

HUMBERSIDE FIRE AUTHORITY
GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE
18 SEPTEMBER 2017

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

Councillors Briggs and Green attended as observers.

Director of Human Resources, Director of Public Safety, Director of Service Support, Monitoring Officer/Secretary, Corporate Planning & Performance Manager, Head of Finance, Committee Manager, Ms J Rae (External Audit – KPMG) and Mr K Lloyd ((Internal Audit - MIAA) were also present.

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

(The Chairperson welcomed Councillors Briggs and Green and all others present.)

PROCEDURAL

5589 MINUTES – Resolved – That the minutes of the meeting of the Committee held on 17 July 2017 having been printed and circulated amongst the Members, be taken as read and correctly recorded and be signed by the Chairperson.

MATTERS ARISING FROM THE MINUTES, OTHER THAN ON THE AGENDA

5590 Internal Audit Update – A Member referred to Minute 5542 and the reference to the Service Improvement/Value for Money review (which focused on the Transactional Administration Post Implementation Review) and sought clarification of the following elements of that review:

- Reviewing project governance arrangements to ensure appropriate definition of, and compliance with, procedures and processes for identifying, planning and delivering VFM/service improvement reviews;
- Facilitation of organisational feedback (to feed into the Post Implementation Review (PIR)) on the delivery of the Transactional Administration Review through developing and delivering a User Survey; and
- Review of adequacy of outcome monitoring of the Transactional Administration Review through an assessment of the internal PIR.

Mr K Lloyd (Internal Audit - MIAA) stated that he would refer back to the report and send a clearer worded update to the Committee.

Resolved – That the report be noted.

5591 Scrutiny Work Programme 2017/18 – Anti-Fraud and Corruption – Scoping Report – The Chairperson referred to Minute 5539 and stated that the Sub-Group comprising Mrs Jackson and Mr Vertigans will be meeting with the Executive Director Service Support/S.151 Officer to further the scrutiny review of Anti-Fraud and Corruption.

Resolved – That the report be noted.

5592 Update on the Firewatch, Data Validity and Establishment Project – The Chairperson referred to Minute 5546 and expressed thanks to the Director of Public Safety and his colleagues for the update provided and stated that it was the intention that further feedback will be provided to the Committee in the New Year.

Resolved - That the report be noted.

5593 DECLARATIONS OF INTEREST –No declarations were made in connection with any of the items to be considered at the meeting.

GOVERNANCE

5594 UPDATE: MATTERS ARISING/FEEDBACK FROM FIRE AUTHORITY – The Monitoring Officer/Secretary submitted a report summarising the consideration given by the Authority at its meeting on 28 July 2017 to the draft minutes of the meeting of the Committee held on 17 July 2017 and also providing feedback on other items considered by the Fire Authority at its meeting on 28 July 2017.

Resolved – That the report be noted.

SCRUTINY PROGRAMME

5595 2016/17 Scrutiny Programme – Members’ Allowances – Role of Vice-Chairperson – Feedback Report – Further to Minute 5422 of the Committee held on 10 April 2017, the Chairperson invited the Sub-Group that undertook the review to update the Committee with regard to their work in respect to the role of the Vice-Chairperson of the Authority. Mr Vertigans stated that the Sub-Group had looked at other fire authorities to ascertain whether there was any consensus regarding the role of Vice-Chairperson but that it was difficult as the roles were not all comparable. It was noted that this Authority’s Constitution outlined the role of the Vice-Chairperson of the Authority. In bringing their review to a conclusion the Sub-Group recommended that the Chairperson and Vice-Chairperson of the Authority should work together to develop their relationship and the scope for some roles such as attending certain Committees/meetings to be delegated to the Vice-Chairperson as this will help the holder of that post develop in their role, and will also assist succession planning.

Resolved – That it be a recommendation that the Chairperson and Vice-Chairperson of the Authority work together to develop their relationship and the scope for some roles such as attending certain Committees/meetings to be delegated to the Vice-Chairperson as this will help the holder of that post develop in their role, and will also assist succession planning.

