

FOR INFORMATION ONLY



Fire & Rescue Service Headquarters Summergroves Way Kingston upon Hull HU4 7BB
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To: Members of the Governance, Audit and Scrutiny Committee	Enquiries to: Rob Close Email: committeemanager@humbersidefire.go.uk Tel. Direct: (01482) 393899 Date: 23 June 2023
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Dear Member

I hereby give notice that a meeting of the **GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE** of Humberside Fire Authority will be held on **MONDAY 3 July 2023 at 10.00AM** at HUMBERSIDE FIRE & RESCUE SERVICE HEADQUARTERS, SUMMERGROVES WAY, KINGSTON UPON HULL, HU4 7BB.

The business to be transacted is set out below.

Yours sincerely

for Lisa Nicholson
Monitoring Officer & Secretary to Fire Authority

Enc.

AGENDA

Business	Page Number	Lead	Primary Action Requested
1. Apologies for absence	-	Monitoring Officer/ Secretary	To record
2. Declarations of Interest (Members and Officers)	-	Monitoring Officer/ Secretary	To declare and withdraw if pecuniary
3. Minutes of the meeting of 12 June 2023	(pages 1 - 2)	Chairperson	To approve
4. Treasury Management Annual Report 2022/23	(pages 3 - 10)	Joint Deputy Chief Finance Officer & Deputy S.151 Officer	To consider and make any recommendations to the HFA
5. Internal Audit Reports	(pages 11 - 16)	Internal Audit (TIAA)	To consider and make any recommendations to the HFA
6. Scrutiny Item Grievance Procedures	(pages 17 - 36)	Head of Human Resources	To consider and make any recommendations to the HFA
7. GAS Committee Scrutiny Programme 2023/24	(pages 37 - 39)	Monitoring Officer/ Secretary	To approve

HUMBERSIDE FIRE AUTHORITY

GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE

12 JUNE 2023

PRESENT: Independent Co-opted Members Chris Brown, Melissa Dearey, Nigel Saxby, and Gerry Wareham.

Officers Present: Matthew Sutcliffe – Assistant Chief Fire Officer & Executive Director of Corporate Services, Steve Duffield – Area Manager of Service Improvement, Jon Henderson – Area Manager of Prevention, Protection, Fleet and Estates, Jason Kirby – Area Manager of Emergency Response, Martyn Ransom – Joint Deputy Chief Finance Officer & Deputy S.151 Officer, Simon Rhodes – Head of Corporate Assurance, Gareth Naidoo – Senior Corporate Assurance Officer, Emma Appleton – Deputy Monitoring Officer/Secretary, and Rob Close – Committee Manager.

Councillor Briggs was also in attendance.

The meeting was held at the Humberside Fire and Rescue Service Headquarters, Kingston upon Hull.

The Deputy Monitoring Officer & Secretary took nominations to appoint a Chair for the ensuing year 2023/24.

28/23 APPOINTMENT OF CHAIRPERSON FOR THIS MEETING – Resolved - That Chris Brown be appointed Chair of the GAS Committee for the year 2023/24.

Chris Brown took the chair.

29/23 APOLOGIES FOR ABSENCE – Apologies for absence were received from Kathryn Lavery.

30/23 DECLARATIONS OF INTEREST – No declarations of interest were made with respect to any items on the agenda.

31/23 MINUTES – *Resolved* – That the minutes of the meeting held on 3 April 2023 be confirmed as a correct record.

32/23 GAS COMMITTEE WORKSTREAMS & SCRUTINY PROGRAMME 2023/24 – The Committee Manager presented the GAS Committee Workstreams & Scrutiny Programme 2023/24.

Resolved – That Scrutiny Programme 2023/24 be approved.

33/23 ANNUAL STATEMENT OF ACCOUNTS (UNAUDITED) 2022/23 – The Committee received a report of the Deputy Joint Chief Finance Officer and Deputy Section 151 Officer detailing the unaudited annual statement of accounts 2022/23. Officers were pleased to have completed the statement of accounts for 2022/23 and prepared for the audit of the accounts to commence mid-June. The Committee was advised that the Authority underspent during the period 2022/23 despite significant inflationary pressures.

It was clarified that the level of reserves was risk assessed as part of the medium-term resources strategy and that uncertainty moving forwards in relation to grant funding and inflation presented challenges to the Authority. The Authority was satisfied that the reserves earmarked for insurance would be sufficient for excess of cyber security.

Further narrative detail in relation to the red service performance summary data was available in the annual report and a link would be added to the accounts. Additional accessibility benefits to improve access to the weblinks would also be added.

It was clarified that the public works loan board interest rates were fixed, however the Authority sought to avoid borrowing where possible.

Resolved – That the unaudited annual statement of accounts 2022/23 be received.

34/23 ANNUAL STATEMENT OF ASSURANCE 2022/23 – The Committee received a report of the Area Manager of Service Improvement summarising the Annual Statement of Assurance 2022/23. The Committee was advised that, once finalised, the statement of account would be published to satisfy requirement for Fire and Rescue Authorities to provide annual assurance on financial, governance and operational matters and show they have had due regard to the expectations set out in their Community Risk Management Plan (CRMP).

While the Statement of Assurance did not itself engage external stakeholders, elements under the three key aspects that made up the statement (financial, governance and operational assurance) went through a rigorous stakeholder engagement exercise (ie Community Risk Management Plan and auditing of the Statement of Accounts etc.).

Resolved – That the Committee endorse the Statement of Assurance 2022/23 to the Fire Authority.

TREASURY MANAGEMENT ANNUAL REPORT 2022/23

1. SUMMARY

- 1.1 This report provides Members with a review of the Authority’s treasury management activity and Prudential Indicators for the year 2022/23.
- 1.2 The report shows full compliance with the Authority’s Prudential Indicators for 2022/23.

2. MATTERS FOR CONSIDERATION

- 2.1 The Committee may wish to take assurance from the treasury management activities undertaken during 2022/23 and the Prudential Indicators as outlined in paragraphs 4.8 and 4.9 and as detailed in Appendix 1.

3. BACKGROUND

- 3.1 Treasury Management, as defined by the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice 2017 is:

“The management of the organisation’s investments and cash-flows, its banking and money market and capital market transactions, the effective control of the risks associated with those activities and the pursuit of the optimum performance consistent with those risks.”

- 3.2 One of the main requirements of the CIPFA code is that Members receive an annual report detailing treasury management activities within the year and compliance with the annual Treasury Management Policy.
- 3.3 This report provides Members with details of the Authority’s treasury management activities and Prudential Indicators for the 2022/23 financial year in line with the requirements of the Code.

