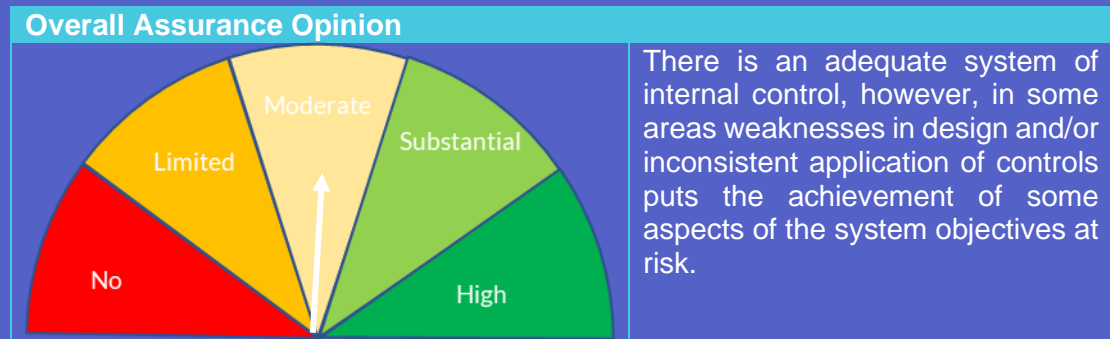


# Whistleblowing and Implementation of HMICFRS Value and Culture Recommendations Review Assignment Report 2023/24 (Final)

Cheshire Fire and Rescue Service

302CFRS\_2324\_003



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MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation and is for your sole use. If you have any queries regarding this review please contact the Engagement Manager. To discuss any other issues then please contact the Director.

## 1 Executive Summary

The overall objective of the review was to evaluate the systems and processes in place for Whistleblowing within Cheshire Fire and Rescue Service (CFRS) and provide assurance that the implementation of HMICFRS’s recommendations are ongoing and timely.

**Scope Limitation:** Our review did not assess the investigations of any individual Whistleblowing concerns that have been raised or assess the controls in place for internal grievances which are dealt with by the Human Resources Department. It is also noted that although the survey issued to staff was clearly stated as a Whistleblowing survey, we can not be fully assured that responses to the survey were solely relevant to Whistleblowing and may include concerns raised through personal grievances and/or general concerns.

### Key Findings/Conclusion

CFRS employ over 900 members of staff and our review consisted of a service wide survey (**Appendix B**) which was issued as part of the weekly Green Bulletin from which we received 27 responses. We also conducted face-to-face interviews with a sample of CFRS employees across several departments and grades. It was confirmed that the interviewees had not completed the online survey and therefore the survey questions were asked as part of the interview and have been added to the results. Therefore, we have a total of 41 responses.

CFRS have a Whistleblowing Policy and a free confidential helpline called “Safecall” is available to all staff. Our survey found that the majority of employees believe the service promotes a culture of fairness and openness with regards to whistleblowing and raising concerns. 7 respondents said they had raised a concern internally in the past but were not satisfied that the concern had been dealt with, it was not clear from the survey what timeframe this related to. We have made recommendations to strengthen the role of the Health, Safety and Wellbeing Manager as a whistleblowing champion and to strengthen line management training to ensure managers are confident and capable of dealing with any initial concerns as per the Whistleblowing policy. We have also recommended a number of updates to the Whistleblowing policy to ensure this is still fit for purpose.

CFRS have an action plan in place to monitor the HMICFRS recommendations from their value and culture report and we have assessed the current processes against these recommendations and assigned our own independent RAG rating and actions (**Appendix A**).

Objectives Reviewed	RAG Rating
Policies and Procedures	Amber
Roles and Responsibilities	Red
Governance Arrangements	Amber
Sharing of outcomes and Lessons Learnt	Amber
HMICFRS Recommendations	Amber
<b>Overall Assurance Rating</b>	<b>Moderate</b>

Recommendations		
Risk Rating	Control Design	Operating Effectiveness
Critical		
High		1
Medium		2
Low		1
<b>Total</b>		<b>4</b>

## Areas of Good Practice

- CFRS have a Whistleblowing policy in place which outlines the whistleblowing processes currently in place and details the different routes available for members of staff to raise a concern.
- Our surveys and interviews concluded that the majority of employees do feel that the service promotes a culture of openness and transparency with regards to raising a concern.
- CFRS have leadership programmes in place called 'Step In' and Step Up' to help new and aspiring managers learn relevant management techniques. Discussions with employees confirmed this does cover a 'Who to turn to' section, and general procedures with raising concerns.
- Our survey and interviews concluded that the majority of employees would go to their line manager first to raise a concern, highlighting the positive professional relationships that have been built throughout the service, and evidencing that trust has been built within line management.
- Our survey and interviews concluded that the majority of employees knew the Whistleblowing policy existed and how this could be accessed.
- Our survey and interviews also concluded that the majority of employees were aware of Safecall and how to contact them.
- CFRS have an action in place to monitor the implementation of the HMICFRS recommendations.

## Key Findings – Issues Identified

High	<p><b>1.1.</b> From our survey results, it was confirmed that 7 respondents had raised a concern and were not happy with how this was dealt with. It was also highlighted that the only concerns escalated to the Health, Safety and Wellbeing Manager are those raised through Safecall anonymously. 2 in the past 12 months, and 2 in 2020. Therefore, once a concern reaches line management, this may not be reported formally and therefore training needs to be implemented to improve this. <b>(High Risk – Recommendation 1)</b></p>
Medium	<p>1.2. Governance and reporting in relation to whistleblowing and use of Safecall should be strengthened to ensure all form part of the Whistleblowing annual report. <b>(Medium Risk – Recommendation 2)</b></p> <p>1.3. The Whistleblowing policy needs to be updated to reflect the recommendations raised as part of this review. <b>(Medium Risk – Recommendation 3)</b></p>
Low	<p><b>1.4.</b> HMICFRS action plan needs to be monitored regularly going forward. <b>(Low Risk – Recommendation 4)</b></p>