5596 2017/18 Scrutiny Work Programme – Business Continuity – Scoping Report and Timing of Subsequent Review Report – The Chairperson submitted a Scrutiny Initiation Document for the scrutiny review of the Authority’s Business Continuity Management arrangements to be carried out by a Sub-Group comprising Mr Allingham, Mr Chapman, Mr Doyle and Mr Smith. The document set out the following:

Aims/Objectives:

- The overall objective of this review is to provide assurance with respect to the design and operation of the Service’s Business Continuity Management arrangements.
- To reassure HFA that the Business Continuity Management arrangements in place manage the risks across the organisation.

Outcomes:

- A report on the effectiveness of the Business Continuity Management arrangements in place within HFRS, with appropriate recommendations, to HFA.

Projected Timeline:

- Scoping report to be agreed by GAS Committee on 18 September 2017.
- Report to be approved by GAS Committee on 9 April 2018 (subject to review).

The document also outlined the headline questions to be asked and the evidence to be sought. Also submitted was a Terms of Reference (TOR) for Business Continuity Planning which further outlined the objective of the review and set out review criteria; a review evaluation process, and also the reporting criteria according to the level of priority of recommendations. The Corporate Planning & Performance Manager reminded Members that an Internal Audit review of Organisational Learning and Engagement was in progress and therefore it was important that there was no duplication of effort. Mr Lloyd (MIAA) stated that a similar review was being undertaken by Cheshire Fire Authority and his review might pick up any learning opportunities arising from that review.

Resolved – (a) That the scoping of the scrutiny of Business Continuity Management arrangements be approved, and

(b) that this scrutiny review will be undertaken in liaison with Internal Audit.

AUDIT

EXTERNAL AUDIT (KPMG)

5597 Annual Audit Letter – Further to Minute 5540 Ms J Rae, External Audit (KPMG) presented the final Annual Audit Letter in respect to the Authority's accounts for 2016/17 indicating that KPMG had issued an unqualified opinion on the Authority's 2016/17 financial statements; had concluded that the Authority's Annual Governance Statement was consistent with their understanding; and that KPMG had also concluded that the Authority had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The letter indicated that KPMG's initial fee for 2016-17 was £31,897 excluding VAT compared to £31,897 for 2015/16). Due to issues identified by their work, KPMG were seeking a fee increase of £3,500 but this had not yet been agreed by Public Sector Audit Appointments Ltd.

Resolved – That the Annual Audit Letter be noted.

5598 External Audit Progress Report and Technical Update – Ms J Rae (External Audit (KPMG) reported orally on progress in delivering KPMG's responsibilities as external auditors and stated that there were no technical issues that were currently having an impact in local government which needed bringing to the attention of the Authority.

Resolved – That the report be received.

5599 EXTERNAL AUDIT APPOINTMENT FOR 2018/19 ONWARDS – The Head of Finance presented a joint report by the Monitoring Officer/Secretary and himself as a follow-up to the reports considered by Members at the September 2016 and February 2017 GAS Committee and Authority meetings. The report reminded Members that the Authority on 13 February 2017 had agreed to opt-into the Public Sector Audit Appointments (PSAA) arrangements for the appointment of the Authority's external auditor from 1 April 2018. The process followed by PSAA to arrive at a recommendation had a consultation period built-in. The formal consultation was started on 14 August 2017 with the notification that Mazars LLP would be the proposed appointment for Humberside Fire Authority. The consultation period would end on 22 September 2017. Any basis for objecting to the proposed appointment would need to fall into one or more of the three areas listed in the report. Any representations will be considered by PSAA with a response by 16 October 2017. Subject to approval by the Authority on 22 September 2017, PSAA will be notified that Mazars LLP are accepted as the external auditor from 1 April 2018. It was noted that Mazars LLP had also

been proposed for Humberside Police which will create beneficial synergies over the 5 years of the contract. Initial indications suggested that the procurement exercise undertaken by PSAA will in 2018/19 lead to an 18% reduction in scale fees over the 2016/17 level. PSAA will write to all bodies to confirm the final decisions on the appointment of the auditor before 21 December 2017.

Resolved - That the report be noted.

