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#### **BEDFORDSHIRE FIRE AND RESCUE AUTHORITY**

Members of Human Resources Policy and Challenge Group.

Bedford Borough Councillors: C Atkins and J Mingay

Central Bedfordshire: Councillors:P Downing

Luton Borough Councillors: M Ayub and Y Waheed

A meeting of Human Resources Policy and Challenge Group will be held at Conference Room, Fire and Rescue Service Headquarters, Kempston, Bedford MK41 7NR on Tuesday, 7 June 2016 starting at 10.00 am.

Karen Daniels Service Assurance Manager

#### AGENDA

| ltem | Subject                                                         | Lead  | Purpose of Discussion                                                                                                                                                                                             |
|------|-----------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | Apologies                                                       |       |                                                                                                                                                                                                                   |
| 2.   | Election of Vice Chair<br>2016/17                               |       |                                                                                                                                                                                                                   |
| 3.   | Declarations of Disclosable<br>Pecuniary and Other<br>Interests | Chair | Members are requested to<br>disclose the existence and nature<br>of any disclosable pecuniary<br>interest and any other interests as<br>required by the Fire Authority's<br>Code of Conduct. (see note<br>below). |
| 4.   | Communications                                                  | Chair |                                                                                                                                                                                                                   |
| 5.   | Minutes                                                         | Chair | *To confirm the Minutes of the<br>meeting held on 15 March 2016<br>(Pages 1 - 8)                                                                                                                                  |
| 6.   | Terms of Reference                                              |       | *To consider Terms of Reference                                                                                                                                                                                   |
|      |                                                                 |       | (Pages 9 - 12)                                                                                                                                                                                                    |

| ltem | Subject                                                                                | Lead  | Purpose of Discussion                       |
|------|----------------------------------------------------------------------------------------|-------|---------------------------------------------|
| 7.   | Human Resources<br>Performance Monitoring<br>Year End Report and<br>Programmes to date | ACO   | *To consider a report<br>(Pages 13 - 22)    |
| 8.   | New Internal Audit Reports<br>Completed to date                                        | ACO   | *To consider a report<br>(Pages 23 - 36)    |
| 9.   | Audit and Governance<br>Action Plan Monitoring<br>Report                               | ACO   | *To consider a report<br>(Pages 37 - 40)    |
| 10.  | Absence Year End Report                                                                | HHR   | To receive a presentation                   |
| 11.  | Draft 2016/17 Corporate<br>Health and Safety<br>Objectives                             | HSSP  | (Pages 41 - 46)                             |
| 12.  | Occupational Accidents<br>Year End Report                                              | HSSP  | * To consider a report<br>(Pages 47 - 54)   |
| 13.  | Annual Report on<br>Provision of External<br>Training                                  | TDM   | * To consider a report<br>(Pages 55 - 62)   |
| 14.  | Draft Public Sector<br>Equality Scheme Review                                          | DivAd | * To consider a report<br>(Pages 63 - 82)   |
| 15.  | Fitness, Best Practice<br>Guidance                                                     | SHRA  | * To consider a report<br>(Pages 83 - 90)   |
| 16.  | Firefighter Recruitment Selection and Training                                         | TDM   | * To consider a report<br>(Pages 91 - 98)   |
| 17.  | Corporate Risk Register                                                                | HSSP  | * To consider a report<br>(Pages 99 - 102)  |
| 18.  | Work Programme 2016/17                                                                 | Chair | * To consider a report<br>(Pages 103 - 108) |
|      | Next Meeting                                                                           |       | 10.00 am on 21 September                    |

10.00 am on 21 September 2016 at Conference Room, Fire and Rescue Service Headquarters, Kempston, Bedford MK41 7NR Item

#### **DECLARATIONS OF INTEREST**

From 1 July 2012 new regulations were introduced on Disclosable Pecuniary Interests (DPIs). The interests are set out in the Schedule to the Code of Conduct adopted by the Fire Authority on 28 June 2012. Members are statutorily required to notify the Monitoring Officer (MO) of any such interest which they, or a spouse or civil partner or a person they live with as such, have where they know of the interest.

A Member must make a verbal declaration of the existence and nature of any Disclosable Pecuniary Interest and any other interest as defined in paragraph 7 of the Fire Authority's Code of Conduct at any meeting of the Fire Authority, a Committee (or Sub-Committee) at which the Member is present and, in the case of a DPI, withdraw from participating in the meeting where an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent. This page is intentionally left blank

#### MINUTES OF HUMAN RESOURCES POLICY AND CHALLENGE GROUP MEETING HELD ON 15 MARCH 2016

Present: Councillors C Atkins, M Ayub, J Mingay (Vice-Chair in the Chair) and M Riaz

ACO Z Evans, SOC A Peckham, Mr J Atkinson, Ms D Clarke, Ms S Green and Mr R Jones

#### 15-16/HR/039 Apologies

An apology for absence was received from Councillor P Downing.

#### 15-16/HR/040 Declarations of Disclosable Pecuniary and Other Interests

There were no declarations of interests.

#### 15-16HR/041 Communications

Councillor Atkins reported that, in her capacity as Vice Chair of the Authority, she received a number of communications from national employer's organisations and wondered if these should be circulated to all Members of the Authority.

ACO Evans advised that communications were generally not circulated if they related to workforce or operational issues. These would only be circulated to all Members if they related to strategic issues; however, she was happy to circulate any communications which it was felt would be beneficial for Members to receive.

#### 15-16/HR/042 Minutes

#### **RESOLVED**:

That the Minutes of the meeting held on 16 December 2015 be confirmed and signed as a true record.

#### <u>15-16/HR/043 Human Resources Performance Monitoring 2015/16 Quarter 3</u> and Programmes to Date

ACO Evans submitted the report on Human Resources programme, projects to date and performance against Human Resources performance indicators and associated targets for the third quarter of 2015/16.

The Business Systems Improvement programme was on target following the approval of additional funding at the meeting of the full Authority in October 2015. The contract with the new system provider had been signed the previous week. In relation to the performance indicators, EQ2 (recruitment of ethnic minority staff across the whole organisation) had not reached the target as only 2 ethnic minority staff had been appointed from a total of 36 recruited. It was hoped that performance against this indicator would improve by year-end as the recruitment process was ongoing.

In response to a question, ACO Evans advised that the target was based on a 5 year average. The Service had implemented a positive action policy and events such as positive action days were reported regularly to the Policy and Challenge Group.

It was suggested that the Service provide recruitment information at local community events such as the Polish Festival in Bedford and that opportunities for frontline staff to liaise with BME communities should be maximised.

Mr R Jones, the Service's Diversity Adviser, confirmed that the Service would have a presence at key significant cultural events. The Service also worked closely with schools through the Cadet Scheme and was using social media to reach out to other groups.

ACO Evans drew Members' attention to performance against indicator HR1 (the percentage of working time lost due to sickness) as this was a stretching target and the Service was currently performing 8% above the 3.60% target.

The training indicators T1-T5 were now all meeting target where in the past they have been reported as amber or red. The one training indicator that was missing target was T8b (percentage of safety critical maintenance training programme completed by RDS operational personnel via PDRPro within last 12 months). This equated to 6 people not completing the training programme in the required time period.

Performance against H2 (number of working days/shifts lost to accidents per 1000 employees (excluding Retained Duty System employees)) and H3 (number of 24 hour cover periods lost to accidents per 1000 Retained Duty System (full time equivalent employees) were both RAG rated as red for the reporting period. The target for H2 had been missed by 14% and it was hoped that performance against the indicator would improve so that the target would be met by the year-end.

H3 had missed target by 156% as the result of one employee having over 250 days sick and yet to return to work.

#### **RESOLVED**:

That the progress made on Human Resources Programmes and Performance be acknowledged.

<u>15-16/HR/044 Proposed Human Resources and Organisational Development</u> Indicators and Targets for 2016/17

ACO Evans introduced the proposed suite of Human Resources performance indicators and associated targets for 2016/17.

Improvement targets of 1% above the average performance rate over the last 5 years were being proposed for EQ1A (percentage of new entrants to the Retained Duty System to be women) (6%) and EQ2 (recruitment of Black and Minority Ethnic Staff across the whole organisation) (13%).

A new indicator, EQ1B, had been introduced to measure the percentage of wholetime operational staff to be women. The proposed target of 5% would bring the Service in line with the best performers across the Eastern Region.

The target for EQ3 (parity in retention rates between BME and white employees (all staff) was proposed to be set at 14% which was consistent with the 5 year average.

It was recommended that there be no change to the target of 4% in relation to EQ4 (parity in retention rates between men and women (operational staff)).

Ms D Clarke, Head of Human Resources, reported on the proposed indicators relating to Human Resources and Occupational Health.

The target for HR1 (the percentage of working time lost due to sickness) was proposed at 3.9%. This was under the mean average public sector absence of 4.1% as reported in the CIPD annual survey for 2015 given the strong performance against this indicator in the current year. 3.9% was also the trigger point for the Service to take action under the Service's current policy.

The proposed target for HR2a (turnover excluding retirement or dismissals – excluding retained) was set at 6%, the average performance over the last 3 years plus 2%. For HR2b (turnover excluding retirement or dismissals – retained only) the target was set at 10%, based on the average performance over 5 years.

A 90% target for the indicators measuring the percentage of returned appraisal documents for both support staff and Station Managers and above (HR3a) and firefighters and Crew and Watch Managers (HR3b) was proposed.

No changes were proposed to the Occupational Health indicators or targets.

SOC Peckham reported on the proposed targets for the Training and Development performance indicators. The only change related to T6 (percentage of station based operational Working at Height Operators that have attended at Working at Height recertification assessment within the last three years). It was proposed that the target be increased from 70% to 98% in line with the other safety critical training indicators as this had previously been a new indicator and by the 2016/17 performance year all relevant staff would have received the training.

Members recognised the high levels of performance against the training and development indicators and that as stretching targets had been set staff had been motivated to achieve these targets.

In relation to the health and safety indicators, the target for H1 (number of serious accidents (over 28 days) per 1000 employees) had been set at 4.78%, which was a 20% reduction on the 5 year average. The target for H2 (number of working days/shifts lost to accidents per 1000 employees) had been set at 372.20 following the same rationale.

ACO Evans proposed a change to the targets for H1 - H3 (number of serious accidents, number of working days/shifts lost and number of 24 hour - cover periods lost to accidents per 1000 Retained Duty System employees) to achieve a 10% reduction on the 5 year average rather than the 20% reduction as set out in the report.

#### **RESOLVED**:

- 1. That the proposed suite of Human Resources performance indicators and targets for 2016/17 be endorsed, with amendments to the targets for H1 to H3 to a 10% reduction on the 5 year average.
- 2. That the high levels of performance against the current performance indicators and targets be acknowledged.

#### 15-16/HR/045 Audit and Governance Action Plan Monitoring Report

ACO Evans introduced her report on progress made to date against the current action plan arising from the internal audit report on Training and Development.

Significant progress had been made against the action plan, with a number of the actions already completed in advance of the completion date. A follow up audit was being undertaken later in the month.

#### **RESOLVED**:

That the progress made to date against the action plans be acknowledged.

#### 15-16/HR/046 Discretions – Fire Pensions Schemes

Ms S Green, the Human Resources Section Manager, presented the policy statements in relation to the scheme discretions for the 1992, 2006 and 2015 Firefighter Pension Schemes and the 2006 Firefighter Compensation Scheme.

It was recommended that a Service Panel consider the application of the discretionary powers, as was currently the case for discretions under the Local Government Pension Scheme, and that this be managed under the existing delegations to the Chief Fire Officer.

#### **RESOLVED:**

That the Firefighter Pensions Schemes Scheme of Discretions, attached at Appendix A to the report be recommended for adoption by the Fire and Rescue Authority to be managed on a day-to-day basis by the Chief Fire Officer under existing delegations.

#### 15-16/HR/047 Introduction of National Living Wage

Ms D Clarke, Head of Human Resources, submitted her report on the introduction of the National Living Wage, following comments made at a meeting of the Audit and Standards Committee on 24 September 2015 supporting an increase in the hourly rate of the one employee currently receiving a salary under the forecast National Living Wage for 2020.

The Head of Human Resources reported that, from 1 April 2016, the Government would introduce a compulsory living wage for all working people aged 25 and over. This was set at £7.20 per hour. The rate was expected to rise on an incremental basis and was estimated to reach £9.35 by 2020.

The Policy and Challenge Group was advised that the salary and remuneration levels for support staff roles were determined in accordance with the National Joint Council and that the Service was currently part of the national pay bargaining agreement.

The Head of Human Resources reminded Members that an uplift in the salary of one post would result in increases having to be made throughout the organisation to maintain the pay differentials between the various spinal column points and would lead to the Service having to remove itself from the national pay bargaining structure for Green Book staff.

Members were assured that the Service would comply with the National Living Wage and that the lowest wage in the organisation already complied with and significantly exceeded the rate proposed for implementation on 1 April 2016. The Service would also comply with the National Living Wage for 2020 at that time.

#### **RESOLVED**:

That the report be considered and that the existing national pay bargaining arrangements for Green Book employees be maintained.

#### 15-16/HR/048 Equality Duty Report

Mr R Jones, the Diversity Adviser, presented the 2014/15 Annual Workforce Data Report. This was the fourth such annual report produced by the Service.

He reported that as at 31 March 2015, the Service employed 592 people, with 57 people having left the Service and 41 new appointments during the year. There were no significant changes to the workforce during the reporting period. 6.9% of the workforce had declared themselves as being of a black or ethnic minority background. 4.1% had not declared an ethnicity. There was a high percentage of employees who had not declared their sexual orientation.

It was noted that the Service would need to work with its staff to encourage individuals to feel comfortable in disclosing information.

In response to a comment, the Diversity Adviser reported that, as he had only recently commenced in the role, the majority of his work to date had been office-based but that he would now be focusing on more outward-focused, engagement work with Bedfordshire's diverse communities.

Although the percentage of grievances from those declaring themselves as having a black and minority ethnic background appeared to be high at 14.3%, ACO Evans advised that this must be considered in light of the small number of grievances (7) that had been received during the year.

#### **RESOLVED:**

That the report be approved.

#### 15-16/HR/049 Corporate Risk Register

ACO Evans provided an update on CRR40: If there is a retirement of a large number of operational officers over a short period of time then we lost significant operational and managerial experience within the Service which could ultimately affect our Service Delivery and wider corporate functionality in the shorter term.

She reported that the number of recruits from the current recruitment campaign had been increased from 16 to 24 to accommodate predicted projection shortfalls.

#### **RESOLVED:**

That the review by the Service of the Corporate Risk Register in relation to Human Resources be received.

#### 15-16/HR/050 Work Programme 2015/16

Members received the Work Programme for 2015/16.

#### **RESOLVED:**

That the work programme for 2015/16 be received and the cyclical agenda items be noted.

The meeting finished at 11.07am.

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| <b>For Publication</b> |  |
|------------------------|--|
|------------------------|--|

Bedfordshire Fire and Rescue Authority Human Resources Policy and Challenge Group 7 June 2016 Item No. 6

#### **REPORT AUTHOR:** SECRETARY/MONITORING OFFICER

#### SUBJECT: TERMS OF REFERENCE

| For further information | Mrs Karen Daniels         |
|-------------------------|---------------------------|
| on this Report contact: | Service Assurance Manager |
|                         | Tel No: 01234 845013      |

Background Papers: None

|                |   | FINANCIAL              |                                                           |  |  |  |
|----------------|---|------------------------|-----------------------------------------------------------|--|--|--|
|                |   | EQUALITY IMPACT        |                                                           |  |  |  |
|                |   | POLICY                 |                                                           |  |  |  |
| Known          |   | OTHER (please specify) |                                                           |  |  |  |
| New CORE BRIEF |   |                        |                                                           |  |  |  |
|                | - | -                      | EQUALITY IMPACT<br>POLICY<br>Known OTHER (please specify) |  |  |  |

Any implications affecting this report are noted at the end of the report.

#### PURPOSE:

To review the Terms of Reference for the Human Resources Policy and Challenge Group.

#### **RECOMMENDATIONS:**

That:

- 1. Members consider the Terms of Reference for the Human Resources Policy and Challenge Group and recommend any changes for 2016/17 to the Fire Authority.
- 2. The Terms of Reference be updated to include a statement that the Group reports to the Fire and Rescue Authority.

#### 1. <u>Introduction</u>

- 1.1 The Human Resources Policy and Challenge Group has been established to ensure that the following areas of the Fire and Rescue Service are functioning efficiently and effectively, challenging areas of under performance as required and approving any associated policy as necessary:
  - Health, Safety and Welfare
  - Equality and Diversity
  - Training and Staff Development
  - Human Resource Planning
  - Organisational Development
  - Payroll

#### 2. <u>Terms of Reference</u>

- 2.1 The Terms of Reference for the Policy and Challenge Group were last revised in July 2014 and are appended to this report.
- 2.2 An Internal Audit carried out by RSM in February 2016 made a recommendation that the Terms of References for the Policy and Challenge Groups and Audit and Standards Committee be updated to define to whom they report.
- 2.3 Members are asked to consider the current Terms of Reference and recommend any changes required for 2016/17 to the Fire and Rescue Authority.

#### J ATKINSON SECRETARY/MONITORING OFFICER

#### HUMAN RESOURCES POLICY AND CHALLENGE GROUP

The Human Resources Challenge and Policy Group has been established to ensure that the following areas of Service are functioning efficiently and effectively, challenging areas of under performance as required and approving any associated policy as necessary:

- Health, Safety and Welfare
- Equality and Diversity
- Training and Staff Development
- Human Resource Planning
- Organisational Development
- Payroll

#### <u>Membership</u>

The Group is to consist of those Members appointed by the Fire and Rescue Authority for the ensuing year or as determined by the Fire and Rescue Authority.

One elected Member will be nominated as Chair of the Group by the Fire and Rescue Authority at its annual meeting and another elected Member will be nominated as Vice Chair at the first Group meeting held after the annual meeting. The Group may co-opt onto its membership any person, such as representatives or members of groups, who may provide specialist information or skills in assisting the Group to reach its aims and objectives set out below.

#### <u>Quorum</u>

Business shall not be transacted at any meeting of the Human Resources Policy and Challenge Group unless at least three Members are present and at least one Member from two constituent authorities.

#### <u>Support</u>

The Group will be supported by the individual Principal Officer with responsibility for Human Resources and Organisational Development and members of the Strategic Support Team.

#### **Regularity of Meetings**

The Group is to meet a minimum of four times a year. Other meetings can be called when deemed necessary by any member of the Group and following agreement with the Group Chair.

#### <u>Reporting</u>

The Group has no delegated power to take decisions but its minutes are submitted to the FRA under a covering report from the Group's Chair with any recommendations.

#### Terms of Reference

- 1. To consider and report as necessary on performance in respect of the Fire and Rescue Authority's Human Resources and Organisational Development Directorate and be involved in the setting and monitoring of Service targets.
- 2. To approve the Human Resources and Organisational Development Sections of the Fire and Rescue Authority's Community Risk Management Plan (CRMP) and associated Annual Action plans.
- 3. To consider and approve the People Strategy, associated strategies and annual action plans.
- 4. To oversee the development, approval and implementation of the Fire and Rescue Authority's Single Equality Scheme.
- 5. To consider and approve Equality and Diversity annual reports.
- 6 To consider the findings of any community consultation or staff audits relating to Human Resources and Organisational Development.
- 7 To commission and oversee reviews into specified areas of work within the Human Resources and Organisational Development Directorate.
- 8 To consider any external reports relating to Human Resources and Organisational Development.
- 9. To monitor the effective identification and management of corporate risks relating to Human Resources functions.

Revised Terms of Reference agreed by the CFA on 7 September 2011

Updated for change of Authority name – December 2012

Revised by HR Policy and Challenge Group on 13 June 2013

Quorum included – 2 July 2014

Reporting included for consideration at HR Policy and Challenge Group on 7 June 2016

| For Publication                                 | Bedfordshire Fire and Rescue Authority<br>Human Resources Policy and Challenge<br>Group<br>7 June 2016<br>Item No. 7 |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| REPORT AUTHOR:                                  | ASSISTANT CHIEF OFFICER (HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT)                                             |
| SUBJECT:                                        | HUMAN RESOURCES PROGRAMME AND<br>PERFORMANCE YEAR END - QUARTER FOUR (APRIL<br>TO MARCH 2016)                        |
| For further information on this Report contact: | Adrian Turner<br>Service Performance Analyst                                                                         |

#### **Background Papers:**

Previous Human Resources Quarterly Programme and Performance Summary Reports.

Tel No: 01234 845022

Implications (tick ✓):

| LÈGAL           | ✓            |              | FINANCIAL              | ✓            |
|-----------------|--------------|--------------|------------------------|--------------|
| HUMAN RESOURCES | ✓            |              | EQUALITY IMPACT        | ✓            |
| ENVIRONMENTAL   | $\checkmark$ |              | POLICY                 | $\checkmark$ |
| CORPORATE RISK  | Known        | $\checkmark$ | OTHER (please specify) |              |
|                 | New          |              | CORE BRIEF             |              |

Any implications affecting this report are noted at the end of the report.

#### PURPOSE:

To provide the Human Resources Policy and Challenge Group with a report for 2015/16 Quarter 4, detailing:

- 1. Progress and status of the Human Resources Programme and Projects to date.
- 2. A summary report of performance against Human Resources performance indicators and associated targets for Quarter Four 2015/16 (1 April 2015 to 31 March 2016).

#### **RECOMMENDATION:**

Members acknowledge the progress made on Human Resources Programmes and Performance and consider any issues arising.