## 2 Findings and Management Action

<p>1. Promoting the awareness and effectiveness of whistleblowing processes and ensuring these are triggered where appropriate.</p>	<p>Risk Rating: High</p>	
<p>Operating Effectiveness</p>		
<p><b>Key Finding</b> – From our survey results, it was confirmed that 7 respondents had raised a concern and were not happy with how this was dealt with. It was also highlighted that the only concerns escalated to the Health, Safety and Wellbeing Manager are raised through Safecall anonymously. 2 in the past 12 months, and 2 in 2020.</p> <p>MIAA can not be fully assured that the anonymous feedback were all regarding Whistleblowing concerns, and may include general personal grievances which triggers a different internal process involving Human Resources. However, we can conclude that there needs to be a clear distinction between whistleblowing and personal grievances and this needs to form part of the training offered to managers. Therefore, when a concern is raised to them, they understand fully which process to trigger.</p> <p>CFRS’ whistleblowing policy promotes and encourages raising concerns openly, and that these need to be escalated to the Health, Safety and Wellbeing Manager for an initial investigation and review to decide whether further action is needed. Our survey confirmed that nearly 80% of respondents would report any whistleblowing concerns to their line manager in the first instance, therefore line managers must be aware of whistleblowing procedures and ensure this is escalated to the Health, Safety and</p>	<p><b>Specific Risk</b> – Concerns that are initially raised may not be dealt with appropriately and be reported through the formal channels available.</p>	<p><b>Recommendation</b> – CFRS should ensure that initial concerns are dealt with as per the Whistleblowing policy. This must include the initial investigation by the Health, Safety and Wellbeing manager to decide whether a formal investigation is needed.</p> <p>Therefore, we recommend a specific training package as part of the Step Up and Step In leadership programmes to ensure all managers are aware of their responsibilities with regards to whistleblowing concerns raised to them and the procedures that need to be triggered. This training should include awareness of the Health, Safety and Wellbeing Manager and their role and responsibilities within the whistleblowing processes.</p> <p>It should also include awareness of the difference between Whistleblowing and personal grievances / concerns as these trigger different processes.</p> <p>This should ensure that any whistleblowing concern raised is escalated appropriately and allow oversight and accountability to ensure any decision making can be fed back to the individual where the concern has been raised openly.</p>

<p>Wellbeing Manager. From our interviews, it was clear that raising concerns and a 'who to turn to' section was covered as part of the step up and step in leadership programmes, but it was evident that specific whistleblowing processes, and how to handle a concern raised to them was not covered.</p>		
<p><b>Management Response</b> - Information about Whistleblowing will be enhanced within the induction and relevant training modules.</p> <p>Responsible Officer – Stephen Hulse, Health, Safety and Wellbeing Manager</p> <p>Implementation Date – by June 2024</p>	<p>Evidence to confirm implementation –</p> <p>Training packages for managers and staff</p>	

<p><b>2. Governance Structures and Accountability</b></p>		<p><b>Risk Rating: Medium</b></p>
<p>Control Design</p>		
<p><b>Key Finding</b> – Discussions with the Health, Safety and Wellbeing Manager confirmed that 4 concerns have been raised through Safecall since 2020. 2 were raised in the past 12 months, and 2 were raised in 2020.</p> <p>CFRS produce a whistleblowing report which is presented to the Governance and Constitution Committee on an annual basis. Our review of the whistleblowing annual report in 2020 confirmed that the 2 concerns raised with Safecall were not reported as part of the annual reports. The annual report stated that “The Authority has not been contacted by Safecall”.</p>	<p><b>Specific Risk</b> – Lack of appropriate reporting reducing the effectiveness of the governance structures and accountability.</p>	<p><b>Recommendation</b> – MIAA recommend that CFRS implement a robust governance structure with oversight from the Senior Leadership team to ensure all aspects of the whistleblowing policy are being implemented appropriately and in a timely manner.</p> <p>All reports of concerns which are being investigated need to form part of the Whistleblowing annual report to the Governance and Constitution Committee, or as part of the quarterly report to the People Group which will be implemented as part of an action within the HMICFRS national recommendations.</p>

<p>The 2 raised in the past 12 months will be reported as part of the 2023/2024 Whistleblowing annual report.</p>		<p>We have also recommended as part of recommendation 3, an update to the Whistleblowing Policy to ensure the roles and responsibilities of key members of staff are stated, as well as a clear reporting line of assurance to ensure appropriate accountability going forward.</p>
<p><b>Management Response</b> - The Annual Report about Whistleblowing will be shared with Service Leadership Team. It will include a copy of the Whistleblowing Register. Responsible Officer – Stephen Hulse, Health, Safety and Wellbeing Manager Implementation Date – by June 2024</p>		<p>Evidence to confirm implementation – Whistleblowing annual report reported to Committee.</p>

<p><b>3. Whistleblowing Policy Updates</b></p>		<p><b>Risk Rating: Medium</b></p>
<p><b>Control Design</b></p>		
<p><b>Key Finding</b> – CFRS have a whistleblowing policy in place which was reviewed in July 2022 and is due for review in July 2024. Results of the MIAA whistleblowing survey and interviews has highlighted that initial concerns have been raised, but these may have not been escalated appropriately to ensure the whistleblowing processes within the policy are triggered. Nearly 80% of our respondents confirmed their manager would be their first point of call and therefore they play a key role in ensuring whistleblowing concerns are heard and escalated appropriately,</p>	<p><b>Specific Risk</b> – Current policy in place may not clearly state all roles and responsibilities and may not include all appropriate information for members of staff with regards to Whistleblowing processes.</p>	<p><b>Recommendation</b> – The policy should be updated include roles and responsibilities of individuals, line managers, Health, Safety and Wellbeing Manager, Senior Leadership Team and the Governance and Constitution Committee. The policy should also include guidance for line managers on how to handle a concern raised to them, and the procedures to follow to ensure appropriate action is taken, and the whistleblowing procedures are followed accordingly. The policy should outline the training requirements which should include training as part of the step up and step in</p>

