COMMISSIONERS FOR FIRE & RESCUE SERVICE

Papers for the People Committee to be held on:

Thursday 25 July 2024, 1000hrs

In person at South Wales Fire & Rescue Service Headquarters, Forest View Business Park, Llantrisant, CF72 8LX

Or

Remotely via MS Teams: Link https://bit.ly/People-Committee-25-7-24

Please ensure you join the meeting 15 minutes prior to meeting time

**Any issues please contact
01443 232000 and ask for Member Services**

A G E N D A

1. Apologies for Absence

2. Declarations of Interest

   Commissioners are reminded of their personal responsibility to declare both orally and in writing any personal and/or prejudicial interest in respect of matters contained in this agenda in accordance with the provisions of the South Wales Fire and Rescue Authority (Exercise of Functions) (Wales) Directions 2024 and the Local Government Act 2000.

3. Chairperson's Announcements

   REPORTS FOR INFORMATION

4. Alignment of Service's Inclusive Action Plan and Strategic Equality Plan to the Morris Report Cultural recommendations.   3

5. Occupational Health Unit (OHU) Activity Report – 1 April 2023 to 31 March 2024.   17

Signature of Monitoring Officer:

GGreathead

THIS REPORT IS NOT EXEMPT AND IN THE PUBLIC DOMAIN

SOUTH WALES FIRE & RESCUE SERVICE   AGENDA ITEM NO 4
                                                                              25 JULY 2024

PEOPLE COMMITTEE

REPORT OF THE HEAD OF CORPORATE SUPPORT

ALIGNMENT OF SERVICE'S INCLUSIVE ACTION PLAN AND STRATEGIC EQUALITY PLAN TO THE MORRIS REPORT CULTURAL RECOMMENDATIONS

THIS REPORT IS FOR INFORMATION

REPORT APPROVED BY THE DIRECTOR OF PEOPLE SERVICES
REPORT PRESENTED BY THE HEAD OF PEOPLE SERVICES

SUMMARY

This report shares details of a mapping exercise undertaken to ensure the Service's Inclusive Action Plan aligns to the recommendations set out in the Morris Report. It also maps the Strategic Equality Plan 2023-26. Additionally, mapping occurs across to the Commissioners Terms of Reference alongside published thematic reviews to ensure a coordinated approach.

RECOMMENDATIONS

It is recommended that the Commissioners consider and note the content of the report.

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1. BACKGROUND

1.1   In December 2022, Fenella Morris, KC was commissioned to provide an independent review of the Service's culture, discipline processes and historic discipline cases. The Morris Report, published on 3 January 2024 contained 82 recommendations across a number of themes. Work has begun to implement the recommendations and as part of this work, a mapping exercise has been undertaken to ensure our activity in relation to equality, diversity and inclusion, as captured in our Inclusive Action Plan, aligns to the recommendations in the Morris Report. The output of the exercise is attached to this report at Appendix 1.

1.2   Legal requirements set out in the Equality Act 2010 mandate that as a public body, the Service must develop, implement and embed a Strategic Equality Plan (SEP) outlining the actions that are proposed by the organisation to advance Inclusion, Diversity and Equity. The Service's Strategic Equality

plan 2023-2026 has also been included in this exercise as a further method of ensuring the strategic direction is set appropriately.

2. ISSUE / PROPOSAL

2.1   The Inclusive Action Plan sets out the detailed actions and underpins the Strategic Equality Plan (SEP).   The Morris Report sets out the actions that will move the organisational culture to where it needs to be.

2.2   It is clear that there is synergy between many of the recommendations in the Morris Report, the Strategic Equality Plan (SEP) and the Inclusive Action Plan. Where there has not been a direct link identified between the Morris Report recommendation and the Inclusive Action Plan, a new action has been proposed (as shown in red font).

3. IMPLICATIONS

The following outlines the considered implications for each of the category groups below.

3.1   Community and Environment

3.2   The actions identified across all areas will have a positive impact for service delivery.

3.3   The plans provide for continuous consultation, collaboration and best practice through integrated actions linked to the plan's key objectives, including that with representative bodies.

