

EXECUTIVE SUMMARY – HUMAN RESOURCES - WELLBEING

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

Why we completed this audit

The purpose of this audit was to provide management with a view on the effectiveness of the controls in place for the promotion of health and wellbeing, ensuring policies and procedures to promote the welfare of support and operational staff are in place and effective to mitigate the risk of failing to deliver against the Our People Strategy 2018/22.

The MIND Blue Light Wellbeing Pledge was signed by the Chief Fire Officer in February 2019 evidencing the Service signing up to this framework. The Blue Light Wellbeing Framework (Framework) was developed as part of the Oscar Kilo Project launched in 2017. The Framework provides an independent set of standards tailored to meet specialist needs of emergency services staff. Organisations can use the Framework to audit and benchmark themselves against the standards. The Strategy became effective from December 2018 and includes a section on wellbeing and health and safety. A MIND Blue Light Wellbeing Pledge Action Plan (Action Plan) is in place to set out the approach to addressing the areas of focus outlined within the Strategy through actions and enablers which have been developed for the Service workstreams.

The Service intranet details the support tools and information for staff on how to manage their own physical and mental wellbeing, including weekly bulletins and COVID-19 guidance. The intranet also displays key contacts of wellbeing staff and Employee Assistance Programme services. The Service have also adopted the Traumatic Risk Management (TRiM) Model with a team of nine TRiM Practitioners from across green and grey book staff groups. As at February 2021, 55 contacts had been made by the TRiM Team to potentially affected staff and officers, with two referrals having been recommended.

As part of the review, we have also benchmarked the wellbeing practices of the Service with a comparable entity, Client A, to inform best practice. Please see Appendix B for details.

Due to this being a work in progress and some areas delayed due to COVID-19, we have completed our audit as an advisory review and therefore not provided a formal opinion.

Conclusion

Through completion of the audit, we identified that well-designed controls for supporting the wellbeing of staff and officers have been implemented. These included the adoption of the TRiM Model, the publication of the Our People Strategy and TRiM Policy, regular and ad-hoc wellbeing publications and sessions, the provision of mental health first aid training, and the conduct of two-yearly employee wellbeing survey which had helped inform the development of the Action Plan.

However, we noted whilst the Service have a Wellbeing Policy in place, it had not been reviewed in line with defined timescales. We also noted that whilst the Service have developed an Action Plan to address the employee survey results and Strategy objectives, it had not been appropriately monitored or updated.

We further noted that there are currently no means by which the Service can be assured that all potentially affected support and operational staff have been contacted by a TRiM Practitioner. In addition, we noted that a Terms of Reference (ToR) had not yet been developed for the newly established Mental Health and Wellbeing Steering Group.

Key findings

We noted weaknesses in control for which we have agreed four medium actions.



Wellbeing Policy

We confirmed through review of the Wellbeing Policy that it includes a policy statement which had been signed by the Chief Fire Officer and had been developed in line with the areas of focus outlined within the Our People Strategy 2018/22 (Strategy). The Policy covers all expected areas including defining the roles and responsibilities of all staff, how it is to be managed, and the training and the staff support network available. We also confirmed that the Policy had been made available to staff via the Service intranet. However, we noted that the Wellbeing Policy had not been reviewed in line with the three-yearly review timeline and was last reviewed in 2016. We were advised by the Service Fitness Advisor that the policy was being reviewed at the time of the audit and its revision would be informed by the results of the audit and an upcoming HMICFRS inspection.

If the Policy is not reviewed regularly, there is a risk that it is not up to date or reflective of current practice, leading to inappropriate actions being taken or inconsistent application of the Policy. **(Medium)**



MIND Blue Light Wellbeing Pledge Action Plan

The Service developed their MIND Action Plan 2018 in line with the Strategy objective of “developing and implementing a mental health and wellbeing plan across the Service linked to national good practice”. Through completion of the audit, we confirmed completion of the Action Plan in some areas, for example development of wellbeing-related policies, completion of employee surveys, and raising wellbeing awareness. We also confirmed through review of documented evidence that discussions on the Action Plan progress had taken place between the Service Fitness Advisor and the Employee Relations Manager (ERM) in January and February 2020.