<p>however their roles and responsibilities are not clearly defined within the policy.</p> <p>We have also recommended a number of updates to reflect good practice.</p>		<p>leadership programmes, and induction to ensure all new members of staff are aware of the procedures in place.</p> <p>The policy should outline key reporting requirements including timelines, and these should be formally reported as part of the quarterly report to People Group. This will ensure timely turnaround of concerns that have been raised openly to ensure feedback to the individual.</p> <p>The policy should have a clear process map outlining each stage of the process to ensure each stage is triggered when needed.</p>
<p><b>Management Response</b> - New Policy (and Procedure) approved and publicised.</p> <p>Responsible Officer – Stephen Hulse, Health, Safety and Wellbeing Manager</p> <p>Implementation Date – by April 2024</p>		<p>Evidence to confirm implementation –</p> <p>New Policy (and Procedure) approved and publicised.</p> <p>Implementation of training improvements mentioned in 1, above.</p>

<p><b>4. HMICFRS Action Plan Monitoring</b></p>		<p><b>Risk Rating: Low</b></p>
<p>Control Design</p>		
<p><b>Key Finding</b> – CFRS does have an action plan in place to monitor the HMICFRS recommendations from the Value and Culture national report. However, at the time of the review, this still needed to be finalised by the Senior Leadership Team to agree accountability and governance arrangements.</p>	<p><b>Specific Risk</b> – Consistent and ongoing review of the HMICFRS action plan may not be in place.</p>	<p><b>Recommendation</b> – Once approved the HMICFRS action plan should be monitored and reported through the Performance and Overview Committee.</p>



**Management Response** – Agreed action plan finalised.

Responsible Officer – Carmine Rabhani, Head of People and Development

Implementation Date – By December 2023

Evidence to confirm implementation –

HMICFRS Action Plan and evidence of discussion and review at Performance and Overview Committee

## Appendix A: Detailed Findings

### Objective One: There is a clear and comprehensive policy in place which is in line with national guidance and is readily available to staff.

Our review confirmed that a Whistleblowing policy is in place which was last reviewed in July 2022 and due for review July 2024. The policy clearly outlines the process in place, and the options available for staff to raise a concern, either openly or anonymously.

Our survey and interview results (Full survey results in Appendix B) were the following:

- 28 out of 41 responses knew that the Whistleblowing policy was in place.
- 26 out of 41 responses knew where to access the policy.

However, we recommend a number of updates to the Policy, which have been identified through our audit testing and findings. (**Medium Risk – Recommendation 3**) including:

- The policy should be updated to include roles and responsibilities of individuals, line managers, Health, Safety and Wellbeing Manager, Senior Leadership Team and the Governance and Constitution Committee.
- The policy should also include guidance for line managers on how to handle a concern raised to them, and the procedures to follow to ensure appropriate action is taken, and the whistleblowing procedures are followed accordingly.
- The policy should outline the training requirements which should include training as part of the Step Up and Step In leadership

programmes, and induction to ensure all new members of staff are aware of the procedures in place.

- The policy should outline key reporting requirements including timelines, and these should be formally reported as part of the quarterly report to the People Group.
- The policy should have a clear process map outlining each stage of the process to ensure each stage is triggered when needed.

### Objective Two: Nominated station managers / line managers are aware of their responsibilities with regards to Whistleblowing and the Health and Wellbeing Manager has been trained appropriately to deal with concerns raised.

From our interviews with a sample of staff, a number of these were in management roles, and it was highlighted that they would be confident in dealing with a concern raised to them by a member of staff, but there is no specific training available to them with regards to this. A common theme in interviewee answers was to use their experience in dealing with difficult conversations and their knowledge and understanding of staff when dealing with concerns.

32 out of 41 responses to the survey confirmed that their line manager would be their first point of contact to raise a whistleblowing concern, and therefore there is a significant importance on management understanding in how to deal with concerns.

However, managers may not be aware of their responsibilities when it comes to an employee reporting a concern to them, as this is not covered as part of the Step Up and Step In leadership programme, and the policy does not offer any guidance to line managers on procedures that need to be followed. Discussions with employees confirmed the training does cover a 'Who to turn to' section, and general procedures with raising concerns. However, we also

recommend that training within the Step In and Step Up programmes have a specific training package with regards to Whistleblowing and the governance structures in place which need to be triggered where appropriate. **(Refer to recommendation 1)**

As per the policy, It is relied upon managers to report initial whistleblowing concerns to the Health, Safety and Wellbeing Manager who conducts an initial review to decide whether to investigate further and can feedback to the individual on the decision-making process made by CFRS, and whether further action is needed.

Discussions with the Health, Safety and Wellbeing Manager confirmed that only 2 whistleblowing concerns have been raised in the past 12 months, and a further 2 were made in 2020. There were no Whistleblowing concerns raised between 2020 and 2022. It was confirmed that all 4 have been raised via an anonymous route through Safecall, and therefore there have been no instances of managers reporting any concerns to the Health, Safety and Wellbeing Manager.

Our survey results found that 7 respondents had raised a concern, but they were not satisfied with how these were dealt with, therefore line managers may not be escalating concerns appropriately and using the formal whistleblowing procedures outlined within the policy to ensure clear oversight and accountability. **(High Risk – recommendation 1)**

We have recommended that the Policy clearly states the responsibilities of line management and the reliance upon them that concerns raised to them need to be reported to the Health, Safety and Wellbeing Manager.

The Health and Safety Manger could also further promote their role in acting as a Whistleblowing champion.