4. TREASURY MANAGEMENT AND PRUDENTIAL INDICATORS

Investment Activity

- 4.1 The Authority’s temporary investments totalled £9.0m as at 31 March 2023.

Table 1 – Investment income earned 2022/23

Interest Earned 2022/23	Rate of return 2022/23	Benchmark return 2022/23*	Difference
£335,446	3.36%	4.18%	(0.82%)

* Benchmark set as average SONIA rate for the year

- 4.2 Interest earned during 2022/23 was £295k higher than originally budgeted for in respect of investment activity for the year, due to higher interest rates than originally anticipated.

Borrowing

Short-Term Borrowing

- 4.3 The Authority seeks to minimise the use of short-term borrowing to fund temporary cash shortfalls. The Authority did not undertake any short-term borrowing during the course of the year.

Long-Term Borrowing

- 4.4 Long-term loans are taken out either to replace existing loans which have matured or to fund capital expenditure. Under the Prudential Regime there are no longer centrally imposed limits on borrowing, but individual Authorities are required to determine themselves what is a sustainable and affordable level of borrowing as an integral part of their Medium-Term Financial Planning processes.
- 4.5 The Authority's average level of borrowing was £18.8m for 2022/23, on which £608k of interest was payable. The Authority repaid £900k of PWLB debt upon maturity whilst taking no new borrowings during the year. Closing PWLB debt at 31 March 2023 was £18.2m.

Prudential Indicators

- 4.6 Appendix 1 details the agreed Prudential Indicators for 2022/23 and the actual figures for the same period.
- 4.7 During the financial year the Authority operated wholly within the limits approved.

Capital Expenditure

- 4.8 The S.151 Officer considers the current capital programme to be affordable and sustainable with the revenue effects of capital investment built into the Medium-Term Resource Strategy (MTRS). Through the Medium-Term Financial Planning Process, the Authority has aligned its resources to key strategic priorities.

Treasury Management

- 4.9 Based on the Operational Boundary definition, external debt at 31 March 2023 was £8.4m below the agreed Operational Boundary for 2022/23 and the maturity structure for both borrowing and investments remain within the approved upper and lower limits. Subsequent borrowing or re-scheduling during 2023/24 will take into account prevailing interest rates on offer from the Public Works Loans Board (PWLB), the current maturity structure of loans, balanced with the need to reduce capital risk by keeping down cash-balances.

Financial & Risk Implications

- 4.10 The continued approach to investment of surplus funds is designed to further mitigate against potential losses as a consequence of counterparty failure and reflects a prudent approach to treasury management activity.
- 4.11 Treasury Management is an integral part of the financial management of the Authority with Prudential Indicators providing a framework for the Authority to monitor key elements of its financial position. Utilising approved Borrowing and Investment Strategies, the Executive Director of Finance/S.151 Officer will seek to minimise borrowing costs and maximise investment income whilst adopting a prudent approach to the Authority's exposure to market risks, especially given the current economic situation.

Legal Implications

- 4.12 The Authority must comply with the requirements of the CIPFA Code of Practice on Treasury Management 2017 and the Local Authorities (Capital Finance and Accounting) (England) (Amendment) Regulations 2017. This report ensures such compliance.

5. EQUALITY IMPLICATIONS

- 5.1 There is no requirement to carry out an equality impact analysis as this report does not relate to a policy or service delivery change.

6. CONCLUSION

- 6.1 That Members take assurance from the treasury management activities undertaken during 2022/23 and the Prudential Indicators as outlined in paragraphs 4.8 and 4.9 and as detailed in Appendix 1.

Martyn Ransom
Joint Deputy Chief Finance Officer &
Deputy S.151 Officer

Officer Contact

Martyn Ransom – Joint Deputy Chief Finance Officer & Deputy S.151 Officer
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Background Papers

Treasury Management and Capital Expenditure Prudential Indicators, Treasury Management Policy Statement 2022/23 and Minimum Revenue Provision (MRP) for 2022/23 - Report to Fire Authority March 2022
CIPFA Prudential Code (Revised 2011) and November 2012 and 2017 update
The local Authorities (Capital Finance and Accounting) (England) (Amendment) Regulations 2008 and 2017

Abbreviations

CIPFA	Chartered Institute of Public Finance and Accountancy
MRP	Minimum Revenue Provision
MTRS	Medium Term Resource Strategy
PWLB	Public Works Loans Board

Prudential Indicators 2022/23

a) Capital Expenditure

Indicator 1 - Capital Expenditure

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

	2022/23 Revised £k	2022/23 Actual £k	2023/24 Estimate £k	2024/25 Estimate £k	2025/26 Estimate £k
Total Capital expenditure	7,292	3,238	7,474	2,847	3,707

The underspend against the revised 2022/23 budget reflects slippage across a number of capital schemes as reported to Members in the 2022/23 Annual Accounts report.

Indicator 2 - Capital Financing Requirement

The capital financing requirement for 2022/23 and estimates for future years are as follows:

	Revised Estimate 31/03/23 £k	Actual 31/03/23 £k	Estimate 31/03/24 £k	Estimate 31/03/25 £k	Estimate 31/03/26 £k
Underlying Capital Financing Requirement	18,970	18,399	22,935	22,786	23,374
Other Long-Term Liabilities	1,013	1,013	996	977	956
Total Capital Financing Requirement	19,983	19,412	23,931	23,763	24,330

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

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

The S.151 Officer reports that the Authority has had no difficulty meeting this requirement during the course of this financial year and no difficulties are envisaged in future years. This

takes into account current commitments, existing plans and the proposals contained in the Medium Term-Financial Plan.

Indicator 3 – Core Funds and Expected Investment Balances

The total core funds and expected investments for 2022/23 and future years are as follows:

	2022/23 Revised £k	2022/23 Actual £k	2023/24 Estimate £k	2024/25 Estimate £k	2025/26 Estimate £k
Total Core Funds	13,214	14,811	13,624	11,325	11,145
Expected Investments	6,567	8,964	5,858	3,867	3,271

The application of resources (capital receipts, reserves etc.) to either finance capital expenditure or other budget decisions to support the revenue budget will have an ongoing impact on investments unless resources are supplemented each year from new sources (asset sales etc.).

b) Treasury Management

Indicator 4 - Operational Boundary for External Debt

The proposed operational boundary for external debt is based on the same estimates as the authorised limit but reflects directly the S.151 Officer's estimate of the most likely, prudent but not worst case scenario, without the additional headroom included within the authorised limit to allow for example for unusual cash movements, and equates to the maximum of external debt projected by this estimate. The operational boundary represents a key management tool for in year monitoring by the S.151 Officer.

