medium)**

Fleet and Transport Asset Management Plan and Associated Policies and Procedures

The organisation has a Fleet and Transport Asset Management Plan in place. We were informed by the Head of Fleet and Equipment Services that the Fleet and Transport Asset Management Plan and the suite of policies and procedures had been approved by the Area Commander, however, these approvals had not been documented. There is a risk that staff are following inappropriate guidance.

We also noted that the Fleet and Transport Asset Management Plan and the associated policy and procedure documents did not state the date of last and next review. There is a risk that guidance available to staff will become outdated and inconsistent with current practice and/or legislation.

In light of both findings, we have agreed a medium priority action to review, update with most recent and next review dates and approve the policies and procedures. **(Medium)**

We noted the following controls to be adequately designed and operating effectively:

Fleet Management Policy and Procedure Content

Through review of the fleet management policies and procedures we found they included key information, such as:

- fire appliances, when they may be used and roles and responsibilities for who may approve their use;
- maintenance and checks on service vehicles including who issues should be reported to;
- when it is appropriate to don protective equipment within a service vehicle and relevant speed limits;
- how to complete a vehicle's log book and who is responsible for maintaining them;
- who to report a vehicle collision, damage or theft to and what occupants must do in the event of a collision; and
- how to book a pool vehicle and ensuring the most efficient use.

Training and Succession Planning

We were informed by the Head of Equipment and Fleet Services that training and succession planning had not been established yet as retirement of key personnel in the function was not planned to take place in the short term. We were also informed that training and succession planning will be prepared in preparation for the Head of Equipment and Fleet Services retirement. As such, we have not raised an action in relation to this finding as it is a known area required in the future.

2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

1. Fleet management gap analysis			
Control	A gap analysis has not been undertaken to identify which policies or procedures are required for the effective management of the organisation's fleet.	**Assessment:**	
		Design	×
		Compliance	N/A
Findings / Implications	We were informed by the Head of Fleet and Equipment Services that a gap analysis had not been performed with the purpose of identifying any policies or procedures that may be required for fleet management. This includes the assessment of roles and responsibilities in relation to fleet management and ensuring back up controls are in place to mitigate against key-person dependency risk.		
	As such, there is a risk that there is insufficient guidance in place for fleet management which could mean staff do not follow approved and consistent processes. There is also a greater chance of key-person dependency risk materialising, resulting in controls not being effectively applied.		

Management Action 1	The Area Manager will undertake a fleet management gap analysis to identify which policies or procedures are required to manage the area.	**Responsible Owner:**	**Date:**	**Priority:**
		Chris Parker, Area Manager	31 December 2020	Medium
	This will include assessing which staff / officers will be assigned key fleet management roles and responsibilities, as well as the identification of back up controls to prevent key-person dependency risk.			

2. Key documentation – Approval, review and availability			
Control	There is a Fleet and Transport Asset Management Plan in place which was approved by the Area Commander.	**Assessment:**	
	The Plan includes key information such as:	**Design**	×
	• a breakdown of vehicles owned;		
	• expected vehicle life cycles;	**Compliance**	-
	• vehicle procurement guidelines;		
	• maintenance of vehicles;		

- disposal of a vehicle;
- fleet financial planning; and
- roles and responsibilities or the Transport department in monitoring and maintaining the fleet.

The Plan has been made available to staff within each service vehicle and via the Service's intranet. Following the most recent update, the Plan has not been distributed to staff.

The organisation also has a suite of supporting policies and procedures in place which are available to staff via the organisation's intranet:

- Use of Service Vehicle;
- Vehicle Maintenance;
- Fleet Safety Whilst Travelling;
- Vehicle Log Books;
- Collision, Vehicle or Third Party Damage, or Theft; and
- Pool Vehicle.

All documentation is subject to regular review but the dates of last and next review are not documented.

Findings / Implications	Approval
	We were informed by the Head of Fleet and Equipment Services that the Fleet and Transport Asset Management Plan and the suite of policies and procedures had been approved by the Area Commander, however, this approval had not been documented.
	Whilst we understand this, as we were unable to evidence that the Plan and other policies and procedures had been approved, there is a risk that staff are following inappropriate guidance.
	Review
	We also noted that the Fleet and Transport Asset Management Plan and the associated policy and procedure documents did not state the date of last and next review. We were informed by the Head of Fleet and Equipment Services that each document would be reviewed and updated when a new appliance was purchased with any resulting changes in guidance. We were also informed that where a new appliance was not purchased, the documents would be reviewed annually.
	Whilst we understand this, if previous and next review dates are not recorded on policy and procedure documents, there is a risk that guidance available to staff will become outdated and inconsistent with current practice.
	Availability
	We were informed by the Head of Fleet and Equipment Services that policies and procedures relating to fleet management are stored within service vehicles. Due to the COVID-19 lockdown in place at the time of the audit, in May 2020, we were unable to confirm this.
	We confirmed through review of a screenshot of the Service's intranet that the following policies and procedures had been made available to staff:

- Fleet and Transport Asset Management Plan;
- Vehicle Maintenance Policy;
- Fleet Safety Whilst Travelling Policy;
- Collision, Vehicle or Third Party Damage, or Theft Procedure; and
- Pool Vehicle Procedure.

However, we noted through review of the screenshot that the Use of Service Vehicles and Vehicle Log Books Policies had not been made available to staff. We were also informed by the Head of Fleet and Equipment Services that they were unsure whether the policies had been distributed to staff following the most recent update. There is a risk that staff are unaware of the current fleet management guidance.

Management Action 2	The Area Manager will ensure that the Fleet and Transport Asset Management Plan and associated policies and procedures are reviewed, updated with most last and next review dates, and presented to an appropriate senior member of staff or meeting group for approval. This will be recorded within minutes, where appropriate, and on the policies and procedures. Following this, updated copies will be distributed to staff via email and to all service vehicles and uploaded to the intranet.	**Responsible Owner:** Chris Parker, Area Manager	**Date:** 31 December 2020	**Priority:** Medium

EXECUTIVE SUMMARY – GOVERNANCE FIRE AUTHORITY

With the use of emails for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit and provide you with the assurances you require. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely. Based on the information provided by you, we have been able to undertake our sample testing.

Why we completed this audit

We have reviewed the governance arrangements in place at the Authority to assess whether the groups within the governance structure are effectively discharging their duties. The Authority has eight Committees in place in total and these are:

- Fire Authority
- Policy and Resources Committee;
- Overview and Scrutiny Committee;
- Performance Review Committee;
- Appointments Committee;
- Fire Authority Discipline Committee;
- Fire Authority Appeals Committee; and
- Appeals (Pension) Committee.

