

NOTICE OF MEETING

<i>Meeting</i>	HFRA Standards and Governance Committee	<i>Clerk to the Hampshire Fire and Rescue Authority</i> John Coughlan CBE
<i>Date and Time</i>	Tuesday, 22nd October, 2019 10.00 am	<i>The Castle, Winchester Hampshire SO23 8UJ</i>
<i>Place</i>	Meeting Room X, Fire and Police HQ, Leigh Road, Eastleigh	
<i>Enquiries to</i>	<u>members.services@hants.gov.uk</u>	

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Agenda

1 **APOLOGIES FOR ABSENCE**

To receive any apologies for absence received.

2 **DECLARATIONS OF INTEREST**

To enable Members to disclose to the meeting any disclosable pecuniary interest they may have in any matter on the agenda for the meeting, where that interest is not already entered in the Authority's register of interests, and any other pecuniary or non-pecuniary (personal) interests in any such matter that Members may wish to disclose.

3 **MINUTES OF PREVIOUS MEETING** (Pages 3 - 8)

To confirm the minutes of the previous meeting.

4 **DEPUTATIONS**

Pursuant to Standing Order 19, to receive any deputations to this meeting.

5 CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6 INTERNAL AUDIT PROGRESS REPORT 2019/20 (Pages 9 - 24)

To consider a report of the Chief Internal Auditor which provides an overview of the progress of internal audit work for the period ending August 2019.

7 INTERNAL AUDIT MANAGEMENT ACTIONS PROGRESS REPORT (Pages 25 - 32)

To receive a report of the Chief Fire Officer providing an overview of the work to oversee the implementation of internal audit recommendations.

8 COMPLAINTS REPORT 2018-2019 (Pages 33 - 38)

To receive a report of the Chief Fire Officer providing an overview of the Service's performance and commitment to complaint management.

9 HMICFRS ACTION PLAN PROGRESS REPORT (Pages 39 - 44)

To receive a report of the Chief Fire Officer providing an overview of the progress made in respect of the HMICFRS Action Plan.

ABOUT THIS AGENDA:

This agenda is available on the Hampshire Fire and Rescue Service website (www.hantsfire.gov.uk) and can be provided, on request, in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

Agenda Item 3

AT A MEETING of the HFRA Standards and Governance Committee held at Fire and Police HQ, Eastleigh on Tuesday 23 July, 2019

Chairman:
Councillor Liz Fairhurst

Vice-Chairman:
* Councillor Sharon Mintoff

Councillor Jonathan Glen
* Councillor Roger Price

* Councillor Geoffrey Hockley

*Present

Also present with the agreement of the Chairman:
Councillor Chris Carter, Chairman of the Fire Authority

73. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Fairhurst and Glen.

74. **DECLARATIONS OF INTEREST**

Members were mindful of their duty to disclose at the meeting any Disclosable pecuniary Interest they had in any matter on the agenda for the meeting, where that interest was not already entered in the Authority's register of interests, and their ability to disclose any other personal interests in any such matter that they might have wished to disclose.

Councillor Price declared a personal interest for Item 9 as a Member of the Fire Pension Board.

75. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting were reviewed and agreed.

76. **DEPUTATIONS**

There were no deputations on this occasion.

77. CHAIRMAN'S ANNOUNCEMENTS

The Chairman had no announcements to make on this occasion.

78. ANNUAL ACCOUNTS 2018/19

With the agreement of the Chairman, this item was taken before Item 6 and Item 7 on the agenda.

The Committee considered the Annual Accounts for 2018/19 (Item 8 in the Minute Book) as presented by the Treasurer. It was reported that this had been a difficult year in terms of external auditing, due to greater pressure for compliance on all the audit firms from the Financial Reporting Council.

It was confirmed that since the draft annual accounts had been published, there had been adjustments to the valuation of Property, Plant and Equipment (PPE), IAS 19 in respect of the McCloud judgement and IFRS 9 which impacts on the way changes in the value of pooled funds are treated, which were all detailed to the Committee. With the adjustments, it was heard that there was an increase in the valuation of PPE to reflect the increase in property valuation required by External Audit, but this wouldn't impact on the bottom line. In relation to IAS 19, it was confirmed that the McCloud judgement could have implications going forward, and an Actuary had assessed liabilities for the different pension schemes following the judgement. In relation to IFRS 9, it was heard that this was a new requirement for the 2018/19 accounts and whilst HFRA disagreed with the external auditors view, there was currently a statutory override in place in any event. Adjustments had been duly made to the draft statement of accounts figures and these were detailed in the separate adjustment sheet shared with the Committee.

Members raised questions relating to pensions and the McCloud judgement, and it was heard that the net liability related to defined pension schemes had been adjusted to anticipate changes resulting from the judgement, but the ultimate impact would not be known for some time.

Attention was drawn to the letter of representations and the two adjustments which had been made since publication. It was noted that at A5, it was confirmed that there were no unadjusted audit differences which had been identified during the current audit and pertaining to the latest period presented. An update to E1 was highlighted and the reference to the McCloud judgement in the Final Statement of Accounts was noted.

RESOLVED:

- a) That the attached Statement of Accounts for 2018/19 was approved subject to any amendments reported at the meeting.
- b) That the Treasurer be given delegated authority to approve any minor amendments to the Statement of Accounts if required.
- c) That the Letter of Representations contained in Appendix B was considered and signed by the Chairman on behalf of the Committee.

79. EXTERNAL AUDIT RESULTS REPORT 2018/19

The Committee considered a report of the External Auditor regarding the External Audit Results for 2018/19 (Item 6 in the Minute Book). The report was introduced and it was heard that there were a number of areas where audit work was ongoing and these had now been completed, with the exception of work on the whole of government accounts submission, but this was in line with the October deadline and would not affect the signing of the annual accounts. Members attention was drawn to page 2 of the report (page 8 of the agenda pack), which stated “private and confidential” at the top of the page. It was noted that this was an error and the External Audit report wasn’t confidential.

Attention was also drawn to the Executive Summary and it was noted that this was in line with the three adjustments which had been highlighted in the annual accounts presentation in relation to land and buildings, pensions, and IFRS9.

It was heard that in regard to the area of journals, authorisation systems were not currently in place, and External Audit had recommended that the Authority enhance and tighten control with relevant procedures. This would be followed up with management during the year.

Members were content with the report.

RESOLVED:

That the Standards and Governance Committee received and noted the External Auditor’s HFRA Audit Results Report for the year ended 31 March 2019.

