

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Report of the Director of Service Delivery

27th September 2021

ASSURANCE – REPORT

1.0 Purpose of Report

- 1.1 To update the Joint Independent Audit Committee on the progress, actions, and decisions made by the NYFRS internal governance arrangements.

2.0 Risk Management

- 2.1 Currently, the Corporate Risk Register is reviewed by the Tactical Leadership Team and Strategic Leadership Team, on a monthly basis.
- 2.2 A series of evaluation meetings have been hosted by an external Risk Management Consultant, guiding the review process for a new risk register, highlighting areas of best practice and benchmarking against other Fire & Rescue Services, public sector agencies and the private sector.

The revised Corporate Risk Register is aligned to the joint Police and Fire support functions through the enableNY collaboration. To support this, a Risk and Assurance group is being formed, to meet quarterly and undertake a thorough review of our risks.

The group will be chaired by the Director of Assurance. The risk register will be maintained and updated by those being accountable and responsible for each risk area, as per 2.1.

- 2.3 The current risk register was reviewed at TLT on the 7th of September and SLT on the 12th of August. No amendments to the register which affected the overall scores were suggested.

The revised Corporate Risk Register will be presented to SLT for agreement on the 24th of September 2021. If agreed, the Director of Assurance will, in conjunction with TLT, the Risk Management Consultant and Donald Stone (enableNY) deliver a Tactical Risk Register, embedding the required governance and assurance processes.

- 2.4 The revised risk register will be hosted upon the ARM platform currently employed by North Yorkshire Police, and licences provided for NYFRS use.

A summary page of the current risk register is shown at **Appendix 1**.

3.0 Information Governance

- 3.1 A report was provided by the Head of Business, Design and Assurance to the TLT on 7th September, displaying performance against a range of Information Governance Indicators. There were no major areas of concern noted.

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Following the Enable Review, the OPFCC now undertake administration of North Yorkshire Fire and Rescue Services complaints. Assurance is being sought that the process is meeting the expected service level, with trend analysis and scrutiny of the available data.

A copy of the enableNY report is available at **Appendix 2**.

- 3.2 Work remains in progress for Policy and Procedure realignment to reflect the enableNY structures. This has been prioritised for completion by year end.

4.0 Operational Assurance

- 4.1 The HMICFRS Action Plan progress is monitored at TLT. The next HMICFRS inspection for NYFRS is due in March 2022 however, the data and evidence collection process will commence imminently.

Currently, the action plan status is 'active/limited progress' with 11 actions for improvement on track, 0 outstanding and 8 complete. There are 13 comments for improvement not started, 30 in progress on track, 7 in progress with outstanding actions and 10 complete.

The Head of Assurance is meeting with key stakeholders to improve compliance, with evidence of progress made.

- 4.2 The Operational Assurance Audit Process was suspended during the Coronavirus lockdown periods. The audit process has been re-established and missed audits rescheduled.

Recent audit findings highlight general non-compliance in areas of risk information (SSRI), sharing of information with regional partners, completion of mandatory e-learning modules and JESIP maintenance training.

Actions plans and improvements notices have been issued to district managers.

There is an opportunity to improve the operational assurance process, aligned to the HMICFRS pillars of Effectiveness, Efficiency and People. The process will review, analyse, evaluate and improve exiting arrangements. This work will be completed before year end 2021, between Service Delivery and Assurance.

- 4.3 Incident debriefing and outcomes are monitored through the TLT sub-group. During the period 1st April to 30th June there were 73 debriefs submitted.

Trend analysis showed gaining access for medical emergency (GAME) and a delay in mobilising of fire and rescue resources by partner services, as areas for development. These are being actioned by the appropriate function.

No actions were reported to the National Organisational Learning or Joint Organisational Learning process during this period.

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6.0 Other Information

Next report will include H&S information, data and trend analysis.