5600 MANAGEMENT ACCOUNTS TO 30 JUNE 2017 - The Head of Finance submitted a report containing the Authority's Management Accounts and Prudential Indicators for the period ending 30 June 2017. The summary estimated outturn position for the current financial year based on information to 30 June 2017 was as follows:

| <u>Category</u> | <u>2017/18 Outturn Projection</u> | |
|-------------------|-----------------------------------|--------------------------------------|
| HFA | | |
| Revenue Budget | £22k | underspend |
| Capital Programme | £7.2m | expenditure against £7.2m allocation |
| Pensions Account | £11.585m | deficit |

The remaining reporting cycle for the Management Accounts for 2017/18 is shown in the table below:

| <u>Period Ending</u> | <u>Authority Meeting</u> |
|----------------------|--------------------------|
| 30 September 2017 | 20 October 2017 |
| 31 December 2017 | 12 February 2018 |
| 28 February 2018 | 23 April 2018 |

The accounts had been previously submitted to the Fire Authority on 28 July 2017 (Minute 5566 refers).

Members asked questions seeking clarification of the following aspects of the accounts:

- The revenue statements commencing on page 38 of the report show actual expenditure above budget level - The Head of Finance explained that the expenditure was a projection on the basis of anticipated pay awards.
- Page 39 showed a saving of £100,000 on Management and Support Services due to a number of vacancies - The Head of Finance stated that the Service was in the process of filling vacancies following the SRP reviews. The Director of Human Resources stated that there were some specialist posts, particularly in HR (Occupational Health) which the Service was struggling to fill but that broadly the Service had no difficulty in recruiting on a general level.

Resolved – That Members take assurance from the report and the Authority's financial position for the period ending 30 June 2017.

5601 INTERNAL AUDIT UPDATE – Mr K Lloyd (Internal Audit - MIAA) submitted a report providing a progress update in the delivery of the Internal Audit Plan for 2017/18 as approved by the Fire Authority on 17 March 2017. The report indicated that comprehensive reports detailing findings, recommendations and agreed actions are provided to the organisation, and are available to Committee Members on request. In addition a consolidated follow up position will be reported periodically to the Committee. For 2017/18 Internal Audit activity the Control Schedule attached at Appendix 1 to the report provided a strategic overview and profiled timeline for agreed reviews. Appendix 2 to the report provided the categorisation of assurance levels and risk ratings and Appendix 3 confirmed performance against plan. The Corporate Planning and Performance Manager stated that the scoping of the review of

Organisational Learning and Engagement was in progress and that a further report will be submitted when the scope is more clearly defined.

Resolved – That the Committee notes Internal Audit progress against the 2017/18 plan as set out in Appendix 1 to the report.

5602 REVIEW OF ANTI-FRAUD RELATED STRATEGIES – The Head of Finance presented a joint report by the Monitoring Officer/Secretary and himself reminding the Committee that at its meeting on 12 September 2016 Members received reports concerning Whistleblowing, Anti-Fraud and Corruption, Anti-Bribery and Anti-Money Laundering. These strategies form a key part of the governance framework and the Annual Governance Statement and are therefore reviewed on an annual basis. A review had been completed during August 2017 and some minor amendments to the policies had been made which relate mainly to job titles and section names. A copy of the following updated documents were attached to the report for Members' information and assurance:

- Appendix A – Anti-Fraud and Corruption Statement & Strategy (Part A) / Anti-Fraud & Corruption Procedure (Fraud Response Plan)(Part B);
- Appendix B – Whistleblowing Strategy (Part A) / Whistleblowing Procedure (Part B);
- Appendix C – Anti-Bribery Policy;
- Appendix D – Anti-Money Laundering Policy.

The report stated that effective Whistleblowing and Anti-Fraud and Corruption Strategies formed part of the governance arrangements of the Authority and the strategies made the Authority's position clear on a number of key areas. Importantly, clear steps were set out should a process need to be initiated. The strategies were part of the system of internal control. Whistleblowing and Anti-Fraud and Corruption Strategies were promoted internally, through the induction of new employees (and forming recruitment packs) and through ongoing training and development. The strategies will be readily accessible both on the internet and intranet and as part of an annual reminder in employee payslips.