80. ANNUAL INTERNAL AUDIT REPORT AND OPINION 2018/19

The Committee considered a report of the Chief Internal Auditor regarding the Annual Internal Audit Report and Opinion 2018/19 (Item 7 in the Minute Book). The opinion included consideration of the outcomes of the internal audit work undertaken in relation to the Authority and the Shared Services with Hampshire County Council and Hampshire Police, as well as other sources of assurance. The overall opinion gave limited assurance over Hampshire Fire and Rescue Authority’s framework of governance, risk management and management control and attention was drawn to section 5 (Page 60 of the agenda pack) which highlighted the key observations arising during 2018/19 which had contributed to this opinion and improvements needed. Members heard that extensive discussions had taken place at a senior level to ensure that management had actions in place to address and improve these areas.

Questions were raised around the inclusion of the shared services reviews in the Authority’s annual internal audit report and opinion and the background behind the partnership arrangement between Hampshire County Council, Hampshire Constabulary, Hampshire Police and Crime Commissioner and Hampshire Fire and Rescue Service was explained. Many key system and processes are included within the shared services arrangements and it would not therefore be possible to provide an annual internal audit opinion without taking this into

account. Page 56 of the agenda pack highlighted that 54% of the internal audit reviews rested within the shared services function.

Members raised concerns around the 2018-19 percentage figure of 87% for delivering the revised plan, as opposed to the 2017-18 percentage figure of 95%, as detailed in Section 10 (Page 65 of the agenda pack). It was explained that this decrease was due to work remaining in progress for three reviews across Shared Services as a whole which would be carried forward to be included in the 2019/20 annual internal audit opinion. The detail behind these was highlighted at page 57 of the agenda pack. Members felt it would be useful to include an explanation alongside the annual performance indicator figures in future reports for clarity.

RESOLVED:

That the Standards and Governance Committee approved the Chief Internal Auditor's Annual Report and Opinion Statement for 2018/19.

81. FIRE PENSION BOARD ANNUAL REPORT 2018/19 AND PROPOSED CHANGES TO THE PENSION BOARD TERMS OF REFERENCE

The Committee considered the Fire Pension Board Annual Report and proposed changes to the Pension Board Terms of Reference (Item 9 in the Minute Book).

Members were taken through the report and it was highlighted that the annual report reflected the work of the Pension Board through the year. The proactive nature of the Board and the benefits of having an Employer Pension Manager who worked across the partnership organisations as part of the shared services arrangement was noted.

Members commented that from the Authority's point of view, it was reassuring to know that the Pension Board was complying with relevant legislation, issues were being identified promptly and relevant information was being received by members of the pension scheme.

The proposed changes to the Pension Board Terms of Reference were highlighted as set out in Appendix 1 to the report, and Members heard that a recent review of the Terms of Reference had resulted in the proposal of some minor amendments to better reflect the working of the Board.

The Chairman invited the Chairman of the Authority to speak and he praised Officers for a very thorough report and the pension presentations delivered by the Employer Pension Manager. The Chairman echoed these sentiments on behalf of the Committee.

RESOLVED:

- a) That the Standards and Governance Committee approved the recommendation to allow Voluntary Scheme Pays as set out in paragraphs 66-72 of the report.

- b) That the Standards and Governance Committee agreed the amendments to the Firefighters' Pension Board Terms of Reference as set out in paragraphs 93-101 and in Appendix I.
- c) That the contents of the report were received and noted by the Standards and Governance Committee.
- d) That the Standards and Governance Committee will provide any feedback to the Fire Pension Board on previous work or on future areas of priority.

82. HMICFRS ACTION PLAN PROGRESS REPORT

The Committee received the HMICFRS Action Plan progress report (Item 10 in the Minute Book). The report was introduced and it was heard that the report detailed the progress made in respect of the Action Plan. Members noted the use of a detailed tracker to monitor progress and that Strategic Leads had been appointed as accountable owners to oversee actions. It was heard that performance would be continually monitored through the Performance Assurance Board and the Executive Group. With the increased frequency of Standards and Governance Committee meetings, as agreed at the last Committee meeting, Members would also receive increasingly regular update reports.

Attention was drawn to the action for the Trading Arm area and also the 'cause for concern' update as detailed at pages 106-107 of the agenda pack. The Chairman of the Fire Authority was invited to speak and he emphasised the importance of continuing pace and addressing areas raised in the HMICFRS inspection report.

It was heard that in relation to the cause for concern update regarding "The Service does not do enough to be an inclusive employer", it was noted that there was a commitment to addressing the needs to employees, building this within the structure of the organisation and continually looking for ways to improve.

RESOLVED:

That the progress made towards the delivery of the HMICFRS Action Plan was noted by the Standards and Governance Committee.

83. INFORMATION COMPLIANCE REPORT

The Committee received a report of the Chief Officer on Information Compliance 2018/19 (Item 11 in the Minute Book).

Members were taken through the report and it was explained that the report demonstrated the Service's commitment to information compliance, and attention was drawn to the well resourced structure and training for staff. It was heard that a General Data Protection Regulation (GDPR) training package had been embedded within the organisation and there had been an excellent uptake of this. The increase in data protection breaches was detailed in the table on page 111 of the agenda pack, and it was noted that staff awareness around data

protection had increased, and staff were more confident to identify breaches. Members heard that there had also been an increase in the number of Freedom of Information requests, and this could be explained by the recent incident at the Ocado warehouse.

Members raised questions in relation to issues detailed in the report regarding cyber security, and it was noted that there had been an increase in resources with the appointment of two IT security officers, and also greater staff awareness of data breaches.

Members attention was drawn to the compliments and complaints section in the report (page 113 in the agenda pack), and it was heard that the number of compliments outnumbered complaints, with complaints ranging from complaints about individuals to ones in relation to driving. Members raised questions about the pattern of complaints and whether there was a detailed analysis of these. It was heard that the HMICFRS inspection didn't focus on complaints and Members requested that a detailed report on complaints be brought to the next meeting of the Committee.

RESOLVED:

- a) That the Service's performance demonstrated within the report and its commitment to information compliance was noted by the Standards and Governance Committee.
- b) That a detailed complaints report is brought to the next Standards and Governance Committee meeting.

Chairman,

Standards and Governance Committee

Purpose: Noted

Date: **22 October 2019**

Title: **INTERNAL AUDIT PROGRESS REPORT 2019/20**

Report of the Chief Internal Auditor



**HAMPSHIRE
FIRE AND
RESCUE
AUTHORITY**

SUMMARY

1. The purpose of this paper is to provide the Standards and Governance Committee with:
 - an overview of internal audit work completed in accordance with the approved audit plan;
 - an overview of the status of 'live' reports.