7.0 Recommendation

7.1 That JIAC note the contents of the report.

Jonathan Dyson
Deputy Chief Fire Officer
Director of Service Delivery
8th September 2021

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Appendix 1

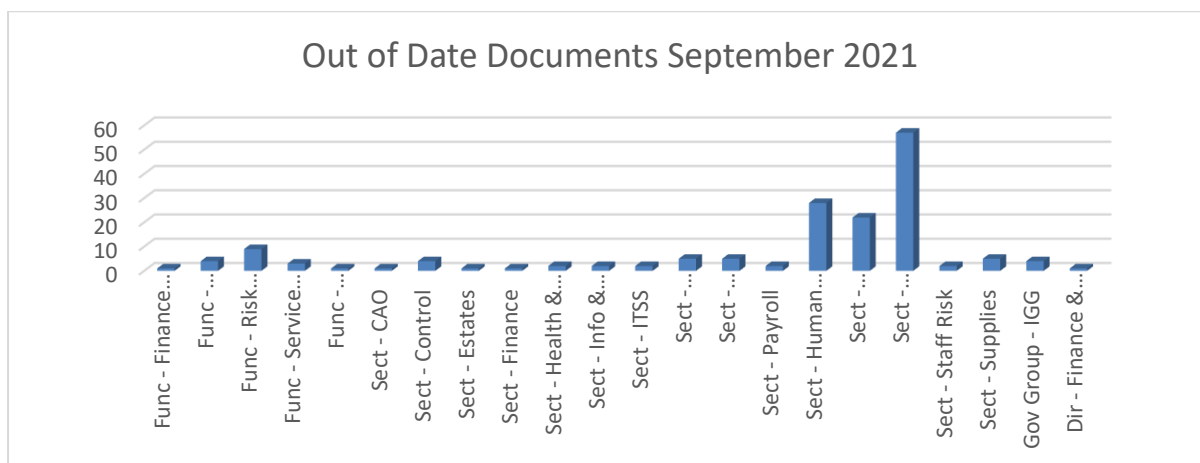
| Risk no. (hyper-linked to action plan) | Risk Owner (Function) | Headline Risk | Risk Assessment pre control | | | | Risk Assessment post action plan | | | | | Risk Description |
|--|---------------------------------------|---|-----------------------------|---------------------|-----------------|------------|----------------------------------|---------------------|-----------------|-----------------------------|---------------------------|---|
| | | | Likelihood | Impact on objective | Interdependence | Risk Score | Likelihood | Impact on objective | Interdependence | Post Action Plan Risk Score | Action Plan Reviewed Date | |
| I1 | Director of Service Delivery | Absence of operational staff | 5 | 3 | 3 | 30 | 09.06.21 | 5 | 2 | 3 | 25 | Insufficient staff available to crew appliances due to Industrial Action |
| I2 | Director of Service Delivery | Control | 5 | 4 | 2 | 30 | 09.06.21 | 3 | 4 | 2 | 18 | Failure or loss of Control Room function including Staff and IT provision |
| I3 | Head of Assets | Operational assets | 4 | 4 | 2 | 24 | 07/09/21 | 3 | 4 | 2 | 18 | Loss of operational transport, equipment or premises assets |
| I4 | Director of Capabilities | Operational guidance | 5 | 3 | 2 | 25 | 26.8.2021 | 4 | 3 | 2 | 20 | Challenge, legal action or an inability to deliver best possible service arising from a failure to adopt national operational guidance and best practice |
| I5 | Director of Service Delivery | Appliance Availability | 5 | 4 | 3 | 35 | 09.06.21 | 5 | 3 | 3 | 30 | Unavailability of appliances (short term i.e. daily) |
| I6 | GM Head of Training | Operational competence | 5 | 3 | 1 | 20 | 02/08/21 | 4 | 3 | 1 | 16 | The loss or lack of capability of staff in respect of the skills necessary to meet the capabilities set out in the RRM and/or to operate safely |
| G1 | Head of Finance | Key Financial Controls / Financial Governance | 4 | 2 | 2 | 16 | 14/05/21 | 3 | 2 | 2 | 12 | Failure to ensure effective financial control and financial planning processes leads to poor decisions and wasting public money resulting in reduced services (poor value for money) and adverse commentary and scrutiny from external bodies. |
| G2 | Head of Business Design and Assurance | Consultation | 4 | 3 | 4 | 28 | 02/08/21 | 3 | 3 | 4 | 21 | Litigation and subsequent capacity impacts, arising from failure to adequately consult on organisational changes. |
| G3 | Head of People | Employment legislation (incl. E&D) | 5 | 3 | 1 | 20 | 09.06.21 | 2 | 3 | 1 | 8 | Successful legal action resulting from failure to meet the legislation |
| G4 | Head of People | H&S legislation | 2 | 4 | 4 | 16 | 09.06.21 | 1 | 4 | 4 | 8 | Successful legal action resulting from failure to meet the legislation |
| G5 | Head of Assets | Key supplier dependencies | 3 | 4 | 4 | 24 | 07/09/21 | 2 | 4 | 4 | 16 | Failure to ensure that suppliers of critical and key equipment and services are secured to enable continuity of services |