However, we were advised by the Service Fitness Advisor that there was a backlog on action implementation due to COVID-19 and thus the Action Plan required updating to include additional actions and revised implementation timescales. We noted through review of the Action Plan as at February 2021, that it had not been updated since its creation in 2018. As a result, there is a risk that the Action Plan is unable to facilitate efficient action monitoring. In addition, we were advised by the Service Fitness Manager the Oscar Kilo Blue Light Framework Self-Assessment, which came into effect in September 2020 and complements the Action Plan, did not exist at the time of developing the Action Plan and had not yet been completed. Therefore, the Action Plan had been developed in the absence of completing the self-assessment. Nonetheless, there remains a risk the Action Plan is not in keeping with national best practice. **(Medium)**



Traumatic Risk Management (TRiM) Assessment – Sample Testing

The Service have adopted the TRiM Model, a peer support system. Through testing of five TRiM contact activities, we confirmed that:

- In one instance the correct process had been followed with evidence retained to show that the TRiM Practitioner contact the affected individuals upon receipt of a completed MED 22A return;
- In three instances the TRiM Practitioner contacted the affected individuals without receipt of a completed MED 22A return; and
- In one instance, the relevant email trails could not be located to enable testing.

We also confirmed in all instances that none of the affected individuals contacted had accepted to take part in a TRiM assessment. Therefore, no further records of subsequent TRiM assessment and referral and ensured follow up were available for review.

Through discussion with the Service Fitness Advisor, we were advised that TRiM Practitioners often make the judgement to contact potentially affected individuals within the Service based on the tip sheet records which log incoming 999 incident calls rather than only relying on MED 22A form return. We were further advised by the Service Fitness Advisor that tip sheets are not required to be retained for TRiM purposes. Whilst we acknowledged it is a good practice for TRiM Practitioners to proactively engage individuals they deem a risk even without a MED 22A return, which may not be submitted if a defusing from the Crew Manager was deemed unnecessary; in the absence of retained tip sheets and email correspondence, there is a risk that the Service cannot be assured that all potentially affected individuals who should have been contacted have indeed been contacted. **(Medium)**



Mental Health and Wellbeing Steering Group (MHWSG)

The Service established the MHWSG in October 2020 which we confirmed through review of the MHWSG meeting minutes for October and December 2020. Through review of the minutes we noted that wellbeing related matters had been discussed, such as completing the Oscar Kilo Blue Light Framework Self-Assessment to inform the Action Plan revision and procuring further wellbeing training from Fire Fighters Charity, a wellbeing training provider, and we confirmed that an appropriately detailed action log had been developed which was followed through and updated at the following meeting. We confirmed through review of the meeting minutes and resultant action logs that actions had been followed through in meetings. In addition, we were advised by the Service Fitness Advisor that the MHWSG do not have a formal reporting line upward to senior forums, but noting that the Vice Chair and Chair of the working group both sit on the Corporate Management Team (CMT), we deemed such governance structure to be sufficient to allow information flow from the MHWST to CMT as needed.

However, we found that the MHWSG ToR was in the process of being drafted at the time of the audit, and therefore we were unable to provide assurance over the adequacy of the content therein. As a result, there is a risk that the MHWSG are unaware of their remits, leading to inefficient discharge of roles and responsibilities. **(Medium)**

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



TRiM Policy

The Service have developed a TRiM Policy. We confirmed through review and testing of the Policy that it details the process for TRiM assessment, is supported by a flowchart in the appendix and that it was reflective of current practice.

Email correspondence evidenced that the Policy had been subject to internal review prior to issue by the Technical Manager, Service Assurance Assistant, ERM and Service Fitness Advisor. We confirmed through review of the Request for Issue of Service Promulgation form that the Policy had been marked to be issued without consultation, and noted through review of email correspondence that the Policy had been communicated to all staff as well as being made available to staff on the intranet. No issues were noted.



Our People Strategy 2018/22

We confirmed through review of the Strategy that it was up to date and had been signed by both the Chief Fire Officer and Assistant Chief Fire Officer. We also noted that it had been subject to both internal and external consultation and approved as stated within the Fire and Rescue Authority meeting minutes for September 2018. We confirmed through review of the Strategy that the Service had defined the areas of focus regarding wellbeing of staff, including:

- Providing effective occupational health services including pre-employment screening, ongoing health surveillance, absence referrals and professional advice and confidential counselling;
- Developing and implementing a mental health and wellbeing plan across the Service linked to national good practice; and
- Proactively support fitness and wellbeing across the Service.