BACKGROUND

2. The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body must:

'undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance'.
3. In accordance with proper internal audit practices and the Internal Audit Charter, the Chief Internal Auditor is required to provide a written status report to the Standards and Governance Committee, summarising:
 - the status of 'live' internal audit reports;
 - an update on progress against the annual audit plan;
 - a summary of internal audit performance, planning and resourcing issues; and
 - a summary of significant issues that impact on the Chief Internal Auditor's annual opinion.
4. The attached report (**Appendix A**) summarises the activities of internal audit for the period ending August 2019.

SUPPORTING OUR SERVICE PLAN AND PRIORITIES

5. The Internal Audit Plan is designed to validate the assurance and control framework which exists in the Authority and across the Service. Secure

management processes including risk and performance management are important in ensuring that the Authority's plans are achieved.

RESOURCE IMPLICATIONS

6. The 2019/20 plan was prepared on the basis of audit need and agreed with senior managers and endorsed by Hampshire Fire and Rescue Authority, following comprehensive risk assessment. The cost is reflected in the Authority's budget.
7. The audit plan will remain fluid to enable us to react to the changing needs of Hampshire Fire and Rescue Authority.

ENVIRONMENTAL AND SUSTAINABILITY IMPACT ASSESSMEN

8. Proposals have no environmental or sustainability impacts.

LEGAL IMPLICATIONS

9. No legal implications have been identified from the contents of this report.

EQUALITY IMPACT ASSESSMENT

10. The proposals in this report are considered compatible with the provisions of the equality and human rights legislation.

RISK ANALYSIS

11. The risk based approach to internal audit planning and reviews aims to ensure that internal audit resource focuses on key business risks and as such the Authority's risk register has been used to inform the planning process and ensure that key risks are reflected in planned work.

CONCLUSION

12. The appendix outlines the progress made in delivering the internal audit plan for 2019/20 and the issues arising to date. The plan remains on schedule for completion to enable the annual internal audit opinion to be provided to support the Annual Governance Statement.

RECOMMENDATION

13. That the progress in delivering the internal audit plan for 2019/20 and the outcomes to date be noted by the Standards and Governance Committee.

APPENDICES ATTACHED

14. Appendix A - Internal Audit Progress Report 2019/20.

Contact: Karen Shaw, Chief Internal Auditor, 01962 846194
Karen.Shaw@hants.gov.uk

Internal Audit Progress Report

October 2019

Hampshire Fire and Rescue Authority:
Standards and Governance Committee



Southern Internal Audit Partnership

Assurance through excellence
and innovation

Contents:

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1. Role of Internal Audit

The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body must:

‘Undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.’

The standards for ‘proper practices’ are laid down in the Public Sector Internal Audit Standards, updated in 2017, [the Standards].

The role of internal audit is best summarised through its definition within the Standards, as an:

‘Independent, objective assurance and consulting activity designed to add value and improve an organisations operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes’.

Hampshire Fire and Rescue Authority is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising Hampshire Fire and Rescue Authority that these arrangements are in place and operating effectively.

Hampshire Fire and Rescue Authority’s response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisation’s objectives.

2. Purpose of report

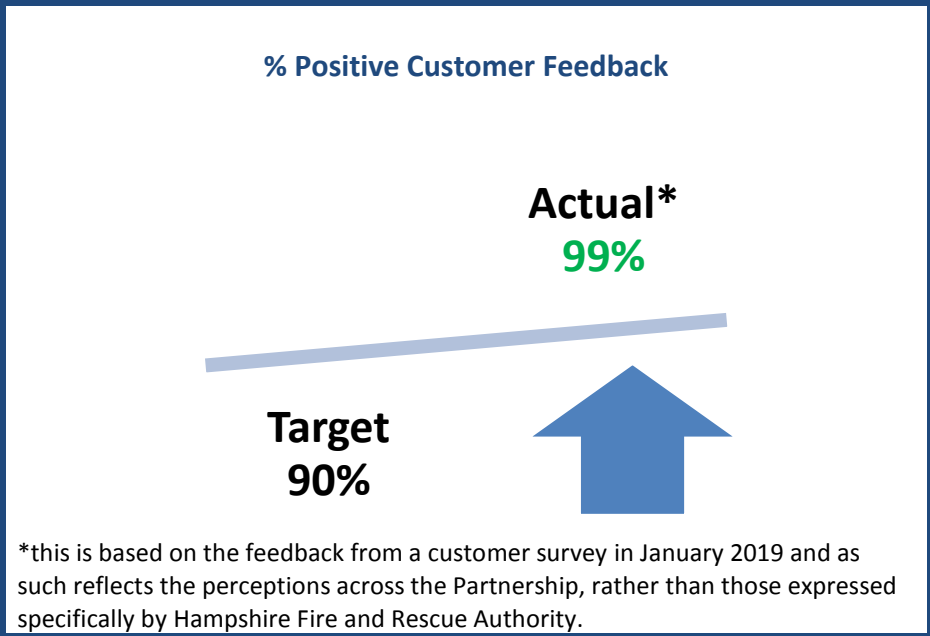
In accordance with proper internal audit practices (Public Sector Internal Audit Standards) and the Internal Audit Charter, the Chief Internal Auditor is required to provide a written status report to Senior Management and the Board, summarising:

- The status of live internal audit reports;
- an update on progress against the annual audit plan;
- a summary of internal audit performance, planning and resourcing issues; and
- a summary of significant issues that impact on the Chief Internal Auditor’s annual opinion.

Internal audit reviews culminate in an opinion on the assurance that can be placed on the effectiveness of the framework of risk management, control and governance designed to support the achievement of management objectives of the service area under review. Assurance opinions are categorised as follows:

- Substantial** A sound framework of internal control is in place and operating effectively. No risks to the achievement of system objectives have been identified.
- Adequate** Basically a sound framework of internal control with opportunities to improve controls and / or compliance with the control framework. No significant risks to the achievement of system objectives have been identified.
- Limited** Significant weakness identified in the framework of internal control and / or compliance with the control framework which could place the achievement of system objectives at risk.
- No** Fundamental weaknesses identified in the framework of internal control or the framework is ineffective or absent with significant risk to the achievement of system objectives.