| G6 | Head of Business Design and Assurance | Provision of Accurate and Timely Data | 5 | 3 | 4 | 35 | 02/08/21 | 3 | 3 | 4 | 21 | Inability to provide accurate and timely data to inform the development of the revised Risk and Resource Model (IRMP) |
| G7 | Head of Business Design and Assurance | Information Management | 5 | 2 | 3 | 25 | 02.08.21 | 3 | 3 | 4 | 21 | Non compliance of information assets leading to a breach of regulations and/or legislation |
| G8 | Head of ICT | ICT | 5 | 4 | 4 | 40 | 02/08/21 | 3 | 4 | 4 | 24 | There is a risk that ICT services could fail to perform caused by failures in the ICT infrastructure, inadequate staffing levels or funding within the department with the consequence that North Yorkshire Fire and Rescue Service is unable to deliver its critical services to the public. |
| G11 | Head of Assets | Failure to ensure a proportionate and compliant approach to security of the whole organisation and ensure compliance with minimum standards | 3 | 3 | 4 | 21 | 07/09/21 | 2 | 3 | 4 | 14 | Failure to ensure a proportionate and compliant approach to security of the whole organisation and ensure compliance with minimum standards in relation to the areas of physical, personnel, information and counter terrorism security in line with the Security Policy Framework and relevant legislation. |
| F1 | Director of Capabilities | BFS sector competence | 3 | 4 | 2 | 18 | 05/07/21 | 1 | 2 | 2 | 4 | BFS staff having specialist knowledge and experience sufficient to meet the RRM requirements |
| F2 | Director of Capabilities | BFS Demand | 3 | 4 | 1 | 15 | 05/07/21 | 2 | 4 | 1 | 10 | The impact of highly complex or large numbers of cases requiring legal action or investigation |
| P1 | Director of Capabilities | Prevention | 3 | 4 | 3 | 21 | 05/07/21 | 3 | 3 | 3 | 18 | Failure to identify and implement prevention interventions to safeguard the vulnerabilities of those identified as high risk within the community |
| S1 | CFO | Strategic - Capacity and Capability | 5 | 5 | 4 | 45 | 12/09/21 | 4 | 5 | 4 | 36 | Ability to fulfill the Service's statutory responsibilities in its response to essential projects, outcomes of national events and incidents in an environment of reducing (or at best not increasing) financial resources, changing demand, and limited resources in an efficient and effective way |
| S2 | CFO | Strategic - Inability to Recruit and Retain Staff | 5 | 5 | 4 | 45 | 12/09/21 | 4 | 5 | 4 | 36 | Ability to recruit and retain talent across all levels of the organisation. |
| S3 | CFO | Strategic - Dilution or Loss of Operational and Organisational Experience | 5 | 4 | 4 | 40 | 12/09/21 | 4 | 4 | 4 | 32 | Ability to create resilience through an experienced, skilled and competent workforce |
| S4 | Section 151 | Strategic Financial Governance | 5 | 2 | 4 | 30 | 15/01/21 | 3 | 2 | 4 | 18 | Failure to manage the combined impact of continuing constraints in funding, combined with other national changes around Pensions and Pay Awards, leads to a potential shortage of funds to deliver key services; resulting in reactive and poor decisions to balance the budget and/or overspend which could put the stability of the organisation at risk. |