Members expressed concern at the overall length of the documents and suggested that there was some repetition; that there was some confusion as to the use of the terms 'strategy' and 'policy'; there was a lack of clarity as to the 'responsible officer'; there appeared to be a typographical error on the chart on page 83 of the report; the paragraphs on page 101 regarding reporting promptly to the National Crime Agency should be reviewed, and that the documents might be further reviewed to make them more readable. The Head of Finance stated that he would discuss the matters now raised with Executive Director Service Support/Section 151 Officer.

Resolved – That, subject to the matters now raised being reviewed, Members take assurance from this annual review of the Authority's Anti-Fraud and Corruption related strategies and policies as set out in the appendices to the report.

5603 UPDATE REPORT ON THE DECLARATION AND REGISTRATION OF INTERESTS BY MEMBERS – The Monitoring Officer/Secretary submitted an update report, further to Minute 5496 of the Committee held on 16 June 2017, regarding the declaration and registration of interests by Members. The report reminded Members that Section 29 (1) of the Localism Act 2011 requires the Authority's Monitoring Officer to establish and maintain a Register of Interests of Members and Co-opted Members of the Authority. Subject to the requirement to require the registration of certain categories of interest defined as 'disclosable pecuniary interests' it was for the Authority to determine what is to be entered in the Register. The Monitoring Officer must also secure that a copy of the Register is available for inspection at a place within the Authority's area at all reasonable hours and that the Register is published on the Authority's website. The review of Counter Fraud Arrangements by

Internal Audit for 2016/17 examined the recording of Members' Registers of Interests and the recording of offers of Gifts and Hospitality recorded by Officers and Members. The review contained a recommendation that Declarations of Interest Registers and Gifts, Hospitality and Sponsorship Registers should be reviewed (at least annually) at the GAS Committee.

A report was submitted to the Committee on the 16 June 2017 that reviewed the Member Register of Interests, the Member Declarations of Gifts and Hospitality and Officer Declarations of Gifts and Hospitality. With regard to the Member Register of Interests it was noted that those were in the process of being updated and that an updated report on that would be brought to this meeting of the Committee. The report now submitted reviewed the Declarations of Interest Registers completed by the Members of the Authority appointed by the respective authorities for 2017/18. The report informed Members that Registers of Interests forms for Members are distributed to Members following the appointment by the constituent Unitary Authorities of Elected Members who are appointed to the Fire Authority at the Annual Meeting of each authority in May/June of each year. Returning Members are sent a Register of Interests form and a Declaration of Gifts and Hospitality form along with their Agenda papers for the Fire Authority AGM. New Members also receive a Code of Conduct Declaration form. Members have twenty eight days to complete and return their Register of Interest forms. Members are also informed of the need to submit details of any subsequent changes within 28 days of the change occurring. The Gifts and Hospitality form was supplied for use as and when required. New Members are asked to return their Code of Conduct Declaration by the time of the Fire Authority AGM or the meeting next following their appointment if appointed during the year. Independent Co-opted Members and where appropriate Members of the Pension Board are also asked to complete a Register of Interests form annually around the time of the AGM and also a Code of Conduct Declaration upon appointment.

A review of the content of the Registers of Interests of Members was undertaken as part of the preparation of the report now submitted. A review of the information contained on the website confirmed that Register of Interests forms for each Member of the Authority are shown on the Authority's website and the information that would be expected to be recorded is shown on the website. A comparison was also undertaken of the information contained on the Register of Interests for each of the Members' home authorities. Such a comparison was a useful check although the way in which some authorities register interests and the fact that some interests would be of relevance to a home authority and not for the Fire Authority meant that one would not expect the two registers to be identical. There were some points of clarification that need to be raised with some Members as a result of this review and this will be done. The report concluded that there are systems in place for the recording of interests by Members and that these are recorded and are available for public inspection on the website of the Authority.

Resolved – (a) That Members take assurance from this review of the recording of Members' Registers of Interests and of offers of Gifts and Hospitality by Officers and Members, and

(b) that in future years a further review be carried out on an annual basis in September and that a report on the outcome be submitted to this Committee.