#### 1. <u>Programmes and Projects</u>

- 1.1 Projects contained in this report have been reviewed and endorsed in February 2016 by the Authority's Policy and Challenge Groups as part of their involvement in the annual process of reviewing the rolling four-year programme of projects for their respective areas in order to update the CRMP in line with the Authority's planning cycle.
- 1.2 The review of the current programme of strategic projects falling within the scope of the Human Resources Policy and Challenge Group has confirmed that:
  - > All existing projects are complete;
  - All new projects will be within the medium-term strategic assessment for Human Resources areas; and
  - The current programme is capable of incorporating, under one or more existing projects, all anticipated additional strategic improvement initiatives relating to Human Resources over the next three years.
- 1.3 Full account of the financial implications of the Human Resources programme for 2016/17 to 2019/20 has been taken within the proposed 2016/17 Budget and Medium-Term Financial Plan, as presented to the Authority for agreement in February 2016.
- 1.4 No new Human Resources projects have been added in this period (progress on the HR and Payroll system is covered under Business Systems Improvement and reported to the Corporate Services Policy and Challenge group). However, for information purposes progress on the delivery of the HR and Payroll system is included in Appendix A.
- 1.5 Other points of note, and changes for the year include the following:
  - The Corporate Management Team monitors progress of the Strategic Projects monthly. The Strategic Programme Board reviews the Programme at least twice a year with the next Programme Board review scheduled for 22 September 2016.

1.6 Appendix A gives a summary of status to date. No exception reports were submitted during this period, and there are currently no exceptions outstanding. The status of each project is noted using the following key:

| Colour Code | Status                                                |
|-------------|-------------------------------------------------------|
| GREEN       | No issues. On course to meet targets.                 |
| AMBER       | Some issues. May not meet targets.                    |
| RED         | Significant issues. Will fall outside agreed targets. |

- 2. <u>Performance</u>
- 2.1 In line with its Terms of Reference, the Human Resources Policy and Challenge Group is required to monitor performance against key performance indicators and associated targets for areas falling within the scope of the Group. It has been previously agreed by the Group, that in order to facilitate this, it should receive quarterly summary performance reports at each of its meetings.
- 2.2 This report presents members with the performance summary outturn for Quarter Four 2015/16 which covers the period 1 April to 31 March 2016. Performance is shown in Appendix B. The indicators and targets included within the report are those established as part of the Authority's 2015/16 planning cycle.
- 2.3 The status of each measure is noted using the following key:

| Colour Code | Exception<br>Report | Status                            |
|-------------|---------------------|-----------------------------------|
| GREEN       | n/a                 | Met or surpassed target           |
| AMBER       | Required            | Missed but within 10% of target   |
| RED         | Required            | Missed target by greater than 10% |

3. <u>Summary and Exception Reports Q4 - Year End 2015/16</u>

All performance indicators achieved their target, except for:

- 3.1 **EQ2 Recruitment of minority ethnic staff across the whole organisation.** The measure is 15% short of the annual target percentage. The newly appointed Diversity Advisor will be reviewing the recruitment process and positive action initiatives for the coming year.
- 3.2 **T7 Percentage of Flexible Duty Officers that have attended an assessed Incident Command Assessment within the last 12 months.** We currently have 26 operational Commanders in the roles Station Commander, Group Commander and Service Operational Commander. 24 assessments have now been successfully completed which equates to 92.03%. The remaining 2 were planned, have had to be re-arranged and been programmed in May 2016 to ensure 100% compliancy.

- 3.3 T8b Percentage of Safety Critical Maintenance training programme completed by RDS operational personnel via PDRPro within last 12 months. 1.94% short of target is consistent with 2014/15 Quarter 4 period and actually represents an improvement of 2.06% since 2015/16 Quarter 3 performance. Training & Development Centre are working continuously with ODT membership, station commanders and individuals to improve this area.
- 3.4 **T8c Percentage of Safety Critical Maintenance training programme completed by Control personnel via PDRPro within last 12 months.** 10.84% short of target represents a decrease over previous Quarter 3 performance and against Quarter 4 last year. One Watch is achieving above the performance level, two are improving and one is below expected performance. On inspection, this may relate to one individual for whom support is being offered to improve.
- 3.5 H3 Number of 24 hour cover periods lost to accidents per 1000 Retained Duty System (Full Time Equivalent) employees. There were no further workplace injuries to RDS personnel in quarter 4 that resulted in 24 hour cover periods lost. The further increase in the H2 figure is due to continued sickness resulting in all 92 days/shifts lost during Quarter 4 2015/16. The injury event occurred at an operational incident and resulted in a knee injury partly attributed to repetitive access onto and out of a Rural Water Tender.

#### 4. For Information

T6 Percentage of station based operational Working at Height Operators that have attended a Working at Height recertification assessment within the last three years. This is an incremental target; 2015/16 was the second of three years to deliver this training and as such the performance indicator will increase from 70% to 98% in 2016/17. Current performance of 92% represents 22% above requirement in year, however it should be noted that this may initially show as Amber within Quarter 1 of 2016/17 until all personnel have received the training.

ZOE EVANS ASSISTANT CHIEF OFFICER (HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT)

#### HUMAN RESOURCES AND DEVELOPMENT PROGRAMME REPORT

|          | Project<br>Description          | Aim                                                                                   | Performance<br>Status | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------|---------------------------------|---------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ר מאב די | Business Systems<br>Improvement | Optimise the use of<br>existing business<br>systems and replace<br>where appropriate. | Green                 | <ul> <li>HR &amp; Payroll System:</li> <li>May 2016 The Fire Authority, in their meeting of 21 October 2015, approved additional funding £74,000 to provide additional support to run the HR System Project due to new and continued work pressures on the HR Team. This support is now in place and delivering pre-implementation activities. The project is progressing well. The contract with the system and payroll supplier was signed on 14 March, detailed project planning has commenced, all relevant workstreams are on track, and regular project conference call meetings have been established with the supplier. In addition, the test system has been established, Introductory training has been completed attended by the HR, Payroll and Business Information Teams. A detailed project plan is being agreed with the supplier incorporating further dates for training and consultancy that support the configuration of the system. The project charter is expected to be in place with the supplier by the end of May.</li></ul> |

#### SUMMARY of HUMAN RESOURCES PERFORMANCE 2015/16 Year End

|         | Measure                                                                                                                                                                             |                        |                        |                         | 2015/16 Quarter 4 |              |              |                                  |                           |  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-------------------------|-------------------|--------------|--------------|----------------------------------|---------------------------|--|
| No      | Description                                                                                                                                                                         | Aim                    | Full<br>Year<br>Target | Five<br>Year<br>Average | Q4<br>2014/15     | Q4<br>Actual | Q4<br>Target | Performance<br>against<br>Target | Comments                  |  |
|         |                                                                                                                                                                                     |                        | Huma                   | an Resourc              | ces               |              |              |                                  |                           |  |
| EQ      | <ul> <li>A % of new entrants to the operational sector to be women.</li> <li>(Due to budget constraints this will be measured in relation to retained recruitment only).</li> </ul> | Higher<br>is<br>Better | 7%                     | 4%                      | 12%               | 16%          | 7%           | Green                            | N/A                       |  |
| EQ      | Recruitment of minority ethnic<br>staff across the whole<br>organisation                                                                                                            | Higher<br>is<br>Better | 8%                     | 11.64%                  | 12%               | 7%           | 8%           | Red                              | N/A                       |  |
| Page 18 | Parity in retention rates between<br>ME and white employees (All Staff)                                                                                                             | Lower<br>is<br>Better  | 16%                    | 11.72%                  | 12%               | 5%           | 16%          | Green                            | N/A                       |  |
| EQ      | Parity in retention rates between<br>men and women (Operational<br>Staff)                                                                                                           | Lower<br>is<br>Better  | 4%                     | 3.53%                   | 0%                | 2%           | 4%           | Green                            | N/A                       |  |
| HR      | The percentage of working time lost due to sickness                                                                                                                                 | Lower<br>is<br>Better  | 3.6%                   | n/a                     | 3.61%             | 3.55%        | 3.6%         | Green                            | 1% better<br>than target  |  |
| HR1     | b % working time lost to sickness<br>excluding long term Sickness                                                                                                                   | n                      | /a                     | n/a                     | 1.81%             | 1.91%        |              | For information c                | only                      |  |
| HR2     | a Turnover excluding retirement or dismissals - Excluding Retained                                                                                                                  | Lower<br>is<br>Better  | 4%                     | 8%                      | 3%                | 4%           | 4%           | Green                            | Achieved<br>target        |  |
| HR2     | b Turnover excluding retirement or dismissals -Retained only                                                                                                                        | Lower<br>is<br>Better  | 12%                    | 4%                      | 8%                | 11%          | 12%          | Green                            | 11% better<br>than target |  |

#### **APPENDIX B**

#### SUMMARY of HUMAN RESOURCES PERFORMANCE 2015/16 Year End

| Measure |             |     | Measure 2015/16 Quarter 4 |                         |               |              |              |                                  |          |
|---------|-------------|-----|---------------------------|-------------------------|---------------|--------------|--------------|----------------------------------|----------|
| No.     | Description | Aim | Full<br>Year<br>Target    | Five<br>Year<br>Average | Q4<br>2014/15 | Q4<br>Actual | Q4<br>Target | Performance<br>against<br>Target | Comments |

|      | Human Resources (Measures previously reported in Q2)                                                                                                                                           |                        |     |     |     |     |     |       |                           |  |  |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----|-----|-----|-----|-----|-------|---------------------------|--|--|
| HR3a | Percentage of returned appraisal<br>documents to HR within 3 months<br>of reporting year within 3 months<br>of reporting year (end September)<br>Support staff & Station Managers<br>and above | Higher<br>is<br>Better | 75% | n/a | n/a | 91% | 75% | Green | 21% better<br>than target |  |  |
| HR3b | Percentage of returned appraisal<br>documents to HR within 3 months<br>of reporting year (end September)<br>Fire-fighters/Crew & Watch<br>Managers                                             | Higher<br>is<br>Better | 50% | n/a | n/a | 99% | 50% | Green | 98% better<br>than target |  |  |

łде

| φ   |                                                                                                                                                                                      |                        | Occupa | <mark>itional Hea</mark> | lth |     |     |       |                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------|--------------------------|-----|-----|-----|-------|--------------------------|
| OH1 | % of personnel in operational<br>Roles who have completed an<br>annual fitness assessment in<br>the past 12 months (excluding<br>secondments, career breaks<br>and modified and LTS) | Higher<br>is<br>Better | 97%    | 94%                      | 97% | 98% | 97% | Green | 1% better<br>than target |
| OH2 | % of operational personnel achieving a pass category in their annual fitness test                                                                                                    | Higher<br>is<br>Better | 95%    | 94%                      | 96% | 95% | 95% | Green | Achieved<br>Target       |

#### SUMMARY of HUMAN RESOURCES PERFORMANCE 2015/16 Year End

| Measure |             |     |                        | 2015/16 Quarter 4       |               |              |              |                                  |          |
|---------|-------------|-----|------------------------|-------------------------|---------------|--------------|--------------|----------------------------------|----------|
| No.     | Description | Aim | Full<br>Year<br>Target | Five<br>Year<br>Average | Q4<br>2014/15 | Q4<br>Actual | Q4<br>Target | Performance<br>against<br>Target | Comments |

|          |                                                                                                                                                                                  |                        | Staff | Developme | ent |     |     |       |                          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------|-----------|-----|-----|-----|-------|--------------------------|
| т        | Percentage of station based<br>operational staff that have attended<br>an assessed BA course within the<br>last two years                                                        | Higher<br>is<br>Better | 98%   | 95%       | 95% | 98% | 98% | Green | Achieved<br>target       |
| - Page   | Percentage of EFAD qualified<br>firefighters that have attended EFAD<br>Assessment course within the last<br>three years                                                         | Higher<br>is<br>Better | 98%   | 98%       | 99% | 99% | 98% | Green | 1% better<br>than target |
| е<br>20т | -3 Percentage of station based<br>operational staff that have attended<br>Water First Responder course<br>within the last three years                                            | Higher<br>is<br>Better | 98%   | 84%       | 90% | 99% | 98% | Green | 1% better<br>than target |
| т        | Percentage of station based<br>operational staff that have attended<br>Compartment Fire Behaviour course<br>within the last three years                                          | Higher<br>is<br>Better | 98%   | 93%       | 98% | 98% | 98% | Green | Achieved<br>target       |
| т        | Percentage of station based<br>operational Emergency Care for Fire<br>and Rescue trained personnel that<br>have attended a requalification<br>course within the last three years | Higher<br>is<br>Better | 98%   | n/a       | 82% | 99% | 98% | Green | 1% better<br>than target |

#### **APPENDIX B**

#### SUMMARY of HUMAN RESOURCES PERFORMANCE 2015/16 Year End

| Measure |             |     |                        | 2015/16 Quarter 4       |               |              |              |                                  |          |
|---------|-------------|-----|------------------------|-------------------------|---------------|--------------|--------------|----------------------------------|----------|
| No.     | Description | Aim | Full<br>Year<br>Target | Five<br>Year<br>Average | Q4<br>2014/15 | Q4<br>Actual | Q4<br>Target | Performance<br>against<br>Target | Comments |

|         |          | -                                                                                                                                                                                |                        | Staff Dev | elopment | (cont.) |     |     |       |                                               |
|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------|----------|---------|-----|-----|-------|-----------------------------------------------|
|         | Т6       | Percentage of station based<br>operational Working at Height<br>Operators that have attended a<br>Working at Height recertification<br>assessment within the last three<br>years | Higher<br>is<br>Better | 70%       | n/a      | 41%     | 92% | 70% | Green | 32% better<br>than target<br>(Note<br>comment |
| z afie. | 7<br>77  | Percentage of Flexible Duty<br>Officers that have attended an<br>assessed Incident Command<br>Assessment within the last 12<br>months                                            | Higher<br>is<br>Better | 98%       | n/a      | 100%    | 92% | 98% | Amber | Missed<br>target by<br>6%                     |
|         | -<br>T8a | Percentage of Safety Critical<br>Maintenance training<br>programme completed by W/T<br>operational personnel via<br>PDRPro within last 12 months                                 | Higher<br>is<br>Better | 92%       | n/a      | 94%     | 95% | 92% | Green | 3% better<br>than target                      |
|         | T8b      | Percentage of Safety Critical<br>Maintenance training<br>programme completed by RDS<br>operational personnel via<br>PDRPro within last 12 months                                 | Higher<br>is<br>Better | 92%       | n/a      | 90%     | 90% | 92% | Amber | Missed<br>target by<br>2%                     |

#### **APPENDIX B**

#### SUMMARY of HUMAN RESOURCES PERFORMANCE 2015/16 Year End

|      |     | Measure                                                                                                                                                                                  |                     |                        |                         |               | 2015/1       | 6 Quarte     | r <b>4</b>                       |                             |
|------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-------------------------|---------------|--------------|--------------|----------------------------------|-----------------------------|
|      | No. | Description                                                                                                                                                                              | Aim                 | Full<br>Year<br>Target | Five<br>Year<br>Average | Q4<br>2014/15 | Q4<br>Actual | Q4<br>Target | Performance<br>against<br>Target | Comments                    |
| Γ    |     |                                                                                                                                                                                          |                     | Staff Dev              | elopment (              | Cont.)        |              |              |                                  |                             |
|      | T8c | Percentage of Safety Critical<br>Maintenance training programme<br>completed by Control personnel<br>via PDRPro within last 12<br>months.                                                | Higher<br>is Better | 92%                    | n/a                     | 88%           | 81%          | 92%          | Red                              | Missed<br>target by<br>12%  |
| Page | T8d | Percentage of senior<br>management roles (SC to AC)<br>personnel attainment in<br>maintaining core, operational<br>safety critical training modules<br>within a rolling 12 month period. | Higher<br>is Better | 92%                    | n/a                     | 0%            | 95%          | 92%          | Green                            | 4% better<br>than target    |
| 22   |     |                                                                                                                                                                                          |                     | Healt                  | h and Safe              | tv            |              |              |                                  |                             |
|      | H1  | Number of serious accidents<br>(over 28 days) per 1000<br>employees.                                                                                                                     | Lower<br>is Better  | 5.84                   | 5.98                    | 3.84          | 1.94         | 5.84         | Green                            | 67% better<br>than target   |
|      | H2  | Number of working days/shifts<br>lost to accidents per 1000<br>employees (excluding Retained<br>Duty System employees).                                                                  | Lower<br>is Better  | 438.66                 | 465.26                  | 262.32        | 436.01       | 438.66       | Green                            | 1% better<br>than target    |
|      | H3  | Number of 24 hour cover<br>periods lost to accidents per<br>1000 Retained Duty System (Full<br>Time Equivalent) employees.                                                               | Lower<br>is Better  | 760.59                 | 753.22                  | 526.30        | 2703.69      | 760.59       | Red                              | Missed<br>target by<br>255% |

Notes: The comments column on the right hand side shows a comparison of actual against target as a percentage, it should be noted that all targets are represented as 100% and the actual is a percentage of that target.

| For Publication                                 | Bedfordshire Fire and Rescue Authority<br>Human Resources Policy and Challenge<br>Group<br>7 June 2016<br>Item No. 8 |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| REPORT AUTHOR:                                  | ASSISTANT CHIEF OFFICER (HUMAN RESOURCES<br>AND ORGANISATIONAL DEVELOPMENT)                                          |
| SUBJECT:                                        | NEW INTERNAL AUDIT REPORTS                                                                                           |
| For further information on this report contact: | Karen Daniels<br>Service Assurance Manager<br>Tel No: 01234 845013                                                   |
| Background Papers:                              | Baker Tilly Strategy for Internal Audit<br>Bedfordshire Fire Authority 2014/15 to 2016/17                            |

|       |              | FINANCIAL              | $\checkmark$                                                                                         |
|-------|--------------|------------------------|------------------------------------------------------------------------------------------------------|
|       |              | EQUALITY IMPACT        |                                                                                                      |
|       |              | POLICY                 |                                                                                                      |
| Known | $\checkmark$ | OTHER (please specify) |                                                                                                      |
| New   |              | CORE BRIEF             |                                                                                                      |
|       | +            | New                    | EQUALITY IMPACT       POLICY       Known     ✓       OTHER (please specify)       New     CORE BRIEF |

Any implications affecting this report are noted at the end of the report.

#### **PURPOSE:**

To present the report on internal audits completed since the last meeting of the Human Resources Policy and Challenge Group.

#### **RECOMMENDATION:**

That Members receive the attached internal audit report and endorse the associated management comments/actions which will be added to the Audit and Governance Action Plan Monitoring report.

#### 1. Background

- Internal audits are completed in accordance with the Internal Audit Annual Plan 1.1 agreed by the Audit and Standards Committee.
- 1.2 Each internal audit report details:

- the specific audit conducted,
- the scope of the audit,
- an assessment of the controls in place to manage the relevant objectives and risks,
- the auditors recommendations and priority of these, and
- an action plan which has been agreed with the appropriate Functional Head and approved by the relevant Principal Officer for incorporation into the Audit and Governance Actions Monitoring report.
- 1.3 All internal audit reports are presented to the appropriate Policy and Challenge Group for endorsement of the actions arising.
- 2. Internal Audit Reports
- 2.1 The Appendix to this report presents the internal audit reports on:
  - Follow-up (completed on 13 April 2015; report finalised on 26 May 2015) (Appendix A). Conclusion: Reasonable Progress
- 2.2 The Follow up audit report will also presented to the Corporate Services Policy and Challenge group on the 9th June 2016
- 2.3 The actions arising from the above audits will be incorporated as 'new' actions within the Audit and Governance Actions Monitoring Report in September 2016 for on-going monitoring by the Policy and Challenge Group.
- 2.4 Any slippage or other exceptions arising will also be reported to and monitored by the Audit and Standards Committee.

#### ZOE EVANS ASSISTANT CHIEF OFFICER (HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT)

## BEDFORDSHIRE FIRE AND RESCUE AUTHORITY

Follow Up

**REVISED FINAL** 

Internal Audit Report: 7.15/16

26 May 2016



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| Debrief held<br>Draft report issued                   | 13 April 2016<br>19 April 2016<br>19 April 2016 | Internal Audit team | Daniel Harris - Partner<br>Suzanne Lane – Senior Manager<br>Lee Hannaford - Assistant Manager<br>Shalini Gandhi – Internal Auditor |
|-------------------------------------------------------|-------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Responses received                                    | 25 May 2016                                     | Client sponsor      | Alison Ashwood - Head of Strategic Support<br>Karen Daniels - Audit and Performance Manager                                        |
| Final report issued<br>Revised final report<br>issued | 25 May 2016<br>26 May 2016                      | Distribution        | Alison Ashwood - Head of Strategic Support<br>Karen Daniels - Audit and Performance Manager                                        |

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <a href="http://www.icaew.com/en/members/regulations-standards-and-guidance">http://www.icaew.com/en/members/regulations-standards-and-guidance</a>.

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Therefore, the most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the risk management, governance and control processes reviewed within this assignment. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

This report is supplied on the understanding that it is solely for the use of the persons to whom it is addressed and for the purposes set out herein. Our work has been undertaken solely to prepare this report and state those matters that we have agreed to state to them. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any party other than the Board which obtains access to this report or a copy and chooses to rely on this report (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to our Client on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

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# 1 EXECUTIVE SUMMARY

#### **1.1 Introduction**

As part of the approved Internal Audit Plan for 2015/16 we have undertaken a review to validate the status of management actions within the Authority's action tracking system. The actions considered during this audit were from the following reports:

- Follow Up (7.14/15);
- Training and Development of Operational Staff (2.15/16)
- Procurement (3.15/16);

Three 'High' and seven 'Medium' priority actions were considered as part of this review.

Staff members responsible for the implementation of actions have been interviewed to determine the status of agreed actions. Where appropriate, audit testing has been completed to assess the level of compliance with this status and the controls in place.

#### **1.2 Conclusion**

Taking account of the issues identified in this report, in our opinion management have demonstrated **reasonable progress** in implementing agreed management actions.

Through the work we performed we were able to confirm that seven of the ten management actions had been fully implemented, furthermore one had also been superseded and replaced with a new management action. The remaining actions were partially implemented with the final action due to be completed in June 2016 amd March 2017.

Details of the new action and all the restated actions are included in Section 2 of this report.

### **1.3 Action Tracking**

Action tracking enhances an organisation's risk management and governance processes. It provides management with a method to record the implementation status of actions made by assurance providers, whilst allowing the Audit and Standards Committee to monitor actions taken by management.