	2022/23 Authorised Limit £k	Actual as at 31/03/23 £k	2023/24 Authorised Limit £k	2024/25 Authorised Limit £k	2025/26 Authorised Limit £k
Borrowing	25,000	18,169	31,500	31,500	31,500
Other Long-Term Liabilities	3,500	1,013	3,500	3,500	3,500
	28,500	19,182	35,000	35,000	35,000

The S.151 Officer confirms that borrowing in the year has not exceeded the operational boundary at any point within the year and is not expected to do so over the course of the next period based on information currently available.

Indicator 5 - Authorised Limit for External Debt

The table below shows the Authorised limit for External Debt for 2022/23 and subsequent three-year period as approved by Members compared to the actual level of borrowing as at 31 March 2023.

	2022/23 Authorised Limit £k	Actual as at 31/03/23 £k	2023/24 Authorised Limit £k	2024/25 Authorised Limit £k	2025/26 Authorised Limit £k
Borrowing	31,000	18,169	36,500	36,500	36,500
Other Long-Term Liabilities	3,500	1,013	3,500	3,500	3,500
	<u>34,500</u>	<u>19,182</u>	<u>40,000</u>	<u>40,000</u>	<u>40,000</u>

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

The S.151 Officer confirms that the Authorised Limit has not been approached at any point during the year.

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

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

	2022/23 Estimate %	2022/23 Actual %	2023/24 Estimate %	2024/25 Estimate %	2025/26 Estimate %
Ratio of Financial Costs to Net Revenue Stream	<u>3.35</u>	<u>3.03</u>	<u>2.81</u>	<u>3.75</u>	<u>3.84</u>

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

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

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

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

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

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

Where the periods in question are:

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

(Paragraph 74 of the code)

	Actual as at 31/03/23	Upper Limit	Lower Limit
	%	%	%
Under 12 Months	8.26	15	0
12 months and within 24 months	4.63	15	0
24 months and within 5 years	15.57	30	0
5 years and within 10 years	44.03	60	0
10 years and above	27.51	80	0

The S.151 Officer confirms that the maturity structure of external debt as at 31 March 2023 is within the upper and lower limits approved by the Authority.



Humberside Fire and Rescue Service

Summary Internal Controls Assurance (SICA) Report

2023/24

June 2023

Summary Internal Controls Assurance

Introduction

1. This summary controls assurance report provides the Governance, Audit and Scrutiny (GAS) Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Humberside Fire and Rescue Service as at 23rd June 2023.

Future of Internal Audit (IA)- Digital drivers

Use of Data analytics by TIAA

2. TIAA is always adopting new ways of working and methodologies including innovative approaches for delivering internal audits. This is part of our continuous improvement programme which facilitates improvements in efficiency, effectiveness, and the quality of the work we deliver. We currently use data analytics as part of our work in relevant areas to test against full data sets, spot hidden risks, to target our testing and to provide ‘proof in total’ assurance; this adds credibility and value to the reports we produce. Data Analytics helps us to analyse large volumes of data to identify trends, patterns, and anomalies that may indicate potential risks or opportunities for improvement.

How will Artificial Intelligence (AI) enhance the delivery Internal Audit of the future?

3. We believe that the way internal audits are delivered will change significantly in the next 3 to 5 years through the use of AI, through the use of auditing tools which contribute towards a process of continuous audit assurance, a wider use of predictive analytics to allow auditors to provide reports that are far more forward looking, and robotic process automation which will help remove much of the manual data collection work, thereby allowing Internal Audit more time to provide value-added analysis. Another branch of AI, Natural Language Processing (NLP), has the potential of also enabling auditors to analyse text in a large number of documents.
4. In addition to the use of Data Analytics, TIAA is actively exploring, as part of our vision for the future, the use of AI, automation and other digital tools to streamline the audit process, inform planning, reduce manual effort, and enhance the quality of audit results. Automated data collection and analysis will help reduce the time required to complete audits and improve the accuracy and consistency of audit results. Innovative ways of using and integrating artificial Intelligence in the delivery of audits in response to the exponential growth in data, and how it is analysed and used in the context of Internal Audit, is part of TIAA’s innovation strategy. We will also as part of our strategy be investigating more opportunities to not only use AI, but also to develop the capabilities to audit AI and the associated ethical considerations.

Audits completed since the last SICA report to the Audit Committee

5. The table below sets out details of audits finalised since the previous meeting of the Audit Committee.

Audits completed since previous SICA report

Review	Evaluation	Key Dates			Number of Recommendations			
		Draft issued	Responses Received	Final issued	1	2	3	OEM
No reviews have been completed since the last GAS Committee meeting								

Progress against the 2023/24 Annual Plan

6. Our progress against the Annual Plan for 2023/24 is set out in Appendix A.

Frauds/Irregularities

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

Other Matters

8. We have issued one briefing note, shown in Appendix B, since the previous SICA report.

Responsibility/Disclaimer

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

Progress against Annual Plan

System	Planned Quarter	Current Status	Comments
Bullying, harassment & discrimination	1	Confirmed for 21 st - 26 th July 2023	
Mobile Data Terminals (Performance)	2	Confirmed 31 st July – 3 rd August 2023	
Mid-year follow up	2	Confirmed 2 nd August 2023	
Effectiveness of systems (used to learn from operational incidents)	2	Confirmed 21 st - 24 th August 2023	
Staff Development	2	Confirmed 4 th - 7 th September 2023	
Service Absolutes / Heat Maps	2	Confirmed 18 th - 21 st September 2023	
National Occupational Guidance	3	Confirmed 11 th - 13 th October 2023	
Enforcement Powers & Priorities	3	Confirmed 20 th & 23 rd – 25 th October 2023	
ICT Management Controls	3	Confirmed 20 th - 22 nd November 2023	
Key Financial controls	4	Confirmed 4 th - 8 th March 2024	
End of year follow up	4	Confirmed 15 th March 2024	


KEY:

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

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

Summary of recent Client Briefing Notes (CBNs)

CBN Ref	Subject	Status	TIAA Comments
CBN - 23006	Failure to prevent fraud offence		<p>Action Required For information only to Audit Committees and Boards / Governing Bodies.</p>

GRIEVANCE PROCEDURES

1. SUMMARY

- 1.1 This report details a review of the grievances that were raised by staff during the period 1 April 2022 to 31 March 2023. The purpose of this review is to provide an overview of the Humberside Fire and Rescue Service (the Service) Grievance Policy and procedure; to evaluate the grievances raised against the Service's policies and procedures and to identify any trends, learning or recommendations. The report also details the training and resources available for staff conducting or using the Grievance Policy and procedures.

2. MATTERS FOR CONSIDERATION

- 2.1 The GAS Committee may wish to take assurance from the Service's commitment to promoting and maintaining good working relationships with its employees in relation to raising and conducting grievances in accordance with the Grievance Policy and procedure.