PERFORMANCE, RISK AND PROGRAMME MANAGEMENT

5604 Annual Performance Report 2016/17 - National Benchmarking Data - The Corporate Planning & Performance Manager submitted a report, further to Minute 5544 reminding Members that the Authority publishes Annual Performance Reports which include the full performance information for the previous year. The draft report for 2016-17 was reported to the GAS Committee on 17 July 2017 omitting national benchmarking data, due to it being unavailable at the time of reporting. That data had now been received and incorporated

into the Annual Performance Report 2016/17. The relevant page from the report was included at Appendix A to the report now submitted for consideration.

A Member referred to the benchmarking data set out in Appendix A and queried the accuracy of the figure shown for fire fatalities due to accidental dwelling fires in 2015/16. The Corporate Planning & Performance Manager undertook to check the data.

Resolved – That Members note the update to the Annual Performance Report 2016/17.

5605 Service Performance and Risk Report - 1st Quarter Period April – June 2017 - The Corporate Planning & Performance Manager submitted a report providing information relating to the Service's Performance and Risk Framework for the 1st quarter period April – June 2017 which was highlighted in the following summary table:

| Prevention Performance | | |
|---|--|--------------|
| Accidental Dwelling Fires | 2.2% below 3 year average. | |
| Other Accidental Fires (exc. Vehicles) | 23.5% above 3 year average. | |
| Deliberate Primary Fires | 44% above 3 year average. | |
| Deliberate Secondary Fires | 81.2% above 3 year average. | |
| Automatic Fire Alarms | 4% above 3 year average. | |
| Fatalities | 0 fatalities (aspirational target 0) | |
| Injuries | 18 injuries (aspirational target 0) | |
| Response Performance | | |
| First engine response | 8.8% better than target | |
| Second engine response | 13.25% better than target | |
| Projects Update | | |
| <ul style="list-style-type: none"> • Infrastructure • ICT • Collaboration | A summary of progress for Strategic Projects is provided at Paragraph 9 within the body of this Report. | |
| Strategic Risks | | Score |
| Reduction in external financial support. | No change in risk. | 72 |
| East Coast and Hertfordshire Control Room Project (ECHCR). | No change in risk. | 36 |
| Incident Command System. | No change in risk. System is stable. | 40 |
| Competency of operational staff. | Risk elevated from Directorate to Strategic Risk. Analysis of NFCC research, case studies of serious accidents and analysis of local trends identified a potential emerging risk linked to operational competence. Risk mitigated via operational assurance processes and training intervention. | 70 |
| Complaints | | |
| Dangerous driving and driving related. | 2 Upheld | 2 Not Upheld |
| Conduct of employees. | 2 Upheld | 4 Not Upheld |
| Performance of employees. | 1 Upheld | 2 Not Upheld |
| Damage to property whilst responding to incidents. | 1 Upheld | 2 Not Upheld |
| Other | 3 Upheld | 1 Not Upheld |
| Compliments and Messages of Thanks | | |
| 19 compliments and messages of thanks were received and posted on our Website: <u>Compliments and Messages of Thanks</u> | | |

Further detailed information was contained within Appendix 1 to the report which identified a number of performance issues of note that had arisen during the reporting period.

A Member referred to the reference in the summary table to 'Competency of operational staff' and suggested that the description might be rephrased. The Corporate Planning & Performance Manager undertook to check the wording on the Authority's website to ensure that it does not give the wrong message. A Member referred to the 3 performance areas highlighted red in the summary table and suggested that it might be helpful if a period longer than 3 years was used so that single year performance levels did not distort comparisons. The Corporate Planning & Performance Manager explained that Officers exercise professional judgement in determining whether to include data. A Member referred to paragraph 7(f) of the report regarding consultation with the public regarding the possibility of charging for attendance at fire alarm false alarms and asked what the charge might be. The Director of Public Safety stated that the charge would only be to recover the cost of the appliance and staff time.

Resolved – That the Committee takes assurance as to the Service's proactive approach to performance and risk management.

5606 Health, Safety and Environmental Report for the 1st Quarter Period April –June 2017 - The Director of Service Support presented a report by the Director of Emergency Response providing information with regard to Health, Safety and Environmental outcomes for the 1st quarter period April – June 2017. Details of the Service's Health, Safety and Environmental outcomes for this quarter was contained in Appendices 1 and 2 to the report.