Action tracking is undertaken by the Authority's management on a routine basis, with an update provided to the Audit and Standards Committee at each meeting. As part of our Follow Up Review, we have verified this information and completed audit testing to confirm the level of implementation stated and compliance with controls. Of the two management actions where we found that implementation of the action was still ongoing we confirmed that one was reported to the Authority as such, the other had been reported, but was not considered to be embedded and therefore another action has been agreed.

Further details of the actions carried forward are provided in Section 2 of this report.

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|                                                                  |                   |                    | Status of manag                  | ement actions              |                     |                                                               |
|------------------------------------------------------------------|-------------------|--------------------|----------------------------------|----------------------------|---------------------|---------------------------------------------------------------|
| Implementation<br>status by review                               | Number<br>agreed  | Implemented<br>(1) | Implementation<br>ongoing<br>(2) | Not<br>implemented<br>(3)  | Superseded<br>(4)   | Not Due<br>(5)                                                |
| Follow up (7.14/15)                                              | 6                 | 5                  | 1                                | 0                          | 0                   | 0                                                             |
| Training and<br>Development of<br>Operational Staff<br>(2.15/16) | 2                 | 0                  | 1                                | 0                          | 1                   | 0                                                             |
| Procurement<br>(3.15/16)                                         | 2                 | 2                  | 0                                | 0                          | 0                   | 0                                                             |
| Total                                                            | 10                | 7                  | 2                                | 0                          | 1                   | 0                                                             |
| Implementation                                                   | Number of         |                    |                                  |                            |                     |                                                               |
| status by<br>management<br>action priority                       | actions<br>agreed | Implemented<br>(1) | Implementatio<br>ongoing (2)     | n Not<br>implemente<br>(3) | Superseded<br>d (4) | Confirmation a<br>completed or r<br>longer necessa<br>(1)+(4) |
| High                                                             | 3                 | 2                  | 1                                | 0                          | 0                   | 2                                                             |
| Medium                                                           | 7                 | 5                  | 1                                | 0                          | 1                   | 6                                                             |
| Low                                                              | 0                 | 0                  | 0                                | 0                          | 0                   | 0                                                             |
| Total                                                            | 10                | 7                  | 2                                | 0                          | 1                   | 8                                                             |

### 1.4 Progress on Actions

# 2 FINDINGS AND MANAGEMENT ACTIONS

This report has been prepared by exception. Therefore, we have included only those actions graded as 2, 3 or 5. Each action followed up has been categorised in line with the following:

| Status | Detail                                                       |
|--------|--------------------------------------------------------------|
| 1      | The entire action has been fully implemented.                |
| 2      | The action has been partly though not yet fully implemented. |
| 3      | The action has not been implemented.                         |
| 4      | The action has been superseded and is no longer applicable.  |
| 5      | The action is not yet due.                                   |

| Ptage | Management action                                                                                              | Original date    | Original<br>priority                                                                                      | Status<br>reported t<br>Audit<br>Committe                                                  | Audit findings                                                                                       | Current<br>status | Updated<br>management<br>actions                                                                                                                                     | Priority<br>issued | Revised<br>date                                                                     | Owner<br>responsible                                                                             |  |                                                                               |  |  |  |
|-------|----------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|--|--|
| 29    | Follow up (7.14/15)<br>Fuel Cards (3.14/15)                                                                    | 31 March<br>2015 | Medium                                                                                                    | 1                                                                                          | We confirmed as part of the review<br>that spreadsheets were being<br>completed and were accessible. | 2                 | Updated<br>Management<br>Actions                                                                                                                                     | Medium             | March<br>2017                                                                       | Head of<br>Operational<br>Support                                                                |  |                                                                               |  |  |  |
|       | To improve control<br>around the fuel<br>reserve log, the<br>Authority need to<br>ensure that:                 |                  | review of the Kempston Station log<br>that this had been signed by the<br>Officer confirming accuracy and | <b>New Action</b> The authority to undertake a review of the consistency and effectiveness |                                                                                                      |                   |                                                                                                                                                                      |                    |                                                                                     |                                                                                                  |  |                                                                               |  |  |  |
|       | 1) The spreadsheet is<br>consistently used by<br>each station to prevent<br>illegible records;                 |                  |                                                                                                           |                                                                                            |                                                                                                      |                   |                                                                                                                                                                      |                    |                                                                                     | then signed by the station<br>commander as evidence of review.<br>The wider action in respect to |  | of fuel reserve<br>control activities to<br>ensure these are<br>effective and |  |  |  |
|       | 2) The spreadsheet<br>should be maintained<br>via SharePoint, to<br>allow document history<br>to be monitored; |                  |                                                                                                           |                                                                                            |                                                                                                      |                   | implementation and additional<br>controls including the potential of<br>using Sharepoint was completed<br>and moved to business as<br>usual. This does not appear to |                    | embedded, taking<br>advantage of<br>appropriate<br>technologies to<br>reduce manual |                                                                                                  |  |                                                                               |  |  |  |
|       | 3) Periodic fuel check<br>or meter readings                                                                    |                  |                                                                                                           |                                                                                            | have been embedded and                                                                               |                   | systems.                                                                                                                                                             |                    |                                                                                     |                                                                                                  |  |                                                                               |  |  |  |

| Ref     | Management action                                                                                                                                                                                                                                                         | Original date                                                                 | Original<br>priority | Status<br>reported<br>Audit<br>Committe | Audit findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Current<br>status      | Updated<br>management<br>actions                                                                                                                                                                                                                                                                                                               | Priority<br>issued | Revised<br>date | Owner<br>responsible                   |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------------------------|
| Page 30 | should implemented<br>on each fuel reserve,<br>to reconcile to the total<br>quantity of fuel held.<br>Records should be<br>updated to<br>demonstrate this has<br>been completed; any<br>discrepancies should<br>be investigated and<br>escalated<br>appropriately.        |                                                                               |                      |                                         | consequently the practices have<br>not been consistently adopted<br>during changes in<br>personnel. Since his appointment,<br>the current Area Commander with<br>responsibility for this area of<br>operations has<br>instigated additional checks that<br>have addressed the issue of a<br>monthly audit of fuel held at each<br>location. A wholesale review of the<br>process is planned taking<br>advantage of appropriate<br>technologies to enhance controls<br>and reduce manual systems. A<br>new Management action is stated<br>to this effect. |                        | <ul> <li>This should include</li> <li>1. recording (logs),<br/>monitoring and<br/>historical data,</li> <li>2. periodic fuel<br/>checks or meter<br/>readings;</li> <li>3. reconciliation of<br/>records to the total<br/>quantity of fuel held;</li> <li>4. appropriate<br/>investigation and<br/>escalation of<br/>discrepancies.</li> </ul> |                    |                 |                                        |
| 2       | Training and<br>Development of<br>Operational Staff<br>(2.15/16)<br>The Head of<br>Operations, with the<br>aid of the Training and<br>Development Team,<br>will develop a strategy<br>and action plan to<br>engage assessors<br>and increase the<br>quality and volume of | December<br>2015 (Plan)<br>March 2016<br>(compliance)<br>June 2016<br>(audit) | High                 | 1                                       | Through discussion with the Training<br>and Development Manager we<br>noted a plan has been established<br>with regards to engaging assessors<br>and increasing the quality and<br>volume of assessments. This was<br>actioned by the Borough<br>Commander North in February 2016<br>and email evidence was obtained.<br>We confirmed that presentations<br>had been carried out to the Station<br>Commanders regarding the results<br>of the Training and Development of                                                                                | Audit – 2<br>Overall – |                                                                                                                                                                                                                                                                                                                                                | High               | June 2016       | Head of<br>Training and<br>Development |

| Ref     | Management action                                                                                                                                                                                                                                                                                                                                                              | Original date | Original<br>priority | Status<br>reported to<br>Audit<br>Committee                                                                                                                                                                         | Audit findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Current<br>status | Updated<br>management<br>actions | Priority<br>issued | Revised<br>date | Owner<br>responsible |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------|--------------------|-----------------|----------------------|
| Page 31 | assessments<br>undertaken on<br>PDRPro with regards<br>to both competence<br>completion and the<br>achievement of<br>training outcomes.<br>Regular audits will be<br>undertaken to provide<br>assurance that<br>assessments and<br>verifications are taking<br>place to ensure<br>PDRPro clearly<br>demonstrates<br>competence and the<br>achievement of<br>training outcomes. |               |                      | parti<br>qual<br>on P<br>Train<br>that<br>prov<br>Asse<br>com<br>enga<br>We n<br>discu<br>a ne<br>to th<br>man<br>and<br>team<br>evide<br>We<br>Sub<br>to th<br>man<br>and<br>team<br>evide<br>We n<br>Com<br>to th | rational Staff audit, with a<br>focular focus on increasing the<br>ity and volume of assessments<br>2DRPro. We confirmed with the<br>ning and Development Manager<br>these presentations were<br>ided to engage assessors.<br>essors will also be required to<br>plete training to increase<br>agement.<br>noted that the service is in<br>ussions with PRDPro regarding<br>w training element to be added<br>the system, which allows<br>tagers to track the competence<br>completion of training of their<br>n. This will be RAG rated to<br>ence compliance.<br>were therefore satisfied that the<br>nority had developed an action<br>to engage assessors and<br>ease the quality and volume of |                   |                                  |                    |                 |                      |
|         |                                                                                                                                                                                                                                                                                                                                                                                |               |                      | We negu<br>not o<br>we o<br>were<br>man<br>the N<br>pres<br>and<br>the p                                                                                                                                            | essments.<br>noted that the action regarding<br>ilar audits to be undertaken was<br>due until June 2016. However,<br>confirmed that Commanders<br>e required to hold station<br>lagement meetings and invite<br>Workplace Commander to give<br>centations on the assessment<br>verifications on PDRPro. Once<br>presentations are completed, the<br>ion Commanders will produce                                                                                                                                                                                                                                                                                                                     | 1                 |                                  |                    |                 |                      |

| Ref                  | Management action                                                                                                                                                                                                                                                        | Original date                                          | Original<br>priority | Status<br>reported f<br>Audit<br>Committe | Audit findings                                                                                                                                                                                                                                                                           | Current<br>status | Updated<br>management<br>actions                                                                                                                                                                                                                       | Priority<br>issued | Revised<br>date | Owner<br>responsible                   |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------------------------|
|                      |                                                                                                                                                                                                                                                                          |                                                        |                      |                                           | development plans for Watch<br>Commanders to carry out regular<br>testing on the assessment and<br>verifications of PDRPro. This is<br>accurate to the report to the Audit<br>and Standards Committee therefore<br>we have not reiterated the action.                                    |                   |                                                                                                                                                                                                                                                        |                    |                 |                                        |
| <sup>3</sup> Page 32 | Training and<br>Development of<br>Operational Staff<br>(2.15/16)<br>The service will<br>continue discussions<br>with PDRPro to<br>develop the ability to<br>run reports which can<br>provide assurance<br>that assessments and<br>verifications are being<br>undertaken. | March 2016 Med<br>- compliance<br>June 2016<br>(Audit) | liance<br>2016       | 2                                         | We confirmed through discussions<br>with the Training and Development<br>Manager that the service are still in<br>discussions regarding the ability to<br>run reports with PDRPro.                                                                                                       | 4                 | The Service will<br>continue to work<br>with PDRPro to<br>develop a report<br>running solution and<br>in the meantime a<br>manual reporting<br>process will be<br>achieved using<br>sampling and<br>presented within the<br>6-month report to<br>SDMT. |                    |                 | Head of<br>Training and<br>Development |
|                      |                                                                                                                                                                                                                                                                          |                                                        |                      |                                           | We were advised that discussion<br>with PDRPro on having an ability to<br>run reports on assessment and<br>verification had resulted in a cost-<br>prohibitive quotation for the<br>necessary development work and a<br>lack of certainty around the quality of<br>outcome at this time. |                   |                                                                                                                                                                                                                                                        |                    |                 |                                        |
|                      |                                                                                                                                                                                                                                                                          |                                                        |                      | pro                                       | It was proposed that a manual process would be implemented whilst solutions were sought.                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                        |                    |                 |                                        |
|                      |                                                                                                                                                                                                                                                                          |                                                        |                      |                                           | We have concluded that the original action has been superseded and a new action has replaced it based on the information provided.                                                                                                                                                       |                   |                                                                                                                                                                                                                                                        |                    |                 |                                        |

# APPENDIX A: SCOPE

# Objectives and risks relevant to the scope of the review

The internal audit assignment has been scoped to provide assurance on how the College manages the following area.

#### **Objective of the area under review**

To ensure outstanding actions agreed as part of previous internal audits performed within the College have been actioned.

# Additional management concerns

None noted.

# Scope of the review

The three 'High' and seven 'Medium' priority recommendations considered as part of the follow up review are from the following reports:

- Follow Up (7.14/15);
- Training and Development of Operational Staff (2.15/16)
- Procurement (3.15/16);

We will not be reviewing the 11 'low' priority recommendations raised during the following reviews:

- Communication (4.14/15), 1 low priority recommendation
- Performance Management (5. 14/15), 1 low priority recommendation
- Business Continuity including Risk Management (1.15/16), 2 low priority recommendations
- Training and Development of Operational Staff (2.15/16), 5 low priority recommendations
- Procurement (3.15/16), 2 low priority recommendations

Staff members responsible for the implementation of recommendations will be interviewed to determine the status of agreed actions. Where appropriate, audit testing will be completed to assess the level of compliance with this status and the controls in place.

#### The following limitations apply to the scope of our work:

This review only covered audit recommendations previously made and did not review the whole control framework of the areas listed above. Therefore, we are not providing assurance on the entire risk and control framework of those areas;

Where testing was undertaken, our samples were selected over the period since actions were due to be implemented or controls enhanced; and

Our work did not provide any guarantee or absolute assurance against material errors, loss or fraud.

# APPENDIX B: ACTIONS COMPLETED

From the testing conducted during this review we have found the following actions to have been fully implemented and are now closed:

| An annual overarching review of partnerships should be performed by the Service and presented to the authority to determine the success of partnerships. The success should include a link to costs and benefits realisation. This review process should also include a gap analysis to determine whether there are any potential emerging partnerships the Service should explore. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                     |
| The Authority should evaluate the use and application of the following possible methods of improving its data capture and the record keeping of its operational equipment:                                                                                                                                                                                                          |
| <ul> <li>Produce and implement an improved spreadsheet, this could be an access<br/>database that ensures that sufficient information is captured in a consistent form<br/>so the information can be easily sorted and filtered as required.</li> </ul>                                                                                                                             |
| <ul> <li>Implement and use the Authority's existing asset management system.</li> </ul>                                                                                                                                                                                                                                                                                             |
| Procure a new asset management system.                                                                                                                                                                                                                                                                                                                                              |
| The Authority should also consider the application of a barcoding system or portal devices to improve efficiency and accuracy enough to justify the additional cost.                                                                                                                                                                                                                |
| The Authority must undertake an exercise to document and ensure that all equipment that requires safety/service checks are recorded and that such checks are not overdue.                                                                                                                                                                                                           |
| In order for this process to be completed efficiently and quickly we would strongly recommend the following approach is taken:                                                                                                                                                                                                                                                      |
| The Technical Team should produce a data capture spreadsheet based on the required fields within the MIS system. This would allow the information to be captured consistently and possibly allow the software developer to import the data in to the MIS system.                                                                                                                    |
| The spreadsheet should then be issued to the stations and stores to populate the data about the equipment they hold and then returned to the technical team (The Service has decided not to do this, see Management comment and amend this bullet point) The returned spreadsheets should then be combined into a single central record and securely protected.                     |
| The records should then be cross referenced back to the paper record to safety inspection reports to ensure that all equipment that requires a safety check has had one in the required time frame. If any exceptions are found, they should be taken out of use until the checks can be completed.                                                                                 |
| When an Authority vehicle is disposed, or when a member of staff assigned a fuel card leaves the Authority, the Authority need to ensure that Fuel Cards are cancelled and disposed of in a timely manner. Additionally, cards that have expired or been cancelled should be destroyed in a timely manner.                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                     |

| Assignment title                            | Management action                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Follow up (7.14/15)<br>Fuel Cards (3.14/15) | Following the submission of the annual statement from Allstar, the Authority should perform a formal reconciliation exercise to validate that the details on the annual statement agrees to Authority records, especially around those cards that should be cancelled.                                                       |
| Procurement (3.15/16)                       | The Authority has enquired with ISC to establish if a report is available from the system detailing all approval limits. It is not and therefore a system of spot checking limits will be introduced and a cycle of periodically reviewing and checking these.                                                               |
| Procurement (3.15/16)                       | The Authority will ensure that for all contracts between £2k and £10k a minimum of three quotes and/or market evidence of best value are obtained and retained. In addition for all contracts between £10k and £50k, the appropriate written quotes are received and processed through the Bluelight system for E-Tendering. |
|                                             | Alternatively, the Authority will ensure that the appropriate waiver forms are completed<br>and approved in line with the Authority's procedure to ensure value for money is being<br>considered.                                                                                                                            |

# FOR FURTHER INFORMATION CONTACT

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| For Publication                                 | Bedfordshire Fire and Rescue Authority<br>Human Resources Policy and Challenge<br>Group<br>7 June 2016<br>Item No. 9 |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| REPORT AUTHOR:                                  | ASSISTANT CHIEF OFFICER (HUMAN RESOURCES<br>AND ORGANISATIONAL DEVELOPMENT)                                          |
| SUBJECT:                                        | AUDIT AND GOVERNANCE ACTION PLANS<br>MONITORING REPORT                                                               |
| For further information on this report contact: | Karen Daniels<br>Service Assurance Manager<br>Tel No: 01234 845013                                                   |

**Background Papers:** 

- Action Plans contained in Internal and External Audit Reports
- Action Plan contained in the Annual Governance Statement 2013/14
- Minutes of the Audit Committee dated 5 April 2012

| Implications (tick | (√) | : |
|--------------------|-----|---|
|--------------------|-----|---|

| LEGAL           |       |              | FINANCIAL              | $\checkmark$ |
|-----------------|-------|--------------|------------------------|--------------|
| HUMAN RESOURCES |       |              | EQUALITY IMPACT        |              |
| ENVIRONMENTAL   |       |              | POLICY                 | ~            |
| CORPORATE RISK  | Known | $\checkmark$ | OTHER (please specify) |              |
|                 | New   |              | CORE BRIEF             |              |

Any implications affecting this report are noted at the end of the report.

### PURPOSE:

To report on progress made to date against current action plans arising from internal and external audit reports.

#### **RECOMMENDATION:**

That Members acknowledge progress made to date against the action plans and consider any issues arising.

# 1. <u>Introduction</u>

- 1.1 The Members of the Audit and Standards Committee previously endorsed that the Committee should receive monitoring reports at each of its meetings advising of progress against current action plans arising from internal and external audit reports, and the Authority's Annual Governance Statement.
- 1.2 In their meeting on 5 April 2012, Members of the Audit and Standards Committee agreed that progress on the action plans be reported to each meeting of the appropriate Policy and Challenge Group and action point owners report progress by exception to the Audit and Standards Committee. This is the first such report to the Human Resources Policy and Challenge Group for the year 2016/17.
- 2. Monitoring Report of Actions Arising From Internal and External Audit Reports
- 2.1 The monitoring report of progress made to date against agreed actions arising from internal and external audit reports is attached as Appendix A.
- 2.2 The monitoring report covers, in order, the following:
  - Outstanding actions from internal and external audit reports, including those reports received during 2014/15 and those from previous years, which have a proposal to extend the original completion date. There are no requests to extend the original completion date.
  - Outstanding actions from internal and external audit reports, including those reports received during 2014/15 and those from previous years, which are on target to meet the original or agreed revised completion date.
  - Completed actions which are subject to a subsequent or follow up audit. These will remain on the report until this audit is complete and the action validated.
  - Completed actions that are of a Low risk and do not require a follow-up audit. These will be removed from the report once they have been reported as completed to the Policy and Challenge Group.
  - Any actions that have been superseded by new actions. (Actions are removed from the report once they have been reported as superseded to the Policy and Challenge Group.)
- 2.3 There are no requests to extend the original completion date.
- 3. <u>Monitoring Report of Actions Arising from the Authority's Annual Governance</u> <u>Statement</u>
- 3.1 The monitoring report covers the actions within the 2014/15 Annual Governance Statement (if applicable) which was formally adopted by Members of the Audit and Standards Committee, on behalf of the Authority, at their meeting on 25 June 2015, as part of the 2014/15 Statement of Accounts.
- 4. Organisational Risk Implications

- 4.1 The actions identified within internal and external audit reports and the Annual Governance Statement represent important improvements to the Authority's current systems and arrangements. As such, they constitute important measures whereby the Authority's overall management of organisational risk can be enhanced.
- 4.2 In addition, ensuring effective external and internal audit arrangements and the publication of an Annual Governance Statement are legal requirements for the Authority and the processes of implementation, monitoring and reporting of improvement actions arising therefore constitute an important element of the Authority's governance arrangements.