3.4   The impact assessment for each of the plans has not indicated any barriers or disadvantage any protected groups.

3.5   The Morris Report and the SEP are available on the SWFRS internet for viewing to reduce the impact on the environment but the content within the SEP does not have a major influence on the Services' sustainability targets.

3.6 Regulatory, Strategy and Policy

3.7 The Service is required by law to produce a SEP.

3.8 There may be financial implications due to the need for resource to work towards the actions identified, however, these have been considered separately.

3.9 The Morris Report has been contextualised within the SEP, which is a live document.

3.10 Both the Morris Report and the SEP are published and auditable documents. The Inclusive Action Plan is an internal document that will be reviewed quarterly to ensure activity is progressing and targets are achieved.

3.11 Resources, Assets and Delivery

3.12 The plans have implications on the resources of the Service and these have already been discussed with the relevant Heads of Departments.

3.13 The objectives will ultimately achieve improvements and therefore enhance the efficacy of service delivery to our communities.

3.14 There will also be implications for procurement, particularly around how we consider equality procurement. Capital will be required for the advised actions to be implemented which will include property advancements, amongst other changes.

4. EVALUATION & CONCLUSIONS

4.1 The exercise to ensure alignment of the Inclusive Action Plan and Strategic Equality Plan to the Morris Report has provided the Service with the opportunity to consider where there are gaps and how these may need to be plugged.

4.2 Where a gap is identified, a proposed action has been included (shown in red font).

5. RECOMMENDATION

5.1 It is recommended that the Commissioners consider and note the content of the report.

Contact Officer:	Lisa Shroll Head of People Services	
Background Papers	**Date**	**Source / Contact**
None		

Appendices	
Appendix 1	Table showing alignment of the Inclusive Action Plan and Strategic Equality Plan to the Morris Report recommendations.

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR01	Communications Action Plan	1. Internally and externally address report findings and recommendations in communications	Maintaining ongoing dialogue around EDI	Service to acknowledge external reviews and to put actions in place to address findings.	SLT	Heads of Service	3 January 2024 & ongoing
ICR02	Communications Action Plan	2. Use report and recommendations to start to build positive cultural change from the outset	Maintaining ongoing dialogue around EDI	Service to acknowledge external reviews and to put actions in place to address findings.	Interim CFO	ELT with support from Heads of Service	3 January 2024 & ongoing
ICR03	Communications Action Plan	3. Devise an action plan with respect to these Recommendations, inviting staff input, particularly from under-represented groups, and communicate it to staff	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feelthey have a voice and to ensure best practice on legal compliance. Maintaining networks that champion EDI across the Service.	Service to acknowledge external reviews and to put actions in place to address findings.	Dir SC&T	Heads of Service	3 January 2024 & ongoing
ICR04	Communications Action Plan	4. Provide regular monthly updates on plans for cultural change for, at least, 12 months	Communicating and engaging with those we serve to let the know what we are doing and why.	Develop a robust mechanism for measuring Culture post Cultural Review, seeking feedback from staff on a regular basis around values, culture and inclusion	Dir SC&T	Head of PS	3 January 2024 & monthly
ICR05	Values and Standards	5. Review and streamline statement of values, having particular regard to report and recommendations, including "professional, respectful, caring, accountable".	Review, streamline and embed our values	In collaboration with stakeholders develop values that underpin the Service's vision which also focus on putting people first.	SLT	Values working group	Sep-24
ICR06	Values and Standards	6. Set clear behavioural standards, including examples of what is not tolerated	Exploring ways to promote EDI into the future. Enforcing a zero tolerance approach to discrimination, prejudice, harassment, and bullying. Challenging behaviours and speech that do not align with either our Service's expected standards of behaviour and values or those of the NFCC Leadership Framework	SLT to take a zero-tolerance approach to inappropriate behaviours that are not in line with Service values or NFCC Leadership Framework	SLT	Heads of Service	Immediate & Ongoing
ICR07	Values and Standards	7. Set culture targets, including examples of goals	Committing to be an earlier adopter of the NFCC Culture Dashboard methodology.	Consider introducing a suite of targets to support the achievement of the Morris Report recommendation	SLT	Values working group and Heads of Service	Immediate
ICR08	Values and Standards	8. Demonstrate clear leadership commitment, including express public declarations (both verbally and in writing) relating to values, equality and diversity, standards and culture	Ensuring senior leaders, managers and champions are highly visible in their commitment to EDI	Senior Management Team to lead on challenging inappropriate behaviour.	SLT	Heads of Service	Immediate & Ongoing
ICR09	Values and Standards	9. Campaign to make it clear that: sexual harassment of female members of staff through inappropriate comments and/or messaging on social media or otherwise is unacceptable, should be reported, will be investigated, and will be disciplined; and the posting of sexualised images on social media of or by people associated with the Service, where they are identifiable as Service members, is forbidden	Exploring ways to promote EDI into the future. Enforcing a zero tolerance approach to discrimination, prejudice, harassment, and bullying.	Create an internal media campaign is to pron	Dir SC&T	SLT and Media and Engagement Lead	Immediate & Ongoing
ICR10	Leadership	10. Arrange independent review of ELT performance, to include advice on training required.	Embedding the NFCC Leadership Framework.	Consider introducing a formal mechanism of reviews to support the achievement of the Morris Report recommendation	Commissioners	Dir PS	Sep-24