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Appendix 2

Performance Indicator Summary September 2021 – TLT

Out of date documents



| SECTION | Out of Date |
|---------------------------------|-------------|
| Func - Finance & Administration | 1 |
| Func - Professional Standards | 4 |
| Func - Risk Management | 9 |
| Func - Service Delivery | 3 |
| Func - Technical Services | 1 |
| Sect - CAO | 1 |
| Sect - Control | 4 |
| Sect - Estates | 1 |
| Sect - Finance | 1 |
| Sect - Health & Safety | 2 |
| Sect - Info & Intel | 2 |
| Sect - ITSS | 2 |
| Sect - Occupational Health | 5 |
| Sect - Operational Assurance | 5 |
| Sect - Payroll | 2 |
| Sect - Human Resources | 28 |
| Sect - Prevention & Protection | 22 |
| Sect - Response & Resilience | 57 |
| Sect - Staff Risk | 2 |
| Sect - Supplies | 5 |

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| | |
|-----------------------------|------------|
| Gov Group - IGG | 4 |
| Dir - Finance & Information | 1 |
| Total | 162 |

This data represents the out of date documents under their old ownership. The Service Documents are currently undergoing an update whereby the departments that they belong to are being brought into line with the new organisational structure. This work will be completed shortly.

Response and Resilience out of date documents

There is currently an ongoing review of all Risk Assessments and SOPs and these are in the process of being replaced with a suite of new documents as part of the National Operational Guidance project. In June the remainder will be archived.

The new documents will be taken through the health and safety subgroup as part of the agreed consultation process.

Referrals to Information Commissioner's Office

Nil return.

Breaches of Data Protection, Freedom of Information or Information Security

Nil return.

Referral to Local Government Ombudsman

Nil return.

Compliance with Model Publication Scheme as at 1st September 2021

| | |
|-------------------------------------|-----------|
| Number of elements monitored | 41 |
| Type of Compliance | |
| Non-compliant | 0 |
| Partial compliance | 2 |
| Compliant | 39 |

| Area of non-compliance | Notes |
|--|--|
| Facts and analyses of facts used for decision making. | PARTIAL Do not publish reports that go to CMB and other senior meetings. Previously discussed at IGG and agreed to leave as partially non-compliant. |
| Asset lists and information asset register Asset lists and information asset register | PARTIAL The Asset list does not include technical information (such as the UPRN number, eastings and northings) for some sites. We do not publish an Information Asset Register but this has previously been discussed at IGG and agreed to leave as partially non-compliant. |

Compliance with the Publication of Payment Performance Statistics

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From March 2016 the Account and Audit Regulations 2015 requires local authorities to publish data demonstrating compliance with the obligation to pay invoices within 30 days. This data should be published at the end of each financial year.

We are currently compliant with this requirement.

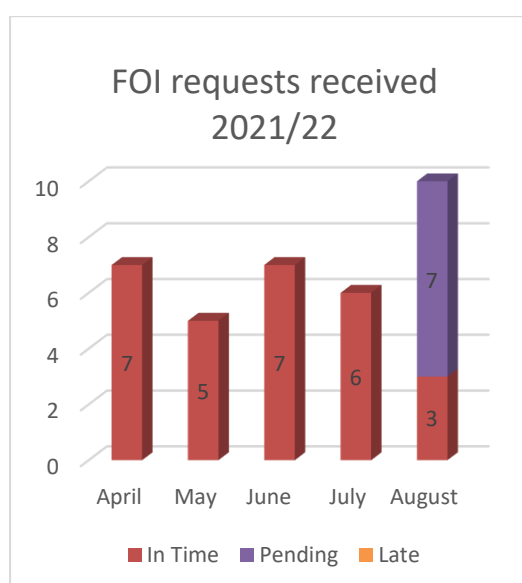
Compliance with The Local Government Transparency Code 2015