**Objective Three: There has been awareness raising in relation to Whistleblowing both at senior management level and service wide.**

The Fire service does have Safecall posters around Headquarters and interviewees confirmed that these had been seen and placed around fire stations. There are numerous resources available online, through 'who to turn to', policies on the intranet, and weekly Green Bulletin emails.

It was also noted that the survey results confirmed the following:

- 37 out of 41 respondents had heard of Safecall, with 29 of these knowing the full role of Safecall and the offer available.
- 10 out of 41 respondents felt they were rarely reminded of their options to raise a Whistleblowing concern.
- 4 out of 41 respondents felt they have never been reminded of their option to raise a Whistleblowing concern.

MIAA conclude that there are resources available to staff, and there is a reliance on staff reading the 'Green Bulletin' and accessing the relevant information on the Intranet. However, as mentioned above, there is a lack of awareness raising with regards to specific roles and responsibilities for line management and the role of the Health, Safety and Wellbeing Manger within whistleblowing procedures and this should form part of the resources available and be included within the policy which has been recommended as part of recommendation 3. **(Refer to recommendation 3)**

**Objective Four: There are clear accountability arrangements in place and whistleblowing reports are reviewed on a regular basis by the Senior Leadership Team and the Health, Safety and Wellbeing Manager.**

Whistleblowing reports are reported to Governance and Constitution Committee on an annual basis. For the past four annual reports (2019 – Present) section 6 of the report states 'The Authority has not been contacted by Safecall'. However, discussions with the Health, Safety and Wellbeing Manager confirmed 2 whistleblowing referrals had been made in 2020. Therefore 2 concerns raised to Safecall have not been reported to the

Governance and Constitution Committee as part of the Whistleblowing annual report.

Within the action plan in response to HMICFRS recommendations, CFRS have an action of implementing a report on the impact of Safecall and provide an anonymised report to People Board on a quarterly basis. CFRS need to ensure these include all concerns raised through Safecall as previously, these have not been formally documented within the annual report. **(Medium Risk – Recommendation 3)**

As mentioned above, it is noted that there have been no instances of line management reporting whistleblowing concerns to the Health, Safety and Wellbeing Manager, and this may be a result of a lack of awareness and training with regards to the whistleblowing procedures and what actions need to be taken by line management if a concern is raised to them. **(Refer to recommendation 1)**

**Objective Five: Where concerns are raised, they are dealt with appropriately, in line with policy and feedback is provided back to the individual raising the concern.**

Our survey confirmed that there were 7 respondents who had raised a concern internally and all 7 were not satisfied that their concern was dealt with appropriately. Answers included 'not dealt with', feedback was not provided back to them' and 'no action taken'.

MIAA can not be fully assured that the anonymous feedback were all regarding Whistleblowing concerns, and may include general personal grievances which triggers a different internal process involving Human Resources. However, we can conclude that there needs to be a clear distinction between whistleblowing and personal grievances and this needs to form part of the training offered to managers. Therefore, when a concern is raised to them, they understand fully which process to trigger.

As per the Whistleblowing policy, The Health, Safety and Wellbeing manager should be made aware of these concerns to ensure there is discreet enquiries. As mentioned above, only 2 have been reported to the Health, Safety and Wellbeing Manager in the past 12 months and both have been through Safecall, not through line management. Therefore, as mentioned above, there may be a lack of awareness with regards to processes and the role of the Health, Safety and Wellbeing Manager to decide whether to investigate further. We have recommended updates to the policy and specific training to ensure when concerns are raised, all relevant parties are aware of their responsibilities and appropriate procedures are triggered where necessary **(Refer to recommendation 1)**.

**Objective Six: The Fire Service has processes in place to ensure that staff do not suffer detriment as a result of raising concerns.**

From our review, it is evident that CFRS have processes in place which enable staff to not suffer detriment as a result of raising concerns. Primarily, there is an anonymous route through Safecall. From our interviews, it was clear that the majority of staff feel comfortable in raising concerns and the service has promoted a culture of openness and transparency with raising concerns.

However, from our survey this identified:

- 8 out of 41 respondents stated that they have opted not to blow the whistle, even after seeing unethical or unacceptable behaviour.
- 3 of the 8 said this was a fear of dismissal / victimisation.
- 3 of the 8 said this was a lack of trust in the system.
- 2 of the 8 said that this was a perception that no action would be taken.

From our review, there is still a perception from a small percentage of staff that concerns may not be dealt with appropriately, and CFRS need to ensure robust procedures are evident and transparent, and awareness raising is implemented to ensure all members of staff are aware of the procedures available. This will improve confidence in the system and should include promoting the Health, Safety and Wellbeing Manager's role within Whistleblowing processes and the updated policy was approved, and management training should improve the implementation of procedures going forward. **(Refer to recommendation 1)**

**Objective Seven: Actions required as a result of investigations into concerns are recorded, implemented and monitored and Lessons learnt from investigations are shared appropriately across the Fire Service.**

As mentioned above, the only 2 concerns that have been raised in the past 12 months were through the anonymous route of Safecall, and 2 were raised in 2020, again through Safecall. Consequently, CFRS are unable to feedback to the individual on any action taken as they are unknown to the Service.

Discussions confirmed that the Health, Safety and Wellbeing Manager has a monthly call with Safecall to keep up to date with how the investigation is proceeding. Going forward, any actions taken, and lessons learnt should form part of the quarterly report to the People Group to ensure ownership and accountability. **(Refer to recommendation 2)**

**Objective Eight: A review of the HMICFRS report on Values and Culture has been completed and an action plan is in place with regards to the 35 recommendations outlined within the report, and these are being implemented in a timely manner.**

CFRS does have an action plan in place to implement the HMICFRS recommendations. This has detailed narrative in the actions that need to be taken including deadlines and a responsible lead.

From the 35 recommendations, 5 specifically related to raising concerns and from our review, and within Appendix A, we have assigned a RAG status to each of the recommendations based on our findings from this review. It should be noted that the action plan relates to all instances of raising concerns (internal grievances and complaints, external complaints, and whistleblowing). Our recommendations solely focus on Whistleblowing processes.