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR11	Leadership	11. Pro-actively encourage external and non-uniformed applicants to SMT and ELT roles.	N/A. Current policy is to recruit on an internal and external basis.	Specify and promote succession plans to improve diversity across all levels of the Service (including direct entry) in operational and non-operational roles.	Head of PS	Training, promotions, recruitment, CTWG	Ongoing
ICR12	Leadership	12. Involve independent body in all SMT and ELT appointments for, at least, the next 18 months	N/A	Consider adding an action to confirm that the Service will involve an independent body in the recruitment of all senior appointments for the next 18 months.	Dir PS	Head of PS	Commenced and in progress
ICR13	Leadership	13. All SMT and ELT staff sign conflict of interest declarations including reference to memberships of other organisations, family relationships or social connections; declarations to be published online, and updated when a new potential interest arises	Challenging behaviours and speech that do not align with either our Service's expected standards of behaviour and values or those of the NFCC Leadership Framework.	Add declaration to application form of potential conflicts of interest and membership of any organisations that conflict with or do not share our values and expectations e.g., Freemasons, extremist groups/political parties, or other non-inclusive organisations or societies.	SLT	Recruitment Lead with support from Head of HR	Completed
ICR14	Leadership	14. CFO to participate in disciplinary/grievance/whistle-blowing oversight committee meetings in the immediate term	Action completed.	Consider adding an action to confirm that the CFO is a formal member of this committee meeting	Interim CFO		Completed
ICR15	Connecting People	15. Create safe spaces within the Service for staff to share experiences and views, and learn from each other	Collaborating with others to share learning and resources.	Inclusive Workforce Group will continue to provide a steer to influence cultural and behavioural change, enabling engagement opportunities, collaboration, and a safe space for staff to share lived experiences across the Service.	IWG supported by Inclusion Team	Head of PS	Immediate and Ongoing
ICR16	Connecting People	16. Create networks within the Service to promote cross-sectional communication	Collaborating with others to share learning and resources. Maintaining networks that champion EDI across the Service. Focusing on best practice advised by the NFCC.	Inclusive Workforce Group will continue to provide a steer to influence cultural and behavioural change, enabling engagement opportunities, collaboration, and a safe space for staff to share lived experiences across the Service.	IWG supported by Inclusion Team	Head of PS	Immediate and Ongoing
ICR17	Connecting People	17. CFO to visit Joint Control Room, and Training Centre, engage with staff there, and write report on their culture and action plan to improve it	Continuing our capital development programme in creating accessible workplaces and facilities. Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Maintaining ongoing dialogue on EDI. Develop a robust mechanism for measuring culture. Increased leadership visiblity in relation to EDI.	Interim CFO		Sep-24
ICR18	Connecting People	18. Continue visits by Human Resources and Principal Officers to stations, including group discussions and 1:1 surgeries, and document follow up to issues raised at these visits	inclusive workplaces and facilities.	Every member of SLT visits a Station, Joint Control or Corporate team once per fortnight to 'bridge the gap' between HQ, Joint Control and Operations this could include sessions via Teams.	SLT	SLT	Immediate & Ongoing
ICR19	Speaking Up	19. Expressly refer to and encourage speaking up in actions under the headings Communications Action Plan, and Values and Standards	Exploring ways to promote EDI into the future. Enforcing a zero tolerance approach to discrimination, prejudice, harassment, and bullying.	Create and regularly promote internal and external reporting mechanisms for concerns e.g., FRS Speak Up, whistleblowing procedure, professional standards function etc. to all staff	Head of PS & Head of CS	Culture, EDI, Communications - CTWG	Sep-24