3. Performance dashboard



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Compliance with Public Sector Internal Audit Standards / Local Government Application Note	
	<p>An External Quality Assessment of the Southern Internal Audit Partnership was undertaken by the Institute of Internal Auditors (IIA) in September 2015. The report concluded:</p>

*'It is our view that the Southern Internal Audit Partnership 'generally conforms' (top grading) to **all** of the principles contained within the International Professional Practice Framework (IPPF); Public Sector Internal Audit Standards (PSIAS); and the Local Government Application Note (LAGN).*

4. Status of 'Live' Reports and reports closed since our last progress report

Audit Review	Report Date	Audit Owner	Exec Sponsor	Assurance Opinion	Management Actions ('High Priority')				
					Reported	Not Accepted	Pending	Cleared	Overdue
2015/16									
Business Continuity	7.6.16	H of R&S	DCFO	Limited	12 (3)	0 (0)	0 (0)	7 (3)	5 (0)
2017/18									
Safeguarding	15.06.18	H of CS	D of O	Limited	17 (11)	0 (0)	0 (0)	13 (7)	4 (4)
CIPFA Counter Fraud Assessment	02.04.19	FBP	CFO	N/A	4 (2)	0 (0)	1 (0)	3 (2)	0 (0)
2018/19									
Contract Management	10.01.19	SRM	C of S	Limited	9 (3)	0 (0)	6 (1)	3 (2)	0 (0)
Business Continuity (IT)	21.01.19	H of ICT	C of S	Limited	10 (8)	0 (0)	0 (0)	9 (7)	1 (1)
Resource Management	16.05.19	H of P&OD	CFO	Limited	13 (8)	0 (0)	5 (2)	8 (6)	0 (0)
Pay Claims	16.05.19	H of F	CFO	Limited	17 (0)	0 (0)	4 (0)	4 (0)	9 (0)

Cyber Security	23.05.19	H of ICT	C of S	Limited	9 (8)	0 (0)	1 (0)	8 (8)	0 (0)
IT Strategy	23.05.19	H of ICT	C of S	Limited	7 (4)	0 (0)	2 (1)	4 (3)	1 (0)
Data Quality – IT Asset Management Data	28.05.19	H of ICT	C of S	Limited	10 (0)	0 (0)	2 (0)	8 (0)	0 (0)
GDPR	14.06.19	G & CM	C of S	Limited	5 (3)	0 (0)	1 (1)	4 (2)	0 (0)
Health and Safety	30.08.19	H&S Mgr	D of P&P	Adequate	2 (0)	0 (0)	1 (0)	1 (0)	0 (0)

5. Executive Summaries of new reports published concluding a Limited or No assurance opinion

<p>Sick Pay</p>		
<p>Audit Sponsor: Head of Finance</p> <p>Key Contacts: Head of People and Organisational Development and Shared Service managers</p>	<p>Assurance opinion:</p> <div style="text-align: center;"> </div>	<p>Management Actions:</p> <div style="text-align: center;"> </div>
<p>Summary of key observations:</p> <p>Although the policy for sick pay is clear, current procedures do not enable compliance and potentially leads to the overpayment of full pay by one month which is not recovered.</p>		

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6. Planning & Resourcing

The internal audit plan for 2019/20 was approved by the Hampshire Fire and Rescue Service Executive Group and the Standards and Governance Committee in June 2019.

The audit plan remains fluid to provide a responsive service that reacts to the changing needs of Hampshire Fire and Rescue Authority. Progress against the plan is detailed within section 7.

There have been no variations to date, although discussions are ongoing relating to the inclusion of an audit of Academy Quality Assurance Processes.

7. Rolling Work Programme

Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule ⌚ Delay)	Comment
Shared Services audit plan 2018/19										
ICT – User Access			✓	✓	✓	✓			⌚	
Sick Pay			✓	✓	✓	✓	25.06.19	HRFS - Limited		
Commercial Waste Contract Management			✓	✓	✓	✓			⌚	
Fire Audit Plan 2019/20										
Local Management of Shared Service Processes - local management of resources and pay claims	SRM	C of S								

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Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule R Delay)	Comment
Risk Management	H of R&S	D of P&P								
Disaster Recovery and Business Continuity	H of R&S	D of P&P	✓							
Health and Safety	H&S Mgr	D of P&P	✓	✓	✓	✓	✓	Adequate		
Procurement Processes	RM/FBP	H of F	✓	✓	✓					
Academy Training	H Of A & OD	H of P&OD								
Proactive Fraud	H of P&OD	H of F								
Special Investigation - Allowances	H of P&OD	H of F	✓	✓	✓					
National Fraud Initiative	N/a	H of F	N/A	N/A	✓					
IT Disaster Recovery and Business Continuity	H of ICT	C of S								
IT Follow Up	H of ICT	C of S								
Follow up - general										

Audit Review	Audit Owner	Exec Sponsor	Scoping	Audit Outline Issued	Fieldwork	Draft Report Issued	Final Report Issued	Assurance Opinion	Tracker (✓ on schedule R Delay)	Comment
Shared Services Audit Plan 2019/20										
Governance Arrangements										
IR35										
Disclosure and Barring Service										
Success Factors										
Treasury Management										
Master Data Team										
Payroll-pensions admin										
Procurement										
Building term contract management										

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Key to abbreviations:	
CFO	Chief Fire Officer
DCFO	Deputy Chief Fire Officer
H of F	Head of Finance
C of S	Chief of Staff
D of P&P	Director of Policy and Planning
H of P&OD	Head of People and Organisational Development
D of P&A	Director of Performance and Assurance
D of O	Director of Operations
H of P	Head of Performance
FBP	Finance Business Partner
G&CM	Governance and Compliance Manager
H of ICT	Head of ICT
H&S Mgr	Health and Safety Manager
H of R&S	Head of Risk and Strategy
SRM	Strategic Relationship Manager
H Of A & OD	Head of Academy and Organisational Development
N/A	Not applicable

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Standards and Governance Committee

Purpose: Noted

Date: **22 October 2019**

Title: **INTERNAL AUDIT MANAGEMENT ACTIONS PROGRESS REPORT**

Report of Chief Fire Officer



**HAMPSHIRE
FIRE AND
RESCUE
AUTHORITY**

SUMMARY

1. This report provides the Standards and Governance Committee with an overview of the work we do to oversee the implementation of internal audit recommendations and how we are responding through various management actions.
2. It provides an update on those actions that have not been completed within their target date and their status. The Standards and Governance Committee has a key scrutiny role in monitoring the implementation of internal actions.
3. This report also provides some commentary on the Health and Safety audit, which recently completed with an adequate assurance opinion. We welcome the Southern Internal Audit Partnership's (SIAP) conclusion that we have a sound framework of internal controls in this area.
4. Hampshire Fire and Rescue Service (HFRS) and SIAP agreed a Memorandum of Understanding (MoU) in August 2019, which outlines internal audit roles, responsibilities and processes. We have also introduced additional liaison meetings to strengthen our relationship with internal audit.