The Fire Authority consists of 17 elected members who are Councillors from Cambridgeshire County Council (CCC) and Peterborough City Council (PCC). A consultation meeting of members and officers of the Fire Authority was held remotely in March 2020, as a result of the restrictions imposed due to the coronavirus pandemic. In response to the pandemic, the Authority, going forward, will be required to cover the remit for the Fire Authority, Policy and Resource Committee and Overview and Scrutiny Committee. The Authority had initially scheduled two meetings each for both the Policy and Resources Committee and the Overview and Scrutiny Committee between the months of January and June 2020, however these were all cancelled due various reasons including the restrictions imposed by the pandemic.

As part of this audit, we have reviewed the last three minutes and papers for the Fire Authority (June 2019, November 2019 and February 2020); Policy and Resource Committee (July, October and December 2019); Overview and Scrutiny Committee (January, May and October 2019); and Performance and Review Committee (October 2019, December 2019 and March 2020).

The remaining subcommittees meet as and when required, we were advised by the Scrutiny and Assurance Manager that there have been no issues requiring their attention within the last year. As such, we have not included these committees as part of the sample testing in this audit.

Conclusion

Overall, we found that the Authority's governance processes were well designed and managed, however, they have been impacted by the COVID-19 Pandemic. We confirmed that key documents were in place that provided guidance on the operation of the Authority's governance arrangements and we reviewed evidence to support these documents. However, we did identify some weaknesses relating to the declaration and management of conflicts of interests, and the regular review of documentation.

We have also identified an issue with the operation of meetings within the governance structure during the COVID-19 pandemic, with arrangements for the continuity of meetings not having been clearly put in place and approved.

Internal audit opinion:

Taking account of the issues identified, the Authority can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed and consistently applied.

However, we have identified issues that that need to be addressed in order to ensure that the control framework is effective in managing this area.
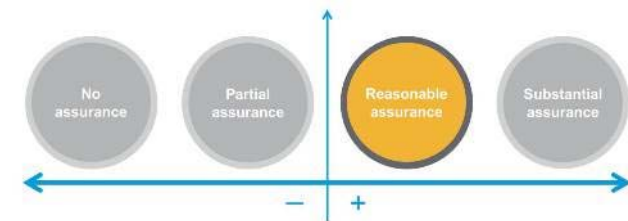
Key findings

Our review identified the following issues which have resulted in the agreement of two medium priority management actions:

Conflicts of interest

We reviewed the minutes for the Policy and Resource Committee meeting held in December 2019 and noted that there was a declaration made by a member in relation to a non-statutory interest (Relocation of Huntingdon Fire Station and Training Centre, as they were members of the Police and Crime Panel). We were not able to infer from the meeting minutes whether any action was undertaken to manage this conflict i.e. whether these members were excluded from the discussion in relation to where this conflict has been raised. We also reviewed minutes from the remote Fire Authority meeting held in March 2020 (conducted by Skype) and could not observe 'Conflicts of Interest' being a standing agenda item at the beginning of the meeting or whether discussions had taken place in relation to conflicts of interest within meeting minutes.

If adequate steps are not discussed and taken to manage any conflicts of interest, there is a risk that decisions may be inappropriately influenced and thus not be in the best interest of the Authority. **(Medium)**

Committee effectiveness and COVID-19 governance arrangements

The Scrutiny and Assurance Manager advised that remote Fire Authority meetings are required to assume the responsibilities of the Policy and Resource Committee and the Overview and Scrutiny Committee for as long as the restrictions of the coronavirus pandemic are in place. We noted at the time of our audit, that the Policy and Resource Committee had not met since December 2019 and the Overview and Scrutiny Committee had not met since October 2019. The Authority had initially scheduled two meetings each for both the Policy and Resources Committee and the Overview and Scrutiny Committee between the months of January and June 2020, however these were all cancelled due to the restrictions imposed by to the pandemic.

Review of the only Fire Authority meeting to have taken place during the pandemic so far (March 2020) found that this was a remote meeting held for the Chairman to consult with Fire Authority members before making decisions under his urgency powers. As such, only three agenda points were discussed at this meeting. It is therefore not clear how the duties of the Overview and Scrutiny Committee and Policy and Resources Committee have been discharged in the 2020 calendar year as meeting minutes do no demonstrate that their responsibilities have yet been assumed by the Fire Authority.

We were advised by the Scrutiny and Assurance Manager that arrangements for the merging of meetings were due to be formally agreed and be in place from June 2020. Whilst we appreciate this, there is a risk of the not being able to demonstrate a clear governance process, or inappropriate governance decisions being made. In addition, there is a risk of the organisation not achieving its objectives if key committees have not met to discharge their duties and if no interim arrangements have been put in place. **(Medium)**

Committee effectiveness pre-COVID-19

We reviewed the last three minutes for the following meetings:

- Fire Authority (June 2019, November 2019 and February 2020);
- Policy and Resource Committee (July, October and December 2019);
- Overview and Scrutiny Committee (January, May and October 2019); and
- Performance and Review Committee (October 2019, December 2019 and March 2020).

We confirmed that all four committees were broadly fulfilling their duties as per their respective Terms of References where they have met, with the following exception:

We noted that the last meetings for both the Policy and Resource Committee and the Overview and Scrutiny Committee had taken place in December 2019 and October 2019 respectively. The Terms of Reference for the Fire Authority requires the forum to review reports from the Policy and Resource Committee and the Overview and Scrutiny Committee. We noted that this has not been undertaken in the 2020 calendar year as a result of the meetings of the two committees being cancelled during the COVID-19 pandemic. We therefore noted that the Fire Authority has not been fully discharging their duties as per their Terms of Reference but have already agreed a specific action regarding this as part of the review of COVID-19 governance arrangements, above.

We have also agreed two low priority actions which are outlined further within the detailed findings section of the report.

We noted the following controls to be adequately designed and operating effectively:

Remit and quoracy requirements of Committees

We reviewed the 'Cambridgeshire and Peterborough Fire Authority Terms of Reference' document and confirmed that it outlined the remit and membership requirements for all eight committees at the Authority. We also confirmed that the Standing Orders document outlined the quoracy requirements for all eight committees at the Authority.

Member Attendance

We confirmed that the Standing Orders stated that members in attendance at meetings must sign their name on the sheet provided for that purpose (this will revert to electronic whilst remote working). We reviewed the minutes of the following meetings across a sample of four committees as follows:

- Fire Authority (June 2019, November 2019 and February 2020);
- Policy and Resource Committee (July, October and December 2019);
- Overview and Scrutiny Committee (January, May and October 2019); and
- Performance and Review Committee (October 2019, December 2019 and March 2020).