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR20	Speaking Up	20. As part of the policy review (see below), ensure inclusion of references to encouragement of, and responsibility to, speak up.	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Create and regularly promote internal and external reporting mechanisms for concerns e.g., FRS Speak Up, whistleblowing procedure, professional standards function etc. to all staff	Head of PS & Head of CS	Policies and Procedures - CTWG	Sep-24
ICR21	Speaking Up	21. Support staff that speak up and keep them safe both at and outside of work, both in accordance with the National Framework (see para.30 of Appendix 2 to the Report) and more generally, including a zero-tolerance approach to retaliation/victimisation.	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Service to create a procedure around the handling of staff disclosures and complaints and implement/communicate within the Service.	SLT	Policies and Procedures - CTWG	Immediate & Ongoing
ICR22	Speaking Up	22. Expand (if this is not already the case) the role of the disciplinary oversight committee to include grievances and whistle-blowing	Action completed.	Completed. Consider adding an action to confirm the remit of the Committee.	Head of PS	Oversight & Scrutiny Group	Completed
ICR23	Speaking Up	23. Continue Crimestoppers FRS Speak Up line, initiate appropriate investigations, take actions and record all of the same	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Crimestoppers helpline is available for all employees to report anonymous concerns.	Oversight & Scrutiny Group	Head of People Services	Completed
ICR24	Speaking Up	24. Exit interviews to be conducted by an independent person and/or someone from HR (not the individual's line manager), and appropriate investigations and actions are to take place in relation to any concerns raised, appropriately documenting all of the same	N/A	Exit interviews to be encouraged across the organisation and themes to be reported to Senior Leadership Team and HR Management Team for potential action including temporary staff.	SLT	Employee Relations Lead	Completed
ICR25	Policies and Procedures	25. Instruct specialist employment lawyers to review policies and procedures, and to assist in drafting a set which are clear and accessible.	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Continuous review of all Service policies, procedures, and processes on a scheduled basis.	Commissioners	ER Lead and Heads of Service	Immediate & Ongoing
ICR26	Policies and Procedures	26. Abolish P12s	N/A	Post Cultural Review realignment of disciplina	Head of PS	Policies and Procedures - CTWG	Sep-24
ICR27	Temporary Promotion	27. Pause use of temporary promotion for any period in excess of six months	Removing barriers (real and perceived) for recruitment and promotion into all Service roles through the effective design of attraction, selection and retention processes and activities, supported by a robust Integrated Assessment	Review temporary promotion process	ELT	SMT and HR Leads	Sep-24
ICR28	Temporary Promotion	28. Immediate review of any current temporary promotion with record of reasons why, exceptionally, it should be permitted to continue beyond six months, and plan to end it.	Removing barriers (real and perceived) for recruitment and promotion into all Service roles through the effective design of attraction, selection and retention processes and activities, supported by a robust Integrated Assessment	Review temporary promotion process	ELT	SMT and HR Leads	Completed
ICR29	Fire Authority	29. Review their statutory functions, as set out in Appendix 2 to the Report, and publish a report on proposals for their use to facilitate these recommendations	N/A	N/A	Commissioners		This work is subject to ongoing activity by Wales Audit Officer