3. BACKGROUND

- 3.1 The Service is committed to promoting and maintaining good working relationships with all its employees. Grievances are one of the Human Resource Employee Relations Policy and processes available to all staff working within the Service, the purpose and processes for which are explained in the report detail. A copy of the current Grievance Policy is attached at Appendix 1 for further reference. This Policy is in line with the Advisory, Conciliation and Arbitration Service (ACAS) Code of Practice Disciplinary and Grievance procedures.
- 3.2 The Policy has recently been reviewed and updated and is currently in the process of being consulted upon.

4. REPORT DETAIL

What is a Grievance?

- 4.1 A grievance is defined as a work concern, problem or issue raised by an employee and could be related to, for example, an individual's terms and conditions of employment, health and safety, working relationships, working practices or change management.

Policy Aim

- 4.2 The aim of this and other employee related Human Resources (HR) policies is to enable any employee to voice any concerns they may have and to have confidence that their concerns will be dealt with in a fair, consistent, timely and transparent manner.

Policy and Process

- 4.3 A grievance may be individual, that is to say relating solely to one person, or collective, whereby a group of employees are unhappy about their work, working conditions or relationships with their colleague(s).
- 4.4 Both individual and collective grievances should be dealt with through the grievance Policy.

There are 3 stages to the HFRS grievance process:

Stage 1 – Informal

- An employee is required to state their grievance in writing to their line manager, whereupon an informal discussion will take place, with the aim being to resolve concerns/issues effectively and efficiently at this informal stage. Where a manager agrees with the grievance, it may be possible to resolve the grievance on the basis of a brief discussion as opposed to proceeding to a full, formal, grievance hearing.

Stage 2 – Formal

- If the grievance is not resolved at Stage 1 then a formal grievance hearing will take place, conducted by an appointed hearing manager of a more senior level than the individual's line manager and supported by HR. The individual has the right to be accompanied by a work colleague or represented by a Trade Union representative.

Stage 3 – Appeal

- Where an employee remains dissatisfied with the outcome at Stage 2, they have the right to appeal. An appeal hearing will be held with a different hearing manager, again more senior than those managers involved at Stages 1 and 2. The manager will be supported by HR and the individual has the right to be accompanied by a work colleague or represented by a Trade Union representative. Once the appeal hearing has taken place, the process has concluded and there is no further right of appeal.

4.5 During the reporting period 1 April 2022 to 31 March 2023 there were 15 grievances raised. The table below shows the number and type of grievances that were raised during this reporting period:

Grievance Summary	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Promotion Procedure		2	1		1					1	1	
Terms & Conditions	1			1							1	1
Postings & Transfers Process											1	
Unfair Treatment				1								
Bullying						1			1			
Discrimination												1
TOTALS	1	2	1	2	1	1	0	0	1	1	3	2

4.6 It should be noted that matters relating to bullying and discrimination have been included in the table above. Matters such as these are managed under the HFRS Dignity at Work Policy but, to ensure the Committee is fully sighted on all concerns raised during this reporting period, have been included.

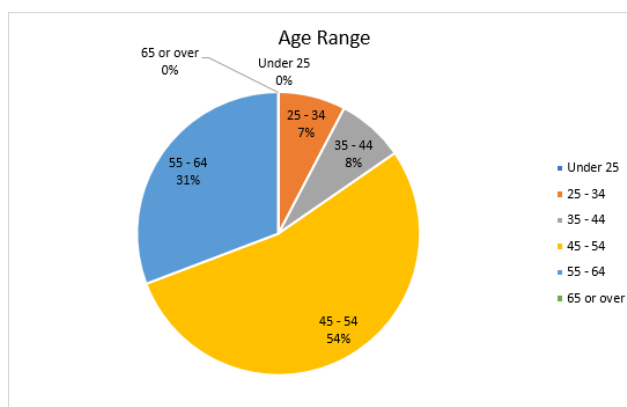
4.7 The following table shows these grievances raised by the following staff:

Role	Number of Grievances
Support staff	4
Firefighter	4
Crew Manager	2
Watch Manager	3
Station Manager	2
TOTAL	15

4.8 The following table shows the equality data in relation to sex/gender and ethnicity.

Ethnicity	Male	Female	Prefer not to say	TOTAL
White. English/Welsh/Scottish/Northern Irish/British	12	2		14
Prefer not to say			1	1
Total				15

4.9 The following data shows the age range of the grievances raised:



4.10 The data presented informs us that:

- Promotion procedures and terms and conditions were the two highest areas by staff using the grievance Policy and procedure.
- The highest proportion of the grievances raised came from operational staff, most of whom were in a leadership position.
- More men than women have raised grievances, and all but 1 (who preferred not to say) were white/white other.

Review of the grievances in relation to Policies and Procedures

4.11 The following table shows the stages at which the grievances were resolved.

Number of grievances raised during 1 April 2022 to 31 March 2023	Number resolved at Stage 1 (Informal)	Number resolved at Stage 2 (Formal)	Number heard at Stage 3 (Appeal)
15	5	3*	6

*The outcomes of two grievances have only just been communicated hence may yet proceed to Stage 3. One further grievance has still to be heard at Stage 2 and thus may also proceed to Stage 3, should the individual be dissatisfied with the outcome.

The following table shows the outcomes of the grievances:

	Not Upheld	Partially Upheld	Resolved
Stage 1 (Informal)	8	2	5

	Not Upheld	Partially Upheld	Upheld
Stage 2* (Formal)	6	2	1

*One grievance has still to be heard.

	Not Upheld	Partially Upheld	Upheld
Stage 3 (Formal)	4		

- 4.12 It should be noted that not all grievances progress to Stage 3; some individuals are accepting of the outcome at Stage 2. All grievances followed due process in accordance with the Policy.

Learning and Recommendations

- 4.13 Following a review of the 15 grievances raised, it was recommended that greater support and training was provided to staff, managers and supervisors to raise awareness of the Policy and procedure and thus promote effective management of the grievance procedure.

Training, development and resources available for staff conducting grievances

- 4.14 A suite of HR management development modules has been developed for staff, supervisors and managers; this includes an e-learning module for Grievance. This mandatory module describes what a grievance is, the stages and process and how to conduct an effective grievance.
- 4.15 To date, 736 staff have completed the Grievance e-learning module. The following table shows the number completed by staff group:

Staff Group	Grievance Module Completion
Operational (including full-time, on call, day duty staff)	607
Control	26
Support Staff	103
TOTAL	736

- 4.16 In addition to the HR management development modules for knowledge and understanding, all staff conducting grievances have the support of an HR Service Partner model which provides HR support and guidance from Policy to practice when attending the formal stages of the grievance process.
- 4.17 There are also a range of additional skills development, for example ACAS and Xpert HR guidance and information as well as a range of skills based e.g. how to have a difficult conversation available through the Organisational Development SharePoint site and the Trans2 Performance learning hub (pod casts, videos, evidence based articles).