Part 2 of the Transparency Code is now required. Please see below table for compliance.

| | |
|-------------------------------------|-----------|
| Number of elements monitored | 14 |
| Type of Compliance | |
| Non-compliant | 0 |
| Partially compliant | 2 |
| Compliant | 12 |

| Area of non-compliance | Notes |
|--|---|
| Procurement Information - Tenders | PARTIAL – we are partially compliant as we do not have a rolling .csv file of tenders past and present. The data warehouse was previously published and open for tender, now it has closed and should have gone into a .csv of past tenders. Head of Technical Services has been tasked with looking at a process for keeping this info up to date. The Authority are also partially compliant as not all tenders are being published on the NYFRS website. Work is in progress with North Yorkshire Police regarding collaboration with the tendering and procurement system. |
| Asset lists and information asset register | PARTIAL The Asset list does not include technical information (such as the UPRN number, eastings and northings) for the Thirsk Transport and Logistics site. We do not publish an Information Asset Register but this has previously been discussed at IGG and agreed to leave as partially non-compliant. |

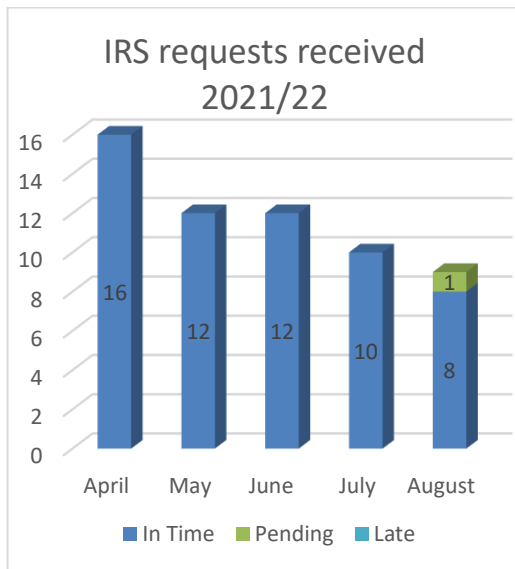
Freedom of Information Requests



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We received **10** FOI requests in August; **3** completed in time and **7** currently pending. There have not been any late FOI requests so far, this financial year.

Incident Report Summary/Fire Investigation Report Request Reponses



We received **9** IRS requests in August; **8** completed in time and **1** currently pending. We have not missed any IRS request deadlines so far, this financial year.

Data Protection Requests



We received **5** GDPR requests in August; with **4** completed in time and **1** currently pending. We have had not had any late GDPR requests so far, this financial year.

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Complaints



We have received a total of **10** complaints between April and July, all completed in time. Following the Enable Review, the OPFCC have now taken over the administration of North Yorkshire Fire and Rescue's complaints.

A summary of the type of complaint since 1st April 2020 is as follows. Please note the number may exceed the number of complaints received in the table above, due to some complaints including multiple issues:

| Type of Complaint | Cumulative Frequency | In Month |
|--|----------------------|----------|
| Driving Complaint | 2 | 0 |
| Employee Conduct | 0 | 0 |
| Response to Incident | 3 | 0 |
| Social Media Comments | 1 | 0 |
| Estates Complaint | 0 | 0 |
| Damage to Land or Property (not driving related) | 1 | 0 |
| Unhappy about the service | 2 | 0 |
| Fire Safety Complaint | 1 | 0 |
| Complaint Appeal | 0 | 0 |
| Sunken Fire Hydrant | 0 | 0 |
| TOTAL | 10 | 0 |

A link to the Complaints Log can be found [here](#)