In all instances, we confirmed that the committees were conforming to the agreed quoracy requirements as per their respective terms of references. We confirmed that the average attendance for each of these committees were 82%, 67%, 71% and 78% respectively. This has been summarised in the graphic below:

Average Councillor attendance at the last three meetings
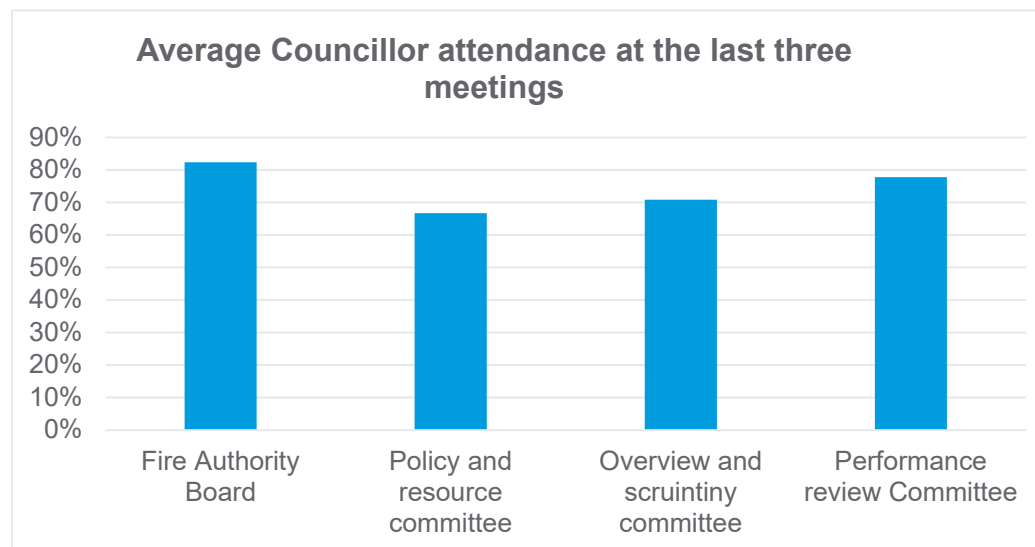
We also observed that a mixed skill set was observed of the attendees that attended these meetings.

Decisions and actions

We reviewed the last three minutes and papers for the following meetings:

- Fire Authority (June 2019, November 2019 and February 2020);
- Policy and Resource Committee (July, October and December 2019);
- Overview and Scrutiny Committee (January, May and October 2019); and
- Performance and Review Committee (October 2019, December 2019 and March 2020).

We confirmed that all four committees were using a standard structure when presenting reports that were included within respective meeting papers. Through review of each of these reports, we confirmed that a recommendation was outlined at the front page and clearly indicated where decisions were to be made. Through review of each of the above meeting minutes for each committee we confirmed that decisions were made under each standing agenda item following discussion and scrutiny by members, with members unanimously making such decisions. We confirmed that all committees reviewed their respective action logs, as well as confirming a correct record of the last meeting minutes at the beginning of each meeting.

We also reviewed minutes and the front sheet of the remote Fire Authority Skype Meeting held in March 2020 and confirmed that the details of each decision taken against each of the three agenda items discussed at the meeting were documented.

Declaration of interest

We reviewed the last three minutes for the following meetings:

- Fire Authority (June 2019, November 2019 and February 2020);
- Policy and Resource Committee (July, October and December 2019);
- Overview and Scrutiny Committee (January, May and October 2019); and
- Performance and Review Committee (October 2019, December 2019 and March 2020).

We confirmed in all cases there was an opportunity for members to declare any interests at the start of meetings and this was a standing agenda item at meetings.

2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

3. Conflicts of interest		
Control	At the start of each meeting of the Authority or any of its committees/groups, attendees will be given the opportunity to declare any conflicts of interest they may have. If conflicts of interest are declared, the group will discuss whether any action is needed to be taken to manage the conflicting interests before moving on to the following agenda items. All of the groups have a standing agenda item on 'Declarations of Interests'.	**Assessment:** **Design** ✓ **Compliance** ×
Findings / Implications 3	Policy and Resource Committee - Declaration We reviewed the last three minutes and papers for the Policy and Resource Committee (July, October and December 2019) and noted that there was a declaration made by a member in the December 2019 meeting. This was in relation to a non-statutory interest (Relocation of Huntingdon Fire Station and Training Centre as they were members of the Police and Crime Panel). We were not able to infer from the meeting minutes whether any action was undertaken to manage this conflict i.e. whether these members were excluded from the discussion in relation to where this conflict has been raised. Fire Authority meeting – March 2020 We reviewed minutes of the remote Fire Authority meeting held in March 2020 and confirmed that there were three agenda items discussed at this meeting. We confirmed that for each of these agenda items a front sheet (decision sheet) was in place, that included a section for any conflicts of interests to be declared by members. Through review of all three front sheets (decision sheets), we confirmed in all three cases that no conflicts had been declared by members. Through further review of the minutes of the remote Fire Authority meeting held in March 2020, we noted that conflicts of interest had not been a standing agenda item at the beginning of the meeting or whether discussions had taken place in relation to conflicts of interest within meeting minutes. If adequate steps are not discussed and taken to manage any conflicts of interest, there is a risk that decisions may be inappropriately influenced and thus not be in the best interest of the authority.	

Management Action 3	The Scrutiny and Assurance Manager will ensure that conflicts of interests are a standing agenda item for all remote Fire Authority meetings moving forwards.	**Responsible Owner:** Deb Thompson, Scrutiny and Assurance Manager	**Date:** July 2020	**Priority:** Medium

3. Conflicts of interest

When conflicts of interests are declared, the meeting will discuss whether any subsequent actions need to be taken.

The outcome of this discussion will be documented within the minutes even if no conflicts are identified or no actions are required.

4. COVID-19 Governance Arrangements

Control	A consultation meeting of members and officers of the Fire Authority was held remotely in March 2020. The meeting was held for the Chairman to consult with Fire Authority members before making decisions under his urgency powers, in these unprecedented times of living with the restrictions imposed from the coronavirus pandemic.	**Assessment:** **Design** × **Compliance** N/A
	The remote Fire Authority meeting is required to cover the remit for the Fire Authority, Policy and Resource Committee and Overview and Scrutiny Committee during this period. The Fire Authority has not formally documented and approved these remote working arrangements for meetings or the merging of any governance forums during this period.	

Findings / Implications 4

The Scrutiny and Assurance Manager advised that remote Fire Authority meetings are required to assume the responsibilities of the Policy and Resource Committee and the Overview and Scrutiny Committee for as long as the restrictions of the coronavirus pandemic are in place. We noted that the Policy and Resource Committee had not met since December 2019 and the Overview and Scrutiny Committee had not met since October 2019. The Authority had initially scheduled two meetings each for both the Policy and Resources Committee and the Overview and Scrutiny Committee between the months of January and June 2020, however these were all cancelled due to the restrictions imposed by to the pandemic.

Review of the only Fire Authority meeting to have taken place during the pandemic so far (March 2020) found that this was a remote meeting held for the Chairman to consult with Fire Authority members before making decisions under his urgency powers. As such, only three agenda points were discussed at this meeting. It is therefore not clear how the duties of the Overview and Scrutiny Committee and Policy and Resources Committee have been discharged in the 2020 calendar year as meeting minutes do no demonstrate that their responsibilities have yet been assumed by the Fire Authority.