We also recommend that this action plan is reported consistently to the Senior Leadership team through the relevant committee structure to ensure accountability and deadlines are met. **(Low Risk – Recommendation 4)**

## Appendix B: HMICFRS Recommendation Status

HMICFRS Recommendation	CFRS' current position and actions required (as stated within the action plan)	MIAA comments and recommendations	MIAA RAG Status
<p>By 1 October 2023, chief fire officers should make sure their services provide a confidential way for staff to raise concerns and that staff are aware of whistleblowing processes.</p>	<p><b><u>Current Position</u></b></p> <p>Staff can report incidents with no fear of repercussions via independent Safecall service.</p> <p>Staff can report incidents with no fear of repercussions via internal policies, line managers, rep bodies, networks, mental health first aiders.</p> <p>Dignity at Work, Grievance and Whistleblowing policies in place.</p> <p>“Who do I turn to?” campaign in place.</p> <p><b><u>Action Required</u></b></p> <p>Maintain visibility and awareness of reporting mechanisms.</p>	<p>Safecall is firmly in place, with the majority of staff knowing and understanding the role and responsibilities of Safecall.</p> <p>Whistleblowing policy is in place but a number of updates to this have been recommended as part of this review which includes improving the awareness of line management responsibilities.</p> <p>Going forward, CFRS need to ensure that any Safecall concerns are reported as part of the anonymised report to People Board, as our review has found that these have not been reported accordingly to the Governance and Constitution Committee as part of the whistleblowing annual report.</p>	

HMICFRS Recommendation	CFRS' current position and actions required (as stated within the action plan)	MIAA comments and recommendations	MIAA RAG Status
	<p>Report on the impact of Safecall and provide anonymised report to People Board on quarterly basis.</p> <p>Provide anonymised reporting on dignity at work complaints to People Board on quarterly basis.</p>		
<p>By 1 October 2023, National Employers, the Local Government Association and the National Fire Chiefs Council should review any current independent arrangements whereby staff can raise concerns outside their FRS. They should then ensure that all FRS staff have access to an independent reporting line that can be used as a confidential way to raise concerns outside their own FRS.</p>	<p><b><u>Current Position</u></b></p> <p>Staff currently have access to Safecall, an independent reporting line that can be used as a confidential means of raising concerns.</p> <p>Work commenced to review and update Dignity at Work Policy and discipline policies to ensure still fit for purpose.</p> <p>Guidance document produced outlining the role of a new Personal Contact Officer who will be the liaison between external complainants and CFRS.</p> <p><b><u>Action required</u></b></p> <p>Await response from National Employers, LGA and NFCC.</p>	<p>As mentioned above, Safecall is firmly in place with the majority of staff understanding their role within whistleblowing.</p> <p>Update the whistleblowing policies as per our recommendations and ensure an updated policy is approved appropriately.</p> <p>Once a response has been received, ensure these actions are monitored and implemented and reported accordingly to the People Group or other relevant committee for accountability and overview.</p>	

HMICFRS Recommendation	CFRS' current position and actions required (as stated within the action plan)	MIAA comments and recommendations	MIAA RAG Status
	<p>By 1/12/23 report to People Board on the key implications of recommendations from above and impact on existing Safecall contract.</p> <p>Policies to be approved and relaunched.</p> <p>Document relating to role of Personal Contact Officer to be reviewed and approved prior to launch</p> <p>External complaints procedure and website information to be updated to reflect introduction of Personal Contact Officer.</p>		
<p>CFOs (Chief Fire Officers) should review the support available for those who have raised concerns and take any action needed to make sure these provisions are suitable.</p>	<p><b><u>Current Position</u></b></p> <p>Work commenced to review and update Dignity at Work Policy and discipline policies to ensure still fit for purpose.</p> <p>Guidance document produced outlining the role of a new Personal Contact Officer who will be the liaison between external complainants and CFRS.</p> <p><b><u>Actions required:</u></b></p> <p>Policies to be approved and relaunched.</p>	<p>Our survey confirmed that 7 people had raised a concern internally and all of these were not satisfied with how their concern was dealt with. To improve this we have recommended:</p> <p>A review of the Whistleblowing policy to ensure this is still fit for purpose and includes all relevant roles and responsibilities, including line managers receiving concerns from other employees and the processes that need to be triggered as a result of this.</p> <p>Training within the Step In and Step programme that specifically focuses on Whistleblowing and the actions needed if concerns are raised.</p>	