We confirmed through completion of the audit that there was a “golden thread” of wellbeing practice being implemented and these are evident in subsequent controls and findings. No issues were noted.



Employee Wellbeing Surveys

We confirmed through review of the Health and Safety Executive (HSE) Wellbeing Survey Results Report that the Service had conducted employee surveys in line with the Action Plan. We were advised by the ERM that the next HSE Wellbeing Survey was due in 2021, however, due to the timing of the audit we were unable to provide assurance in this regard. We confirmed through review of the CMT meeting minutes for February 2020 that the survey results had been reported to the CMT. In addition, we also confirmed through review of the Action Plan that the actions therein had been devised to address the recommendations resultant from the survey. No issues were noted.



Raising Awareness

We confirmed through review of screenshots of the Occupational Health and COVID-19 intranet pages that the Service publish monthly bulletins and ad-hoc information on topical issues, covering such contents as the partnership with Fire Fighters Charity, TRiM Support, upcoming dates of wellbeing webinars and COVID-19 guidance. We noted through review of screenshots of intranet pages that key contacts of wellbeing staff and Employee Assistance Programme (EAP), had been made available to staff. We also noted through review of the MHWSG meeting minutes for December 2020 that discussions had taken place around displaying ESP contact details on new staff ID cards and Microsoft Teams meeting backdrops. In addition, we confirmed through review of email promotions that the Service hold ad-hoc sessions, including EAP awareness and mental health webinars, Time to Talk Days, Learn to Listen event, and virtual tea breaks. As such, we deemed the Service to have been adequately promoting mental health and wellbeing in line with the Strategy and Action Plan. No issues were noted.

In addition, we have agreed one low priority management action, and this is documented in the detailed findings below.

2. DETAILED FINDINGS AND ACTIONS

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

1. Wellbeing Policy		Assessment:		
Control	The Service have a Wellbeing Policy to promote the wellbeing of all employees. It defines the roles and responsibilities of all staff within the Service regarding wellbeing and details the support available and guidance for assessing stress-related risks. The Policy is reviewed every three years and revised as appropriate based on internal and external consultations. The Policy is available to staff on the intranet.	Design	✓	
		Compliance	×	
Findings / Implications	<p>We confirmed through review of the Policy that it includes a policy statement which had been signed by the Chief Fire Officer in 2016 and had been developed in line with the areas of focus outlined within the Strategy. We confirmed through review of the Policy that it defines the roles and responsibilities of all staff regarding wellbeing and details how wellbeing of staff is to be managed, including combatting stress in the workplace, absences due to stress, training, the staff support network available, and appendices on risk assessment of stress for individual and appraisal use. We confirmed through review of a screenshot of the Service's intranet that the Policy had been made available to staff.</p> <p>However, we noted that the Wellbeing Policy had not been reviewed in line with the three-yearly review timeline. We were advised by the Service Fitness Advisor that the policy was being reviewed at the time of the audit and its revision would be informed by the results of the audit and an upcoming HMICFRS inspection. If the Policy is not reviewed in line with review timescale, there is a risk that it is not reflective of current practice, leading to inconsistent application of the Policy.</p>			
Management Action 1	<p>The Service will ensure that the Wellbeing Policy is reviewed, revised as appropriate and communicated to staff, following completion of the audit and HMICFRS's inspection. Areas for revision include, but are not limited to:</p> <ul style="list-style-type: none"> • Policy statement signed by the Chief Fire Officer in 2021; • Additional wellbeing support, including Traumatic Risk Management (TRiM); • Current wellbeing governance structure, including the Mental Health and Wellbeing Steering Group; and • Version control of the Policy, including review frequency. 	Responsible Owner:	Date:	Priority:
		Ruth Howe, Occupational Health and Fitness Manager	31 March 2022	Medium

2. MIND Blue Light Wellbeing Pledge Action Plan

Assessment:

Control

In 2017, the Blue Light Framework was launched as part of the Oscar Kilo Project. The Framework provides a set of standards against which organisations can benchmark their practices. In September 2020, a fully established Framework Self-Assessment was published by Oscar Kilo to enable the said benchmarking. As part of the Framework, a MIND Blue Light Wellbeing Pledge Action Plan is required to be developed and signed as a statement of intent.