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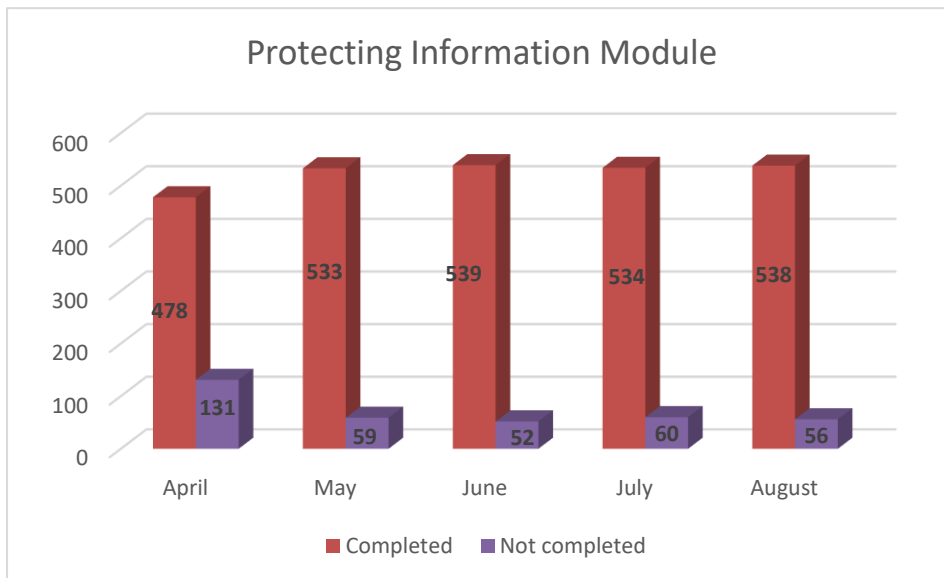
Compliments

From the 1st April 2021, the Service have received **26** compliments.

| Type of Compliment | Cumulative Frequency |
|--|----------------------|
| Public thanking crews for attendance at incident | 10 |
| Public thanking NYFRS in general | 4 |
| Random act of kindness | 1 |
| School/Club Visit | 2 |
| Commending the actions of a staff member | 6 |
| Fitting Smoke alarms | 1 |
| CSO Visit | 2 |
| Total | 26 |

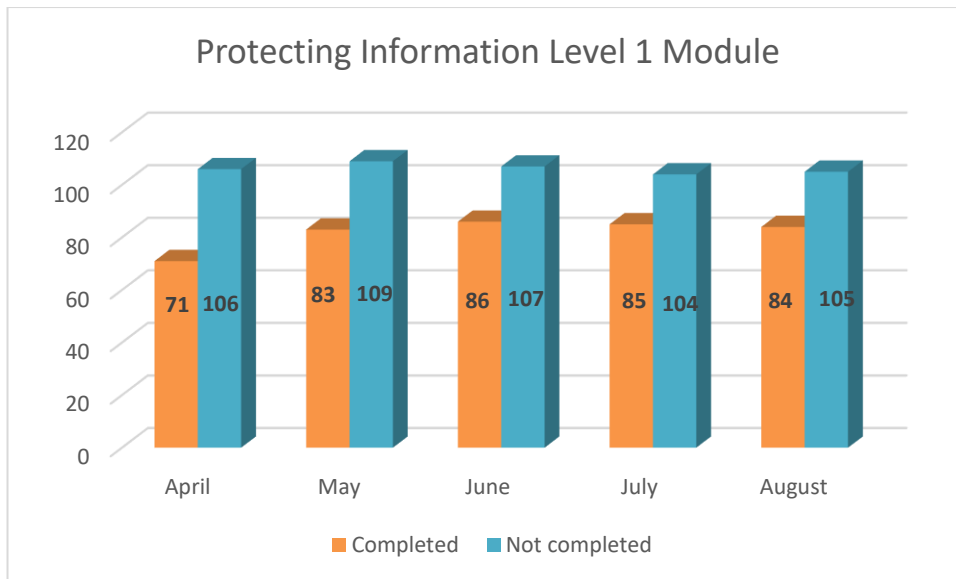
A link to the Compliments Log can be found here: [please click](#)

Protecting Information Modules



Currently **538** members of staff have completed the Protecting Information module leaving **56** still to complete it.

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Currently **84** members of staff have completed the Protecting Information Level 1 module leaving **105** still to complete it.

All figures correct at the time of reporting, 1st September 2021.