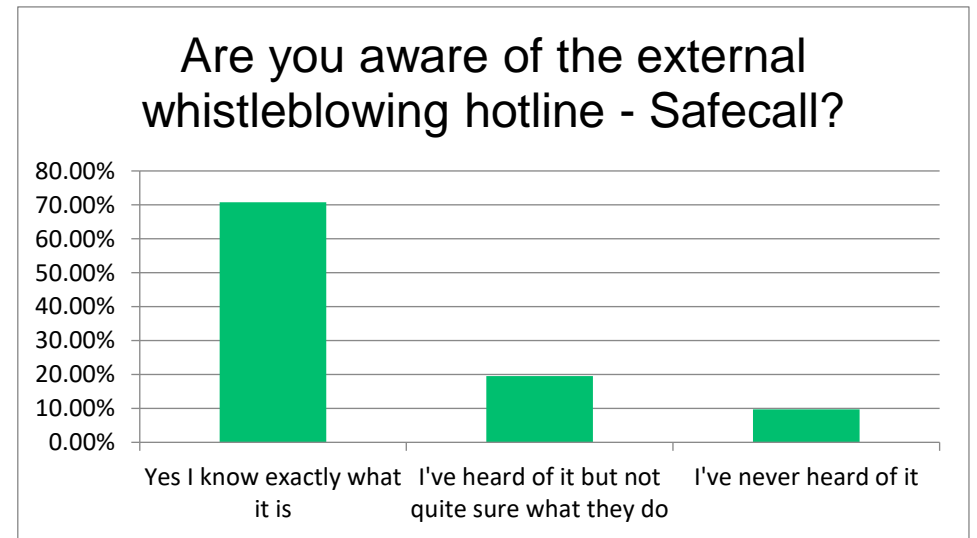
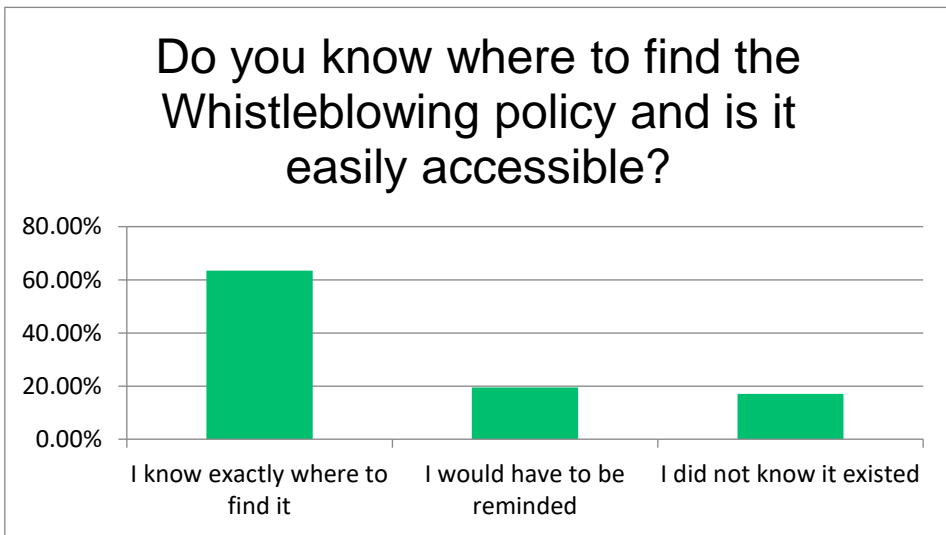
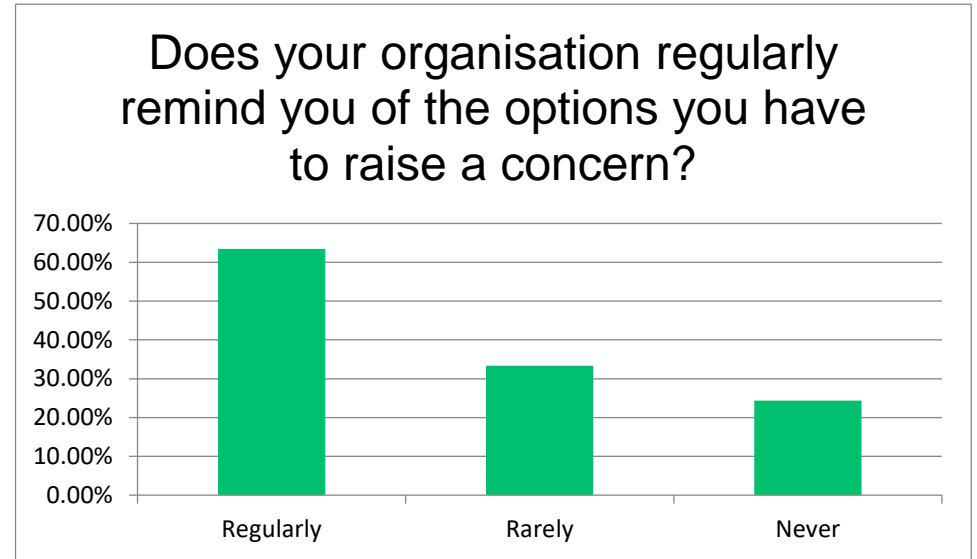
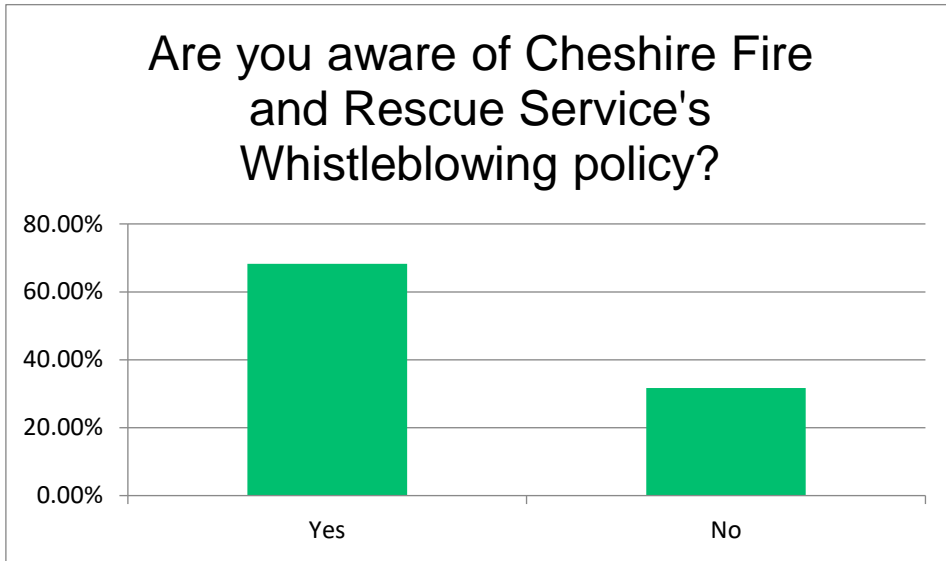