We were advised by the Scrutiny and Assurance Manager that arrangements for the merging of meetings were due to be formally agreed and will be in place from June 2020. Whilst we appreciate this, there is a risk of the organisation not achieving its objectives if key committees have not met to discharge their duties and if no interim arrangements have been put in place.

4. COVID-19 Governance Arrangements				
Management Action 4	The Authority will ensure that any remote working arrangements, including the merging of any governance forums, are formally discussed, documented and approved by the Fire Authority. These arrangements will ensure that all relevant governance duties and responsibilities from the existing structure have been appropriately assigned within the revised governance structure.	**Responsible Owner:** Deb Thompson, Scrutiny and Assurance Manager	**Date:** July 2020	**Priority:** Medium

EXECUTIVE SUMMARY – PROACTIVE PROCUREMENT

Why we completed this audit

We completed an audit of Proactive Procurement to review the arrangements and systems in place to ensure that the organisation is aware in advance of any required procurements and that these are effectively planned and delivered to minimise the use of any waivers and to ensure that procurement procedures can be effectively followed.

The Procurement Team is formed of three Category Leads, each responsible for a separate area of the Service:

- Vehicles and Professional Services;
- Clothing and Operational Equipment; and
- ICT and Estates.

The Category Leads and the rest of the Procurement team meet on an annual basis in January to produce a Workplan for the upcoming financial year. The Workplan formed includes new upcoming procurement needs, contracts due (from contracts register) to expire and horizon scanning.

The Service began procurement preparations ahead of lockdown starting to ensure that required materials could be obtained when needed. A Procurement Activity Slippage Sheet has been produced to track all current and future procurement. The Slippage sheet tracks details and slippage in procurement, the impact of the slippage, the priority to address and the member of staff responsible for monitoring. As part of the audit we reviewed the Procurement section of this spreadsheet.

Conclusion

Overall, we found that the Service has in place a number of well-designed controls which demonstrate that it is taking proactive steps to ensure that procurements can be planned and undertaken in a timely manner. Examples of these controls which are operating effectively include the development of a Procurement Workplan, detailing updates on upcoming procurement and projects. We confirmed that there was active engagement between the Procurement Category Leads and Heads of Groups, which would ensure that the Procurement team has oversight over upcoming procurement requirements and is able to proactively plan resources based on these requirements. We found that procurement deadlines had been met for a sample of procurement exercises since July 2019 and supplier spend was monitored on a regular basis to identify where a contract may be required.

Our review did, however, identify some weaknesses with the design and compliance of some controls in relation to the procurement processes. We found that the procurement strategy did not include some key aspects of the procurement function and approval of the strategy had not been formally documented, slippage in procurement activities due to the pandemic had been identified but recovery plans had not yet been developed, there was no formal method of early engagement between the Programme Office and Procurement team for upcoming procurement requirements and there were no formal performance monitoring or reporting on procurement through the governance structure.

Internal audit opinion:

Taking account of the issues identified, the Authority can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed and consistently applied.

However, we have identified issues that that need to be addressed in order to ensure that the control framework is effective in managing this area.
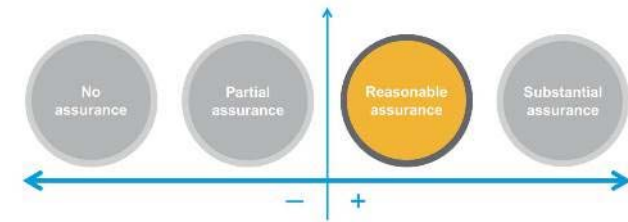
Key findings

We identified the following weakness:

Procurement Strategy

The Service have a Procurement Strategy and Financial Control Standards (FCS) in place. We noted during review that whilst the FCS made reference to the completion of procurement exemptions, it did not clearly state who should approve procurement waivers. Whilst the approval limits were documented on the exemption form itself, the approval limits were not formally documented as part of any formal strategy/procedure document. We also found that the Strategy or FCS did not document potentially valid reasons for the processing of procurement waivers to provide guidance to staff and did not document guideline timeframes for undertaking procurement activities. Whilst we appreciate that most procurements will have their own timeframes, setting out minimum timeframes for the completion of key activities will ensure that there is enough time for the planning and delivering of key activities.

We were informed by the Head of Business Support, Contracts and Procurement that the Strategy had been approved by the Deputy Chief Executive, however this had not been formally documented and it had not been distributed to staff. There is a risk that staff may be unaware of the updated procedures to follow with regards to procurement if the document is not directly shared with them. There is also a risk of procurement waivers being processed due to poor planning, which should have ordinarily gone through the organisation's procurement framework. As such, we have agreed a medium priority action to include the information noted above the Strategy and FCS and to formally document approval of the Strategy and distribute it to staff. **(Medium)**

Delivery of the Workplan and COVID-19

A Procurement Activity Slippage spreadsheet has been developed documenting the impact of the slippage, priority to address and member of staff monitoring the activity. Through review of a sample of five activities we found that actions taken to address the slippage had not been recorded. Through comparison of our sample of five to the Procurement Workplan, we noted that there was no clear link between the recorded slippage and activities being undertaken by the Procurement Team. There is a risk of key tasks not taking place in a timely manner, which may result in contracts not being in place prior to the commencement of goods/service provision. As such, we have agreed a medium priority action to document recovery plans for each activity on the Procurement Activity Slippage spreadsheet or Procurement Workplan. **(Medium)**

Engaging with the Programme Office

We were informed by the Head of Business Support, Contracts and Procurement that the Procurement team would be notified of a project when it was approved, but that did not always allow for sufficient time to effectively plan a procurement exercise. We were advised that projects in the pipeline would sometimes not be communicated to the Team early enough to allow for the planning of resources within the Procurement Team. There is a risk of the Procurement Team not having the appropriate resources available to ensure procurements can be planned with enough time to be completed by the required date. As such, we have agreed a medium priority action to improve the links between the Procurement Team and Programme Office. Further detail on how to achieve this can be found in the Detailed Findings section of this report. **(Medium)**

Procurement Monitoring and Reporting

We noted through discussion with the Head of Procurement that information including procurement waivers or related key performance indicators (KPI) are not reported within the governance structure. We found that KPIs had not been developed to measure the effectiveness of procurement within the organisation. Therefore, there is a risk of inadequate oversight of procurement within the Service which could mean that issues with the performance and proactive planning of organisational procurement are not identified and remedied in a timely manner. We have agreed a medium priority action to agree procurement related KPIs and report these to an appropriate forum on an at least an annual basis. Further to this, procurement waivers will be reported to the Overview and Scrutiny Committee. **(Medium)**

We noted the following controls to be adequately designed and operating effectively:

Contracts Register

The Service has an eProcurement system in place. When contracts are due to expire notifications will be sent to the relevant procurement category lead and the contract owner. We noted during review of the contract register that it included the supplier's name, contract value and the contract owner. We confirmed through review of an example notification that contract expiry notifications had been enabled on the eProcurement system.