ZOE EVANS ASSISTANT CHIEF OFFICER (HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT)

# Monitoring Report of Actions Arising from Audit Reports (incorporating any actions outstanding at 31 March 2015 from earlier reports)

| URN                  | Auditing<br>Body &<br>Source                                                                 | Audit Area<br>and<br>Responsible<br>Manager                        | Priority | Agreed Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Progress Report to Date                                                                                                                                                                                                                                                                                                                                                                                                   | Timing For<br>Completion                                              | Status<br>('Not Started',<br>'In Progress'<br>or<br>'Completed')      |
|----------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| TRDEV<br>2<br>15/16  | RSM<br>Nov 15:<br>Final Report<br>(15/16)<br>Follow up<br>Jun 16:<br>Final Report<br>(15/16) | Training and<br>Development<br>(Ops)<br>Head of Human<br>Resources | High     | The Head of Operations, with the<br>aid of the Training and<br>Development Team, will develop a<br>strategy and action plan to engage<br>assessors and increase the quality<br>and volume of assessments<br>undertaken on PDRPro with regards<br>to both competence completion and<br>the achievement of training<br>outcomes. Regular audits will be<br>undertaken to provide assurance<br>that assessments and verifications<br>are taking place to ensure PDRPro<br>clearly demonstrates competence<br>and the achievement of training<br>outcomes. | PDR Pro assessment is being<br>conducted by Station Commanders,<br>support is available centrally from<br>the Workplace Development<br>Manager and their team within<br>T&DC. An audit to assess<br>improvement is planned for June,<br>as per the original proposal.                                                                                                                                                     | Original<br>Dec-15 (Plan)<br>Mar-16<br>(compliance)<br>Jun-16 (audit) | In Progress                                                           |
| TRDEV<br>6B<br>15/16 | RSM<br>Nov 15:<br>Final Report<br>(15/16)<br>Follow up<br>Jun 16:<br>Final Report<br>(15/16) | Training and<br>Development<br>(Ops)<br>Head of Human<br>Resources | Medium   | The service will continue<br>discussions with PDRPro to develop<br>the ability to run reports which can<br>provide assurance that<br>assessments and verifications are<br>being undertaken.                                                                                                                                                                                                                                                                                                                                                            | The Service have explored the<br>requirement for a reporting option<br>and at this time it is not achievable<br>due to cost and lack of certainty<br>around the quality of outcome at<br>this time but it is something that we<br>will continue to explore with the<br>developers. In the meantime a<br>manual reporting process will be<br>achieved using sampling and<br>presented within the 6 month report<br>to SDMT | Original<br>March 2016<br>(compliance)<br>June 2016<br>(audit)        | Superseded -<br>by New action –<br>Refer to follow<br>up audit report |
| TRDEV<br>6A<br>15/16 | RSM<br>Nov 15:<br>Final Report<br>(15/16)                                                    | Training and<br>Development<br>(Ops)<br>Head of Human<br>Resources | Low      | The Executive Director that leads<br>on Governance will review and<br>develop the terms of references for<br>the teams to ensure that they<br>clearly identify their roles and<br>responsibilities and, their reporting<br>requirements.                                                                                                                                                                                                                                                                                                               | ToR have been reviewed for ODT<br>and presented to the meeting on 14<br>March 2016, which were accepted.<br>These improvements align ODT to<br>SDMT and address the actions<br>here. No action has been taken to<br>amend the ToR for SDMT.                                                                                                                                                                               | <b>Original</b><br>Jun-16                                             | Completed – No<br>follow up<br>required                               |

# Agenda Item 11

| For Publication                                 | Bedfordshire Fire and Rescue Authority<br>Human Resources Policy and Challenge<br>Group<br>7 June 2016<br>Item No. 11               |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| REPORT AUTHOR:                                  | HEAD OF SAFETY AND STRATEGIC PROJECTS                                                                                               |
| SUBJECT:                                        | 2015/16 CORPORATE HEALTH AND SAFETY<br>OBJECTIVES PROGRESS UPDATE AND PROPOSED<br>2016/17 CORPORATE HEALTH AND SAFETY<br>OBJECTIVES |
| For further information on this Report contact: | Service Operational Commander Tony Rogers<br>Head of Safety and Strategic Projects<br>Tel No: 01234 845163                          |
| Background Papers:                              | None                                                                                                                                |

| Implications (tick√): |       |              |                        |  |
|-----------------------|-------|--------------|------------------------|--|
| LEGAL                 |       |              | FINANCIAL              |  |
| HUMAN RESOURCES       |       |              | EQUALITY IMPACT        |  |
| ENVIRONMENTAL         |       |              | POLICY                 |  |
| CORPORATE RISK        | Known | $\checkmark$ | OTHER (please specify) |  |
|                       | New   |              | CORE BRIEF             |  |

Any implications affecting this report are noted at the end of the report

#### PURPOSE:

To update the Human Resources Policy and Challenge Group on:

- The progress to date in relation to the Annual Corporate Health and Safety Objectives set for 2015/16; and,
- To put forward proposals for the Annual Corporate Health and Safety objectives for 2016/17 in line with the Service's Health and Safety policy requirements.

## **RECOMMENDATION:**

That Members acknowledge the progress made in relation to the Health and Safety objectives set and approved for 2015/16 and endorse the eight proposed Health and Safety Objectives for 2016/17.

# 1. <u>Introduction</u>

- 1.1 The Service's Health and Safety at Work policy includes a commitment to the setting of annual Corporate Health and Safety Objectives. In June 2015 Members endorsed the Health and Safety Objectives for 2015/16 and progress in relation to these are detailed within the first section of this paper.
- 1.2 For 2016/17 the Service's Corporate Health and Safety Objectives have been selected in line with policy requirements. These Objectives have been approved by the Health and Safety Steering Committee and the Corporate Management Team and are detailed within the second section of this paper for Members to consider and endorse.
- 2. Progress Update of the Health and Safety Objectives for 2015/16
- 2.1 Delivery of a Campaign for the Reduction of Musculoskeletal Injuries Caused During Operational, Training and Routine Activities: Since April 2011 an average of 24% of all workplace accidents have been classified as a musculoskeletal injury. These injuries have accounted for 45% of all sick days lost following injury in the same reporting period.
- 2.2 During 2015/16 the Health and Safety Support Team, with assistance from the Service Fitness Adviser, delivered a campaign for reducing the number of injuries which included the delivery of initial and refresher manual handling training, focus on general fitness and well-being with articles provided in the Service information bulletin. The issue of 'Avoiding a musculoskeletal Injury' pamphlet and the production of a poster have been slightly delayed but both will be issued by the June 2016.
- 2.3 **Manage the introduction into the Service the Tactical Operational Guidance Produced by the National Collaborative Partnership:** The introduction of Tactical Operational Guidance produced by the National Collaborative Partnership into the Service will provide common working protocols increasing interoperability leading to enhanced safety in the operational environment. A working group is managing this process and has completed approximately 50% of the work and is included as a Corporate Health and Safety Objective for 2016/17.
- 2.4 **Conduct a Work at Height and Rope Rescue Audit at Station Level to Verify that Training is Delivered to the Required Standards by on-Station Trainers:** An audit of the full range of working at height capabilities is required to ensure that training aims and objectives are fully met and that on-going initial and refresher training is suitable and sufficient to for a range of working at height capabilities. Following further review this audit will now be conducted through the National Rope Rescue Working Group in 2016 with an internal audit currently in progress prior to the external audit taking place.

- 2.5 **Further Develop the Programme of Health and Safety Refresher Training for Managers With the Publication of Further Modules Using LearnPro and PowerPoint Presentations as Appropriate:** The Health and Safety Support Team continue produce a range of PowerPoint presentations to assist Line Managers in the management of Health and Safety topics. Further work has been carried out in 2015/16 with presentations now produced for Health and Safety Law, Managing Stress in the Workplace and Management of Contractors. These will also soon be available as part of the e-learning support for these areas.
- 2.6 **Implement a Programme of Medical Health Surveillance for Operational Personnel to be Carried Out Every Three Years by an Appointed Doctor:** A programme of statutory three yearly health screening incorporating review by an accredited HSE physician has been implemented with the full requirement now in place. The Occupational Health Practitioner and qualified Physician carry out asbestos screening as part of three yearly medicals for operational staff including examinations required by the Control of Asbestos at Work Regulations.
- 2.7 Continue to implement the actions as agreed by the Corporate Management Team following the RoSPA external audit of the Services safety management systems: The RoSPA audit in January 2014 demonstrated a significant improvement in the Service's management of health and safety and recommended a range of improvements that were actioned throughout 2015/16. Work will continue through 2016/17 with inclusion as a Corporate Objective with all recommendations to be completed by April 2017.
- 2.8 Review, Update and Deliver the Service's BA (Breathing Apparatus) Training in Accordance With CFRA (Chief Fire and Rescue Advisor) Operational Guidance for Breathing Apparatus: Following analysis, the following courses were identified as requiring review; Initial BA, BA Refresher, Tactical Ventilation, and Compartment Fire Behaviour Training which have all been amended and now comply with the National Operational Guidance for BA. The BA Incident Command Refresher course remains under review with a completion date of June 2016.
- 3. Proposed Corporate Health and Safety Objectives 2016/17
- 3.1 Using the expertise within the Health and Safety Support Team to develop an in-house Service wide Accident Investigation course for nominated managers and members of the Accident Investigation Team: Members of the Service's Accident Investigation Team (AIT) have recently undergone changes in personnel. These changes are due to recent officer promotions with new personnel now requiring training and continuation training for existing members. Previously there have been difficulties in sourcing suitable and timely accident investigation courses from external providers for AIT members. However following recent training the Health and Safety Support Team will over

the next 12 months cascade appropriate training to all current AIT members providing consistent delivery and standards.

- 3.2 To continue to review the Service's operational policies and procedures in line with the National Operational Guidance to provide standardisation of emergency response procedures: See paragraph 2.3 above.
- 3.3 **To further develop the programme of health and safety refresher training for Managers and the publication of additional LearnPro training modules:** See paragraph 2.5 above.
- 3.4 **To complete all actions arising from the RoSPA external audit following an assessment of the Service's health and safety management systems:** See paragraph 2.7 above.
- 3.5 **To carry out a Service wide Health and Safety climate survey, using the Health and Safety Laboratory safety climate tool and act on evidence-based proposals for improving organisational safety culture as a result:** Building upon the RoSPA Audit, and the advances made over recent years within the Service regarding health and safety, the Service will utilise the *Health and Safety Laboratory Safety Climate Tool*, to provide further insight into the Service's safety culture. This has been successfully used by a number of other Fire and Rescue Services including Hampshire and Humberside to engage the workforce and strengthen health and safety leadership.
- 3.6 **To further enhance firefighter safety during operational incidents and training by the replacement of the Service's Thermal Imaging Cameras' to include video capture capability:** The Service uses technology which is safe, functional, and fit for purpose as part of increasing the safety of our Firefighters at operational incidents. The Thermal Imaging Cameras currently in use will shortly come to the end of their operational life and require replacement. However the newer models currently available have enhanced facilities that will improve functionality and assist in enhancing firefighter safety.
- 3.7 To conduct a review of the safety critical learning materials supported by LearnPro to ensure these align to the requirements of individual operational roles, and are capable of being suitably evidenced within the established PDR Pro recording system: Following analysis of the eLearning modules, work is required to accurately align the completion of safety critical training materials with the requirements of individual operational roles ensuring that it is suitably evidenced and recorded.
- 3.8 To provide assurance to current internal quality management systems by the auditing of all driver training to ensure they meet or exceed local and national expectations and effectively support the individual and organisational requirements: The number of vehicle collision reports have

almost halved since 2011/12. Most of those reported are low speed manoeuvring collisions. However driving at work, in particular emergency response driving, continues to be a high risk activity and the further reduction of vehicle collisions remains a high priority.

- 4. <u>Implications</u>
- 4.1 <u>Corporate Risk Known</u>
- 4.2 The Corporate Health and Safety objectives confirm the Service's commitment to Health and Safety through visible actions and measurable outcomes. In addition they demonstrate how health and safety is effectively integrated, managed and communicated across the Service and foster positive attitudes by setting robust objectives and outcomes for the Service.
- 4.3 The Corporate Health and Safety objectives aims to assist in strengthening accountability to Health and Safety and providing assurance that the Service is efficient, effective and aware of its Health and Safety responsibilities in the delivery of its services to the communities.

# SERVICE OPERATIONAL COMMANDER TONY ROGERS HEAD OF SAFETY AND STRATEGIC PROJECTS

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| For Publication                                 |                   | Hu<br>Gr<br>7 v | edfordshire Fire and Rescue Aut<br>Iman Resources Policy and Ch<br>oup<br>June 2016<br>m No. 12 | -   |
|-------------------------------------------------|-------------------|-----------------|-------------------------------------------------------------------------------------------------|-----|
| REPORT AUTHOR:                                  | HEAD OI           | F SAFI          | ETY AND STRATEGIC PROJECT                                                                       | s   |
| SUBJECT:                                        | OCCUPA<br>2015/16 |                 | AL ACCIDENTS YEAR END REP                                                                       | ORT |
| For further information on this Report contact: |                   | Safety a        | onal Commander Tony Rogers<br>and Strategic Projects<br>345163                                  |     |
| Background Papers:                              | None              |                 |                                                                                                 |     |
| Implications (tick $\checkmark$ ):              |                   |                 |                                                                                                 |     |
| LEGAL                                           |                   |                 | FINANCIAL                                                                                       |     |
| HUMAN RESOURCES                                 |                   |                 | EQUALITY IMPACT                                                                                 |     |
| ENVIRONMENTAL                                   |                   |                 | POLICY                                                                                          |     |
| CORPORATE RISK                                  | Known             | $\checkmark$    | OTHER (please specify)                                                                          |     |

Any implications affecting this report are noted at the end of the report.

New

### PURPOSE:

To provide Members with an update with regards to Service occupational accidents for the year ending period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 inclusive.

#### **RECOMMENDATION:**

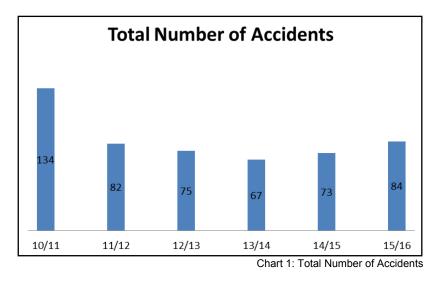
That Members consider and endorse the report.

1.1 This paper provides Members with a summary of all Service occupational accidents for the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 inclusive, and recorded on RIVO; the Service's accident recording software system<sup>1</sup>.

<sup>1. &</sup>lt;u>Introduction</u>

<sup>&</sup>lt;sup>1</sup> A detailed breakdown of all Service occupational accidents for the period 1st April 2015 to 31st March 2016 is provided in Appendix 1.

- 1.2 The paper provides a summary of the findings, including the identification of trends and a comparison with data from previous reporting periods following detailed analysis.
- 1.3 The information is broken down into a number of headings, each of these detailing Service Occupational Accidents and the performance of the Service in relation to previous reporting periods. The headings are detailed as follows:
  - Total Number of accidents;
  - Total Number of days lost due to accidents;
  - Total Accidents by type (main causation factors);
  - Accident Numbers by employee group; and,
  - Accidents by work activity.
- 2. <u>Total Number of Accidents</u>
- 2.1 In summary the total number of accidents reported for the following periods were:
  - 2015/16 84
  - 2014/15 73
  - 2013/14 67
- 2.2 As with the previous reporting period there has been another slight increase in accident numbers from 2014/15, continuing a minor upward trend in the number of accidents in the reporting periods since 2013/14. This is detailed in Chart 1 below. The total accident average for the previous 3 year reporting period was 72.



# 3. <u>Total Number of Days Lost Due to Workplace Accidents</u>

- 3.1 In summary the total number of days lost to workplace accidents reported for the following periods were:
  - 2015/16 501 Days (84 Accidents)
  - 2014/15 152 Days (73 Accidents)
  - 2013/14 296 Days (67 Accidents)

3.2 As detailed previously, the number of accidents in 2015/16 showed a slight increase when compared to the previous year. The number of days lost to the Service due to workplace accidents in the same period has significantly increased from 152 to 501. It should be noted that 313 of the 501 days lost to workplace accidents were the result of 1 accident. The remaining 188 days lost were the result of 21 workplace accidents. Further detail is provided in Chart 2 below. The total days lost average for the previous 3 year reporting periods was 222.



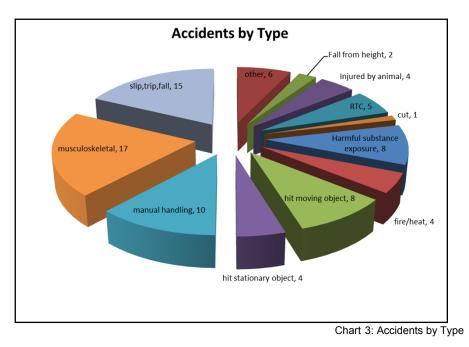
Chart 2: Total Number of Days Lost due to Workplace Accidents

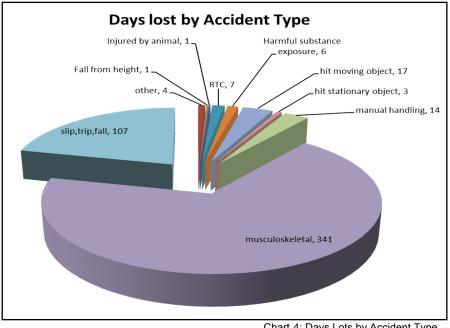
- 4. <u>Total Accidents by Type (main causation factors)</u>
- 4.1 In summary the Accident types and total number of days lost to workplace accidents reported in 2015/16 were:

| Accident Type              | Number of Injuries | Days Lost |
|----------------------------|--------------------|-----------|
| Fall from height           | 2                  | 1         |
| Injured by animal          | 4                  | 1         |
| Road traffic collision     | 5                  | 7         |
| Cut                        | 1                  | 0         |
| Harmful substance exposure | 8                  | 6         |
| Fire/heat                  | 4                  | 0         |
| Hit moving object          | 8                  | 17        |
| Hit stationary object      | 4                  | 3         |
| Manual handling            | 10                 | 14        |
| Musculoskeletal            | 17                 | 341       |
| Slip, trip, fall           | 15                 | 107       |
| Other                      | 6                  | 4         |
| Total                      | 84                 | 501       |

- 4.2 Following analysis of the summary data for 2015/16 the breakdown is detailed below:
  - There were 17 injury accidents resulting in Musculoskeletal Injury;
  - These musculoskeletal injuries accounted for 20% of all accidents and 68% (341) of days lost;

- The number of musculoskeletal injuries were reduced by one compared to 2014/15 but there was a significant increase in days lost where in 2014/15, 18 injury accidents resulted in 69 days lost;
- There was a slight increase in the number of Manual Handling Injuries from 8 in 2014/15 to 10 in 2015/16;
- There was an increase in the number of Slips, Trips, and Falls from 12 in 2014/15 to 15 in 2015/16; and,
- Musculoskeletal, Manual Handling and Slips/Trips/Falls accounted for 50% of all accidents and 92% of all days lost in 2015/16.
- 4.3 The data has highlighted that a large proportion of accident injuries were attributed to musculoskeletal and manual handling causation. Therefore the Health and Safety Support Team are working closely with the Occupational Health Department to deliver a campaign for the reduction of these types of injuries.
- 4.4 As part of this campaign the Service Fitness Advisor has delivered Service wide manual handling refresher training with further interventions planned including; distribution of posters providing safety information and guidance to all staff identifying the hazards associated with musculoskeletal and manual handling injuries.
- 4.5 The relative proportions for each accident type for 2015/16 by number of accidents, and days lost are detailed in Chart 3. Where the accident type resulted in actual days lost these are detailed in Chart 4.

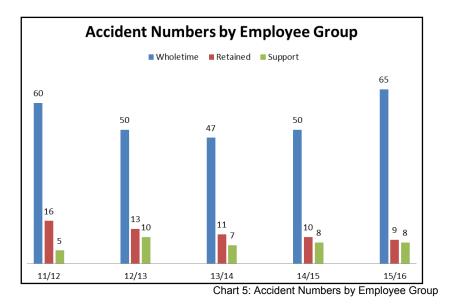




5. Accident Numbers by Employee Group

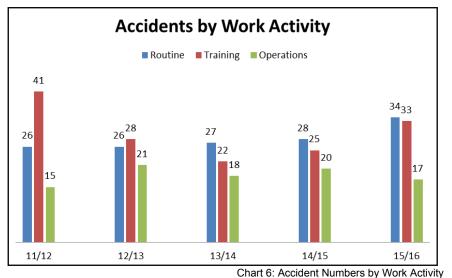
Chart 4: Days Lots by Accident Type

- 5.1 The data for Employee Groups, where accidents are reported as either: Wholetime, Retained, or Support Staff is shown in chart 5. For the period of 2015/16 there were:
  - 65 (77%) accidents reported by Wholetime employees;
  - 9 (11%) by Retained employees; •
  - 8 (10%) by Support Staff; and, •
  - 2 (2%) by Non employees.
- 5.2 Accident numbers reported by Wholetime employees have increased from 50 in 2014/15 to 65 in 2015/16. Accidents reported by Retained employees and Support Staff remains consistent with the previous reporting period.
- 5.3 During 2015/16 the data with regards to days lost for Employee Groups are broken down as follows:
  - Wholetime employees accounted for 185 (37%) of days lost; reduced • from 63% in 2014/15:
  - Retained employees accounted for 313 (62%) of days lost; an increase • from 37% in 2014/15; and,
  - Support Staff accounted for 3 (0.6%) of days lost in 2014/15. In the previous reporting period Support Staff had recorded no days lost.



# 6. <u>Accidents by Work Activity</u>

- 6.1 The data for work activity, where accidents are reported as either: Routine, Training, or Operational is shown in Chart 6. For 2015/16 there were:
  - 34 (41%) accidents during routine activities;
  - 33 (39%) accidents during training; and,
  - 17 (20%) accidents during operational activities.
- 6.2 The time lost data resulting from workplace accidents by work activity are detailed below:
  - Routine activities accounted for 18% of time lost. It is noted however that in 2015/16 the most accidents had occurred in routine activities;
  - Training activities accounted for 16% of time lost; and.
  - Accidents during operational activities accounted for 66% of lost time.



- 7. <u>Conclusions</u>
- 7.1 For 2015/16 the number of recorded accidents has slightly increased with the amount of days lost as a result significantly increasing when compared to the

previous four reporting periods. In summary, the 84 accidents recorded in 2015/16 equates to 10.5% higher than the five year average between 2011-2016 of 76.