HMICFRS Recommendation	CFRS' current position and actions required (as stated within the action plan)	MIAA comments and recommendations	MIAA RAG Status
	<p>Document relating to role of Personal Contact Officer to be reviewed and approved prior to launch</p> <p>External complaints procedure and website information to be updated to reflect introduction of Personal Contact Officer.</p>	<p>A clear governance structure between Health, Safety and Wellbeing Manager, Senior Leadership Team and the People Group to ensure there is full accountability of actions and lessons learnt.</p>	
<p>By 1 June 2023, chief fire officers should assure themselves that updates on how concerns are being handled are shared with those who have raised them.</p> <p>The updates should be given in an accessible way that encourages trust and confidence in the service response. Consideration should be given to creating professional standards function to handle conduct concerns in service (or from an external service) to have oversight of cases, to make sure they are conducted in a fair and transparent way and to act as a point of contact for all staff involved.</p>	<p><b><u>Current Processes</u></b></p> <p>Complaints process for external service users coordinated by the Democratic Services team.</p> <p>HRBP oversee internal matters of complaint in conjunction with relevant managers.</p> <p>Consideration has been given to Professional Standards function in respect of casework, but appetite is low based on the current arrangements that work well with the HR Business Partners who have oversight and ensure fairness and transparency.</p> <p><b><u>Actions required</u></b></p> <p>Consideration to be afforded to reintroduction of KPIs to encourage more</p>	<p>With regards to Whistleblowing, CFRS have not had any internally raised concerns with 2 raised in the past 12 months through Safecall, and 2 raised in 2020 through Safecall, with all them using the anonymous route. This therefore means CFRS are not able to share how the concern has been raised to the individual.</p> <p>However, we have recommended that the policy is updated to state roles and responsibilities including the Health, Safety and Wellbeing Manager which should outline the expectation on their role to handle concerns and how this being monitored and reported. It should also reflect a clear structure in place, with accountability arrangements and outline a clear process which includes how updates will be fed back to the individual.</p>	

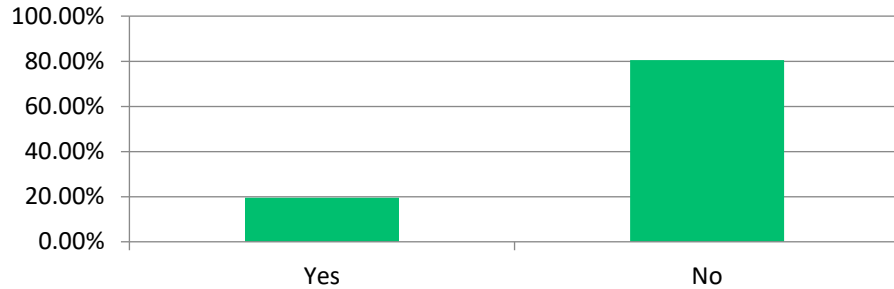
HMICFRS Recommendation	CFRS' current position and actions required (as stated within the action plan)	MIAA comments and recommendations	MIAA RAG Status
	<p>timely resolution of complaint, discipline and grievance cases.</p> <p>Ensure clear process is in place for keeping those who have raised a complaint updated and report how concerns dealt with on quarterly basis to People Board.</p> <p>Ensure NFCC Safeguarding Managing Allegations guidance has been adopted.</p>	<p>A clear governance structure between Health, Safety and Wellbeing Manager, Senior Leadership Team and the People Group to ensure there is full accountability of actions and lessons learnt, and KPIs are introduced to ensure timely turnaround of concerns that have been raised openly to ensure feedback and updates are fed back to the individual.</p>	
<p>By 1 June 2023, Chief fire officers should make sure accessible information is provided on how concerns and allegations will be investigated in a way that ensures confidentiality and is independent of the alleged perpetrator.</p>	<p><b><u>Current Processes</u></b></p> <p>“Who do I turn to?” information contained on own dedicated section of intranet. Visible and accessible.</p> <p>Peer support available via mental health first aiders.</p> <p>Concerns and allegations investigated objectively and discreetly with oversight from HR Business Partners.</p> <p>New Personal Contact Officer in process of being developed.</p> <p><b><u>Actions required</u></b></p> <p>Ensure all policies have an up-to-date Equality Impact assessment to eliminate</p>	<p>The Whistleblowing Policy needs to be updated to ensure this is still fit for purpose and include the recommendations made within this report. This includes clear guidance on each stage of the Whistleblowing process, and the role of key parties that are involved in the procedures.</p>	

HMICFRS Recommendation	CFRS' current position and actions required (as stated within the action plan)	MIAA comments and recommendations	MIAA RAG Status
	<p>discrimination and to promote an environment that enables staff and external complainants to seek support without judgement or retribution.</p> <p>Extend the network of people across the Service such as Mental Health First Aiders and TRiM practitioners/ supervisors, to offer peer support as needed.</p> <p>Review and adopt NFCC Safeguarding Managing Allegations Guidance.</p>		

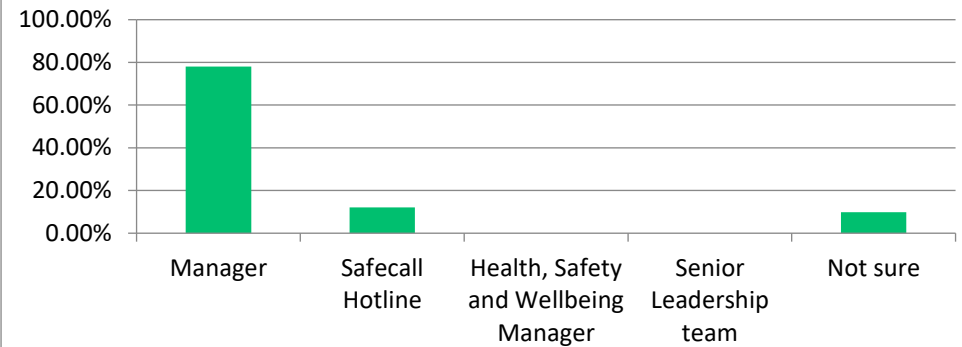
## Appendix C: Survey Results (41 responses)