BACKGROUND

5. The internal audit service is provided to the Authority by Southern Internal Audit Partnership (SIAP) at Hampshire County Council. There is an Internal Audit Charter that has been in place since 2014. This, and the Internal Audit Plan, are reviewed and updated to reflect changing organisational priorities and needs.
6. The internal audit follow-up process is an important element in our overall approach to risk management and governance. When an action is agreed by managers to address a control weakness, or to make an improvement to the way we work, it is important that the action is then implemented as planned.
7. The HFRS Organisational Assurance team maintains a record of audits against the current Internal Audit Plan, noting whether they are in progress or have been completed. The respective managers are responsible for the delivery of actions that fall within their areas of responsibility.

8. Once a final audit report has been issued, the agreed management actions are recorded along with:
 - the priority of the recommendation;
 - the target date for implementation; and
 - the person responsible for the action.

9. The Organisational Assurance team will ask for confirmation and evidence that an action has been implemented, or if not, when it is expected to be. Any recommendations that continue to remain outstanding are referred to the relevant Director. Our internal Performance and Assurance Board also provides an overview of outstanding recommendations, and they are also monitored regularly by the Director of Performance & Assurance and Head of Performance.

10. The implementation of audit recommendations has improved, with 6 high priority management actions being overdue against their original target date; and for those actions, good progress is being made. We do, however, recognise the need to make further improvements in the speed with which we progress certain management actions. We are committed to this and the internal Performance and Assurance Board oversees progress. We have now established clear timeframes and escalation routes, as well as regular meetings with SIAP, in the MoU that was agreed in August 2019.

11. The table below lists those recommendations that are currently outstanding beyond their agreed target date and of medium (M) or high (H) priority. There is a brief commentary against each to explain the status and any mitigating factors.

Internal Audit Management Actions			
Safeguarding			
Update the DBS policy to reflect the appropriate levels of check to be undertaken for each role, and re-checking regime.	July 2019 revised to October 2019	H	Consultation on the DBS Policy concluded by the end of September. Final changes will be made to the policy before it goes to Exec to be signed off on 24 October 2019.
Once knowledge gaps are identified, provide HFRS managers with further communications around their responsibilities to include the provision of the updated DBS policy.	July 2019 revised to December 2019	H	We intend to launch the new DBS Service Order before 31 December 2019 with associated communications to ensure managers are aware of their responsibilities in relation to DBS checks.
Analyse and interrogate the data used to report on the dates and levels of check recorded against each officer to check for accuracy.	July 2019 revised to December 2019	H	We have now received the full DBS compliance report from the HCC Insights Team. The data is now being analysed in order to identify the gaps in DBS data stored on SAP and an action plan will be put in place to rectify these. There is a significant amount of data to work through, the target date for which will
Following analysis of the data used to report on the dates and level of check recorded against each officer, compile	July 2019 revised to March 2020	H	

an action plan to ensure where there are any real instances of non-compliance with the HFRS DBS policy, that these are actioned.			be 31 December 2019. The target dates for missing checks to be requested/SAP updated will be 31 March 2020.
Business Continuity			
Comprehensive review of Resilience Plan testing and exercising to be undertaken and an appropriate schedule commencing January 2017 put in place to meet organisational requirements.	January 2019	M	The testing and exercising of Business Continuity (BC) plans have been clearly laid out in the draft BC Policy Directive that is awaiting sign off through the correct channels.
A robust recording and evaluation process to be put in place for Service Resilience events to support current arrangements and to allow lessons learned to be identified and actioned.	January 2019	M	This has been addressed as part of the proposed BC Policy Directive and will be implemented when the Policy Directive has been signed off.
Business Continuity & Disaster Recovery (IT)			
Plan and conduct a 'table top' disaster recovery exercise as input to the development of the Disaster Recovery Plan to be developed in Observation 1 above.	May 2019 revised to December 2019	H	This was revised to align with the completion of the remainder of the actions in this audit. These have now been completed. This outstanding action is expected to take place by December 2019.
Proactive Pay Claims			
Allowances handbook is being updated for grey and green book staff.	May 2019 revised to November 2019	M	Due to a broadening of the scope of the Allowances work and the decision to employ the HCC Transformation Practice to complete a high-level mapping exercise of current processes the publication of the new handbook has been delayed. The Transformation Practice report was received in early September and it was agreed that the Allowances Handbook should also incorporate all RDS allowances (it was originally decided to exclude these) as many of the high volume / high risk payments affected RDS staff. Consequently, the date has moved by a further two months to allow for this work to be completed.
The policy regarding "Acting up" is being revised. In future any period of "acting up" longer than 3 months will be treated as a Temporary Promotion and managed accordingly.	June 2019 revised to November 2019	M	

Responsibility for processing and changing allowances (start/stop etc.) is being moved to a newly formed Resource Management Team (RMT). Individual line managers will no longer have responsibility for processing allowances and their IBC access will be removed.	June 2019 revised to April 2020	M	<p>Agreement to fund and form the new RMT has been approved by HFRS Executive Group. RMT will now be recruited into.</p> <p>The new RMT will not operate in its new form until both the Allowances Handbook has been completed and the HCC IBC adjust wage types and access to better facilitate control. It is now expected that this new process will be fully embedded from the start of the next financial year 2020/21.</p> <p>It is recognised that for the RMT to operate efficiently and as intended the IBC need to have better defined wage types that managers may use and also control access. This work will take until April 2020 to complete.</p>
The RMT will manage the day to day control and operation of the allowances policy and OM moves and report to the Resource Management Group (RMG). Suitable TOR and a resourcing plan is being prepared.	June 2019 revised to April 2020	M	
Managers will be invited to a briefing session that will explain the new RMT process and their change in responsibilities in respect of allowances. This will include their new budget management responsibilities.	July 2019 revised to April 2020	M	
End Dates will be universally applied in all cases. This will be addressed as part of the allowance review work and the RMT will ensure that realistic end dates are applied universally in the future. A monthly report will be produced going forward to permit allowance end dates to be reviewed as they are coming to an end and a 6-monthly report will also be produced and checked by the RMT.	July 2019 revised to April 2020	M	
Intention is to either remove the "miscellaneous payment" wage type for HFRS personnel or, as a minimum, limit it substantially to prevent potential misuse.	June 2019 revised to April 2020	M	

			inform the “wage type simplification exercise”. This review is likely to commence in January 2020. This will now be picked up as part of the HCC IBC wage type adjustments that will use the Allowances Handbook as the basis for the changes.
The planned one-off exercise requiring all HFRS managers and firefighters to certify that all allowances in payment are correct or flag up those that they believe may be incorrect for appropriate corrective action should provide an accurate “baseline” Subsequently a routine “sampling” of Firefighter records will occur on a monthly basis together with budget monitoring and other random checks. It is believed that this combined process will ensure payments are accurate and made against the correct wage type.	June 2019 revised to March 2020 to achieve baseline	M	The accurate “baseline” needs to be achieved by 1 April 2020. Suitable guidance and processing will be established after this date.