In 2018, the Service developed an Action Plan to deliver the areas of focus stated within the Strategy. The Action Plan contains information including aims and objectives, actions to be taken to address them, timescales for completion, responsible owners and performance indicators to measure completion.

Design

✓

Compliance

×

Findings / Implications

We confirmed through review of the MIND Blue Light Wellbeing Pledge Board that the pledge had been signed by the Chief Fire Officer in February 2019. We confirmed through review of the MIND Blue 2018 Action Plan that it had been developed in line with the objective of “developing and implementing a mental health and wellbeing plan across the Service linked to national good practice” outlined in the Strategy. We confirmed through review of the Action Plan that it had been developed to address the areas of wellbeing focus of the Strategy, specifically it includes actions and initiatives to address the objective of “proactively supporting fitness and wellbeing across the Service”. Throughout completion of the audit, we confirmed implementation of parts of the Action Plan regarding wellbeing-related policies, employee surveys, delivery of mental health first aid training, raising wellbeing awareness, forming a TRiM Team and establishing a wellbeing working group.

We also confirmed through review of documented evidence that discussions on the Action Plan progress had taken place between the Service Fitness Advisor and the ERM in January and February 2020. However, we were advised by the Service Fitness Advisor that the Action Plan had not been recently updated since its creation in 2018 due to COVID-19 and thus requires updates to include additional actions and revised implementation timescales. We were further advised by the Service Fitness Advisor that it was due to be updated by the MHWSG, and we confirmed through review of the MHWSG meeting minutes for December 2020 that the Vice Chair had requested MHWSG members to review the Action Plan and feedback in the February 2021 meeting. Nonetheless, there remains a risk that the Action Plan is unable to facilitate efficient action monitoring.

In addition, we were advised by the Service Fitness Manager the Oscar Kilo Blue Light Framework Self-Assessment, which complements the Action Plan, did not exist at the time of the Action Plan development. Therefore, the Action Plan had been developed in the absence of completing the self-assessment. We noted through review of the MHWSG meeting minutes for December 2020 that the Vice Chair had expressed the desire to benchmark the Action Plan against the Self-Assessment however to date this has not happened. Therefore, there currently remains a risk that the Action Plan is not in keeping with national best practice.

Management Action 2	The Service will undertake regional benchmarking with Suffolk, Essex, Norfolk, Cambridgeshire and Hertfordshire. Following this, the Service will review and identify any further action required.	Responsible Owner: Ruth Howe, Occupational Health and Fitness Manager	Date: 30 April 2022	Priority: Medium
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4. TRiM – Sample Testing		Assessment:	
Control	The Service have adopted the TRiM Model to support staff and officers in normalising traumatic incidents. TRiM assessment is managed by TRiM Practitioners within the Service's TRiM Team. Following a traumatic incident, the Crew Manager is responsible for defusing the crew in the first instance. The defusing Crew Manager then completes a MED 22A form to indicate initial observations of crew reaction post-incident. The completed form is emailed to Occupational Health and Fitness Department and subsequently passed onto the TRiM Practitioners, who contact those affected to remind them of the support available. Informal meetings are then arranged with those who wish to participate in the TRiM process. A record of whether a TRiM meeting has taken place is documented in the TRiM Contact Activity Log. After a TRiM meeting, or upon request by peers, a follow up email is sent out to those affected one month after the incident to gauge if they are normalising the traumatic incident and whether a referral should be recommended. Participation of affected staff and officers in the TRiM process is entirely voluntary.	Design	✓
		Compliance	×
Findings / Implications	<p>The Service have adopted the TRiM Model, a peer support system. Through testing of five TRiM contact activities, we confirmed that:</p> <ul style="list-style-type: none"> • In one instance the correct process had been followed with evidence retained to show that the TRiM Practitioner contact the affected individuals upon receipt of a completed MED 22A return; • In three instances the TRiM Practitioner contacted the affected individuals without receipt of a completed MED 22A return; and • In one instance, the relevant email trails could not be located to enable testing. <p>We also confirmed in all instances that none of the affected individuals contacted had accepted to take part in a TRiM assessment. Therefore, no further records of subsequent TRiM assessment and referral and ensured follow up were available for review. Through discussion with the Service Fitness Advisor, we were advised that TRiM Practitioners often make the judgement to contact potentially affected individuals within the Service based on the tip sheet records which log incoming 999 incident calls rather than only relying on MED 22A form return. We were further advised by the Service Fitness Advisor that tip sheets are not required to be retained for TRiM purposes.</p> <p>Whilst we acknowledged it is a good practice for TRiM Practitioners to proactively engage individuals they deem a risk even without a MED 22A return, which may not be submitted if a defuse was deemed unnecessary; in the absence of retained tip sheets and email correspondence, there is a risk that the Service cannot be assured that all potentially affected individuals who should have been contacted have indeed been contacted.</p> <p>We received TRiM-specific comments from the survey which expressed views for increasing the number of TRiM Practitioners and greater inclusion of support staff in the TRiM service. By increasing the number of TRiM Practitioners, it may help better facilitate the service and support a greater number of staff.</p>		