Communication and Staff Engagement

- 4.18 HMICFRS Report identified that: *“The Service should make sure that it has effective grievance procedures. It should identify and implement ways to improve staff confidence in the grievance process.”*

- 4.19 The Service is currently commissioning an independent company to assist us with a cultural review and staff engagement/survey. HR policies and procedures, including grievances, will form questions within both the review and staff engagement survey.
- 4.20 The Service highlights the Grievance Policy and procedure as part of the HR induction presentation to new members of staff. This ensures that staff start their career with the Service with a comprehensive understanding of the Policy, its purpose and where the relevant information can be found.
- 4.21 An internal Freedom to Speak Up Guardian has also been appointed by the Service earlier this year and will signpost staff to the Grievance Policy should it be appropriate. In addition, as part of the continuing commitment to ensure staff understand and have confidence in raising any concern, the Service is in discussion with an external provider.
- 4.21 The Service meets regularly with recognised trade unions, on both a formal and informal basis, to discuss grievance trends, potential concerns and ongoing grievances. This level of transparency is intended to promote confidence and understanding.
- 4.22 The Service is committed to improving staff confidence in its Grievance Policy and procedure and, to that end, customer satisfaction surveys will shortly be introduced to evaluate an individual's experience regarding advice and guidance provided in relation to grievance matters.

5. EQUALITY IMPLICATIONS

- 5.1 There is no requirement to carry out an equality impact analysis as the Policy review has not resulted in any substantial changes and a previous equality impact analysis was carried out.

6. CONCLUSION

- 6.1 The Committee may wish to endorse the Service's commitment to promoting and maintaining good working relationships with its employees in relation to raising and conducting grievances in accordance with the Grievance Policy and procedure.

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Head of Human Resources

Officer Contact

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Background Papers

None

Glossary/Abbreviations

ACAS	Advisory, Conciliation and Arbitration Service
HFRS	Humberside Fire and Rescue Service
HMICFRS	His Majesty's Inspectorate of Constabulary and Fire and Rescue Services
HR	Human Resources



HUMBERSIDE FIRE AND RESCUE SERVICE

People & Development

Professional Standards Grievance Policy

Owner	Executive Director of People and Development
Responsible Person	Head of Human Resources
Date Written	July 2018
Date of Last Review	November 2020
Date of next review	November 2023
EIA Completed	November 2020



What we must do well



How we support our communities



We value and support the people we employ



We efficiently manage the Service

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1. INTRODUCTION

Humberside Fire and Rescue Service (HFRS) is committed to maintaining good working relationships with its employees in line with its principles and behaviours. This policy is in line with the ACAS Code of Practice Disciplinary and Grievances procedures and grievances will be acknowledged within 5 working days.

A grievance is a work concern, problem or issue raised by an employee and could be related to for example: terms and conditions of employment, health and safety, working relationships, working practices, change management.

On a day to day basis, effective line management facilitates the resolution of daily concerns and maintains good working relationships. Members of staff and line managers are therefore expected to make every effort to resolve differences through day to day discussion prior to initiating the grievance procedure.

It is in everyone's interest to resolve workplace issues at the earliest opportunity through constructive and open discussions between the parties involved.

Core Code of Ethics

HFRS has adopted the Core Code of Ethics for Fire and Rescue Services. The Service is committed to the ethical principles of the Code and strives to apply them in all we do, therefore, those principles are reflected in this Policy.

National Guidance

Any National Guidance which has been adopted by HFRS, will be reflected in this Policy.

2. EQUALITY AND INCLUSION

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

3. AIM AND OBJECTIVES

The aim and objective of this policy is to enable employees to voice any concerns they may have and to ensure that any concerns are dealt with in a fair, consistent, timely and transparent manner.

4. ASSOCIATED DOCUMENTS

- [Equality Impact Assessment Analysis \(EIA\)](#)

- Legal References
- National Guidance

5. GENERAL PRINCIPLES

The grievance policy is intended to provide a means for grievances to be dealt with fairly, consistently and as quickly as possible.

If any aspect of the grievance policy causes you difficulty in accessing its use, in relation to any disability that you may have or you need assistance because English is not your first language, you should raise this with your line manager, who will make appropriate arrangements for any reasonable adjustments.

A grievance may be individual, i.e. relating solely to one person, or collective, whereby a group of employees are unhappy about their work, working conditions or relationships with colleague(s). A collective grievance should be distinguished from a collective issue as defined in Grey Book terms and conditions of employment.

It should be noted that managers and supervisors are responsible for addressing matters of conduct or poor performance at work provided that this is completed in a fair, consistent and reasonable way, this is not deemed as harassment or bullying.

Both individual and collective grievances should be dealt with through this policy.

If it has not been possible for issues to be resolved on a day to day basis, by line management, then employees may raise the issue as a grievance. This should be made in writing by the employee and managers should seek advice from HR. Progress of a grievance will be monitored centrally, and managers must ensure that grievances are recorded (at every stage) and copied to the relevant HR Service Partner for recording and reporting purposes.

All issues that are raised as either informal or formal grievances will be monitored for the purpose of identifying trends and governance, so that the Service can respond to these accordingly.

Employees have a right to have their grievance heard in 3 stages; as detailed later in the policy. If unresolved, each stage should be referred to either a more senior level of management or a member of the same level of management who is impartial and who has not been previously involved.

Employees have a right to be accompanied by a fellow employee or trade union representative of their choice during a grievance hearing at stages 2 and 3 of the procedure. (Employees have no right to be accompanied during day-to-day discussions with their line manager or at stage 1, (the informal part) of this procedure.)

Every effort will be made to resolve a grievance promptly; however, it may not always be possible where the manager considering the grievance needs to make further, relevant enquiries. Managers shall make every effort, subject to the needs of the Service, not to implement any proposed change until the grievance has been resolved.

In the case of Appeal, once the final decision has been made by the Appeal Manager, the matter is deemed to have been closed with no further right of appeal. The employee is unable to raise the same or similar grievance again under the procedure. However, should additional further difficulties be experienced, these should be referred to the line manager.

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

The raising of false or malicious grievances is an abuse of the grievance policy and may be treated as a conduct matter in accordance with the Disciplinary Policy.

6. MEETING ARRANGEMENTS

All meetings will be held in private, avoiding foreseeable interruptions.

A written record will be kept of all meetings at every stage and made available to employees and their representatives using the form at [Appendix A](#).

All decisions will be confirmed in writing, treated as confidential and managed in accordance with data protection legislation.