MANAGEMENT COMMENTARY

12. **Safeguarding:** the piece of work to ensure all SAP position numbers have the correct level of Disclosure and Barring Service (DBS) check assigned to them had been delayed due to capacity issues in the IBC. However, the full report has now been received from the IBC and this is being analysed.

The DBS service order has been re-written and is going to Executive Group for approval on 24 October 2019.

13. **Business Continuity & Disaster Recovery (IT):** all the actions from this audit are now nearing completion with much work having already been complete. Improvements to the back-up generators at our disaster recovery site have strengthened our resilience greatly. The final work to configure and implement new core switches will be swiftly followed by a business impact assessment and subsequent table top exercise to test whether our improvements have had the desired effect.

RESPONSE TO RECENT AUDIT OPINIONS

14. A separate item on this agenda outlines the findings on audits that have been completed since the last Standards and Governance Committee meeting. Since the last report, only one audit opinion was completed for 2019/20, on Health and Safety, which received an adequate assurance opinion.

15. We welcome the conclusion in this report that we have a sound framework of internal controls in this area; and, more specifically, the positive findings relating to policy, governance, reporting and other areas. The Health & Safety Annual Report was presented at the Hampshire Fire and Rescue Authority on the 25 September, which provides further information in this area.

SUPPORTING OUR SERVICE PLAN AND PRIORITIES

16. By ensuring the implementation of internal audit recommendations, we assist the Authority in improving its planning and performance management processes, and in complying with its governance arrangements. This in turn, assists the Authority in achieving its aim to be the best fire and rescue service in the country.

COLLABORATION

17. The Southern Internal Audit Partnership provides internal audit on behalf of all partners within Shared Services and many other public service organisations.
18. The recently agreed MoU outlines how HFRS and SIAP will work together effectively.

RESOURCE IMPLICATIONS

19. When agreeing management actions in response to an audit report, the cost of addressing the risk should be considered against the risk materialising. Implementing audit recommendations helps to ensure that the Authority uses its resources efficiently, that key controls are in place and working, and opportunities to achieve value for money are taken.
20. The management of internal audit actions is within current resources.

ENVIRONMENTAL AND SUSTAINABILITY IMPACT ASSESSMENT

21. There are no anticipated positive or negative impacts to the environment or sustainability arising from this report.

LEGAL IMPLICATIONS

22. There are no legal implications arising from this report

EQUALITY IMPACT ASSESSMENT

23. The contents of this report are considered compatible with the provisions of equality and human rights legislation.

RISK ANALYSIS

24. Failure to implement internal audit recommendations leaves the Authority vulnerable to the consequences of the identified risks and weaknesses in control. The process is an important process within the Authority's risk management arrangements. The updates on progress ensure that Members are fully aware of any problems associated with addressing the issues raised and the priority given to driving down or eliminating specific risks.

CONCLUSION

25. Significant progress continues to be made to complete the management actions from previous audits. Management actions will be undertaken in respect of the specific audits themselves and more widely in respect of internal control issues and how they are managed across the Service.
26. The adequate opinion received for the Health and Safety audit is positive in the context of last year's limited assurance rating.

RECOMMENDATION

27. That the significant progress made towards the implementation of the internal audit management actions is noted by the Standards and Governance Committee.

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Standards and Governance Committee

Purpose: Noted

Date: **22 October 2019**

Title: **COMPLAINTS REPORT 2018-2019**

Report of Chief Fire Officer



**HAMPSHIRE
FIRE AND
RESCUE
AUTHORITY**

SUMMARY

1. At a meeting of the Standards and Governance Committee on 23 July 2019 Officers presented the Information Compliance Report 2018-2019. The report demonstrated Hampshire Fire and Rescue Service's (HFRS) commitment to information compliance and its activities, including an update on the implementation of the General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018.
2. That report included a performance summary of:
 - Subject Access Requests (SARs);
 - Freedom of Information (FOI) and Environmental Information Regulations (EIR) Requests;
 - Data Protection breaches;
 - Complaints management (in compliance with HFRS Procedure).
3. At the meeting on 23 July, Members requested a separate report be brought back to the Standards and Governance Committee outlining the nature of the 65 complaints HFRS received during 2018-2019. This report is presented to the Standards and Governance Committee for noting the Service's performance and its commitment to complaint management.

BACKGROUND

4. The Governance and Compliance Team is responsible for the overall management of complaints on behalf of the Service.
5. HFRS is committed to complaints management; ensuring that public service complaints are handled effectively, and rights of redress upheld is an integral part of good corporate governance and effective service delivery.
6. The complaints routing and key contact details are published on the HFRS website and internally for engagement and transparency. HFRS promotes the reporting of complaints as a positive culture of openness and an important mechanism in dealing with concerns.

COMPLAINT ANALYSIS

7. The Governance and Compliance Team process complaints made about the Service in accordance with HFRS Procedures. These complaints can be both internal and external complaints.
8. In the financial year 2018-2019 a total of 65 complaints were received. Of these 65 complaints, one was internal. Of the complaints received, 45 out of the 65 complaints were dismissed/not proven after thorough investigations, with 20 complaints upheld and found to have merit.

Number of Complaints	Dismissed	Upheld
65	45 (69%)	20 (31%)

9. Of the 45 complaints dismissed, all were thoroughly investigated by appropriate managers, and were found to either be lacking in evidence, or substantial contrary evidence was identified as part of the investigations.
10. The below table provides a summary of the thematic areas for the 45 dismissed complaints:

Number of Complaints	Theme
21	Conduct
16	Organisational processes
8	Driving

- a) There were 21 complaints received in relation to conduct. Of these, 6 pertained to an online video created by a member of the public which depicted a conversation with an HFRS employee. It was determined that the HFRS employee acted appropriately, but that there was a Service wide need to update our training on the law and photography in public spaces;
- b) The remaining 15 had varying themes, but the most common was regarding perceived rude behaviour of HFRS staff when attending an incident or a property for a 'fire safety' or 'safe and well' visit. One of these pertained to behaviour of an off duty HFRS employee, and another was identified to be in relation to an employee from another organisation and not HFRS.
- c) There were 8 complaints received in relation to driving. Two of these related to inconsiderate parking, one of which incorrectly identified a vehicle as belonging to an HFRS employee. Six of these related to the manner of driving to incidents, however these were not upheld following investigation and the HFRS staff in question were determined to have driven appropriately for the circumstances.