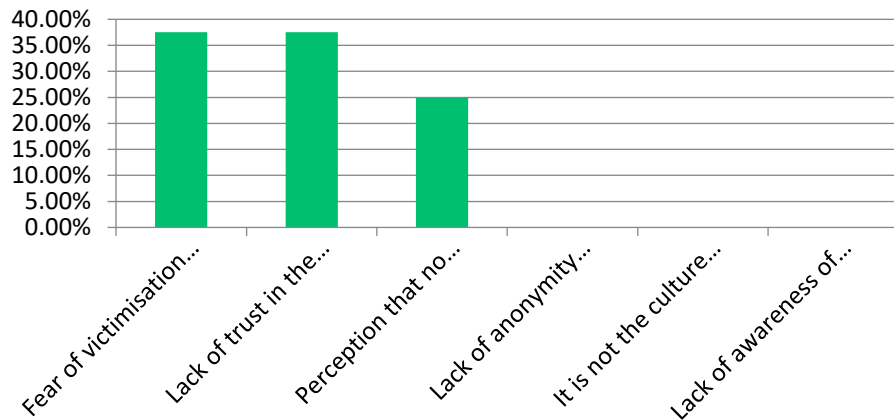
Have you ever opted not to blow the whistle even though you witnessed or were informed of unethical behaviour?



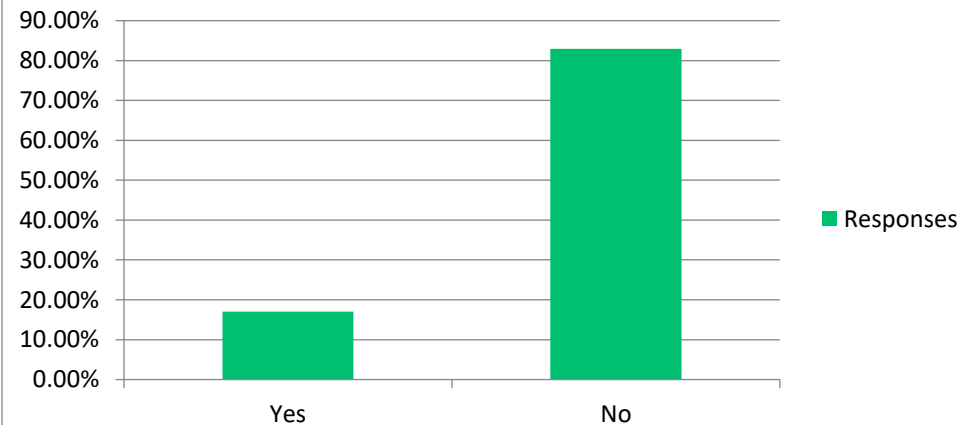
If you wanted to raise a concern, who would be your first point of call?



If you answered yes to the above, was this a result of:



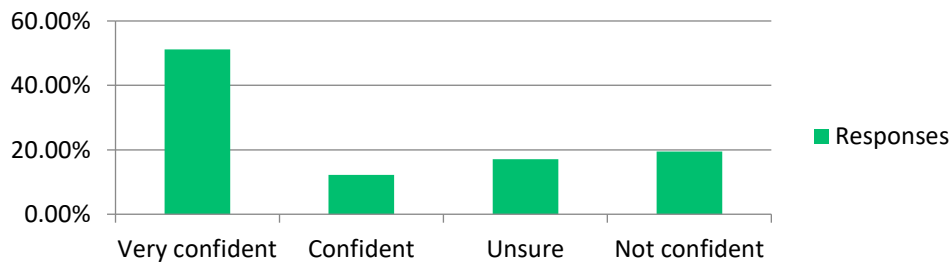
Have you ever raised a concern within the organisation?



If you answered yes to the above, were you satisfied with how your concern was dealt with?



If you wanted to raise a concern in the future, how confident are you that the organisation will deal with your concern in a professional and timely manner?



## Appendix D: Engagement Scope

### Scope

The following sub-objectives were identified:

There is a clear and comprehensive policy in place which is in line with national guidance and is readily available to staff.

Nominated station managers / line managers are aware of their responsibilities with regards to Whistleblowing and the Health and Wellbeing Manager has been trained appropriately to deal with concerns raised.

There has been awareness raising in relation to Whistleblowing both at senior management level and service wide.

There are clear accountability arrangements in place and whistleblowing reports are reviewed on a regular basis by the Senior Leadership Team and the Health and Wellbeing Manager.

Where concerns are raised, they are dealt with appropriately, in line with policy and feedback is provided back to the individual raising the concern.

The Fire Service has processes in place to ensure that staff do not suffer detriment as a result of raising concerns.

Actions required as a result of investigations into concerns are recorded, implemented and monitored.

Lessons learnt from investigations are shared appropriately across the Fire Service.

A review of the HMICFRS report on Values and Culture has been completed and an action plan is in place with regards to the 35 recommendations outlined within the report, and these are being implemented in a timely manner.

## Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system

## Appendix E: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> <li>the efficient and effective use of resources</li> <li>the safeguarding of assets</li> <li>the preparation of reliable financial and operational information</li> <li>compliance with laws and regulations.</li> </ul>
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> <li>has a low impact on the achievement of the key system, function or process objectives;</li> <li>has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.



## Appendix F: Report Distribution

Name	Title
Alex Waller	Chief Fire Officer
Lee Shears	Deputy Chief Fire Officer
Neil Griffiths	Assistant Chief Fire Officer
Steve Barnes	Head of Service Delivery
Carmine Rabhani	Head of People and Development
Andrew Leadbetter	Director of Governance
Paul Vaughan	Treasurer
Chris Astall	Risk and Project Officer
Stephen Hulse	Health, Safety and Wellbeing Manager



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**Public Sector Internal Audit Standards**

Our work was completed in accordance with Public Sector Internal Audit Standards and conforms with the International Standards for the Professional Practice of Internal Auditing.