- 7.2 The Health and Safety Support Team continue to closely scrutinise completed safety event investigations and any resulting recommendations/follow up actions. However it must be noted that the increase in days lost does not necessarily indicate an increase in the severity of the accident consequences.
- 7.3 Data shows that a significant proportion of the days lost to Service accidents were attributable to two events in the categories of:
  - Musculoskeletal, 313 days lost; and,
  - Slip and fall on Station Premises, Routine, 46 days lost.
- 7.4 The number of accidents caused by slips/trips/falls and manual handling, although not reducing, remain consistent and continue to show a reduction compared to reporting periods prior to 2013/14.
- 7.5 The number of accidents classified as musculoskeletal reduced slightly but accounted for 68% of the days lost. This high figure is almost solely attributed to the event detailed in Paragraph 7.3 above.
- 7.6 The numbers of accidents occurring in a controlled training environment has remained relatively consistent in number and proportion, and as with the previous reporting period more accidents occurred in the routine environment.
- 7.7 The number of accidents have not reduced or increased significantly since 2012/13 and this indicates that the significant reduction of accident numbers observed post 2010/11 has baselined.
- 8. <u>Implications</u>
- 8.1 Corporate Risk Known.
- 8.2 The Occupational Accidents Year End Report provides the Service with an overview of past performance for the preceding year and for previous reporting periods. This data enables the Service to identify trends in workplace accidents to select the forthcoming associated prevention training in order to reduce, where possible the likelihood and potential of reoccurrence.
- 8.3 Whilst the data presented within this report is reflective in nature and represents a year end summary, all work place accidents are investigated at the time and influence prevention action immediately, where required, to raise awareness and reduce the likelihood for reoccurrence.

# SERVICE OPERATIONAL COMMANDER TONY ROGERS HEAD OF SAFETY AND STRATEGIC PROJECTS

# **APPENDIX 1**

# OCCUPATIONAL ACCIDENT DATA SHEET

| MENU Accident Show % Hide %<br>Summary Show No. Hide No.                             |                     | Fiscal Year Analysis |              |                     |              |              |                     |                 |                  |                     |                     |              |
|--------------------------------------------------------------------------------------|---------------------|----------------------|--------------|---------------------|--------------|--------------|---------------------|-----------------|------------------|---------------------|---------------------|--------------|
|                                                                                      | 20                  | 012-201              | 13           | 20                  | 013-201      | 4            | 20                  | 014-20 <i>1</i> | 15               | 2                   | 015-20 <sup>,</sup> | 16           |
| Number of Accidents                                                                  | 1                   | 75                   |              |                     | 67           |              |                     | 73              |                  |                     | 84                  |              |
| Calender days lost sick                                                              |                     | 219                  |              |                     | 296          |              |                     | 152             |                  |                     | 501                 |              |
| Duty days lost sick                                                                  |                     | 73                   |              |                     | 76           |              |                     | 79              |                  |                     | 391                 |              |
|                                                                                      | Number<br>Accidents | Sick Days            | Duty Days    | Number<br>Accidents | Sick Days    | Duty Days    | Number<br>Accidents | Sick Days       | Duty Days        | Number<br>Accidents | Sick Days           | Duty Days    |
| No time lost Accidents                                                               | 57<br>2             | n/a<br>77            | n/a          | 46                  | n/a          | n/a          | 59<br>2             | n/a<br>62       | n/a<br>31        | 56                  | n/a<br>359          | n/a<br>313   |
| 28 days or more Accidents<br>Under 28 day Accidents                                  | 2<br>16             | 142                  | 73           | 2<br>19             | 103<br>193   | 76           | 2<br>12             | 62<br>90        | 48               | 2<br>26             | 142                 | 78           |
| onder zo day Accidents                                                               | 10                  | 1 <del>7</del> 2     | 15           | 13                  | 135          | 10           | √                   |                 | - <del>-</del> U | <u>20</u>           | <br>√               | <u>70</u>    |
| RIDDOR reportable                                                                    | 5                   | 138                  | 30           | 8                   | 171          | 37           | 4                   | 104             | 49               | 7                   | 443                 | 362          |
|                                                                                      |                     |                      |              |                     |              |              |                     |                 |                  |                     |                     |              |
| Investigations (not complete to date)<br>of which are over 60 days                   |                     |                      |              |                     |              |              |                     |                 |                  |                     |                     |              |
| 1-3 (Line Manager)                                                                   | 54                  | 50                   | 8            | 54                  | 101          | 13           | 54                  | 35              | 16               | 55                  | 361                 | 335          |
| 4-7 (Station Manager)                                                                | 21                  | 169                  | 65           | 11                  | 174          | 63           | 18                  | 117             | 63               | 28                  | 139                 | 55           |
| 8-12 (Accident Investigator)                                                         |                     |                      |              | 2                   | 21           |              | 1                   |                 |                  | 1                   | 1                   | 1            |
|                                                                                      | $\checkmark$        | $\checkmark$         | $\checkmark$ | $\checkmark$        | $\checkmark$ | $\checkmark$ | $\checkmark$        | $\checkmark$    | $\checkmark$     | $\checkmark$        | $\checkmark$        | $\checkmark$ |
| Breathing apparatus set malfunction or wearer distress                               |                     |                      |              | 1                   |              |              | 2                   |                 |                  |                     |                     | _            |
| Contact with electricity or an electrical discharge<br>Contact with moving machinery |                     |                      |              |                     |              |              |                     |                 |                  |                     |                     |              |
| Cut on / by sharp object                                                             | 5                   |                      |              | 7                   | 11           | 2            | 6                   | 21              | 5                | 1                   |                     |              |
| Drowned or asphyxiated                                                               |                     |                      |              |                     |              | _            | -                   |                 | -                | -                   |                     |              |
| Exposed to an explosion                                                              |                     |                      |              |                     |              |              |                     |                 |                  |                     |                     |              |
| Exposed to fire or heat                                                              | 6                   | 18                   | 4            | 3                   |              |              | 4                   | 3               | 1                | 4                   |                     |              |
| Exposed to, or in contact with, a harmful substance                                  | 4                   |                      | •            | 0                   |              |              | 8                   | 2               | 1                | 8                   | 6                   | 2            |
| Fell from a height<br>Hit by a moving vehicle                                        | 3                   | 22                   | 6            | 2                   | 23           |              | 1                   |                 |                  | 2                   | 1                   | 1            |
| Hit by a moving, flying or falling object                                            | 7                   |                      |              | 6                   | 13           | 3            | 4                   | 17              | 17               | 8                   | 17                  | 5            |
| Hit something fixed or stationary                                                    | 3                   |                      |              | 7                   |              | Ŭ            | 4                   |                 |                  | 4                   | 3                   | 3            |
| Injured by an animal                                                                 | 1                   |                      |              | 1                   |              |              | 1                   |                 |                  | 4                   | 1                   | 1            |
| Injured while handling, lifting or carrying                                          | 14                  | 24                   | 7            | 7                   | 29           | 7            | 8                   | 6               | 6                | 10                  | 14                  | 5            |
| Musculoskeletal                                                                      | 12                  | 61                   | 18           | 21                  | 155          | 32           | 18                  | 69              | 41               | 17                  | 341                 | 326          |
| Other kind of accident<br>Physically assaulted by a person                           | 8                   | 14                   | 9            | 2                   | 53           | 30           | 2                   |                 |                  | 6                   | 4                   | 2            |
| RTC - Cycle                                                                          |                     |                      |              |                     |              |              | I                   |                 |                  |                     |                     |              |
| RTC - motorcycle                                                                     |                     |                      |              |                     |              |              |                     |                 |                  |                     |                     |              |
| RTC - vehicle                                                                        |                     |                      |              |                     |              |              | 2                   |                 |                  | 5                   | 7                   | 7            |
| Slipped, tripped or fell on the same level                                           | 12                  | 80                   | 29           | 9                   | 12           | 2            | 12                  | 34              | 8                | 15                  | 107                 | 39           |
| Trapped by something collapsing                                                      |                     |                      |              | 1                   |              |              |                     |                 |                  |                     |                     |              |
| Violent behaviour                                                                    | ~                   | $\checkmark$         | $\checkmark$ | ~                   | ~            | ~            | $\checkmark$        | $\checkmark$    | $\checkmark$     | $\checkmark$        | ~                   | ~            |
| Wholetime Uniformed                                                                  | 50                  | 153                  | 65           | 47                  | 236          | 76           | 50                  | 96              | 27               | 65                  | 185                 | 75           |
| Retained Uniformed                                                                   | 13                  | 42                   |              | 11                  | 60           |              | 10                  | 56              | 52               | 9                   | 313                 | 313          |
| Support Staff                                                                        | 10                  | 24                   | 8            | 7                   |              |              | 8                   |                 |                  | 8                   | 3                   | 3            |
| Non employees                                                                        | 2                   |                      |              | 2                   |              |              | 5                   |                 |                  | 2                   |                     |              |
| Wholetime Operational                                                                | √<br>14             | √<br>45              | 12           | √<br>14             | 101          | √<br>26      | √<br>18             | √<br>58         | √<br>15          | √<br>14             | √<br>18             | 6            |
| Wholetime Routine                                                                    | 12                  | 28                   | 17           | 16                  | 30           | 7            | 13                  | 5               | 2                | 24                  | 88                  | 39           |
| Wholetime Training                                                                   | 24                  | 80                   | 36           | 17                  | 105          | 43           | 19                  | 33              | 10               | 27                  | 79                  | 30           |
|                                                                                      |                     |                      |              |                     |              |              |                     |                 |                  |                     |                     |              |
| Retained Operational                                                                 | 7                   | 35                   |              | 4                   | 23           |              | 2                   | 31              | 31               | 3                   | 313                 | 313          |
| Retained Routine<br>Retained Training                                                | 3<br>3              | 7                    |              | 2<br>5              | 12<br>25     |              | 2<br>6              | 15<br>10        | 15<br>6          | 6                   |                     |              |
|                                                                                      | L V                 |                      |              | <u> </u>            | 20           |              | 0                   | 10              | 0                |                     |                     |              |
| Support Staff Routine                                                                | 10                  | 24                   | 8            | 7                   |              |              | 8                   |                 |                  | 8                   | 3                   | 3            |
| Support Staff Training                                                               |                     |                      |              |                     |              |              |                     |                 |                  |                     |                     |              |
| New sevelses a Deut                                                                  |                     |                      |              |                     |              |              | -                   |                 |                  |                     |                     |              |
| Non employees Routine<br>Non employees Training                                      | 1                   |                      |              | 2                   |              |              | 5                   |                 |                  | 2                   |                     |              |
|                                                                                      | 1<br>√              | $\checkmark$         | $\checkmark$ | $\checkmark$        | ~            | ~            | $\checkmark$        | $\checkmark$    | $\checkmark$     | √                   | ~                   | -            |
| Operational (sum of)                                                                 | 21                  | ×<br>80              | 12           | √<br>18             | 124          | 26           | 20                  | ×<br>89         | 46               | 17                  | 331                 | 319          |
| Routine (sum of)                                                                     | 26                  | 59                   | 25           | 27                  | 42           | 7            | 28                  | 20              | 17               | 34                  | 91                  | 42           |
| Training (sum of)                                                                    | 28                  | 80                   | 36           | 22                  | 130          | 43           | 25                  | 43              | 16               | 33                  | 79                  | 30           |

| For Publication                                 | Bedfordshire Fire and Rescue Authority<br>Human Resources Policy and Challenge<br>Group<br>7 June 2016<br>Item No. 13 |                                                                     |     |  |  |  |  |  |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----|--|--|--|--|--|
| REPORT AUTHOR:                                  | HEAD OF T                                                                                                             | RAINING AND DEVELOPMENT                                             |     |  |  |  |  |  |
| SUBJECT:                                        | ANNUAL RI<br>TRAINING                                                                                                 | ANNUAL REPORT ON PROVISION OF EXTERNAL<br>TRAINING                  |     |  |  |  |  |  |
| For further information on this Report contact: |                                                                                                                       | rational Commander Andy Peckh<br>ining and Development<br>34 845129 | nam |  |  |  |  |  |
| Background Papers:                              | None                                                                                                                  |                                                                     |     |  |  |  |  |  |
| Implications (tick√):                           |                                                                                                                       |                                                                     |     |  |  |  |  |  |
| LEGAL                                           |                                                                                                                       | FINANCIAL                                                           | ✓   |  |  |  |  |  |
| HUMAN RESOURCES                                 |                                                                                                                       | EQUALITY IMPACT                                                     | ✓   |  |  |  |  |  |
| ENVIRONMENTAL                                   |                                                                                                                       | POLICY                                                              | ✓   |  |  |  |  |  |
|                                                 |                                                                                                                       |                                                                     |     |  |  |  |  |  |

Any implications affecting this report are noted at the end of the report.

Known

New

### PURPOSE

To provide Members with an overview on the external training provision within the Service.

OTHER (please specify)

### RECOMMENDATION

CORPORTATE RISK

That Members' consider the report and raise any specific questions that arise.

- 1. <u>Summary</u>
- 1.1 This Service is committed to the development and appropriate training of its entire staff. In order to support this, a range of externally provided courses and seminars are requested, identified and procured each year. The requirement for training is supported by a Training and Development Forum and access to training is monitored. External training has seen a managed budget reduction of 50% in five years; however this report demonstrates how effective collaboration and robust procurement practices have ensured that this Service continues to have highly skilled, professionally competent staff.

# 2 <u>Introduction</u>

2.1 Each year Head of Training and Development (HTD) produces a report to the HR Policy and Challenge Group detailing the provision of externally sourced training and the breakdown of associated costs; this report details the training costs for 2015/16. The report provides an overview of the training arrangements in terms of cost, the range of courses and suppliers as well as a comparison with the previous training years.

# 3 <u>Use of External Training Providers</u>

- 3.1 The Training and Development Manager is responsible for sourcing appropriate external training to meet the organisational requirements. To ensure that this is achieved effectively, the Service has a Training and Development Forum that meets periodically to review training needs. It includes standing members from all functional areas of the Service.
- 3.2 The Service utilises external training providers for a wide range of training and development requirements. The extent of training and proportionate spend upon particular areas varies significantly from year to year and is dependent upon training needs within that year (eg number of staff recruited/promoted into new roles, new operational requirements, changes to legislation and guidance etc.).
- 3.3 Scrutiny is continually applied by the Training and Development Manager and reported through functional meetings. The following information relates to training during the year 2015/16 and is provided for illustrative purposes. The cost shown includes both fees to the training provider and accommodation costs associated with the training. Where possible such training is undertaken at Service venues in order to minimise costs.
- 4. <u>Budget</u>
- 4.1 Significant reductions to external training budgets have been applied over a number of years. The budget for 2015/16 was £212,300 (before any earmark reserves are applied). This compares with 2010/11 of £414,500, demonstrating a managed five year reduction of 50%.
- 4.2 Despite these challenging reductions to budget, this Service continues to fully support the training and development of all staff, and recognises the value of having highly skilled, professionally competent personnel within all areas of the Service. A review of training provision was undertaken in 2015 that recognised this and provided support to managers in identifying training and development requirements.

# 5. <u>Spend by Training Category</u>

- 5.1 Fluctuations in costs do occur due to the reasons mentioned in para 3.2. Also to be considered is the fluctuation in retirements, leavers for various reasons and the subsequent spike in promotions due to these facts. This then creates an increase in newly promoted personnel on development programmes which in turn requires an increase in various development training.
- 5.2 2015/16 included additional budget to support the development of nonoperational staff. An example is shown within 'Post specific learning' in the table below, which includes two delivery of training courses, two e-tendering and contract management courses and one level 3 education and training course. This also includes support toward developing our operational Rescue From Height capability at Dunstable Fire Station which is now available.

|                                  | 2013/14 | 2014/15 | 2015/16 |
|----------------------------------|---------|---------|---------|
| Training Type                    | £       | £       | £       |
| Leadership & Management          | 25,976  | 34,522  | 27,588  |
| Post specific development        | 21,687  | 28,528  | 49,520  |
| Incident Command                 | 54,945  | 14,505  | 29,392  |
| Driver Training                  | 1,550   | 4,234   | 3,263   |
| Specialist Operational Trainer   | 37,872  | 55,221  | 64,715  |
| Trauma Care/First Aid            | 20,830  | 23,330  | 30,005  |
| Specialist Operational           | 51,975  | 2,925   | 14,855  |
| Legislative Fire Safety          | 25,820  | 21,990  | 13,265  |
| CPD Seminars/Conferences         | 12,240  | 7,877   | 4,826   |
| RTC vehicle provision            | 24,185  | 22,025  | 10,818  |
| Community Safety                 | 2,887   | 6,519   | 5,311   |
| Diversity                        | 4,498   | 6,342   | 6,253   |
| User Groups/Meetings/Memberships | 2,455   | 2,410   | 6,324   |
| Miscellaneous                    | 1,048   | 2,606   | 2,877   |
| Grand Total                      | 243,058 | 233,034 | 269,012 |

- 6. <u>Spend by Training Provider</u>
- 6.1 Over fifty different external training providers are regularly used. A number of providers were used extensively (such as Fire Service College) and details are provided below of the highest individual spends. The costs include associated accommodation charges (which can be significant) where these have had to be included in order to support candidate attendance.
- 6.2 Significant savings were able to be made in 2014/15 by changing the Service's supplier of depolluted vehicles for Road Traffic Collision (RTC)

training following an approved supplier process. A review of RTC training also meant that vehicles were delivered to Kempston Fire Station instead of to individual Fire Stations around the County. This alongside a reduction in required training frequency has resulted in a decrease in vehicles required for training purposes and associated costs.

6.3 Further savings have been made in 2014/15 and 2015/16 by developing and delivering Fire Investigation and Hazmat training for supervisory operational personnel internally, using members of our Fire Investigation and Hazmat teams.

|                            |                                                     | 2013/14 | 2014/15 | 2015/16 |
|----------------------------|-----------------------------------------------------|---------|---------|---------|
| Training Provider          | Training Type                                       | £       | £       | £       |
| Fire Service College       | Various - See Table below                           | 113,199 | 63,097  | 83,077  |
| LIVES                      | Trauma Care/First Aid                               | 20,830  | 23,330  | 29,845  |
| London Luton Airport       | Specialist Operational                              | 17,700  | 20,400  | 27,600  |
| Bedford College            | IT, Pre retirement & various other specific courses | 30,152  | 26,352  | 26,442  |
| The Outreach Organisation  | Specialist Operational<br>Trainer                   | 14,296  | 19,805  | 15,320  |
| Experience the Country     | 4x4 driver training                                 | 11,446  | 5,250   | 9,375   |
| J & K Recovery             | RTC vehicle provision                               | 24,185  | 240     | 0       |
| Cotton End Car Salvage     | RTC vehicle provision                               | 0       | 9,600   | 10,800  |
| MK Driver training         | Driver Training                                     | 1,965   | 2,970   | 1,958   |
| CFOA                       | Conferences                                         | 1,390   | 1,613   | 3,605   |
| Millbrook Proving Facility | Driver Training                                     | 11,446  | 1,666   | 3,904   |
| Essex FRS                  | Fire Investigation                                  | 7,869   | 0       | 2,966   |
| Lee Valley                 | Water Rescue                                        | 0       | 2,500   | 920     |
| Tactical Hazmat Ltd        | Specialist Operational                              | 14,347  | 4,245   | 0       |
| Talent Ridge               | Leadership &<br>Management                          | 0       | 9,993   | 3,787   |
| Govnet                     | CPD<br>Seminars/Conferences                         | 497     | 3,522   | 985     |
| Heightec Group             | Specialist Operational<br>Trainer                   | 1,280   | 6,028   | 4,863   |
| St. John Ambulance         | Trauma Care/First Aid                               | 629     | 3,233   | 160     |
| Grand Total                |                                                     | 271,231 | 203,844 | 225,607 |

# 7. <u>The Fire Service College</u>

- 7.1 In 2015/16 this Service undertook a wholetime firefighter selection and recruitment process. In order to deliver this, budget has been earmarked to 2016/17 which will support eighteen trainees undertaking a foundation course at Fire Service College. This will be the first new intake for six years; since running a foundation course in partnership with Hertfordshire FRS in 2010, this Service has sought to transfer in experienced and qualified firefighters, with thirty-three joining in the subsequent years.
- 7.2 Increases in categories are due to the requirement for Operational Managers to undertake residential Incident Command Courses and Strategic Executive Leadership Programmes.

|                                | 2013/14 | 2014/15 | 2015/16 |
|--------------------------------|---------|---------|---------|
| Training Type                  | £       | £       | £       |
| Specialist Operational         | 12,500  | 0       | 10,065  |
| Legislative Fire Safety        | 25,820  | 19,863  | 11,340  |
| Incident Command               | 54,845  | 14,505  | 32,796  |
| Specialist Operational Trainer | 18,853  | 28,729  | 28,755  |
| Community Safety               | 1,081   | 0       | 0       |
| CPD Seminar/Conference         | 0       | 0       | 0       |
| Miscellaneous                  | 0       | 0       | 121     |
| Grand Total                    | 113,199 | 63,097  | 83,077  |

- 8. <u>Selection of Training Providers</u>
- 8.1 The Service looks to achieve best value in the procurement of external training provision and will always seek to ensure that the most cost effective and efficient solution is achieved and that a range of providers are considered when buying in training whilst ensuring that the level of training meets the individual and organisational need. This includes consideration of all additional costs associated with training such as accommodation, travel and expenses payments.
- 8.2 Where available, the Service will use framework agreements to ensure compliance with procurement regulatory requirements. Some training and development opportunities are only available from singular or limited suppliers and where this occurs appropriate action is taken to mitigate any risk.
- 8.3 With training for prevention, protection and operational response work, in particular Incident Command, due to its specialist nature, there tends to be a relatively limited range of providers in the market place other than the Fire Service College.