Management Action 4	<p>The Service will devise a means by which the TRiM Contact Activity Log can be reconciled with the sources of contact, such as tip sheets, so to take assurance that all potentially affected staff and officers are engaged by the TRiM Team.</p> <p>Further to this, the Service will also consider capturing and analysing TRiM statistics, such as response rate, to explore means to improve staff utilisation of TRiM support.</p>	<p>Responsible Owner: Ruth Howe, Occupational Health and Fitness Manager</p>	<p>Date: 31 August 2021</p>	<p>Priority: Medium</p>
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5. Mental Health and Wellbeing Steering Group		Assessment:	
Control	<p>The Service established a Mental Health and Wellbeing Steering Group (MHWSG) in October 2020 The MHWSG is chaired by the Assistant Chief Fire Officer and has membership such as OH and Fitness Manager. The MHWSG is responsible for steering the culture of the organisation and explore all aspects of mental health and wellbeing, including provision, engagement, training and policy. The MHWSG meets every two months and meeting minutes and an action log are recorded after each meeting.</p>	Design	x
		Compliance	N/A
Findings / Implications	<p>We confirmed through review of the MHWSG meeting minutes for October and December 2020 that such a working group had been established in line with the Action Plan. We confirmed through review of the minutes that wellbeing related matters had been discussed, such as completing the Oscar Kilo Blue Light Framework Self-Assessment to inform the Action Plan revision and procuring further wellbeing training from Fire Fighters Charity, a wellbeing training provider.</p> <p>We confirmed through review of the meeting minutes and resultant action logs that actions had been followed through in meetings. We also confirmed through review of the action logs that they had been updated after each meeting to reflect completion and addition items, with each individual action assigned an action owner and the next meeting date as the target completion date, unless otherwise stated. In addition, we were advised by the Service Fitness Advisor that the MHWSG do not have a formal reporting line upward to senior forums, but noting that the Vice Chair and Chair of the working group both sit on the CMT, we deemed such governance structure to be sufficient to allow information flow from the MHWST to CMT as needed.</p> <p>However, we were further advised by the Service Fitness Advisor that the MHWSG ToR was in the process of being drafted at the time of the audit, and therefore we were unable to provide assurance over the adequacy of the content therein. We noted through review of the MHWSG action log for December 2020 that the Service Fitness Advisor had been tasked to complete the draft ToR by mid-February 2021. Nonetheless, there remains a risk that the MHWSG is unaware of their remits, leading to inefficient discharge of roles and responsibilities.</p>		

**Management
Action 5**

The Service will ensure that a Terms of Reference for the Mental Health and Wellbeing Steering Group is developed and approved by an appropriate forum, to include contents such as, but not limited to;

- roles and responsibilities,
- quorum,
- meeting frequency,
- membership, and;
- reporting requirements to senior forums, if applicable.

Responsible Owner:

Ruth Howe, OH and Fitness Manager
Ian Hammett, Service Fitness Advisor

Date:

31 March 2022

Priority:

Medium