The manager/appeal manager will be accompanied by a member of the HR team who will provide guidance and advice and act as note-taker.

7. TIME LIMITS

Where an employee has a grievance, this should be raised at the earliest opportunity or within 30 days of the individual becoming aggrieved. This timeframe may be extended in exceptional circumstances.

The time limits expressed throughout the procedure should be regarded as the normal maximum limits required at each stage. If a grievance is identified as requiring more time at any stage, the time limit may be extended, and the manager will communicate this together with the reasons for the decision.

Concerns regarding the time taken to conclude a grievance (at any stage) should be raised with the Head of Human Resources in the first instance.

8. MEDIATION

Where a grievance is about the working relationship between two or more staff, mediation is a useful way to discuss and resolve differences.

The Service has access to trained internal mediators and reference should be made

to the Mediation Policy. Advice about mediation can be sought from HR.

The Service's, expectation is that all staff work professionally with each other in accordance with the Service's principles and behaviours. Where working relationships are compromised this can impact upon other team members and affect service delivery.

9. GRIEVANCE PROCEDURE

Stage 1: Informal

The employee should complete Stage 1 of the Per.24 Grievance Form, at [Appendix A](#) detailing their grievance and pass to their manager.

The employee should also send a copy of this grievance (either paper copy or scan via email) to HR to ensure that this issue is registered and recorded centrally.

A summary of the outcomes agreed are to be recorded by the manager on the same Per.24 form, [Appendix A](#). A copy of the completed form should be sent to HR.

Where the line manager doesn't have the authority to resolve the grievance e.g. it is related to a Service policy, the matter should be escalated to a manager who has the appropriate authority to decide. Escalation can be completed outside of the formal grievance policy as a day to day matter in the first instance.

Where a manager agrees with the grievance, it may be possible to resolve the grievance on the basis of a brief discussion rather than a full grievance hearing. Here the manager will confirm the outcome within 5 working days of the discussion.

Where the grievance is a complaint against the line manager with whom the grievance would normally be raised, the employee(s) should approach that person's line manager.

If the situation that gave rise to the grievance cannot be resolved at Stage 1, Stage 2 can be initiated.

Stage 2: Formal

If the grievance is not resolved at Stage 1, the employee should continue to complete the same Per.24 form, by using the Stage 2 section, at [Appendix A](#).

The Per.24 form should be submitted to the Stage 2 manager and HR, within 5 working days of receiving the Stage 1 outcome in writing, with any supporting documentation and with the desired outcome clearly stated.

The receiving manager will:

- acknowledge receipt of the grievance in writing within 5 working days from the receipt of the completed Per.24 form and arrange to meet the employee within the following 5 working days.

- seek the assistance of HR;
- discuss with the employee, whether employee welfare support or occupational health referral is appropriate.

The Grievance Hearing

- The hearing should be held at a reasonable time and place, and the employee has a duty to attend;
- The employee has the right to be accompanied by a work colleague or be represented by a recognised Trade Union representative during this hearing.
- If the companion cannot attend on a proposed date, the employee can suggest an alternative time and date so long as it is reasonable and not more than 5 working days after the original date;
- A representative from HR will be present at the meeting to provide appropriate advice, guidance and will take notes of the meeting;
- At the hearing, the manager will seek to understand the grievance by inviting the employee to discuss their grievance and explore how the employee would like to see it resolved;
- If the matter does not require further investigation, the decision will be given verbally and be communicated by the hearing manager in writing within 5 working days of the meeting. A copy of this will be forwarded to HR;
- Should the matter require further investigation, the manager will make the employee aware and indicate likely timescales by when a decision is to be made. The manager should take steps to ensure that a decision is made within a reasonably practicable timescale;
- The outcome of the grievance hearing will be confirmed in writing to the employee, without unreasonable delay. The outcome will detail what action will be taken with a copy being forwarded to HR.
- The employee will be notified of their right of appeal against the decision if they are not satisfied;

Stage 3: Appeal

Where the employee remains dissatisfied with the decision at Stage 2, they may appeal within 5 working days of receiving the outcome in writing. The appeal request should be sent to the Stage 2 decision makers manager and HR. This request to include completed Per.24 form, notes of the grievance hearing and any supporting documents.

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

The employee in their appeal request is expected to summarise:

- why they are not happy with the Stage 2 outcome;
- their suggested remedies for resolving the grievance.
- The appeal manager will acknowledge receipt of the appeal in writing within 5 working days from receipt of the appeal letter. The appeal hearing should be held within 5 working days from receipt of the appeal letter wherever possible. However subject to agreement between all parties this timeframe may be extended.

Appeal Hearing Process

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

Possible Outcomes

Where a grievance is upheld, possible outcomes, at any stage of the procedure may include (but are not limited to):

- a written apology;
- an agreement to amend behaviour or monitor progress;
- referral to other policies or procedures;
- a full explanation of how and why a policy or procedure has been implemented;
- a referral to a correct procedure where an inappropriate one has been followed;
- an offer of fresh application of a procedure which had been incorrectly implemented

Outcomes may need to be reviewed periodically to assess implementation e.g. by diarising reviews into day to day line management.

In serious cases such as allegations of bullying, harassment, racism or other unlawful

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

Where a grievance is raised during a disciplinary procedure

Where a grievance is raised during a disciplinary procedure, the appropriate action will be determined on a case by case basis.

If the issue relates to the content of the disciplinary procedure or the procedure itself, the matter will usually be dealt with via the disciplinary appeal procedure.

In exceptional circumstances any such matters should be referred to the Head of HR for consideration.

RAISING AWARENESS AND TRAINING

It is important that everyone in the organisation understands how to raise a grievance. Managers will receive training on the statutory requirements and the use of the procedure.

All new starters should be sign posted to the Grievance Policy as part of their induction.

**If you require any further information regarding this policy,
please contact Human Resources.**



HUMBERSIDE
Fire & Rescue Service

APPENDIX A

GRIEVANCE FORM

Make a copy of this form once you have completed it. Keep a copy for yourself and give the other copy to your supervisor.

Name of employee.....
Role
Station/section
Watch/dept
Line Manager

Date of Grievance

Names of other employees for a collective grievance:

.....
.....
.....

To be completed by employee(s)

Stage 1

Summary of my/our grievance (use extra sheets and attach to this form):

How my/our grievance can be resolved:

To be completed by the line manager.

Outcome of the discussion held with On with myself were:

- this is a local line management matter and the agreed actions are:

- or the matter raised is a grievance and I have heard it and the outcome and actions are:

Signature (forward a copy of this form to HR)

Name and Job title

To be completed by employee(s)

Stage 2

I/we would like to initiate Stage 2, of the grievance procedure. I/we am/are not satisfied with the outcome at Stage 1.