8.4 In other more practical specialist operational roles, opportunities for achieving economies of scale and efficiencies through collaboration with other FRSs in the region are routinely explored and over the past years a greater emphasis has been made in utilising their skills and training resources. Examples include:

Animal Rescue Levels 1 & 2 Animal Rescue Level 3 LGV Driver Training Breathing Apparatus Initial BTEC Management Training Lee Valley White Water Centre Bariatric Rescue Training Wildfire Training Oxfordshire/Northamptonshire Hampshire Hertfordshire Cambridgeshire East Sussex/Oxfordshire Suffolk/Oxford/Cambridge/Essex Lincolnshire Norfolk

- 8.5 The Service has revised the development programmes for all operational managers, and enhanced support to non-operational managers, by introducing courses which provide recognised qualifications including:
  - Leadership and Management BTEC Level 3-7
  - Executive Leadership Programmes
- 8.6 Work is continuing to identify potential collaborative work with other FRSs and organisations, such as Police, Ambulance and London Luton Airport.
- 8.7 We continue to work closely with Hertfordshire FRS, where this Service provides driver training for their middle and senior operational commanders whilst they in return provide LGV courses for our firefighters. This is detailed within a Memorandum of Understanding.
- 8.8 In 2016/17 we will be looking to expand this provision of 'Blue Light' driver training to other organisations following the accreditation by Skills for Justice of the Service's Training and Development Centre.
- 9. <u>Comparison of Training Costs</u>
- 9.1 The provision of external training courses by training category shows differences in Incident Command and Specialist Operational Courses. This is a result of retirements, leavers and promotions.
- 9.2 The development programme for operational personnel spans several years and creates fluctuations in respect of course availability between management and operational training which is reflected in some of the variations in expenditure.

- 9.3 Where a particular need has been identified then specific funding has been requested; the provision of appraisal training across the Service being an example. Fluctuations on wholetime firefighter training costs are based around annual need. For example since 2010/11 this Service has not required a wholetime firefighters foundation course, however a course of eighteen is planned for 2016/17 which will have significant costs attached.
- 10. Access to Training and Development
- 10.1 Personnel can request access to training through a variety of processes, which include annual appraisal, continual professional development (CPD), promotion and progression. Requests are usually submitted via an FSRT35 written request, which identifies the training/development, provides detail of attendees and organisational benefit, and requires line management evidenced support before Training and Development Manager approval.
- 10.2 In 2015/16 a total of 158 applications for external training, learning and development were submitted with all but 4 being supported. These have been reviewed by the Training and Development Management team and reported to the Equality and Diversity team for analysis to demonstrate support towards the Public Sector Equality Duty.

# SERVICE OPERATIONAL COMMANDER ANDY PECKHAM HEAD OF TRAINING AND DEVELOPMENT

# **Implications**

# Policy

All training is sourced and allocated in line with current Service policy.

# Equality

All training is subject to a yearly equality analysis to ensure fair allocation of training.

| For Publication                                       | Bedfordshire Fire and Rescue Authority<br>Human Resources Policy and Challenge<br>Group<br>7 June 2016<br>Item No. 14 |              |                        |   |  |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------|------------------------|---|--|
| REPORT AUTHOR: DIVERSITY ADVISER                      |                                                                                                                       |              |                        |   |  |
| SUBJECT:                                              | CT: DRAFT PUBLIC SECTOR EQUALITY SCHEME<br>REVIEW                                                                     |              |                        |   |  |
| For further information on this Report contact:       | Robert Jones<br>Diversity Adviser<br>Tel No: 01234 845057                                                             |              |                        |   |  |
| Background Papers: Single Equality Scheme 2016 Report |                                                                                                                       |              |                        |   |  |
| Implications (tick $\checkmark$ ):                    |                                                                                                                       |              |                        |   |  |
| LEGAL                                                 | ✓                                                                                                                     |              | FINANCIAL              |   |  |
| HUMAN RESOURCES                                       | ✓                                                                                                                     |              | EQUALITY IMPACT        | ✓ |  |
| ENVIRONMENTAL                                         |                                                                                                                       |              | POLICY                 |   |  |
| CORPORATE RISK                                        | Known                                                                                                                 | $\checkmark$ | OTHER (please specify) |   |  |

NewCORE BRIEFAny implications affecting this report are noted at the end of the report.

### PURPOSE:

To report on progress made against the Single Equality Scheme Action Plan (2012-16) and outline a new set of objectives/actions for the next four years (2016-20).

### **RECOMMENDATION:**

That the submitted draft report is received.

- 1. <u>Introduction</u>
- 1.1 Public Sector Organisations are required under the Equality Act 2010. To publish and report on a set of Equality Objectives every four years, which show how the organisation intends to meet its Public Sector Equality Duties.
- 1.2 In compliance with the PSED, BFRS published it's Single Equality Scheme (SES) in 2012, which sets out 25 specific actions that we hoped to deliver on over a 4 year period (2012-2016).

- 1.3 BFRS Corporate Equality Group recieves reports and monitors progress against the Single Equality Scheme (SES).
- 1.4 This Single Equality Scheme Report closes the 2012-2016 SES; summaries progress made against the 25 actions and identifies a further set of objectives and actions for the next four years (2016 2020).
- 1.5 Objectives and the actions identified for 2016 2020 will be subject to a period of consultation with staff, representative bodies and interested external stakeholders before it can be formally adopted and published.
- 2. <u>Summary of the SES 2016 Report</u>
- 2.1 Over the past four years, 23 of the 25 areas of work that the Service said that it would focus on have been completed.
- 2.2 The 2 areas of work which were not completed or were looked at but require more work (Website accessibility and Procurement) have been merged into the following 6 objectives to be completed over the next 4 years:

Objective 1: Measuring performance against equality framework(s)
Objective 2: Improve public access
Objective 3: Equality and diversity training
Objective 4 Improve equality monitoring
Objective 5: Embed equality in commissioning and procurement activity
Objective 6: Improving standards and develop new partnerships

Under these 6 Objectives there are 17 specific actions for the Service as a whole to embrace and deliver on.

- 3. <u>Backgound to the Single Equality Scheme</u>
- 3.1 The SES and Action Plan was created to support the Service in meeting its duties under the Public Sector Equality Duty 2011 and provide focus in planning, monitoring and developing services and practices designed to deliver equitable outcomes for communities and members of staff.
- 3.2 The Public Sector Equality Duty (PSED) requires public bodies to pay 'due regard' to the requirements of the Duty; which must be exercised in substance, with rigor and with an open mind in such a way that it influences the final decision.
- 3.3 Not all Service business will be relevant to the PSED and the Service has an Equality Assessment process in place to ensure all business is screened for relevancy. Due Regard is a matter of serious consideration as part of the process of policy and decision-making.
- 3.4 The weight given to the PSED compared to other factors will depend on how much that function, policy or practice can be utilised to effectively eliminate

discrimination, further equality, promote good relations between groups and the extent of any disadvantage that needs to be addressed.

3.5 The PSED must be complied with before and at the time that a particular policy, decision or action is under consideration, including the development of options and in making the final decision. The Service cannot satisfy the PSED by justifying a decision after it has been taken.

# 3.6 The General Duties:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

# 3.7 **The Specific Duties:**

- Set out in SMART form and publish equality objectives at least every four years; and
- Publish information annually to demonstrate compliance with the PSED; in particular information relating to their employees and others affected by their policies and practices (such as service users).

### ROBERT JONES DIVERSITY ADVISER

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# SINGLE EQUALITY SCHEME

# 2016 REPORT

"Bedfordshire Fire and Rescue Service are committed to improving the services we deliver to the people who live, work and travel throughout Bedfordshire. Some of the work detailed within this Single Equality Scheme is what we are required to do lawfully but for the Service it is much more than just a legal obligation"

# **Table of Contents**

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| Part 1 – What we said we would do          | 8-12  |
| Part 2 – Rolling on the next 4 years       | 13-17 |

# **INTRODUCTION**

To support the Service in meeting its legal duties within the Equalities Act 2010, Bedfordshire Fire and Rescue Service (BFRS) produced a Single Equality Scheme and Action Plan to cover the period 2012 to 2016.

The four-year scheme set out:

- How the Service would promote equality & diversity and eliminate harassment & unlawful discrimination in the workplace and across the services we provide.
- The actions the Service would take to improve its equality and diversity performance and outcomes.
- How the Service intended to meet the legal responsibilities under the Equality Act 2010 and other legislation.

This report is in two parts:

- **Part 1**: Retrospective looking back over the four years at what we said we would do and whether the work was done or not.
- **Part 2**: Forward focused identifying the approach for the next four years (2016-2020) and sets out a further set of objectives together with actions for the service as a whole to embrace.

# **SUMMARY**

Over the past four years, 23 of the 25 areas of work that the service said that it would focus on have been completed. The two incomplete areas of work were looked at but require further attention i.e. website accessibility and procurement have been merged into the following six objectives:

- Objective 1: Measuring performance against equality framework(s)
- Objective 2: Improve public access
- Objective 3: Equality and diversity training
- Objective 4 Improve equality monitoring
- Objective 5: Embed equality in commissioning and procurement activity
- Objective 6: Improving standards and develop new partnerships

# **Consultation**

Bedfordshire Fire and Rescue Service will consult with staff, representative bodies and interested external stakeholders before publishing the Equality Scheme. We will ensure that feedback received from the consultation exercise is fully documented, considered and incorporated into the Equality Scheme where appropriate.

# **Review**

The Equalities Scheme will be reviewed annually and the review will be co-ordinated by the Corporate Equalities Group. The review will be based on the objectives and associated action plans. In addition, the review will also include the key corporate equality indicators shown on page 10.

# **Publication**

The Equality Scheme will be published on our website at www.bedfordsfire.com

Copies will be made available to all sections, stations, partners and local equality organisations and to all interested parties on request either as a one-off or an on-going basis.

Copies of the Equality Scheme and equalities annual reports will be made available in other languages, large print, Braille, audio, etc. on request.

# Part 1

| What we said we would do                                                                                                                                                                                                                                                                                                                                                                                                        | did we do it? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| CORPORATE MANAGEMENT TEAM                                                                                                                                                                                                                                                                                                                                                                                                       |               |
| 1. Each function has a proportional number of evidenced based equality objectives in place to meet the requirements of the Public Sector Equality Duty and the objectives are regularly monitored                                                                                                                                                                                                                               | YES           |
| Equality objectives were set within the 2012 Single Equality Scheme action plan, monitoring has been through the Corporate Equality Group.                                                                                                                                                                                                                                                                                      |               |
| 2. The Service demonstrates significant year on year improvements for employees and 'at risk' communities                                                                                                                                                                                                                                                                                                                       | YES           |
| Improvements are monitored and captured via the employee staff survey which is conducted and reported on every two years, alongside progress reports and community safety/prevention work aimed at reducing the number of incidents – yearly equality reports are published.                                                                                                                                                    |               |
| 3. Functional related Equality Analysis is completed for all relevant activity and reviewed in line with service policy                                                                                                                                                                                                                                                                                                         | YES           |
| Equality Assessments remain current and are regularly reviewed in accordance with good practice and Service policy.                                                                                                                                                                                                                                                                                                             |               |
| HUMAN RESOURCES                                                                                                                                                                                                                                                                                                                                                                                                                 |               |
| 4. Ensure that a robust Equality Analysis process is operating effectively                                                                                                                                                                                                                                                                                                                                                      | YES           |
| A new robust approach to Equality Assessments has been introduced, consequently leading to a reduction in policies and documents requiring an assessment (EA), whilst improving the quality of those policies/documents that do require an EA. This new system continues to be monitored by the Corporate Equalities Group, the aim of which is to ensure that all assessments achieve a top quality rating by the end of 2017. |               |
| 5. Collect data across HR processes to enable appropriate actions and remedies to be implemented if issues are identified                                                                                                                                                                                                                                                                                                       | YES           |
| Monitoring and reporting systems are in place and remedial actions are taken where appropriate.                                                                                                                                                                                                                                                                                                                                 |               |

6. A Positive Action Plan is developed to drive forward the service in respect of developing and retaining a diverse workforce

The Positive Action plan for recruitment to the Service was developed in 2005. It set clear targets aimed at addressing the under-representation of Women and Black and Minority Ethnic staff across the service. The plan has already had a positive impact in the 2016 recruitment of fire officers to the service and continues to be monitored by the Corporate Equality Group.

#### STRATEGIC SUPPORT

7. Develop a consultation and engagement process to support the development of the Community Risk Management Plan and other business changes

The consultation and engagement process has been developed with the service using a community messaging system alongside social media, traditional media outlets and established consultation methods. This multi-layered approach is proving to be effective in helping the service to engage with a large and diverse audience across Bedfordshire.

The new approach is currently being used for consulting around FRS budgets, the Community Risk Management Plan and to keep communities rapidly informed about events, incidents and fire prevention work.

8. All papers/reports are accompanied with a written or verbal account of equality implications and documented in minutes

Report cover sheets and records of meetings ensure that equality implications are routinely discussed, considered and reported on. Documents which impact on staff and community are required to be Equality Assessed.

9. The service to apply for Peer Assessment under the Fire and Rescue Service Equality Framework

Underway

YES

A clear project plan to guide this work has been produced, costed and the assessment process budgeted for. There are 3 stages to the process:

> Stage 1 Evidencing our work Stage 2 Self-Assessment Stage 3 External Assessment

All of which will be completed in 2017.

YES

#### **AREA SUPPORT**

10. A robust functional plan is in place that utilises information and data to identify vulnerable groups in its operation The Community Safety Strategy and the Community Risk Management Plan (CRMP) outlines our approach in identifying

vulnerable groups. A summarised and more accessible version of the CRMP has been produced and will be distributed amongst communities.

### STAFF DEVELOPMENT AND SAFETY

## 11. Ensure training and development is accessible, opportunities are accessed fairly and take up is proportionate to all staff

A report regarding access to training and development has been completed and reported to the Service's Human Resources Policy and Challenge Group. The review of requests for external training has also been completed and shows that the majority of external training requests were approved, clear operational reasons led to a few requests not being approved and take up of training is accessible and fair across the Service.

12. Professional Standards and Equality & Diversity is embedded in the training program for all staff groups and supported by robust Training Needs Assessment

The equality and diversity training programme is available to all staff and incorporates a set of professional standards that staff must adhere to. The training includes an on-line assessment and adherence to the standards is monitored via the appraisal system. A Training Needs Analysis was completed in 2015 and gaps identified have been addressed within the Services training programme.

## EMERGENCY RESPONSE

13. Undertake positive action initiatives to encourage and drive recruitment in the service that reflects the local community

A Positive Action toolkit has been developed which lists a number of actions that staff must do to address the underrepresentation of Black, Asian and Ethnic Minority staff and Women across all communities when they are recruiting. Alongside this toolkit the Service has a database of people attracted to the Service through Positive Action events and targeted recruitment campaigns who have indicated an interest in working for the Service. Each Retained Duty System station with vacancies are required to run at least one positive action event per year. YES

14. Consultation data will be used to review service delivery and ensure services provided remains equitable and risk focused

The service routinely consults with community groups and, where appropriate, focus groups as well as social media forums ensuring that the work we do is equitable and risk focused.

#### PREVENTION AND PROTECTION

| 15. Develop robust functional and station plans that utilises relevant information and data to identify vulnerable groups                                                                                                                                                                                                                  | YES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Station plans are now in place and are linked to the Community Risk Management Plan. The report 'Knowing our communities' is being developed along with Equality Assessment guidelines. This work which will be completed in 2016 will further strengthen station plans, ensuring that equality issues are fully incorporated.             |     |
| 16. Review all partnership arrangements with a view to clarify objectives and outcomes linked to the PSED General Duties                                                                                                                                                                                                                   | YES |
| Partnership arrangements and related working meet the requirements of the Service Partnership Policy, the Public Sector Equality Duty and Service Governance arrangements                                                                                                                                                                  |     |
| 17. The Community Safety evaluation toolkit is utilised for all community initiatives ensuring equitable outcomes and alignment with Service aims                                                                                                                                                                                          | Yes |
| The Community Safety evaluation toolkit is used to ensure community initiatives are aligned with service aims and outcomes are equitable. The toolkit is currently being reviewed and all community initiatives are to include an Equality Analysis to strengthen its impact/effectiveness. This work is on track to be completed in 2016. |     |
| 18. Fire Safety Enforcement processes and measures are fair and proportionate across local businesses                                                                                                                                                                                                                                      | YES |
| The Service has run a number of local business action days and staff have been proactive to ensure that Fire Safety<br>Enforcement processes are equitable for local business across Bedfordshire, This includes the running of Asian business<br>days where fire safety advice is targeted toward small - medium enterprises.             |     |
| 19. The Community Risk Management Plan is a public facing document that details where the risks are in the home, at work, in public places and our roads, which is based on robust data and evidence                                                                                                                                       | YES |
| The consultation and engagement system based on 'community alerts' is now in place and is proving to be effective in helping                                                                                                                                                                                                               |     |

20. Savings and efficiencies that are part of the medium term financial plan/budget, where appropriate, should be Equality Assessed to ensure due regard that matters of equality have been taken into account during decision making processes Where relevant and appropriate, elements of the savings and efficiency plan have been subject to an Equality Analysis process; this has been reported to and monitored through the Corporate Equalities Group. 21. The Service can demonstrate that procurement processes are contributing to equality-related priorities The Supplier Information document was internally reviewed which showed that within section 6 we are compliant with equality legislation. However it is acknowledged that we can progress further on this significant area of work. 22. Property/Capital Strategy ensures BFRS provides adequate facilities that are fully accessible to community and staff A service wide assessment was completed with required works captured within the 2015/16 Property Asset Management Plan and also as part of the rolling cycle of building condition works. Buildings have been brought up-to-date with regards to separate gender facilities and where feasible, disability access. This is an on-going process. 23. Report annually the findings of Equality Analysis to the service The Corporate Equality Group receives guarterly and annual reports on the Equality Analysis system in use across the service. INFORMATION AND COMMUNICATION TECHNOLOGY 24. Ensure that access to Services Information and Communication Technology is available to all staff Technology Systems and Applications used by the Service to deliver its aims and objectives are available to and accessible by all staff

the service to engage with a large and diverse audience. The Community Risk Management Plan has been revised into an

easy read summarised leaflet making it more accessible it will be distributed later in the year.

FINANCE AND ASSET MANAGEMENT

YES

YES

YES

YES

25. To ensure the content contained within the website meets or exceeds the requirements for accessibility contained within the World Wide Web Consortium

Underway

The limitations of current website have meant that although some work to improve access was achieved, the whole system needed a rebuild as such funding has been secured and this work will be completed in 2016/17

# Part 2

# Rolling on... the next 4 years

### Introduction:

Good progress has been made as a consequence of the actions identified within the previous (2012-16) Single Equality Scheme and also through training on equality, diversity and as a result of partnership working.

A number of important initiatives have been tried; some have been hugely successful, some have had a certain amount of success, such as the Positive Action recruitment drive and some have been less successful. As a Service we are committed to ensuring that we move forward to address all areas of inequalities, scrutinise all of our activities in order to learn lessons and, if necessary, modify our approach.

The following pages identify what the Service believes it should be doing over the next four years in order to move the equality agenda forward.

# What next?

- We aim to consult internally with staff and the trade unions and externally with community groups to get approval for the areas of work listed.
- > Once we get the approval from our stakeholders, we will publish on our website
- We will continue to monitor this work through the Corporate Equality Group, and will produce and publish an annual progress reports.

# Equality Objectives for 2016 - 2020

# **Objective One: Measuring Performance against Equality Framework(s)**

| Action                                                                                                                                         | Due Date | Responsible | Groups to benefit   |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|---------------------|
| Undertake a desktop self-assessment exercise against the Fire<br>and Rescue Service Equality Framework (FRS Equality<br>Framework)             | May 2017 | CMT         | All equality groups |
| Invite Peer Assessors to complete an external assessment against<br>the Fire and Rescue Service Equality Framework (FRS Equality<br>Framework) | 2017     | СМТ         | All equality groups |
| Conduct the ENEI (Employers Network for Equality and Inclusion)<br>Workforce assessment                                                        | Sep 2016 | DA          | All equality groups |

# **Objective Two: Improve public access**

| Action                                                                                                                                                          | Due Date | Responsible          | Groups to benefit   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|---------------------|
| Use social media to share BFRS news and information                                                                                                             | On-going | HSS                  | All equality groups |
| To develop an accessible website with translation / audio and large print facilities. Where images are reflective of the communities and it is easy to navigate | Apr 2017 | HSS, HPP             | All equality groups |
| Prepare and publish relevant equality information each year (by September) reflecting staff and community activities                                            | Annually | HCS, HHR,<br>DA, HSS | All equality groups |

# Objective Three: Equality and diversity training for all staff

| Actions                                                                                                                                                                              | Due Date              | Responsible | Groups to benefit                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|----------------------------------|
| Ensure that all staff are up-to-date with equality, diversity and inclusion requirements and a 3 year a refresher programme is in place with clear targets set and measured annually | On-going from<br>2016 | HTD         | All equality groups              |
| To improve awareness and understanding of LGBT issues;<br>Providing guidance, training and where appropriate policies                                                                | On-going from 2016    | DA          | Lesbian, Gay, Bisexual and Trans |
| To establish a staff equalities network that can support staff with their understanding, training and development                                                                    | On-going from 2018    | DA          |                                  |

# **Objective Four: Improve equality monitoring**

| Actions                                                                                                                                           | Due Date | Responsible | Groups to benefit   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|---------------------|
| Ensure that our Community Safety and Risk Reduction activities are measured against all of the equality strands                                   | Annually | HCS         | All equality groups |
| Where we are offering a service to a particular 'At Risk group', we are able to ensure that the service reaches all communities within that group | Annually | HOS<br>HCS  | All equality groups |

# **Objective Five: Embed equality in commissioning and procurement activity**

| Actions                                                                                                                             | Due Date                               | Responsible | Groups to benefit   |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------|---------------------|
| Monitor SME contracts to ensure they are compliant with the Equal Opportunities statement within BFRS contract Terms and Conditions | September<br>2017 and then<br>annually | HFAM        | All equality groups |
| Provide access to BFRS equality and diversity training for suppliers and commissioned contractors (with 1 - 50 employees)           | Annually                               | HFAM<br>DA  | All equality groups |
| Develop marketing material for contract finder to raise awareness and access for our diverse communities                            | April 2017                             | HFAM<br>DA  | All equality groups |

# **Objective Six:** Improving standards and develop new partnerships

| Actions                                                                                                                                                  | Due Date          | Responsible | Groups to benefit   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|---------------------|
| To undertake an equal pay audit across the Service and implement<br>any necessary actions resulting from this                                            | 2017              | HHR         | Gender              |
| To ensure that all Equality Assessments are in place and that they have achieved an amber or green quality rating                                        | September<br>2016 | CEG         | All equality groups |
| To develop partnership arrangements with disability groups.<br>In particular Learning disability/Mental Health/Hearing/Sight and<br>Mobility impairments | On-going          | DA          | Disability          |

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# Key Corporate Equality Indicators (EQ1 – 4)

| Current target's                                                                                                                                            | Proposed changes                                            | Due Date | Responsible | Groups to benefit |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------|-------------|-------------------|
| 5% of new entrants to be operational sector<br>to be women (due to budget constraints this<br>will be measured in relation to retained<br>recruitment only) | Review to see what can<br>be done to stretch this<br>target | 2016/18  | CFO         | Gender            |
| Retention of Black, Asian or Minority Ethnic leavers not to exceed 16%                                                                                      | No Change                                                   | 2016/18  | CFO         | Gender            |
| 8% of new entrants to roles across the<br>Service to be people from Black, Asian or<br>Minority Ethnic groups                                               | Review to see what can<br>be done to stretch this<br>target | 2016/18  | CFO         | Race              |
| Retention of women firefighters: leavers not to exceed 4%                                                                                                   | No Change                                                   | 2016/18  | CFO         | Race              |

#### Abbreviations Used

- E&D Equality and Diversity
- FRS Fire and Rescue Service
- LGBT Lesbian, Gay, Bisexual and Trans
- CEG Corporate Equality Group
- CFO Chief Fire Officer
- HHR Head of Human Resources
- HCS Head of Community Safety
- HPP Head of Prevention/Protection

- BFRS Bedfordshire Fire and Rescue Service
- ENEI Employers Network for Equality and Inclusion
- DA Diversity Advisor
- CMT Corporate Management Team
- HFAM Head of Finance and Asset Management
- HTD Head of Training and Development
- HSS Head of Strategic Support
- HOS Head of Operational Support

All Equality Groups: Refers to groups based on Race, Gender, Sexual Orientation, Religion/Beliefs, Disability, Age, Marriage/Civil Partnerships and Trans.