11. There were 16 complaints received in relation to organisational processes, decisions, and/or responses to incidents. These complaints were very varied in relation to specific reasons for the complaint, but the most common theme was that the complainants were unhappy with HFRS decisions made at or post responding to an incident. Upon investigation these decisions were found to be appropriate and the rationale was communicated to the complainant.
12. The below table provides a summary of the thematic areas for the 20 upheld complaints:

Number of Complaints	Theme
11	Conduct
5	Information on the internet and social media platforms
3	Driving
1	Property

13. Complaints relating to conduct:
- a) Of these, 2 of the complaints were in relation to off-duty firefighters and their general behaviour;
 - b) The remaining 9 conduct complaints were in relation to inappropriate behaviour from HFRS personnel while acting in the course of their duties.
14. All complaints in relation to inappropriate conduct were addressed with the upmost priority by managers and any identified misconduct was professionally challenged, including raising awareness and training. Where appropriate, managers dealt with the relevant individuals under HFRS disciplinary procedures.
15. Complaints relating to information published on the internet and/or social media platforms:
- a) Of these, 3 complaints were regarding out of date information being published on the external HFRS website;
 - b) 2 complaints were in relation to uploaded posts on HFRS official Twitter accounts. HFRS Social Media Guidelines stress the importance of individual judgement when posting online. In relation to these two posts, it was deemed an error in judgement was made by the author when deciding to post the information.

16. The resolution of these 5 complaints was readily achieved with inaccurate information being corrected, and the 2 Twitter posts being immediately removed.
17. Complaints in relation to driving:
 - a) Of these, 2 complaints were in reference to unsafe driving by HFRS personnel when responding to an incident;
 - b) 1 complaint was a result of the complainant seeing a fire appliance parked outside of a supermarket when not seemingly responding to an incident.
18. Where appropriate, the individuals subject to investigation underwent driver training and were reminded of their responsibility when driving any Service vehicles.
19. Complaints in relation to HFRS property:
 - a) This complaint was raised as a result of an alarm sounding in a fire station and causing disturbance for a neighbour. Our Property and Facilities Team conducted an investigation into why the alarm was activated and as to why the crew was unable to deactivate it sounding. In addition, this incident highlighted further training requirements around the use and technicalities of the Carbon Monoxide alarms. Training has now been commissioned as a result.

SUPPORTING OUR SERVICE PLAN AND PRIORITIES

20. The information contained within this report supports the Service Plan and priorities. Thoroughly investigating any complaints made ensures that we maintain robust and transparent operations and protects the reputation of the organisation.
21. HFRS is committed to making Hampshire safer. HFRS takes the responsibility bestowed on us to act in a professional manner at all times very seriously and has made investigating complaints and learning from the outcomes one of our priorities.

COLLABORATION

22. The Governance and Compliance Team continue to collaborate with Hampshire County Council, the Office of Police and Crime Commissioner, Networked Fire Service Partnership (NFSP), Hampshire Constabulary, and National Fire Chief Council (NFCC) colleagues to exchange expertise and discuss complex issues in relation to complaint investigations.

RESOURCE IMPLICATIONS

23. The Information Compliance Report has no resource implications and no additional cost to the Service. The work is currently carried out within existing resource and budgets.

ENVIRONMENTAL AND SUSTAINABILITY IMPACT ASSESSMENT

24. The proposals in this report are compatible with the environment and sustainability.

LEGAL IMPLICATIONS

25. There are no legal implications associated with this report.

EQUALITY IMPACT ASSESSMENT

26. The proposals in this report are compatible with the provisions of equality and human rights legislation.

RISK ANALYSIS

27. Failure to thoroughly investigate complaints about HFRS could damage our reputation in Hampshire and wider counties.

EVALUATION

28. All complaints will continue to be thoroughly investigated, appropriately recorded and monitored to ensure compliance with HFRS Procedure.
29. Continued evaluation of this information will be captured within the HFRS Performance Report, presented to the HFRA twice annually.

CONCLUSION

30. This report details HFRS commitment to complaints management, including the thorough investigation and resolution of complaints.

RECOMMENDATION

31. That the Service's performance demonstrated within this report and its commitment to complaints management be noted by the Standards and Governance Committee.

Background reading
[Information Compliance Report 2018-2019](#)

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Standards and Governance Committee

Purpose: Noted

Date: **22 October 2019**

Title: **HMICFRS ACTION PLAN PROGRESS REPORT**

Report of Chief Fire Officer



**HAMPSHIRE
FIRE AND
RESCUE
AUTHORITY**

SUMMARY

1. This report provides the Standards and Governance Committee with an overview of the progress that the Service has made in respect of the Action Plan resulting from the findings of Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) inspection report, which was published in December 2018.
2. The Action Plan submitted to HMICFRS is being progressed by accountable organisational leads through business as usual activities. The monitoring of progress is being managed through the Performance and Assurance Directorate and assured via the Integrated Performance and Assurance Board.
3. Members will be updated on progress towards imminent completion dates, as well as actions that are outstanding beyond their planned completion date.

ORGANISATIONAL APPROACH

4. The HMICFRS Action Plan follow-up and monitoring process is an important part of our overall approach to continuous improvement within the Service, and evidences our performance in respect of efficiency, effectiveness and looking after our people. When an activity has been incorporated into the Action Plan to address an area for improvement identified by the Inspectorate, it is important that the activity is then implemented as planned.
5. The Action Plan, whilst submitted to HMICFRS, will not be routinely tracked by the Inspectorate. However, they will maintain an interest in, and oversight of, our progress, particularly in areas that were a "cause for concern". Furthermore, the expectation is that on future inspections all activities that Hampshire Fire and Rescue Service (HFRS) has committed to by that point in time will have been completed.

6. HFRS has appointed Strategic Leads in respect of each of the diagnostic areas as accountable owners for progression of improvement work. These Strategic Leads (all Directors) have assigned Action Owners, typically at a department head level, to progress specific actions. A comprehensive system has been created to enable the accurate tracking of progress of each diagnostic and their actions. This also enables early escalation where progress towards a specific activity is at risk, and provides the opportunity for Action Owners to submit updates on their progress.
7. A dashboard has been created to enable reporting to the HFRS Integrated Performance and Assurance Board and the Standards and Governance Committee. Progress is also routinely discussed by our Executive Group.