Resolved – That the Committee notes the report and takes assurance as to the Service's proactive approach to Health, Safety and Environmental outcomes.

5607 DRAFT STRATEGIC PLANNING FRAMEWORK 2018/21 FOR CONSULTATION - The Corporate Planning & Performance Manager submitted a copy of the report that had been presented to the Authority at its meeting on 28 July 2017 (Minute 5574 refers) seeking approval for a new Strategic Planning Framework, and in particular the Strategic Plan and Integrated Risk Management Plan (IRMP), to go for formal consultation. The Authority had agreed (a) That Members approve the proposed Strategic Planning Framework 2018/21 for an 8-week period of formal engagement and consultation, and (b) that Members receive a report at the December 2017 meeting detailing the outcomes of the consultation and seeking approval of the final version.

Resolved – That the report be noted.

5608 ABSENCE MANAGEMENT – UPDATE - The Director of Human Resources submitted a report, further to Minute 5545, providing a quarterly update as requested by Members on the performance and progress of the management of sickness absence. Sickness absence data for the period 1 April to 31 July 2017 was included at Appendix 1 to the report and was referred to throughout the report. The report also contained the recommendations given by the Consultant from Capsticks Advisory Service who undertook all HFRS absence management work during the period 15 February to 31 July 2017, and was required to submit a report on completion of the project.

With regard to absence management across the Service the report indicated that Members had previously been made aware of significant work undertaken in the Service relating to Mental Health support, reducing stigmas and raising awareness. Building on the success of the internal Mental Health Conference in May 2017, a cohort of Blue Light Mental Health Champions had been trained, which included staff, at all levels of the Service and more training was planned in the near future. Plans were in place to develop wider psychological and wellbeing support services, for example access to psychotherapy for staff when required.

Members were reminded of the decision taken to commission Capsticks Human Resource Advisory team to undertake the absence management work stream for a 3 month period which began on 17 February 2017. That work included the complete management of sickness absence for all cases in the Service during the period, as well as a review of the roll out and efficacy of the Sickness Absence Policy and a training needs analysis of management capability in this area. An added benefit of free advice from their legal team in relation to any resulting employment cases was included in the agreement. That work was extended for a further 2 months to support completion of key work streams and to ensure a smooth transition of the work to the newly appointed HR Service Partners and completed on 31 July 2017. It was planned that the work would leave a legacy for the Service of up to date case work for absence management cases, as well as a detailed plan for any required amendments to policy and management training in the future. That plan will now be supported and delivered by the Head of Human Resources and her HR Service Partners. Significant progress was reported across the Service with positive reports from managers as to their interactions with the representative from Capsticks and earlier interventions and referrals for staff when they become unwell, with appropriate employment advice to managers earlier in the process. The report indicated that at the Authority meeting on 17 March 2017, the initial views of the Capsticks representative as to the efficacy of the current approach to absence management were shared with Members to keep them informed of progress.

With regard to actions/recommendations from Capsticks Advisory the report now submitted indicated that the draft Report received from Capsticks Advisory described that they advised on over 80 cases during the period of work and attended 40 case reviews. The draft Report also acknowledged resource pressure in Human Resources (HR) and in the number of days available for their Consultant as genuine issues which limited effective absence management and success of the project. The draft Report raised a number of issues and gave some recommendations that had been summarised into the following key areas:

- (i) Absence policies are not always applied consistently, and the wording of some policies is confusing and unhelpful, which can make the required consistent application difficult. Examples given include the differences between management approaches for Short and Long Term sickness, leading to Medium Term absences being missed and the approach to phased returns to work and modified duties being applied inconsistently.
- (ii) The administration of Absence Management is not always consistent and management information is neither regular nor accurate, leading to insufficient monitoring. The introduction of an effective Case Management system in HR is recommended.
- (iii) Professional support from both HR and Occupational Health (OH) is inconsistent, reactive rather than proactive and, at times, overly bureaucratic.
- (iv) Some processes are protracted, although it is noted that some of this is outside of the Service's control, such as the Ill Health Early Retirement processes.
- (v) Managers are not consistently taking ownership of the management of the absence within their own teams, and of their own staff, and, at times, are waiting for these staff to be "managed" by HR and Occupational Health. At other times, examples are given of managers not taking professional advice when it is given.
- (vi) The use of informal processes at an early stage is sporadic and should be more consistent, with HR staff taking a more proactive approach to supporting managers and better monitoring of the use of Return to Work meetings.