Procurement Workplan

The Procurement Team hold an annual procurement meeting in January to develop a Workplan for the upcoming financial year. We confirmed through review of notes taken at the meeting that it had taken place in January 2020 for 2020/21. We noted via comparison of the Workplan to the notes taken that feedback had been incorporated from the meeting, for example in relation to procurement awareness training and the new intranet site.

Engaging with Heads of Group

A Category Lead from the Procurement team is responsible for each area of the Service and liaising with that area for their procurement needs. We confirmed through review of meeting notes from April, May and June 2020 for each Category Lead that calls with Heads of Groups had taken place on a regular basis throughout the pandemic. We noted during review of the notes that topics such as upcoming exercises or contracts expiring had been discussed.

Meeting Procurement Deadlines

Procurement deadlines are set based on the procurement exercise and what is required, for example, whether it is to procure an already available product or one which will need to be custom made. We selected a sample of 16 contracts entered into since July 2019 and found in 13 cases that setting deadlines for the procurement exercises was not appropriate, for example due to the use of a framework agreement. For the remaining three, we noted in all cases that an invitation to tender with agreed timeframes had been issued in line with the deadline set. We confirmed during testing that two out of these three had been closed in their originally agreed timeframe. For the remaining one, we were informed by the Head of Business Support, Contracts and Procurement that it had been extended by one month due to the pandemic and to allow more tenders to be submitted.

Taking the extension into account, we noted during review of our sample of three contracts that in all cases the evaluation of the tender deadline had been met. We noted in one case that the contract award deadline had been met. For the remaining two, we were informed by the Head of Business Support, Contracts and Procurement that in both cases the supplier was closed due to the pandemic and as such the contract could not be awarded on time.

Procurement Waivers

A procurement waiver is approved by the Deputy Chief Executive if below £50,000 or the Chairman if above. We noted during testing of a sample of five waivers since January 2020 that in all cases reasoning had been recorded, the waiver form had been completed in full, had been signed off by the Head of Business Support, Contracts and Procurement and had been approved in line with the requirements set out on the waiver form.

Monitoring Supplier Spend

The Procurement team meets with the Finance team on a quarterly basis to review a top 20 report of suppliers by spend to identify where a contract may be required. We noted during review of the last two reports for January to March and April to June 2020 that reports had been produced for the last two quarters.

We have also identified some good practice from similar organisations which may be useful as the organisation develops key performance indicators and formal guideline reasons for procurement exemptions to be processed. Please see Appendix B for more details.

2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

1. Procurement Strategy		
Control	The Authority has a Procurement Strategy document in place which is subject to approval by the Deputy Chief Executive. This approval has not been formally documented. The Strategy includes the following key information: • aims for the Procurement function; • the Integrated Risk Management Plan (IRMP); • reporting and governance; • compliance and legislation; and • procurement checklist and guidance on the process. The Strategy is supported by the Financial Control Standards, which documents the financial regulations of the organisation. These documents, however, do not clearly document procurement activity guideline timeframes, the procurement waiver approval process or acceptable reasons for procurement waivers. The Strategy is available to staff via the Service's intranet but has not been distributed.	**Assessment:** **Design** × **Compliance** -
Findings / Implications	We obtained the Procurement Strategy and noted through discussion with the Head of Business Support, Contracts and Procurement that the document had been approved by the Deputy Chief Executive however, noted that this had not been documented. We also found that the approval had not been detailed on the document itself. There is a risk that guidance available to staff is incorrect or inappropriate. We confirmed the document had been reviewed in 2018 and next review date stated was 2021. However, we noted during review of the Strategy that it did not include key information in relation to procurement, such as: • guideline timeframes for starting procurement processes or undertaking each activity, such as evaluating tenders. Whilst we appreciate that most procurements will have their own timeframes, setting out minimum timeframes for the completion of key activities will ensure that there is sufficient time for the planning and delivering of key activities; • who must approve tender waivers; and • valid reasons for tender waivers. We were informed by the Head of Business Support, Contracts and Procurement that there was a process in place for the approval of procurement waivers, and that this was documented on the procurement exemption form and the Service' FCS. Whilst we confirmed that the approval limits were documented on the exemption form itself, we noted that the approval limits had not been formally recorded in the FCS. We confirmed through review of a screenshot of the Service's intranet that the strategy had been made available to staff.	

1. Procurement Strategy

We were informed by the Head of Business Support, Contracts and Procurement that it had not been distributed to staff. There is an increased risk that staff will not be aware of any updated procedures and processes to follow with regards to procurement if the document is not directly shared with them. There is also a risk of procurement waivers being processed which do not comply with organisational requirements set out on the waiver form or waivers being processed due to poor planning, which ordinarily should have gone through the organisation's procurement framework.

Management Action 1	The Service will update the Procurement Strategy and Financial Control Standards to include:	Responsible Owner:	Date:	Priority:
	• guideline timeframes for when to start a procurement process, for example one which must be advertised in the Official Journal of the European Union, and for each procurement activity, such as issuing an invitation to tender and evaluating tenders received; • the procurement waiver approval process; and • acceptable reasons for procurement waivers. Following this, approval of the document will be obtained and documented on the Strategy, for example via a signature on the cover page, and the Strategy will be shared with staff, for example via email.	Matthew Warren, Deputy Chief Executive	31 December 2020	Medium

2. Delivery of the Workplan and COVID-19

Control	The Service began procurement preparations ahead of lockdown starting to ensure that required materials could be obtained when needed. A Procurement Activity Slippage Sheet has been produced to track any activities that are due to be procured or are currently being procured. The Slippage sheet tracks activities against: • the impact of the slippage; • priority to address; • member of staff responsible for monitoring; • the control measures in place; and • a link to recovery plans. No lessons learnt have been drawn from this to date.	Assessment: **Design** × **Compliance** -

2. Delivery of the Workplan and COVID-19

Findings / Implications	We obtained a copy of the slippage tracking sheet and selected a sample of five activities. We confirmed the nature and impact of the slippage had been recorded for all five in our sample. However, through comparison of our sample on the slippage tracking sheet to the Procurement Workplan we noted recovery plans had not been documented.
	As such, there is a risk of key tasks not taking place in a timely manner, which may result in contracts which have gone through a compliant procurement process not being in place prior to the commencement of goods/service provision. There is also a risk of the organisation not being able to demonstrate the proactive steps it has taken to address slippage against its workplan.
	We also noted through discussion that there had been regular contact with suppliers to check on their stock levels and ability to supply the Service as and when they have procurement needs.