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| For Publication                                 | Bedfordshire Fire and Rescue Authority<br>Human Resources Policy and Challenge<br>Group<br>7 June 2016<br>Item No. 15 |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>REPORT AUTHOR:</b>                           | SENIOR HUMAN RESOURCES ADVISER                                                                                        |
| SUBJECT:                                        | NATIONAL JOINT COUNCIL JOINT WORKING GROUP<br>(FITNESS) FIRE FIGHTER BEST PRACTCIE GUIDE<br>2016                      |
| For further information on this report contact: | Rachel Barker<br>Senior Human Resources Adviser<br>Tel No: 01234 845187                                               |
| Background Papers:                              | Circular NJC/1/16 (available on request)<br>Circular NJC/03/15 (available on request)                                 |

| Implications (t | tick ✔) | : |
|-----------------|---------|---|
|-----------------|---------|---|

| LEGAL           | ✓     | FINANCIAL              | ✓            |
|-----------------|-------|------------------------|--------------|
| HUMAN RESOURCES | ✓     | EQUALITY IMPACT        | ✓            |
| ENVIRONMENTAL   |       | POLICY                 | $\checkmark$ |
| CORPORATE RISK  | Known | OTHER (please specify) |              |
|                 | New   | CORE BRIEF             |              |

Any implications affecting this report are noted at the end of the report.

#### PURPOSE:

- 1. Inform Human Resources Policy and Challenge (HRPC) of the content of Circular NJC/1/16.
- 2. Provide HRPC with a snapshot of the recommendations contained in the Firefighter Fitness Best Practice Guide 2016.
- 3. Provide HRPC with a benchmark of Bedfordshire Fire and Rescue Service fitness arrangements against the issued raised in the Circular.
- 4. Provide HRPC with recommendations in respect of some elements of the Service approach to Fire Fighter Fitness in light of publication of the best practice fitness guide.

### **RECOMMENDATION:**

That HRPCG approve the recommendations in Appendix A of this report.

#### 1. <u>Introduction</u>

- 1.1 In February 2015 Circular NJC/03/15 advised Fire and Rescue Services of the creation of a joint DCLG/NJC working group formed to consider fitness issues. Circular NJC/03/15 advised that the working group would produce a Best Practice Guide. Circular NJC/1/16 was published on 8 March 2016 and contained a Home Office/National Joint Council for Local Authority Fire and Rescue Services Firefighter Fitness Best Practice Guide. The Firefighter Fitness Best Practice Guide is not mandatory, however, following its introduction a Fire and Rescue Authority (FRA) would be expected to take into account its conclusions when considering their standards for the safe occupational fitness requirements and arrangements for firefighters as well as the evidence currently available and presented in the Guide.
- 1.2 The Terms of Reference for the DCLG/NJC joint working group were:
  - To consider aspects of the role that have been identified as the most physically intensive and how they impact upon an individual's ability and fitness to carry out their role over time;
  - To examine future options and trends in respect of continued employment and develop a best practice guide (the Guide).
- 1.3 The Guide was produced to endorse key principles to underpin best practice. The key principles are designed to enable all Fire and Rescue Authorities (FRAs) to have process in place to assist firefighters in maintaining the necessary physical fitness levels to undertake their role until normal pensionable age.
- 1.4 Appendix A provides a breakdown of the recommendations contained in the Guide, identifies whether BFRS already have the recommendation in place and if not provides a recommendation as to whether the recommendation should be considered for implementation.

### 2. <u>Best Practice Examples Cited in Circular NJC/1/16</u>

- 2.1 NJC/1/16 outlines areas of best practice currently operating in the UK fire service, highlighting activity in fourteen FRAs quoting examples from amongst others Lancashire, Leicestershire, Durham and Darlington and Scotland. Notable practice from BFRS was also identified.
- 2.2. The best practice related to the need for good communication between FRAs and their employees as well as the management of periodic fitness testing in a FRS. Bedfordshire was quoted for the incremental increase we have seen in operational staff fitness levels during the period 2008/09 to 2015/16 against

a reduction in sickness absence as an example of how fitness testing can impact positively on a healthier, fitter workforce.

- 3. Occupational Fireground Assessment
- 3.1 FireFit have conducted a significant amount of scientifically evidenced based research to identify a number of 'single person; fire-fighting tasks' and identify a minimum acceptable pace for each. The essential tasks for all operational firefighters were identified (see bullets below) and the results of the research indicate that firefighters with a cardiorespiratory fitness level of less than 42.3 mL.kg-1.min-1 cannot be guaranteed to be safe and effective in their ability to complete the essential tasks:
  - Hose running
  - Equipment carry
  - Stair climbing
  - Casualty evacuation
  - Wild-land firefighting
  - Lifting, extending and lowering of fire service ladders
- 3.2 FireFit plan to issue further guidance hopefully in spring 2016 that will contain a realistic occupational fireground assessment including a hose running exercise, a casualty evacuation exercise and an equipment carry exercise that will measure appropriately to the safe standards identified in the previous research.
- 3.3 In addition to the occupational fireground assessment an assessment flowchart was produced by FireFit, this was followed by an alternative assessment flowchart presented by the FBU. Application of both or either these testing regimes should be subject to the successful completion of the occupational fireground assessment validation and further discussion amongst the joint working group, with further information to follow as necessary to FRAs.
- 4. Risk Assessment
- 4.1 Whilst a best practice guide is not mandatory the benchmark of BFRS practice to the contents of The Firefighter Fitness Best Practice Guide has identified some areas for improvement in relation to female firefighter fitness that the recommendations at Appendix A are designed to address.

#### RACHEL BARKER SENIOR HUMAN RESOURCES ADVISER

| Best Practice Guide Recommendation                                                                                                                                                  | BFRS Practice                                                                                                                                                                                                                                                  | Recommendation to HRPCG                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| Physical Fitness at Recruitment                                                                                                                                                     |                                                                                                                                                                                                                                                                |                                                          |  |
| Essential for Fire and Rescue Authorities<br>(FRAs) to ensure that selected recruits are<br>able to cope with the physical demands of the<br>firefighter role.                      | The firefighter selection process includes a practical assessment (the simulation of a number of physical activities routinely performed in the role) as well as having a Service Fitness standard on entry.                                                   | Adequate measures currently in place, no further action. |  |
| Raise applicant awareness that those with a<br>higher degree of fitness are more likely to be<br>able to maintain the required level of fitness<br>for the duration of their career | Applicants are advised of the entry fitness<br>standard requirements and the Service<br>promotes the need to maintain and where<br>necessary improve individual fitness levels<br>throughout their employment.                                                 | Adequate measures currently in place, no further action. |  |
| Maintaining physical fitness                                                                                                                                                        |                                                                                                                                                                                                                                                                |                                                          |  |
| FRAs have a responsibility to provide<br>appropriate support to assist firefighters in<br>maintaining their fitness to undertake the role                                           | Annual fitness testing process.<br>Gyms on all stations.<br>Dedicated time to maintain fitness provided to<br>those on all duty systems (excluding<br>retained). However all RDS stations have an<br>equipped gym that employees can use in their<br>own time. | Adequate measures currently in place, no further action. |  |
| Culture & Communication                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                          |  |
| Effective communication strategy that<br>explains the aims of the fitness policy to all<br>concerned                                                                                | Amnesty in first year that the Fitness Policy<br>was implemented.<br>Presentations to all employees prior to and<br>during initial policy implementation.<br>Presentations to HR Policy & Challenge,<br>SDMT and FRA.                                          | Adequate measures currently in place, no further action. |  |
| Active Service representation on the FireFit Steering Group                                                                                                                         | In place in BFRS for a number of years at<br>Principal Officer level and at practitioner level<br>with the Service Fitness Adviser (SFA).                                                                                                                      | Adequate measures currently in place, no further action. |  |
| Dedicated Service Fitness Adviser (SFA)                                                                                                                                             | In place at BFRS since 2005.                                                                                                                                                                                                                                   | Adequate measures currently in place, no further action. |  |

| Regular periodic fitness testing                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                              |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Annual or six monthly fitness testing should<br>take place as this is more effective than that<br>which takes place over a longer period.           | Annual fitness testing process in place.                                                                                                                                                                                                                                                                                                                     | Adequate measures currently in place, no further action. |
| Dedicated workplace fitness advice                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                              |                                                          |
| Advisers available to offer professional advice<br>and support to assist firefighters in<br>maintaining or regaining the required fitness<br>level. | Dedicated SFA in place (see above) in<br>addition a number of trained Service PTI's in<br>place to support and assist the maintenance<br>of fitness levels.<br>Bespoke advice and assessment is provided<br>to any employee in order to support them in<br>regaining the required standard.                                                                  | Adequate measures currently in place, no further action. |
| Fitness equipment                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                              |                                                          |
| Consider the provision of station based fitness equipment.                                                                                          | Gym on every station and a renewal<br>programme linked to the Capital Strategy<br>Programme.                                                                                                                                                                                                                                                                 | Adequate measures in place, no further action.           |
| Self-health checks                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                              |                                                          |
| Facility for self-health checks such as weight,<br>BMI etc.                                                                                         | Weight and BMI taken at annual fitness test<br>Blood pressure taken at annual fitness test to<br>highlight any issues.<br>Opportunity to have body fat analysis and/or<br>dietary advice.<br>Intranet (Fitness & Wellbeing Section)<br>provides useful resources and links for<br>employees.<br>EAP provides nutritional and other wellbeing<br>information. | Adequate measures in place, no further action.           |

| Fitness issues specific to women<br>firefighters                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consider targeted programmes addressing<br>strength, muscular endurance and<br>cardiorespiratory fitness along with lifestyle<br>advice.                                                                                                                | Targeted programmes available to all<br>employees on request.<br>Female firefighters can and do self-refer or<br>can be referred if there are fitness issues or<br>concerns (eg re strength etc).<br>There are links from the Fitness & Wellbeing<br>website to the FireFit site which contain<br>preparatory and maintenance fitness plans<br>however these aren't targeted to women. | b. 1                                         | Continue to deal with on a case by case<br>basis as generic advice can be more of a<br>hindrance than a help.<br>Promote the availability of targeted<br>programmes amongst the workforce<br>(particularly to female firefighters). |
| Facilitate contact between women who have experienced similar issues.                                                                                                                                                                                   | Women's focus group formed as part of the Service Positive Action Plan.                                                                                                                                                                                                                                                                                                                | l l<br>r                                     | Establish a women's forum on the<br>Fitness & Wellbeing site with access<br>restricted to female Firefighters to use<br>and share information etc.<br>Publicise the forums existence.                                               |
| Consider support to assist the maintenance of fitness throughout pregnancy.                                                                                                                                                                             | Sector specific best practice guidance on exercise during pregnancy obtained                                                                                                                                                                                                                                                                                                           | b. I                                         | Provide best practice information to all<br>expectant mothers, or<br>Make the best practice information<br>available on the Fitness & Wellbeing site<br>and promote it                                                              |
| Signpost women to appropriate external support and guidance during pregnancy.                                                                                                                                                                           | In response to feedback from the Positive<br>Action focus group OH have already<br>developed some information (available on the<br>intranet)                                                                                                                                                                                                                                           | <br> <br> <br> <br> <br> <br> <br> <br> <br> | Expand the current provision and put the<br>hyperlinks from the Circular onto the<br>Fitness & Wellbeing area of the Service<br>intranet.<br>Publish a BB item to inform the workforce<br>of their existence.                       |
| Before returning to operational duty consider<br>providing women returning from maternity<br>leave or long-term sick leave with a fitness<br>programme, the opportunity to access a<br>fitness adviser and fitness equipment to assist<br>their return. | The SFA can develop individual fitness<br>programmes for those returning to work.<br>As part of the return to work process<br>employees are required to pass a fitness test<br>overseen by the SFA and have access to any<br>Service gym whilst on maternity leave or long-<br>term sick leave (dependent on the nature of<br>their illness/injury and medical advice).                | Adeq<br>actio                                | quate measures in place, no further<br>n.                                                                                                                                                                                           |

| FRAs to develop appropriate policy on the menopause .                                                                                                                                                                          | Some information is available on the Service intranet.                                                                                                                                                                                                                                                | Review information already available on the<br>Service intranet in light of the recently issued<br>ACAS guidance on Managing the Menopause<br>at Work and ensure relevant alignment.                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consider offering advice and guidance on the<br>potential issues that employees may face<br>throughout and post menopause<br>(eg encourage women to undertake weight<br>training to assist with strength and bone<br>density). | Some information is available on the Service intranet.                                                                                                                                                                                                                                                | Review the information already published and incorporate relevant advice.                                                                                                                                                                     |
| Signpost women to relevant external support and guidance.                                                                                                                                                                      | FBU Guidance is highlighted on the Service intranet                                                                                                                                                                                                                                                   | <ul> <li>a. Expand the current provision and put the hyperlinks contained in the Circular onto the Fitness &amp; Wellbeing area of the Service intranet.</li> <li>b. Publish a BB item to inform the workforce of their existence.</li> </ul> |
| Regaining physical fitness                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |
| In cases where a firefighter may need to<br>regain fitness assistance in the form of access<br>to a physiotherapy service, a phased return to<br>work and access to fitness support.                                           | Internal assessment and treatment for some<br>conditions in place.<br>Access to subsidised external physiotherapy<br>embedded in the Service, modified duty<br>process enables a phased return to work as<br>necessary.<br>Fitness support in the form of tailored<br>advice/programmes from the SFA. | Adequate measures in place, no further action.                                                                                                                                                                                                |
| Regular periodic monitoring to assist the individual, identify the current position and monitor sufficient progress.                                                                                                           | As part of the Service Fitness Policy<br>employees unable to pass their fitness test<br>are provided with regular assessment/tests<br>administered by the SFA. In addition all<br>employees can request fitness advice and<br>assessment from the SFA.                                                | Adequate measures in place, no further action.                                                                                                                                                                                                |

| Redeployment                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consider redeployment for those unable to maintain fitness levels.                                                                                                                                                                                                                                                                                                             | Temporary redeployment opportunities for<br>those unable to maintain the fitness standards<br>are managed through the modified duty<br>procedure. Permanent redeployment would<br>always be considered on a case-by-case<br>basis in advance of any dismissal.      | Adequate measures in place, no further action.                                                                                                                                                       |
| In cases where redeployment is not an option<br>(for those aged 55 or over) consider the<br>content of the Addendum to the National<br>Framework for Firefighter Fitness in England<br>plus the statement of the then Government<br>Minister in the House of Commons on<br>15 December 2014 concerning access to an<br>unreduced pension for those aged 55 years<br>and older. | Whilst there was a Ministerial Statement as<br>quoted in the Circular the Addendum to the<br>National Framework says that an FRA must<br><i>'consider'</i> an Authority initiated retirement. It<br>does not say it must give an Authority initiated<br>retirement. | Adequate measures in place, no further action<br>as the Service Fitness Policy is consistent<br>with the content of the Addendum to the<br>National Framework for Firefighter Fitness in<br>England. |
| Service fitness testing regimes and methodology                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                      |
| Ensure appropriate risk assessment is undertaken prior to fitness testing.                                                                                                                                                                                                                                                                                                     | Individual risk assessment is embedded in the fitness testing process.                                                                                                                                                                                              | Adequate measures in place, no further action.                                                                                                                                                       |
| Once available incorporate the occupational fireground assessment into the fitness testing regime.                                                                                                                                                                                                                                                                             | The Fitness Policy contains the use of such assessments once available.                                                                                                                                                                                             | Communicate to employees using the Blue<br>Bulletin when available and prior to<br>implementation.                                                                                                   |
| New technologies                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                      |
| Services will wish to be mindful of<br>technological innovations and keep under<br>review areas such as PPE, BA, fire appliance<br>design and firefighting equipment.                                                                                                                                                                                                          | Contractual arrangements exist as does a replacement strategy for each element.                                                                                                                                                                                     | Adequate measures in place, no further action.                                                                                                                                                       |

# Agenda Item 16

**For Publication** 

Bedfordshire Fire and Rescue Authority Human Resources Policy and Challenge Group 9 June 2016 Item No. 16

| <b>REPORT AUTHOR:</b>                           | HEAD OF TRAINING AND DEVELOPMENT                                                                       |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| SUBJECT:                                        | FIREFIGHTER RECRUITMENT SELECTION AND TRAINING                                                         |
| For further information on this Report contact: | Service Operational Commander Andy Peckham<br>Head of Training and Development<br>Tel No: 01234 845129 |
| Background Papers:                              | None                                                                                                   |

| LÈGAL           |       | FINANCIAL              | $\checkmark$ |
|-----------------|-------|------------------------|--------------|
| HUMAN RESOURCES | ✓     | EQUALITY IMPACT        | $\checkmark$ |
| ENVIRONMENTAL   |       | POLICY                 |              |
| CORPORTATE RISK | Known | OTHER (please specify) |              |
|                 | New   |                        |              |

### PURPOSE

To provide Members with an overview on the wholetime firefighter recruitment process, selection of personnel and provision of a suitable foundation training course for new wholetime duty system firefighters.

#### RECOMMENDATION

That Members consider the report and raise any specific questions that arise.

#### 1. Background

- 1.1 Bedfordshire Fire and Rescue Service (BFRS) completed its previous recruitment and selection process for new wholetime firefighters in 2009, with successful candidates attending a firefighter foundation course with Hertfordshire Fire and Rescue Service.
- 1.2 Since 2010 BFRS has maintained its establishment through Firefighter transfer processes which have proved to be successful; 33 new personnel have joined through this process.

1.3 For 2016 BFRS will recruit and select twenty-four firefighters. This will include experienced firefighters on transfer and new firefighters drawn from our recruitment process, undertaking a foundation course.