I/we continue to be aggrieved because:

How my/our grievance can be resolved:

Signature date

To be completed by the manager hearing the Stage 2 grievance.

Date of Stage 2 hearing:

Heard by (name/ job title):
.....

Others present (name/ job title):
.....

To be completed by the Stage 2 manager.

Outcome of Stage 2 meeting:

Signature.....(Attach notes of Stage 2 hearing and outcome letter, forward to HR)

To be completed by employee(s).

I/we am/are not satisfied with the outcome of Stage 2 and continue to be aggrieved.

I/we would like to appeal the decision at Stage 2, the basis of my/our appeal is:

How my grievance can be resolved:

Signature date

Stage 3

To be completed by appeal manager.

Appeal meeting date:

Heard by (name/ job title):

Others present (name/ job title):

Accompanied by (name/ job title):.....

Appeal Outcome (copy of this form, notes and outcome letter to be forwarded to HR):

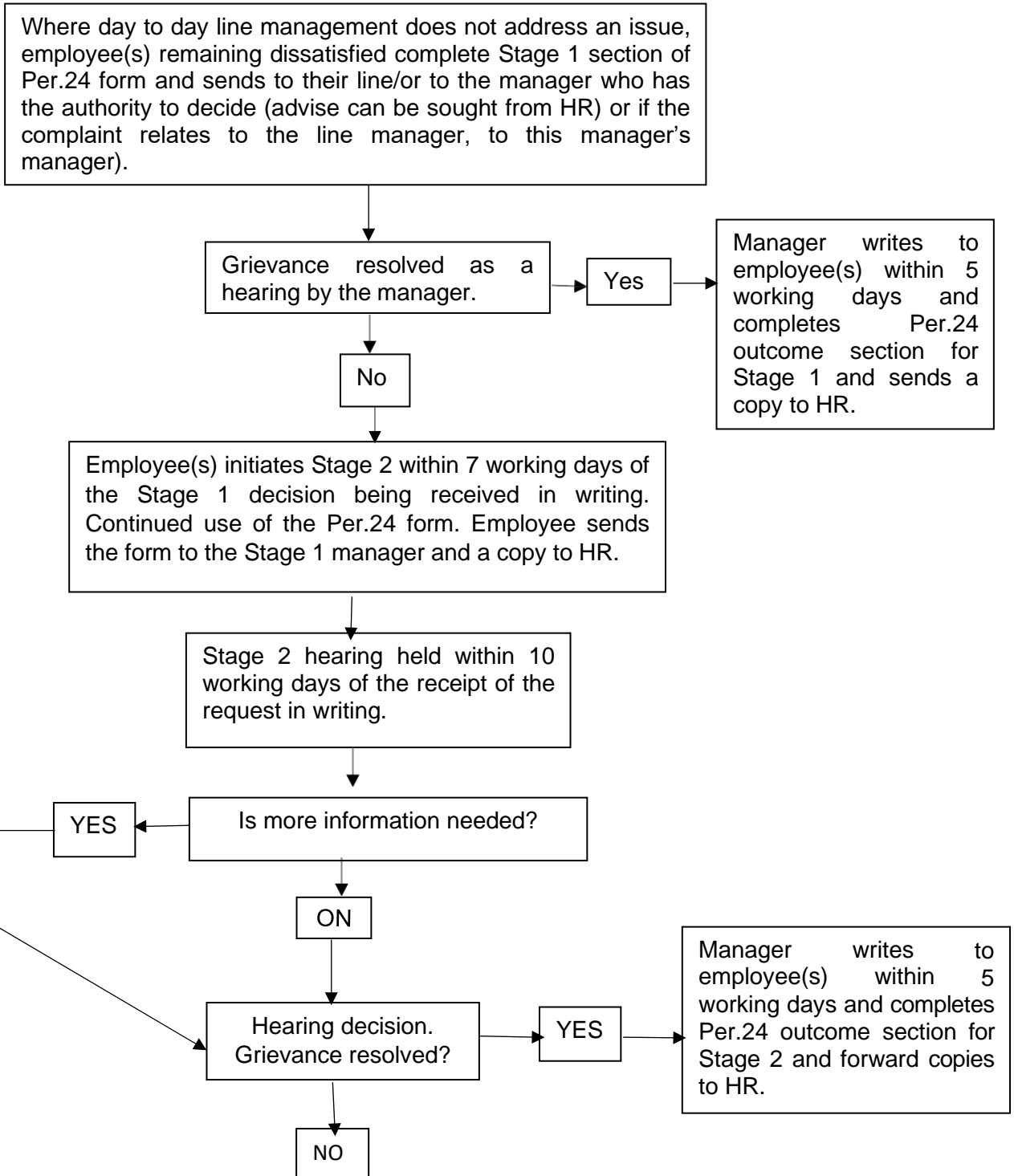
Signature Date

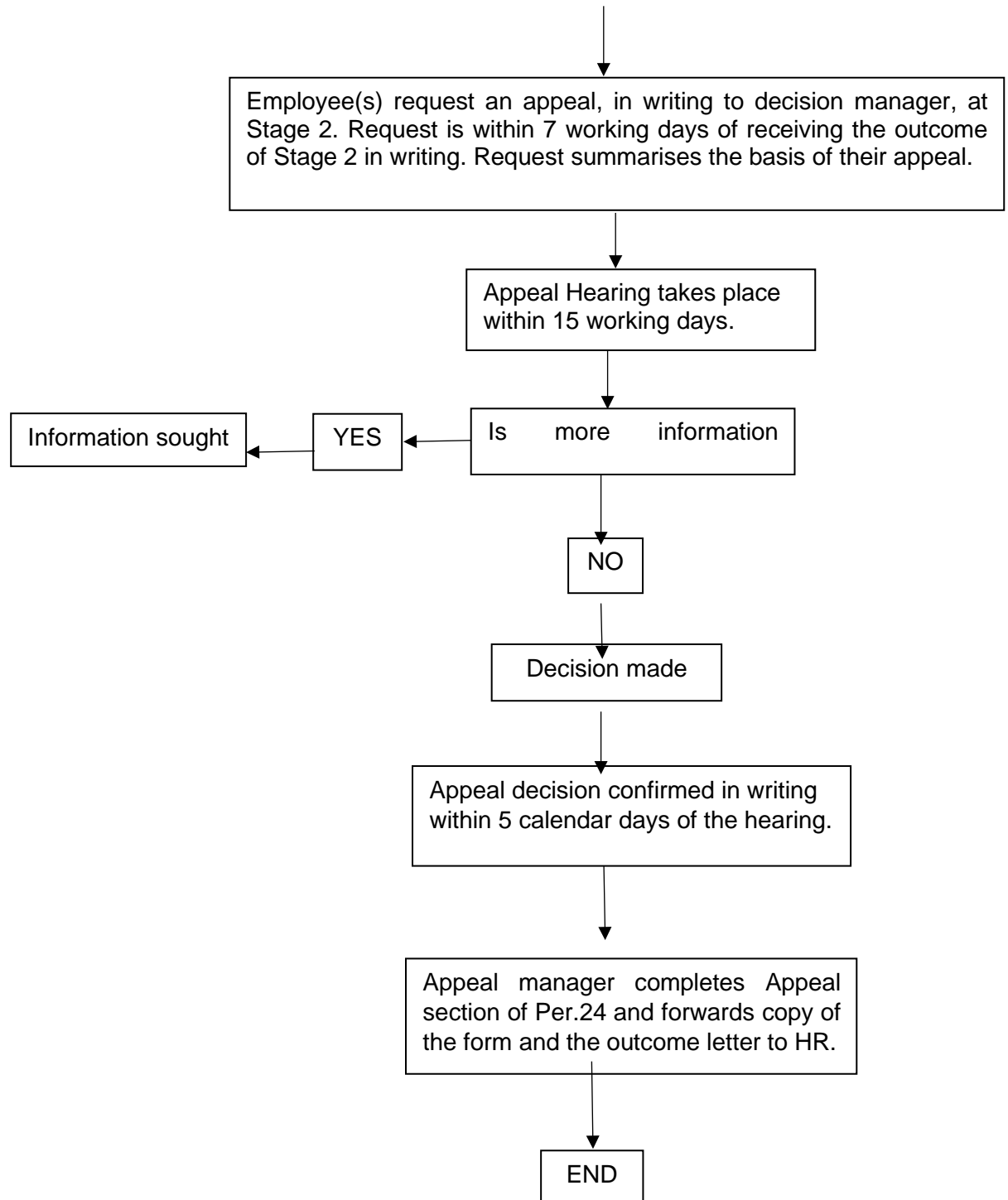
This decision is final.

In exceptional circumstances, staff may meet the criteria to request an additional appeal to the CFO. Please refer to Section 5 of the Grey Book / seek advice from your union representative/HR.

APPENDIX B

GRIEVANCE PROCEDURE





GAS COMMITTEE SCRUTINY PROGRAMME 2023/24

1. SUMMARY

- 1.1 This paper summarises the Governance, Audit and Scrutiny (GAS) Committee's Scrutiny Programme 2023/24. Each year, the Committee will programme a number of specific, defined scrutiny items complete with scopes in order that relevant officers can focus their reports.
- 1.2 Appendix 1 to this report will serve as a point of reference for report-writers and as a 'living document' during the year for the Committee as it considers the scopes for its scrutiny items.

2. MATTER FOR CONSIDERATION

- 2.1 The Committee to receive any updates and approve changes to its scrutiny programme as necessary.

3. BACKGROUND

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

4. REPORT DETAIL & OPTIONS/PROPOSALS

- 4.1 Appendix 1 of this report sets out the topics and scopes for consideration and review as necessary.

5. EQUALITY IMPLICATIONS

- 5.1 There is no requirement to carry out an equality impact analysis as this report does not relate to a policy or service delivery change.

6. CONCLUSION

- 6.1 The Committee is requested to receive any updates and approve changes to its scrutiny programme as necessary.

Lisa Nicholson
Secretary & Monitoring Officer

Officer Contact

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Background Papers

None

Glossary/Abbreviations

GAS	Governance, Audit and Scrutiny Committee
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GAS Committee Scrutiny Programme 2023/24		
Meeting Date	Responsible Officer	Item and Scope
Monday 3rd July 2023	Head of HR	<p>Grievance Procedures</p> <ul style="list-style-type: none"> • Review of grievance policy and its consistency in application • Trend analysis of incoming grievances received • Effectiveness of the training of managers and supervisors in managing related situations • Quality of the communications and engagement with staff to increase understanding and confidence towards the procedures