Management Action 2	The Head of Business Support, Contracts and Procurement will document recovery plans for each identified slippage due to the COVID-19 pandemic either in the slippage tracking sheet or Procurement Workplan.	**Responsible Owner:** Tracey Stradling, Head of Business Support, Contracts and Procurement	**Date:** 31 July 2020	**Priority:** Medium

3. Engaging with the Programme Office

Control	There is a Programme Board in place for the Service and this has duty to look at what the organisation wants to do.	**Assessment:**	
	Once a project has been approved, the Programme office notifies the Procurement team.	**Design**	×
	Currently there is no member of the Procurement Team on Programme Board and regular updates are not received.	**Compliance**	-
Findings / Implications	We noted through discussion with the Head of Business Support, Contracts and Procurement that there is linkage between the Programme Office and Procurement team as notifications are received from the Programme Office when a project has been approved, however there are no regular updates provided on projects that may be in the pipeline.		
	We were also informed by the Head of Business Support, Contracts and Procurement that no member from their team sits on the Programme Board.		
	As such, where the Procurement team are not notified of projects by the Programme Office in a timely manner, there is a risk of the Procurement Team not having the appropriate resources available to ensure procurements can be planned with enough time to be completed by the required date.		

Management Action 3	The Service will improve links between the Procurement team and Programme Office, for example by implementing one of the following:	**Responsible Owner:** Matthew Warren, Deputy Chief Executive	**Date:** 31 October 2020	**Priority:** Medium

3. Engaging with the Programme Office

- regular catch ups between the Head of Business Support, Contracts and Procurement and the Programme Office;
- a member of the Procurement team will sit on the Programme Board; or
- the Head of Business Support, Contracts and Procurement will receive minutes from the Programme Board.

4. Procurement Monitoring and Reporting

Control	Procurement information, including procurement waivers or related KPIs are not reported within the governance structure.	**Assessment:**
		Design ×
		Compliance -

Findings / Implications	We noted through discussion with the Head of Business Support, Contracts and Procurement that information including procurement waivers or related KPIs are not reported within the governance structure. We found that KPIs had not been developed to measure the effectiveness of procurement within the organisation. Therefore, there is a risk of inadequate oversight of procurement within the Service which could mean that issues with the performance and proactive planning of organisational procurement are not identified and remedied in a timely manner.

Management Action 4	The Service will establish procurement related key performance indicators and report these to an appropriate forum(s), such as a relevant working group and the Finance Committee, on an at least an annual basis. In addition to this, procurement waivers will be reported to the Overview and Scrutiny Committee.	**Responsible Owner:** Matthew Warren, Deputy Chief Executive	**Date:** 31 October 2020	**Priority:** Medium

EXECUTIVE SUMMARY – RISK MANAGEMENT

With the use of secure portals for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely. Based on the information provided by you, we have been able to sample test.

Why we completed this audit

An audit of the Risk Management processes was undertaken as part of the Internal Audit Plan 2020/21. The review was undertaken to assess the arrangements in place including the Strategic Risk Register (SRR) and the identification and escalation of risks through the organisation.

The Service have a SRR in place to record risks, issues and opportunities, which as of Version 39 updated on the 4 August 2020, included 90 items, of which 72 are defined as risks, two are defined as issues and 16 are recorded as opportunities.

For each risk on the register, the inherent risk score, current risk score and post mitigation score are recorded, based on a 5x5 risk matrix, categorising risks as very low to very high. Numbers are calculated by multiplication of the probability of a risk occurring against the impact it would have if it did occur. High and Very High Risks (those scored from 10-25) are required to be reported on to the Policy and Resource Committee.

In support of the risk scoring, the SRR is required to record the controls currently in place for each risk, as well as the planned mitigation to enable the post mitigation score to be achieved.

The Head of Service Transformation is the main point of contact for risk management at the Service and updates the SRR on a quarterly basis following discussions with each of the risk owners in addition to as when and needed. The timeliness of reporting and review of the SRR was affected as a result of the pandemic, however, this has returned to normal as of July 2020.

The Service's Integrated Risk Management Plan (IRMP) supports the risk management, with actions included as part of the IRMP developed from risks identified in the SRR, with progress on these actions reported to the Chief Officer's Advisory Group (COAG) quarterly.

Conclusion

We identified that the Service has a Strategic Risk and Opportunity Management Plan in place, updated in July 2020, along with risk management training material for members of staff. Furthermore, we noted that the SRR had been set up to collect relevant information for each risk, including the controls, mitigation activities, risk scoring and risk owners. We additionally noted that risks included on the register were updated regularly, albeit with a slight delay as a result of the COVID-19 pandemic.

We, however, identified weaknesses in controls during the audit, including a lack of updating to the Business Delivery Risk Register which is utilised for the updating of risks that may adversely affect the day to day delivery of operations, we found this had not been updated for the majority of its risks since May 2019. We additionally identified weaknesses in evidencing risk identification and escalation, as well as a gap in the reporting to the Policy and Resources Committee. Further issues related to linkages for updates between the SRR, project risk register and programme risk register, and tracking completion of risk management training.

Internal audit opinion: Taking account of the issues identified, the Authority can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied.

However, we have identified issues that that need to be addressed in order to ensure that the control framework is effective in managing this area.
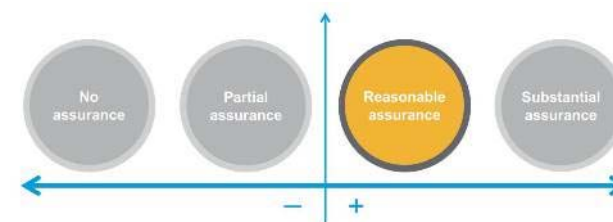
Key findings

We identified the following weaknesses:

Strategic Risk Register Scores

We selected a sample of 10 risks and confirmed that in all cases the risk scores had been completed for inherent, current and post mitigation. We confirmed in six cases that the reduced scores made sense based on the controls and mitigations in place. However, we noted the following exceptions for our sample:

- In one case the risk score had not been calculated correctly, although this would not have made any difference to its reporting requirement as it would still be presented as a very high risk;
- In two cases the risk score impact had reduced from inherent to current, however there was insufficient information provided to explain how this had occurred;
- In one case, mitigation had been completed for the risk, however the current risk score had not reduced from the inherent risk score and had not achieved the post mitigation score. No further information had been included for the mitigation of this risk; however, we were informed that the risk was required to be monitored further.

There is a risk that if risk scores do not accurately correspond to the current status of the risks, appropriate oversight may not be provided. Additionally, risks may not be sufficiently mitigated to ensure their probability of occurring is appropriately reduced. **(Medium)**

Business Delivery Risk Register

Through review of the Strategic Risk and Opportunity Management Plan, we noted that the escalation of risks to the SRR would not be based solely on scoring, with escalation undertaken as a result of discussions between the Heads of Group, which is not currently evidenced. The Heads of Groups discussions include review of the Business Delivery Risk Register, to escalate risks that may adversely affect the day to day delivery of the operational response or service delivery.

Through review of the Business Delivery Risk Register, we noted that the document had a last updated date of 10 May 2019. Whilst we noted that five out of the 75 risks included on the register had an updated date of 5 August 2020, no comment had been provided against them.