CURRENT DIAGNOSTICS

8. **There are two diagnostics, that were due by 30 September 2019, these have now been completed.**
9. *“The service should ensure it allocates enough resources to a prioritised and risk-based inspection programme.”*
10. A team of nine Watch Managers is now working through a comprehensive data set of approximately 10,000 properties based on Experian Data (demographic profiling data). These premises have been sorted by risk priority and we are now achieving our monthly target of 120 audits per month, targeted at the highest risks identified across the county. In addition to this, we have begun a review of the delivery and relationship between the Risk-Based Inspection Team and our Community Safety Hubs to ensure we are targeting the most at-risk premises.
11. *“The service should evaluate its prevention work, so it understands the benefits better.”*

We have carried out an evaluation of Safe and Well visits in 2019/20 to ensure they are effective at reducing risk in all their areas of focus. This will be presented and discussed at the Integrated Performance and Assurance Board, when appropriate, following consideration by staff within our Operations directorate. The national evaluation has been reviewed and contact has been made with other Fire and Rescue Services to gain a full understanding of other services' approaches.

REVISED DATES

12. The following diagnostic was originally due in September 2019. However, due to reasons outlined below, a revised target completion date of March 2020 has been agreed. It is important to note that, whilst this diagnostic has not been completed in its entirety, much progress has been made.
13. *“The service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders”*

The pilot of the new Personal Development Programme (PDP) process ended in May 2019. Following feedback from the pilot, the approach to PDPs, including the forms and process, will be amended and developed with a view to rolling this out across the organisation by March 2020.

14. Although this delay has meant that the diagnostic completion date was revised, various other actions have been completed, such as:
 - the launch of a new programme of Leadership Continuous Professional Development (CPD) events;
 - the wide publication of the existing workforce development offering; and
 - managers have been encouraged to identify staff to partake in the FireFly programme. This has resulted in 4 cohorts over the 2018/19 financial year, consisting of a total of 30 people who have undertaken the leadership programme. This is a significant increase on previous cohorts, and members of the Chief Officer's Group have been involved in the final panel process, which has raised the awareness of the impact of the programme at a senior level, as well as across the Service.

'CAUSE FOR CONCERN' UPDATE

15. *"The Service does not do enough to be an inclusive employer"*

Under the leadership of the Chief Fire Officer and the Head of People and Organisational Development, a comprehensive programme of work encompassing six areas has been initiated to address this action, which was identified by HMICFRS as a 'cause for concern'. The six areas are as follows:

1. Embed a programme to ensure that inclusion, fairness, equalities and professional development are priorities for the service;
 2. Ensure that its recruitment activities are open and accessible to all of Hampshire's communities;
 3. Treat employees according to their needs so they feel valued;
 4. Ensure that each person's potential can be developed so they can perform to their very best;
 5. Ensure that the chief officer team leads the programme, promoting the values of the organisation; and
 6. Ensure that everyone knows how they contribute to the values.
16. Significant work has taken place since the 'cause for concern' was identified.

Our newly formed People and Organisational Development (POD) directorate, has been established to align all the key teams and departments that have a workforce or people focus together. Working with colleagues and stakeholders, our Head of People & Organisational Development has defined our core purpose, guiding principles and strategic intentions over the next five years.

This has now been refined into our POD framework of strategic principles and areas of focus that will guide the plans, activity and outcomes of the POD directorate. Our framework is a living document, collectively owned by the whole directorate and includes the key POD areas of:

- Inclusion and Diversity;
- Culture, Values and Behaviours;
- Health, Wellbeing and Fitness;
- Workforce transformation and engagement;
- Learning and Development; and
- Leadership and Management.

17. HFRS has been proactive in addressing this 'cause for concern' in various ways, including the launch of quarterly 'breakfast briefings' for example, which allow the Chief Fire Officer and other senior managers to have open conversations with the Service and enables staff to choose topics of discussion. Furthermore, each of the four network groups has an identified senior advocate 'Diversity Champion'. A set of values and behaviours is being developed (with consultation workshops planned with staff) and will be embedded through the POD strategy, the PDP process, and throughout all areas of the organisation to ensure shared values are embedded at all levels of the Service. Inclusive leadership development days for middle managers were held in March and June 2019, with topics covering Inclusive Leadership and Mental Health. Future planned events will cover resilience, employee wellbeing and delivering change.
18. The activity that has taken place thus far, along with the planned future activity, demonstrates that work to address this 'cause for concern' is well underway. The Service will continue to closely measure performance in this area, and action plan progress more widely, through the POD and Integrated Performance & Assurance Boards and Executive Group.

SUPPORTING OUR SERVICE PLAN AND PRIORITIES

19. Delivery of the HMICFRS Action Plan assists the Authority in improving its planning and performance management processes, and in complying with its governance arrangements. This, in turn, assists the Authority in achieving its aim for its Creating Safer Communities, Responding to Incidents, Assets & Money and People & Leadership priorities, through delivery against the HMI pillars of efficiency, effectiveness and looking after people.

RESOURCE IMPLICATIONS

20. Delivery of the Action Plan is planned into existing organisational resources, however, where the inspection identified required improvements (specifically around looking after people), organisational restructures have been developed to ensure that resources are being concentrated where they are most needed.

ENVIRONMENTAL AND SUSTAINABILITY IMPACT ASSESSMENT

21. There are no anticipated positive or negative impacts to the environment or sustainability arising from this report.

LEGAL IMPLICATIONS

22. There are no legal implications arising from this report.

EQUALITY IMPACT ASSESSMENT

23. The contents of this report are considered compatible with the provisions of equality and human rights legislation.

RISK ANALYSIS

24. Failure to deliver actions committed to within the HMICFRS Action Plan leaves the Authority exposed to the risk of a Fire and Rescue Service with declining organisational performance.
25. The HMICFRS Action Plan is a key element of ensuring that the Service continues to improve and to deliver benefits to communities in Hampshire. The updates on progress of the Action Plan ensure that Members are fully aware of any problems associated with addressing the issues raised and the priority given to driving down or eliminating specific risks.

CONCLUSION

26. The Service has created a robust monitoring and assurance process to support progress of all activities within the HMICFRS Action Plan. The two diagnostics due in September 2019 have been completed, and another diagnostic that was previously due in September is being closely monitored and we are confident that we will achieve the revised March 2020 target date.

RECOMMENDATION

27. That the positive progress made towards the delivery of the HMICFRS Action Plan is noted by the Standards and Governance Committee.

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