Monday 4th September 2023	<p>Head of Fleets and Estates</p> <p>Head of Organisational Development</p> <p>Head of Joint Estates</p>	<p>Dignity Works Scheme</p> <ul style="list-style-type: none"> • Review of the scheme, records, monitoring and implementation • Consideration of how EDI is aligned to the scheme including the completion of related Equality Impact Analysis (EIA) for works completed • Review of any identified learning and adjustments resulting from the completed EIA(s) • Performance management and evaluations of work undertaken and the resulting learning outcomes • Communication of works schemes to relevant groups and / stakeholders
Monday 13th November 2023	<p>Head of Training</p> <p>Head of Organisational Development</p> <p>District Manager East Riding</p> <p>District Manager North Lincs</p>	<p>On-call staff learning and development</p> <ul style="list-style-type: none"> • Identification of any differences between opportunities provided for fulltime staff opposed to On-Call • Effectiveness of how the PDR process is applied and managed for On-Call staff • Review of how the agreed outcomes and training, arising from the completed On-Call PDR's, are progressed and completed • Identification of any comments, references and overarching trend analysis arising from completed PDR's, including those relating to the Core Code of Ethics

GAS Committee Scrutiny Programme 2023/24

Meeting Date	Responsible Officer	Item and Scope
<p align="center">Monday 22nd January 2024</p>	<p align="center">Head of Emergency Preparedness & Control</p> <p align="center">Station Manager (Control)</p>	<p>Fire Control - Exercises and Debrief</p> <ul style="list-style-type: none"> • Processes and procedures to ensure the inclusion of control room staff in exercise and debrief activities • How exercise and debrief activities are recorded to register Fire Controls involvement in the process. • Mechanisms in place to capture learning and actions for Fire Control to address, including evidence of their application and learning outcomes. • How the outcomes and leaning from exercises and debriefs are effectively communicated amongst Fire Control staff and other key stakeholders as applicable. • Review of any related policy and / or guidance to demonstrate compliance
<p align="center">Monday 19th February 2024</p>	<p align="center">Head of Organisational Development</p>	<p>National Fire Chiefs Council (NFCC) Maturity Model</p> <ul style="list-style-type: none"> • Processes used to manage the completion of the related maturity model subject(s) • Assurance and validation of the self-assessment evidence provided • Monitoring and review of self-assessment for changes and / or arising issues • Review of actions used to address identified GAPs through the self-assessment tool • Review of learning and outcomes generated from completed self-assessment(s) • As applicable how the outcomes from an independent review of the self-assessment(s) are addressed regarding sharing best practice and addressing areas of needed improvement
<p align="center">Monday 8th April 2024</p>	<p align="center">TBC</p>	<p>Arising themes from HMICFRS reports or emerging sector requirements</p>