- (vii) The attitudes of managers towards the management of absence is mixed, with many taking the view that absence they perceive to be “genuine” should not be managed. Similarly, the abilities of managers to effectively and fairly manage staff who are absent from work are mixed and a full and detailed training programme should be developed across the Service, with the devolvement of absence management to lower management levels recommended.
- (viii) The draft Report supports the use of an internal Occupational Health team, citing this as the most effective way of supporting the Service with its absence, but raises some concerns about the way cases are being managed currently, including inconsistent advice, cases being escalated for medical advice too early leading to delays in advice being given, too much involvement in individual meetings by OH staff, also causing delays and resource implications in OH and therefore, a lack of resource to focus on wellbeing initiatives which may help in preventing absence.
- (ix) The use of private medical services, where this would lead to staff getting treatment earlier, precipitating earlier recovery is strongly advocated, from both staff morale and service delivery perspectives.
- (x) The draft Report recommends that high level absence data should be reviewed at a more senior level in the Service on a regular basis and that communication and flows of information should be improved.
- (xi) The draft Report recommends that failure of Fitness Tests should be dealt with as a capability issue rather than conduct. This better enables redeployment as an outcome where this is appropriate to the case.

The draft Report acknowledged that some of the shorter term practical actions had already been undertaken and further discussions with Capsticks Advisory had taken place which will facilitate an achievable action plan to develop the longer term actions which were recommended. The Director of Human Resources stated that an action Plan would be submitted to a future meeting of this Committee and the Authority. A copy of the final report had now been received from Capsticks Advisory and copies would be circulated to Members of this Committee after this meeting.

With regard to data management Members were reminded that the Authority on 17 March 2017 agreed that a quarterly report would be brought before Members with an update on the management of absence to include detailed data on absence levels by staff group, as well as development and dissemination of fair and appropriate mechanisms for the same. Table 1 at paragraph 15 of the report outlined the current picture with regard to actual absence and performance against target as at 31 July 2017 and a comparison with the picture at the same time last year. The data in Table 1 showed that attendance in the Retained workforce was again below target. Although still above target in the other staff groups and the average across the Service being above target year to date, the comparison with last year showed an improvement on last year’s position at the same point in time for Retained and Whole-time staff and overall. Support/Green Book staff and Control staff were a significant cause for concern on this current picture and gives an area of focus for the coming months. The data attached in Appendix 1 to the report described the sickness absence data by staff group, reason for absence and the split between long-term and short-term absence. The staff group who work in Control had, once again, been excluded due to the low numbers of staff, which might have revealed identity and breached data protection legislation.

With regard to areas for focus the report stated that the data in Appendix 1 to the report showed that the shift seen in the previous quarter of Mental Health/Anxiety/Depression no longer being the primary reason for absence, had continued for all staff

groups save the Support/Green Book group, where it was once again the highest reason for absence. The previous and current work undertaken to improve awareness of Mental Health, reduce stigma and support staff in talking about their issues earlier appears to be having a positive impact across Operational staff groups. Musculoskeletal problems were once again the main reason for absence across all other staff groups in the Service, particularly back, knee and lower limb. This data supported the recommendation from Capsticks Advisory that Fast track physiotherapy and private healthcare provision for some staff might be areas where an impact on absence due to those issues can be gained, as well as improving wellbeing of staff. This featured as part of the HR Directorate work plan recently agreed as priority work. The split between long term and short term absence remains a concern in some staff groups. Table 2 at paragraph 20 to the report detailed that split by staff group. Again, Support/Green Book staff and Control staff were showing an increase in both long and short term sickness compared with the same period last year. Short term absence in the Retained staff group showed a marked improvement on the same position last year.