The remaining 70 risks had not had an update since 2019, with 11 not having been updated since 2018. There is a risk required monitoring and management of the Business Delivery Risk Register has not been undertaken, and as a result risks have not been appropriately managed, and where required escalated. **(Medium)**

Risk Identification

We confirmed through review of the Strategic Risk and Opportunity Management Plan that risks identified are to be informed to the Head of Service Transformation. We noted that risk identification is not currently a standing agenda item on meeting minutes for the Policy and Resources Committee or Chief Officers Advisory Group, and currently the Heads of Group meetings do not have minutes taken. We found that risk identification is to take place at annual workshops, however, this has not been undertaken since April 2019. Additionally, with training not presently mandatory, there is a risk that there is not sufficient awareness of the processes for undertaking risk identification, and as a result new risks may not be identified and appropriately mitigated. **(Medium)**

Policy and Resources Committee

We identified through review of the last three meeting minutes for the Policy and Resources Committee that these had taken place in April 2019, September 2019 and June 2020. We were informed by the Head of Service Transformation that the committee were intended to meet quarterly, however, at present this was not documented. We noted that group had an eight month gap in reporting between September 2019 and June 2020. Although the pandemic may have affected this gap in reporting between March and June 2020, we were not provided with any reason for the lack of meetings between September 2019 and March 2020. As the group is a key location for the review of risks on the SRR, there is a risk that the required oversight has not been provided. **(Medium)**

We noted the following controls to be adequately designed and operating effectively:

We obtained the Service's Strategic Risk and Opportunity Management Plan and confirmed that it had last been reviewed and issued on 20 July 2020. Through review of the document we confirmed that the plan documented the risk appetite as accepting any very low to medium level risk, stating that reporting is required for any risk assessed as high or very high. We confirmed that guidance was additionally provided for the scoring approach, including the definitions of what is considered Very Low to Very High risk and the use of the scoring matrix, methodology and scoring criteria, along with guidance over committee responsibilities for risk.

We obtained the Service's training documents, including a presentation for project managers, a presentation on risk management for relevant staff, as well as slides from the risk management training module and confirmed that appropriate guidance had been produced aligned to the Strategic Risk and Opportunity Management Plan, including the approach to wording a risk to capture cause and effect, the risk scoring grid as a guide, and risk owner information.

We obtained the Service's SRR, version 39, last updated on 4 August 2020. We noted that the register contained aspects stated as Risks, Opportunities and Issues.

Through review of the risks recorded on the register, we confirmed that:

- the register was designed to capture the description of the risk, in which a standardised approach to writing was used to detail the cause, effect and consequence of the risk;
- the register included controls, mitigation activities (including completion dates), and updates;
- the register detailed inherent risk scoring, pre mitigation risk scoring (Current Score), and post mitigation risk scoring, as well as defining what each meant to increase its ease of use.
- the register included a location to record risk owners and action owners

We additionally discussed with the Head of Service Transformation how assurances are taken with regards to the management of the risks. We were informed that as actions assigned to risks are completed these would be moved across to the control section. This would only be carried out by the Head of Service Transformation upon confirming that the actions had been completed as expected. These can vary in type of assurance but are only moved once this is received. The formal documentation of assurances has been raised previously however, due to the varying nature and type of assurances both formal and informal, the organisation does not consider it a requirement to record these within the register.

We selected a sample of five projects currently in progress at the Service and confirmed that in each case an individual project risk register had been produced, which was in the same format as the SRR. The project risk register design currently does not include inherent risk scoring which we were informed by the Head of Service Transformation was to keep it simple for those users. We confirmed that the Business Delivery Risk Register and Programme Risk Register followed the same approaches.

We confirmed through review of the SRR using a sample of ten risks, that in nine cases the risks had been reviewed most recently in July 2020 with updates provided. In the final case, we found that there was no update provided, but it had been recorded as reviewed. We noted that prior to this review, the last formal update was prior to COVID-19 between January 2020 and April 2020. We were informed that any delays in the quarterly updates was as a result of the COVID-19 pandemic making it harder to arrange one to ones. Through review of the updates recorded in the SRR we confirmed that updates were recorded each time the risk had been reviewed for each risk presented, and related to updates to mitigating actions, risk scoring, and general updates on the risk.

Through review of the last three Policy and Resources Committee meeting minutes, we confirmed a detailed review of the risks presented in the report were discussed, along with queries and scrutiny provided. Through review of the reports presented we confirmed that in each case the very high and high risks were presented in each report, with updates provided on each one.

2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Strategic Risk Register – Deep Dive		
Control	The Service have a SRR in place, documenting the key risks and opportunities faced by the Service and detailing the inherent, current and post mitigation score including the intended mitigation planned to reduce the risk score.	**Assessment:** **Design** ✓ **Compliance** ✕
Findings / Implications	We selected a sample of 10 risks from the SRR to confirm that they had been recorded with appropriate detail and information. In all ten cases we confirmed that risk scores for inherent, current and post mitigation had been completed. In six cases we confirmed that the risk scores were calculated correctly, and that the reduced scores made sense based on the controls or mitigations in place. However, we noted the following exceptions: • In one case the risk score had not been calculated correctly although this would not have made any difference to its reporting requirements as it would still have been recorded as a very high risk; • In two cases the risk score impact had reduced from inherent to current, however based on the control information it was not clear why this was appropriate; • In the final case all mitigation had been completed for the risk, however the current risk score had not reduced from the inherent risk score and was not aligned to the post mitigation score. This is despite no further mitigation being in place. We were informed by the Head of Service Transformation that this risk would be continually monitored, however nothing has been documented on the register. There is a risk that if risk scores do not accurately correspond to the position of risks, appropriate oversight may not be provided as they are scored incorrectly. Additionally, risks may not be sufficiently mitigated to ensure their probability of occurring is appropriately reduced.	
Management Action 3	We will review risk scores included on the Strategic Risk Register and confirm that they are: a) correctly calculated including the use of formula to avoid manual errors; and b) appropriately scored for probability and impact based on the control and mitigation information, including any justification for the reduction of impact scores.	**Responsible Owner:** Head of Service Transformation **Date:** January 2021 **Priority:** Medium