### 2. The Recruitment and Selection Process

- 2.1 Recruitment and Selection has been delivered by a working group led by Training and Development Manager (TDM) and consisting of members of HR, Equality & Diversity, Operations and Training & Development.
- 2.2 In 2015/16 BFRS conducted the application process online. 655 initial interest logins were experienced, transforming to 468 submitted applications. Application requirements included a requirement to live within and no more than 10 miles outside the border of Bedfordshire in order to improve representation of, and support recruitment and selection from, our communities.
- 2.3 At the commencement of the recruitment campaign 136 people were on the Positive Action list and all were contacted inviting them to the Positive Action Events and informing them of the recruitment campaign. 17 people from the Positive Action List attended an event, with 16 other people who responded to external advertising of the events.
- 2.4 BFRS held two Positive Action events: Black, Asian and Minority Ethnic (BAME) Positive Action Event was held on Saturday 3 October 2015 at Luton Community Fire Station where 15 people signed up as attendees; Women's Positive Action Event was held on Saturday 10 October 2015 at Training & Development Centre, BFRS Headquarters, Kempston where 18 people signed up as attendees.
- 2.5 Feedback from taken at these two events, with a 100% response from the BAME event and 66% response at the Women's event. The results are shown in the following tables:

| Question                                       | A lot | A bit | Not really | Not at all |
|------------------------------------------------|-------|-------|------------|------------|
| Did you find the event useful?                 | 15    | 0     | 0          | 0          |
| Was the event enjoyable?                       | 15    | 0     | 0          | 0          |
| Are you now interested in being a firefighter? | 15    | 0     | 0          | 0          |

## BAME

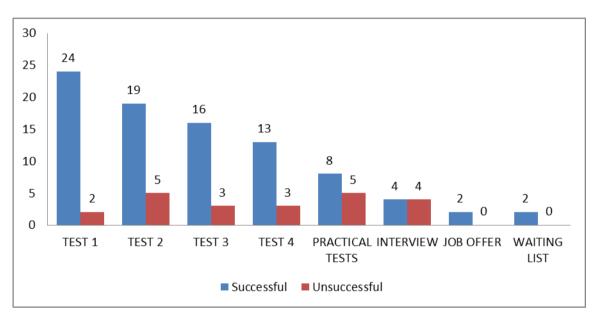
#### Women

| Question                                       | A lot | A bit | Not really | Not at all |
|------------------------------------------------|-------|-------|------------|------------|
| Did you find the event useful?                 | 12    | 0     | 0          | 0          |
| Was the event enjoyable?                       | 10    | 2     | 0          | 0          |
| Are you now interested in being a firefighter? | 12    | 0     | 0          | 0          |

2.6 43 people on our Positive Action List initiated interest in the recruitment campaign by requesting a login identity. The following table shows a summary of their application progress:

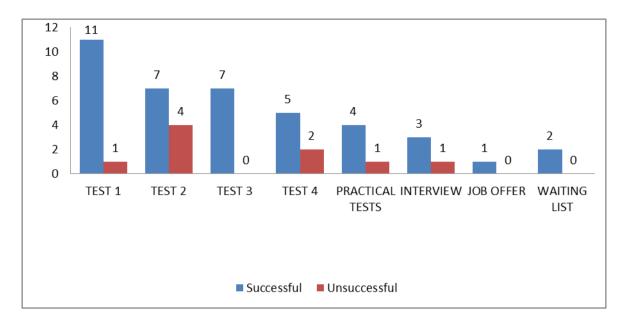
| Application Stage                                 | Number |
|---------------------------------------------------|--------|
| Logged into system but did not submit application | 8      |
| Unsuccessful at application stage                 | 9      |
| Successful at application stage                   | 26     |

Of the 26 people successful at application stage, the graph below shows a summary of their progress at each subsequent stage:



- 2.7 Of the 33 people attending the two Positive Action events, 17 did not submit an application. This was surprisingly low given the responses received to the feedback questionnaire, with 100% stating they were now interested in becoming a firefighter. The 17 non-applicants were all contacted to learn why they chose not to apply. Only two responses were received. One was already working as a Retained Duty System firefighter in another Fire and Rescue Service and the other stated the changes to pension regulations and their concerns at maintaining a fitness standard for a longer period of time as a reason for not applying.
- 2.8 Of the 16 people that attended a positive action event and began the application process, the following summary shows the stages of their applications (11 of those detailed below are also on the positive action list):

| Application Stage                                 | Number |
|---------------------------------------------------|--------|
| Logged into system but did not submit application | 1      |
| Unsuccessful at application stage                 | 3      |
| Successful at application stage                   | 12     |



2.9 The tables below provide a summary of the 2015/16 recruitment and selection process and compares the current year activity with that experienced in 2006, 2008 and 2009.

|      | Application Packs Distributed |      |         |                                            |  |  |
|------|-------------------------------|------|---------|--------------------------------------------|--|--|
| 2006 | 2008                          | 2009 | 2015/16 |                                            |  |  |
| 969  | 671                           | 939  | N/A     | Males                                      |  |  |
| 198  | 120                           | 202  | N/A     | of which Black and Minority Ethnic Males   |  |  |
| 49   | 50                            | 82   | N/A     | Females                                    |  |  |
| 14   | 8                             | 6    | N/A     | of which Black and Minority Ethnic Females |  |  |

|      | Returned Application Forms |      |         |                                            |  |  |  |
|------|----------------------------|------|---------|--------------------------------------------|--|--|--|
| 2006 | 2008                       | 2009 | 2015/16 |                                            |  |  |  |
| 418  | 394                        | 543  | 420     | Males                                      |  |  |  |
| 66   | 65                         | 32   | 75      | of which Black and Minority Ethnic Males   |  |  |  |
| 43   | 43 33 46 45 Fer            |      | Females |                                            |  |  |  |
| 5    | 4                          | 3    | 5       | of which Black and Minority Ethnic Females |  |  |  |
| N/A  | N/A                        | N/A  | 3       | Did not disclose gender or ethnic minority |  |  |  |

| Success at Paper Sift (Online Sift for 2015/16) |                                                         |    |     |                                            |  |  |  |  |
|-------------------------------------------------|---------------------------------------------------------|----|-----|--------------------------------------------|--|--|--|--|
| 2006                                            | 2006 2008 2009 2015/16                                  |    |     |                                            |  |  |  |  |
| 78                                              | 47                                                      | 89 | 268 | Males                                      |  |  |  |  |
| 14                                              | 8                                                       | 5  | 38  | of which Black and Minority Ethnic Males   |  |  |  |  |
| N/A                                             | N/A N/A N/A 1 of which did not disclose ethnic minority |    |     |                                            |  |  |  |  |
| 9                                               | 6                                                       | 8  | 32  | Females                                    |  |  |  |  |
| 2                                               | 0                                                       | 0  | 3   | of which Black and Minority Ethnic Females |  |  |  |  |

|                         | Success at Ability & Psychometric Tests |    |     |                                            |  |  |  |  |
|-------------------------|-----------------------------------------|----|-----|--------------------------------------------|--|--|--|--|
| 2006                    | 2006 2008 2009 2015/16                  |    |     |                                            |  |  |  |  |
| 78                      | 28                                      | 64 | 174 | Males                                      |  |  |  |  |
| 14 3 3 22 of which Blac |                                         |    |     | of which Black and Minority Ethnic Males   |  |  |  |  |
| 9                       | 9 5 5 21 Females                        |    |     |                                            |  |  |  |  |
| 2                       | 0                                       | 0  | 0   | of which Black and Minority Ethnic Females |  |  |  |  |

|      | Success at Practical Tests |    |     |                                            |  |  |  |  |
|------|----------------------------|----|-----|--------------------------------------------|--|--|--|--|
| 2006 | 2006 2008 2009 2015/16     |    |     |                                            |  |  |  |  |
| 48   | 22                         | 51 | 134 | Males                                      |  |  |  |  |
| 6    | 3                          | 1  | 20  | of which Black and Minority Ethnic Males   |  |  |  |  |
| 7    | 7 4 2 8 Females            |    |     |                                            |  |  |  |  |
| 0    | 0                          | 0  | 0   | of which Black and Minority Ethnic Females |  |  |  |  |

|      | Success at Interview Stage |    |    |                                            |  |  |  |  |
|------|----------------------------|----|----|--------------------------------------------|--|--|--|--|
| 2006 | 2006 2008 2009 2015/16     |    |    |                                            |  |  |  |  |
| 42   | 19                         | 41 | 67 | Males                                      |  |  |  |  |
| 5    | 3                          | 1  | 12 | of which Black and Minority Ethnic Males   |  |  |  |  |
| 7    | 3                          | 2  | 6  | Females                                    |  |  |  |  |
| 0    | 0                          | 0  | 0  | of which Black and Minority Ethnic Females |  |  |  |  |

#### 3. Recruitment and Selection Profile

- 3.1 Eighteen new trainee firefighters will be recruited and six experienced firefighters on transfer.
- 3.2 The eighteen firefighters selected represent the top performing applicants after interview stage; each having secured 90% or higher. At the time of writing this includes six current serving RDS firefighters from BFRS; four female applicants (22%); and two Black and Minority Ethnic (BME) community applicants (11%).
- 3.3 The following set of tables provide data for breakdown at application and interview stages as a percentage; this enables a comparison at the start and end of the recruitment process.

|      | Diversity percentage at application stage (%)       |    |    |                                            |  |  |  |  |
|------|-----------------------------------------------------|----|----|--------------------------------------------|--|--|--|--|
| 2006 | 2006 2008 2009 2015/16                              |    |    |                                            |  |  |  |  |
| 91   | 93                                                  | 92 | 90 | Males                                      |  |  |  |  |
| 16   | 16 16 6 18 of which Black and Minority Ethnic Males |    |    |                                            |  |  |  |  |
| 9    | 9 7 8 10 Females                                    |    |    |                                            |  |  |  |  |
| 12   | 12                                                  | 6  | 11 | of which Black and Minority Ethnic Females |  |  |  |  |

|      | Diversity percentage following all stages (%) |    |    |                                            |  |  |  |  |
|------|-----------------------------------------------|----|----|--------------------------------------------|--|--|--|--|
| 2006 | 2006 2008 2009 2015/16                        |    |    |                                            |  |  |  |  |
| 86   | 86                                            | 98 | 92 | Males                                      |  |  |  |  |
| 12   | 16                                            | 2  | 18 | of which Black and Minority Ethnic Males   |  |  |  |  |
| 14   | 14                                            | 2  | 8  | Females                                    |  |  |  |  |
| 0    | 0                                             | 0  | 0  | of which Black and Minority Ethnic Females |  |  |  |  |

- 3.4 This data shows comparative results for female and BME applications across three of the four years; 2009 was less successful at attracting BME applications and less successful at achieving a consistent percentage at completion. 2015/16 shows a return to consistent progress from application to end of process seen within 2006 and 2008, and there is a small level of improvement at application stage for those that have declared themselves as female and male BME.
- 3.5 More research will be required to understand why we are not achieving levels of proportionate success for female BME candidates. Of the five applications by

people declaring themselves as female and BME, two failed to progress beyond online testing and three at the ability and psychometric testing.

3.6 38% of female and 77% of male candidates passed the physical tests, which is comparable with 2009 (being 40% and 80%). These tests are conducted to a nationally accepted performance standard. 75% of female and 50% of male candidates passed the interview, which compares to 100% and 80% for 2009. This was a different question set than previous making direct comparison difficult. Overall, the interview stage has reduced down the number of candidates by 50%, where previously it by 20%.

#### 4. Wholetime Firefighter Foundation Course

- 4.1 The wholetime firefighter foundation course will be run at Fire Service College (FSC), after comparing potential suppliers for cost and standard of provision. Firefighters will receive Skills for Fire & Rescue accredited learning over eight weeks.
- 4.2 BFRS retains an active interest in the course and the development of our new firefighters. BFRS Instructors will be available to support delivery and welfare throughout the course and assist with practical units and assessments.
- 4.3 Once they return to BFRS they will be provided with a Development Portfolio that will support them for the next three years.

#### 5. Monitor and Review

- 5.1 TDM will lead on a review on conclusion of all elements of the recruitment and selection process to consider any learning points for future campaigns.
- 5.2 The review will involve key stakeholders to consider each stage of the process and draw the learning and improvement from it. This will include the ability of our Positive Action events to continue to support applications from areas of our community where we are currently under represented, to maintain our progress.
- 5.3 Six firefighters have been selected on transfer. This option brings experience into BFRS, provides earlier availability and maintains operational effectiveness. A reserve list has also been factored in addition to this to support future recruitment requirements.

#### SOC A C Peckham

Head of Training & Development

#### **Implications**

Policy

All training is sourced and allocated in line with current Service policy.

### Equality

Scrutiny on recruitment and selection is continuous and cross-function. Positive Action has been delivered within legal framework. Actively encourage applications from within our diverse communities.

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| For Publication                                 |         | Hu<br>Gi<br>7 v | dfordshire Fire and Rescue Au<br>Iman Resources Policy and Ch<br>oup<br>June 2016<br>m No. 17 |    |
|-------------------------------------------------|---------|-----------------|-----------------------------------------------------------------------------------------------|----|
| REPORT AUTHOR:                                  | HEAD OF | F SAFI          | TY AND STRATEGIC PROJEC                                                                       | TS |
| SUBJECT:                                        | CORPOR  | ATE F           | RISK REGISTER                                                                                 |    |
| For further information on this Report contact: |         | Safety a        | onal Commander Tony Rogers<br>and Strategic Projects<br>345163                                |    |
| Background Papers:                              | None    |                 |                                                                                               |    |
| Implications (tick ✓):                          |         |                 |                                                                                               |    |
| LEGAL                                           |         |                 | FINANCIAL                                                                                     |    |
| HUMAN RESOURCES                                 |         |                 | EQUALITY IMPACT                                                                               |    |
| ENVIRONMENTAL                                   |         |                 | POLICY                                                                                        |    |
| CORPORATE RISK                                  | Known   | $\checkmark$    | CORE BRIEF                                                                                    |    |

Any implications affecting this report are noted at the end of the report.

New

#### PURPOSE:

To consider the Service's Corporate Risk Register in relation to Human Resources.

OTHER (please specify)

#### **RECOMMENDATION:**

That Members note and approve the review by the Service of the Corporate Risk Register in relation to Human Resources.

#### 1. <u>Introduction</u>

1.1 Members have requested a standing item to be placed on the Agenda of the Policy and Challenge Groups for the consideration of risks relating to the remit of each Group. In addition, the Fire and Rescue Authority's (FRA) Audit and Standards Committee receives regular reports on the full Corporate Risk Register.

1.2 An extract of the Corporate Risk Register showing the risks appropriate to the Human Resources Policy and Challenge Group will be available at the meeting. Explanatory notes regarding the risk ratings applied is appended to this report.

#### 2. <u>Current Revisions</u>

- 2.1 The register is reviewed on a monthly basis during the Service's Corporate Management Team (CMT) meetings and by CMT members between these meetings if required. A copy of the risks relevant to the Human Resources Policy and Challenge Group are attached for your information and approval.
- 2.2 Changes to individual risk ratings in the Corporate Risk Register: None. All risks that are reported to the Human Resources Policy and Challenge Group have been reviewed and there are no risk updates to report to Members.
- 2.3 Updates to individual risks in the Corporate Risk Register:
  - CRR40: If there is a retirement of a large number of operational officers over a short period of time then we lose significant operational and managerial experience within the Service which could ultimately affect our Service Delivery and wider corporate functionality in the shorter term: CRR 40 comprises of a number of actions and control measures necessary to assist in mitigating the risk to the Service. Progress against these actions are detailed below:
    - Manage the 'transfer in' process of new recruits: Based on establishment projections and historical analysis members of the Corporate Management Team (CMT) have supported a further wholetime transferee process alongside the selection and recruitment process for new wholetime firefighters. A blended approach was agreed by CMT for the Service to recruit 18 new firefighters alongside 6 transferees from other fire and rescue services.
    - CMT quarterly review of predicted establishment and recruitment needs at firefighter and officer level: As detailed above, CMT have agreed a total of 24 new entrants into the Service all of whom are currently subject to reference and other employment clearances.
    - Training and development succession planning and provision of budget to train newly appointed individuals in the core training programmes through anticipated vacancy management: CMT regularly monitor and review the number of leavers and retirees from the Service ensuring that any impacts as a result are managed. In facilitating the predicted turnover of staff across the Service and aid succession planning, training development and support needs are also reviewed including individual development portfolios to support role related activities.

Following recent analysis of the establishment by CMT a review of external training needs was undertaken ensuring fairness to accessing development opportunities and have been fed into the future requirements for staff across the Service.

- 3. <u>Business Continuity</u>
- 3.1 As part of the Service's Business Continuity (BC) arrangements a programme of testing is now being developed that will cover all of the Service's BC plans on a cyclical process. The thorough testing of these plans will ensure that in the event of functional or service wide business interruption the Service is still able to deliver vital services to the communities.

### SERVICE OPERATIONAL COMMANDER TONY ROGERS HEAD OF SAFETY AND STRATEGIC PROJECTS

Explanatory tables in regard to the risk impact scores, the risk rating and the risk strategy.

| Risk Rating           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk<br>Rating/Colour | Risk Rating Considerations / Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Very High             | <ul> <li>High risks which require urgent management attention and action.</li> <li>Where appropriate, practical and proportionate to do so, new risk controls must be implemented as soon as possible, to reduce the risk rating. New controls aim to: <ul> <li>reduce the likelihood of a disruption</li> <li>shorten the period of a disruption if it occurs</li> <li>limit the impact of a disruption if it occurs</li> </ul> </li> <li>These risks are monitored by CMT risk owner on a regular basis and requirements and action.</li> </ul> |
| High                  | reviewed quarterly and annually by CMT.<br>These are high risks which require management attention and action.<br>Where practical and proportionate to do so, new risk controls <i>should</i><br>be implemented to reduce the risk rating as the aim above. These<br>risks are monitored by CMT risk owner on a regular basis and<br>reviewed quarterly and annually by CMT.                                                                                                                                                                      |
| Moderate              | These are moderate risks. New risk controls should be considered<br>and scoped. Where practical and proportionate, selected controls<br>should be prioritised for implementation. These risks are monitored<br>and reviewed by CMT.                                                                                                                                                                                                                                                                                                               |
| Low                   | These risks are unlikely to occur and are not significant in their impact.<br>They are managed within CMT management framework and reviewed<br>by CMT.                                                                                                                                                                                                                                                                                                                                                                                            |

### **Risk Strategy**

| RISK Strategy    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk<br>Strategy | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Treat            | Implement and monitor the effectiveness of new controls to reduce the risk<br>rating. This may involve significant resource to achieve (IT infrastructure for<br>data replication/storage, cross-training of specialist staff, providing standby-<br>premises etc) or may comprise a number of low cost, or cost neutral,<br>mitigating measures which cumulatively reduce the risk rating (a validated<br>Business Continuity plan, documented and regularly rehearsed building<br>evacuation procedures etc). |
| Tolerate         | A risk may be acceptable without any further action being taken depending on<br>the risk appetite of the organisation. Also, while there may clearly be<br>additional new controls which could be implemented to 'treat' a risk, if the cost<br>of treating the risk is greater than the anticipated impact and loss should the<br>risk occur, then it may be decided to tolerate the risk maintaining existing risk<br>controls only.                                                                          |
| Transfer         | It may be possible to transfer the risk to a third party (conventional insurance or service provision (outsourcing)), however it is not possible to transfer the responsibility for the risk which remains with BLFRS.                                                                                                                                                                                                                                                                                          |
| Terminate        | In some circumstances it may be appropriate or possible to terminate or remove the risk altogether by changing policy, process, procedure or function.                                                                                                                                                                                                                                                                                                                                                          |

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|-------------------------------------------------|------------------------------------|-----------------|------------------------------------------------------------------------------------------|--------|
| REPORT AUTHOR:                                  |                                    |                 | IIEF OFFICER (HUMAN RES<br>ATIONAL DEVELOPMENT)                                          | OURCES |
| SUBJECT:                                        | REVIEW                             | OF WO           | DRK PROGRAMME 2016/17                                                                    |        |
| For further information on this report contact: | Karen Da<br>Service A<br>Tel No: 0 | ssurar          | ice Manager<br>45013                                                                     |        |
| Background Papers:                              | None                               |                 |                                                                                          |        |
| Implications (tick ✓):                          |                                    |                 |                                                                                          |        |
| LEGAL                                           |                                    |                 | FINANCIAL                                                                                |        |
| HUMAN RESOURCES                                 |                                    |                 | EQUALITY IMPACT                                                                          |        |
| ENVIRONMENTAL                                   |                                    |                 | POLICY                                                                                   |        |
| CORPORATE RISK                                  | Known                              | ✓               | OTHER (please specify)                                                                   |        |
|                                                 | New                                |                 | CORE BRIEF                                                                               |        |

Any implications affecting this report are noted at the end of the report.

#### PURPOSE:

To report on the work programme for 2016/17 and to provide Members with an opportunity to request additional reports for the Human Resources Policy and Challenge Group meetings.

#### **RECOMMENDATION:**

That Members consider the work programme for 2016/17 and note the 'cyclical' Agenda Items for each meeting.

#### ZOE EVANS ASSISTANT CHIEF OFFICER (HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT)

#### **Meeting Date** 'Cyclical' Agenda Items Additional / Commissioned Agenda Items Notes Item Notes Item 7 June 2016 • Election of Vice Chair Fitness Best Practice Added April 2016 Guidance Terms of Reference • Audit and Governance Action ٠ Monitoring Report New Internal Audits ٠ Completed to date Human Resources Performance Monitoring Report and Programmes to date Absence Year End Report • Draft 2016-17 Corporate Health and Safety Objectives Occupational Accidents Year End Report

• Annual Report of Provision of

Corporate Risk Register

Work Programme 2016/17

External Training
Public Sector Equality Scheme Review

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#### HUMAN RESOURCES POLICY AND CHALLENGE GROUP: PROGRAMME OF WORK 2016/17

| Meeting Date         | 'Cyclical' Agenda Items                                                          |       | Additional / Comm | Additional / Commissioned Agenda Items |  |
|----------------------|----------------------------------------------------------------------------------|-------|-------------------|----------------------------------------|--|
| -                    | Item                                                                             | Notes | Item              | Notes                                  |  |
| 21 September<br>2016 | Audit and Governance     Action Monitoring Report                                |       |                   |                                        |  |
|                      | New Internal Audits     Completed to date                                        |       |                   |                                        |  |
|                      | Human Resources     Performance Monitoring     Report and Programmes     to date |       |                   |                                        |  |
|                      | Health and Safety Annual<br>Report                                               |       |                   |                                        |  |
|                      | Corporate Risk Register                                                          |       |                   |                                        |  |
|                      | Work Programme     2016/17                                                       |       |                   |                                        |  |

| Meeting Date   | 'Cyclical' Agenda Items                                                          |       | Additional / Comm | Additional / Commissioned Agenda Items |  |
|----------------|----------------------------------------------------------------------------------|-------|-------------------|----------------------------------------|--|
|                | Item                                                                             | Notes | Item              | Notes                                  |  |
| 5 January 2017 | Audit and Governance     Action Monitoring     Report                            |       |                   |                                        |  |
|                | New Internal Audits     Completed to date                                        |       |                   |                                        |  |
|                | Human Resources     Performance     Monitoring Report and     Programmes to date |       |                   |                                        |  |
|                | Corporate Risk     Register                                                      |       |                   |                                        |  |
|                | <ul> <li>Review of the Fire<br/>Authority's<br/>Effectiveness</li> </ul>         |       |                   |                                        |  |
|                | Work Programme 2016/17                                                           |       |                   |                                        |  |

| Meeting Date  | 'Cyclical' Agenda Items                                                          |       | Additional / Commissioned Agenda Items |       |
|---------------|----------------------------------------------------------------------------------|-------|----------------------------------------|-------|
|               | Item                                                                             | Notes | Item                                   | Notes |
| 21 March 2017 | Audit and Governance     Action Monitoring Report                                |       |                                        |       |
|               | New Internal Audits     Completed to date                                        |       |                                        |       |
|               | Human Resources     Performance Monitoring     Report and Programmes     to date |       |                                        |       |
|               | Approve Annual HR     Performance Indicators     and Targets for 2017/18         |       |                                        |       |
|               | Equality Duty Report                                                             |       |                                        |       |
|               | 2017/18 Corporate Health     and Safety Objectives                               |       |                                        |       |
|               | Corporate Risk Register                                                          |       |                                        |       |
|               | Review of Work     Programme 2016/17                                             |       |                                        |       |

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