Resolved – (a) That Members note the content of the report and the recommendations from Capsticks Advisory to improve the management of absence and the support offered to staff who are unwell, and

(b) that Members take assurance from the plans being developed in the HR Directorate to resolve the issues raised in the Capsticks Advisory Report.

5609 Equality and Inclusion Annual Report 2017 – The Director of Human Resources submitted a copy of the report that had been presented to the Authority at its meeting on 26 June 2017 (Minute 5515 refers) indicating that the Service has a duty, under the Equality Act 2010 to set and publish equality priorities and to publish a report annually on progress in achieving those priorities. During 2016 equality and inclusion priorities for Humberside Fire and Rescue Service were drafted and after extensive consultation with staff and communities priorities were adopted for the period 2016-2020 and approved by the Authority (Minute 5260 refers). The report now submitted provided an annual update on progress on equality and inclusion across Humberside Fire and Rescue Service, including on achieving the 5 equality and inclusion priorities.

Resolved – That the report be noted.

5610 Joint Emergency Services Interoperability Programme (JESIP) Audit – The Director of Service Support presented a report by the Director of Emergency Response indicating that In January 2017 the Service received an assurance visit from the national Joint Emergency Services Interoperability Programme (JESIP) team who are travelling the country visiting all Police, Fire and Ambulance services. Their role is to assess and appraise the implementation of JESIP into all areas of the respective services. The results of these audits will form a direct response to the Home Secretary and relevant government departments updating on progress across each sector and as a whole. The full day audit was a robust review of Humberside Fire and Rescue Service's implementation of JESIP taking into account: Local Resilience Forums, policies, training, Standard Operating Procedures and debriefs. Evidence was collated through a portfolio of predetermined questions further supported or interviewing operational personnel at all levels and fire control. A number of sections attended the focus groups to provide evidence to their understanding of how well HFRS has embedded the JESIP principles.

A full report was received from the inspection team in July 2017 listing 23 points of consideration, including various recommendations along with the identification of notable practice. An action tracker had been established to manage performance and provide assurance and a copy was attached at Appendix 1 to the report. The JESIP team provided a maturity matrix to allow HFRS to map performance based on a grading 1-4 (1=low 4=high). The JESIP team highlighted that the report is likely to be utilised by Her Majesty's Inspector of Fire and Rescue Services (HMIFRS) in future inspections. On conclusion of the audit the

JESIP team gave HFRS an indicative grade of 3. This was followed up in a full in-depth report which informs the action plan to achieve a grade of 4 in all areas attached at Appendix 1. In conclusion, the JESIP team noted that HFRS has taken great steps to embed the JESIP principles, demonstrating a service that is 'making development' at all levels. Members should be assured that this work will continue with scheduled regional training for Commanders and Fire Control Managers. Work will continue with the respective departments to ensure further evidence can be evidenced to support an effective & best practice approach as per the JESIP maturity matrix.

A Member asked if Members of this Committee could be supplied with a copy of the final report from the inspection team. The Director of Service Support confirmed that the report will be circulated to Members.

Resolved - That Members take assurance that the Service has robust arrangements in place with regard to JESIP.

5611 INSPECTION OF MEMBER REGISTERS – The Member Registers of Interests and Declarations of Gifts and Hospitality were made available for inspection by any Member of the Committee as part of their monitoring role.

5612 INSPECTION OF OFFICER REGISTERS – The Officer Registers of Interests and Declarations of Gifts and Hospitality were made available for inspection by any Member of the Committee as part of their monitoring role.

5613 ANY OTHER BUSINESS – The following matters were briefly discussed:

- HFR Solutions – The Chairperson stated that the Committee would welcome an awareness update on the company's trading situation.
- Firefighters' Pay – The Chairperson queried whether there would be implications for the Service following the union's intention to withdraw goodwill following a breakdown in the current pay negotiations. The Director of Service Support gave a brief response.
- Scrutiny Reviews – Implementation Feedback – The Chairperson asked that an item be included on future Agendas for this Committee on the implementation of the Committee's recommendations on previous scrutiny topics.
- Fire Authority 22 September 2017 – The Chairperson stated that he will not be present at the meeting and indicated that Mrs M Thomlinson will present the minutes of this meeting.

Meeting closed at 11.40 a.m.