Business Delivery Risk Register				
Control	The Service have a Business Delivery risk register in place, with the Business Delivery Groups required to meet quarterly prior to the Chief Officers Advisory Board meeting to review. At the meeting, the current status of risks will be reviewed as well as identifying any escalation required. These meetings are not currently minuted. The Business Delivery Risk Register follows the same format as the SRR, save for the inclusion of inherent risk scoring.	**Assessment:** **Design**		×
		Compliance		N/A
Findings / Implications	Through discussion with the Head of Service Transformation and through review of the Strategic Risk and Opportunity Management Plan, we noted that the escalation of risks to the SRR would not be based on scoring and would be carried out as a result of discussions between the Heads of Group, which is currently not evidenced. Despite risks present on the register being scored as high or very high we were unable to identify that risks had been escalated onwards to the SRR, as risk numbers were recorded as per the risk register held on. There is a risk as a result that sufficient consideration of the escalation of risks to the SRR has not been undertaken. Through review of the Business Delivery Risk Register, we noted that the document had a last updated date of 10 May 2019. We noted the latest update against any of the risks was 5 August 2020, representing five out of 75 of the risks, however no comment update had been provided for them. We noted that in 11 out of 75 cases a review of the risk had not been provided since 2018, and throughout the register aspects such as date identified, mitigation activities, target and action owners, and post mitigation scoring had not been completed. There is a risk that the required monitoring and management of the Business Delivery Risk Register has not been undertaken, and as a result risks have not been appropriately managed, and where required escalated. We noted a reminder had been distributed to those involved with the Business Delivery Register to ensure quarterly review, however this had not commenced as of the audit.			
Management Action 4	We will ensure that the Business Delivery Risk Register is reviewed on a regular basis, with updates provided as required and evidenced as such. We will consider whether appropriate escalation processes are in place for risks on the Business Delivery, Programme and Project risk registers.	**Responsible Owner:** Head of Service Transformation	**Date:** January 2021	**Priority:** Medium

Risk Identification		
Control	Risks identified at an operational level are required to be recorded on either the Project Risk Register, Programme Risk Register or the Business Delivery Risk Register, and where relevant the SRR.	**Assessment:**
		Design ✓
	A Business Delivery Risk is defined as an event or situation that may adversely affect the day to day delivery of the operational response or service delivery. The risk register could be added to following standard meetings, or through notification of risks to the Head of Service Transformation. Risk identification is not presently a standing agenda item on group agendas.	**Compliance** ×
	A Programme Risk is defined as an event or situations that may adversely affect the direction of the programme, the delivery of outputs or expected benefits realisation. The risk register would be added to throughout the programme life.	
	A Project Risk is defined as an event or situation that may adversely affect the direction of the project, the delivery of outputs or benefits realisation laid out within the agreed Project Brief/Business Case. As with the programme risk register, the project's risk register would be added to as and when risks were identified by the lead.	
Findings / Implications	We confirmed through review of the Strategic Risk and Opportunity Management Plan that risks identified are to be notified to the Head of Service Transformation.	
	We noted that the Strategic Risk and Opportunity Management Plan notes that strategic risk workshops will be conducted with COAG on an annual basis in September of each year, and confirmed that this had taken place in April 2019, with the upcoming review included on the agenda for October 2020. Through review of the April 2019 meeting, we noted that a risk refresh had been undertaken for all risks included on the programme risk register, SRR and Business Delivery Risk Register, including reassessment and addition of two new risks. We noted that with this last undertaken in April 2019, and the next due for October 2020, there is a risk that there has not been sufficient oversight undertaken in a timely manner against the requirement of annual review.	
	We noted that risk identification is not a currently a standing agenda item on the meeting minutes for the Policy and Resources Committee minutes, nor the Chief Officers Advisory Group.	
	The Business Delivery Group are also required to identify risks as part of their meetings, however, these are not currently minuted, and as a result we were unable to identify the approach taken in these meetings.	
	As observed above, training is not presently mandatory for staff, which may as a result mean that risk identification processes are not well known by key staff. There is a risk that without a clear process for the recording of risk identification in place, it may not be undertaken, and as a result, risks may not be managed and mitigated. We confirmed through review of the SRR that regular meetings with risk owners was undertaken, however there was no way to evidence discussion with regards to arising risks. We did note that there were new actions identified during February and March 2020, however it was unclear through what process these were added to the register.	

Risk Identification

Management Action 6	We will ensure that: • The annual review at strategic risk workshops for escalation and identification of risk is undertaken in a timely manner; • Relevant staff have been made aware of the appropriate process; • A standing agenda item for new and emerging risks is included for relevant meetings. This will include ensuring that risk owners are liaised with for arising actions.	**Responsible Owner:** Head of Service Transformation	**Date:** May 2021	**Priority:** Medium

Policy and Resources Committee

Control	The Policy and Resource Committee receive a report of the high and very high risks on a quarterly basis to allow for challenge of those risks. There is currently no single group that undertakes a full review of the SRR.	**Assessment:** **Design** ✓ **Compliance** ×		
Findings / Implications	We obtained the Policy and Resources Committee terms of reference and confirmed that the requirement to review the SRR was a responsibility, although not defined as to what exactly the group would review. We noted that the membership was detailed, however there was no details on the required regularity of meetings. Through review of the last three meetings, held in April 2019, September 2019, and June 2020, we noted that there was a lack of regularity in the meetings, which we were informed by the Head of Service Transformation should have been quarterly. Although COVID may be responsible for the lack of reporting between March and June 2020 we were not provided with the reason for the lack of meetings from December 2019 to March 2020. As a result, there is a risk that required oversight has not been provided of the SRR.			
Management Action 7	We will ensure that four updates are provided every year to the Policy and Resources Committee, ensuring that the strategic risks are reviewed.	**Responsible Owner:** Head of Service Transformation	**Date:** September 2021	**Priority:** Medium

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OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME

MEETINGS 2020/21

Date	Meeting Time	Venue
2020		
Thursday 1 October	1400 hours	Virtual
2021		
Thursday 7 January	1400 hours	Service HQ
Thursday 15 April	1400 hours	Service HQ

WORK PROGRAMME 2020/21

Thursday 1 October 2020			
Time	**Agenda Item**	**Member/Officer**	
1400 - 1630	Minutes of Overview and Scrutiny Committee Meeting 16 July 2020	Dan Snowdon	
	Overview IRMP Performance Measures	Head of Service Transformation	
	Scrutiny Member-led Review – Health and Wellbeing	Councillor Harford	
	Member Involvement in and Update on the CFRS Response to the COVID-19 Pandemic	Councillor McGuire	
	Audit Internal Audit Progress Report	Deputy Chief Executive Officer RSM	
	Work Programme 2020/21	Chairman	
Thursday 7 January 2021			
Time	**Agenda Item**	**Member/Officer**	
1400 - 1630	Minutes of Overview and Scrutiny Committee Meeting 1 October 2020		
	Overview IRMP Performance Measures	Head of Service Transformation	

	Scrutiny TBC		
	Audit External Audit Plan 2020/21 Update	BDO	
	Internal Audit Strategy and Audit Plan 2020/21 Update	RSM	
	Work Programme 2020/21	Chairman	

Thursday 15 April 2021

Time	Agenda Item	Member/Officer	
1400 - 1630	Minutes of Overview and Scrutiny Committee Meeting 7 January 2021		
	Overview IRMP Performance Measures	Head of Service Transformation	
	Scrutiny TBC		
	Audit External Audit Plan 2020/21 Update	BDO	
	Internal Audit Strategy and Audit Plan 2020/21 Update	RSM	
	Work Programme 2020/21	Chairman	