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR30	Change Management Process	30. Ensure consultation with members of the Service at an early stage before change	Linking our communities, stakeholders and employees' feedback and thoughts throughout Senior Management Team discussions	Inclusive Workforce Group will provide a steer from within SWFRS and be key in engagement, particularly around topics with a focus on EDI. The Group will continue to expand with champions representing various areas of inclusion from across the Service.	Dir of Strategic Change and Transformation	EDI Lead, IWG Group and Head of PS	Immediate & Ongoing
ICR31	Policies	31. Redraft all policies and procedures with the benefit of specialist legal advice, taking account of the comments made, for example, in the following paragraphs of the Report: paras.108-110 (working from home); para.152 (personal relationships at work); para.162 (drugs and alcohol testing); paras.187-191 (standards, policies and procedures); para.343 (family- friendly policies); para.352 (gender identity policy); para.357-359 (reasonable adiustments)	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Continuous review of all Service policies, procedures, and processes on a scheduled basis.	Dir of PS	Policies and Procedures - CTWG	Immediate & Ongoing
ICR32	Policies	32. Review proposed new policies and procedures with EDI officer	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Continuous review of all Service policies, procedures, and processes on a scheduled basis.	ER lead and HoS	Policies and Procedures - CTWG	Immediate & Ongoing
ICR33	Policies	33. Initiate staff engagement on proposed new policies and procedures, both directly and via Trade Unions	Linking our communities, stakeholders and employees' feedback and thoughts throughout Senior Management Team discussions	Inclusive Workforce Group will provide a steer from within SWFRS and be key in engagement, particularly around topics with a focus on EDI. The Group will continue to expand with champions representing various areas of inclusion from across the Service.	SLT	EDI Lead, IWG Group and Head of PS	Immediate & Ongoing
ICR34	Policies	34. Ensure compliance of policies and procedures with the law on equality, and national frameworks on violence against women and girls and on race	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Continuous review of all Service policies, procedures, and processes on a scheduled basis.	ER lead and HoS	Policies and Procedures - CTWG	Immediate & Ongoing
ICR35	Policies	35. Ensure the sending of a clear and unambiguous message of zero tolerance of harassment at work (especially sexual harassment), and comprehensive understanding of what amounts to harassment, throughout the Service	Exploring ways to promote EDI into the future. Enforcing a zero tolerance approach to discrimination, prejudice, harassment, and bullying.	Zero-tolerance statement on bullying, discrimination, and harassment to be published on internal and external sites.	CFO	Dir PS	Dec-24
ICR36	Policies	36. Provide external training to managers on the new policies and procedures, including, in particular, training for all those involved in disciplinary and grievance processes on the identification of misconduct and the operation of those processes	Providing all leaders with the skills and resources to generate 'upstander culture' across the Service, thereby limiting 'bystander' behaviour.	Provide training for staff who are carrying out investigations Create and deliver Upstander training across SWFRS	Head of PS and Head of CS	Policies and Procedures - CTWG	Dec-24
ICR37	Policies	37. Implement new policies and procedures	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Neurodiversity Procedure to be developed Gender Identity Procedure to be developed Stand-alone Sexual Harassment Procedure to be developed.	SLT	EDI and ER Leads	Dec-24

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR38	Procedures	38. Engage external independent body to be part of disciplinary and grievance processes for, at least, the next 18 months	N/A	Continuous review of all Service policies, procedures, and processes on a scheduled basis.	Dir PS	Head of PS	Dec-24
ICR39	Procedures	39. Once a grievance or whistleblowing complaint is raised, agree with the complainant a list of issues to be addressed	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Review Services procedures linked to staff disclosure, complaints, and grievances against revised standards.	Dir PS	Head of PS and Head of Corporate Support	Dec-24
ICR40	Procedures	40. Ensure complainants are regularly updated on the progress of their grievance/complaint	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Review Services procedures linked to staff disclosure, complaints, and grievances against revised standards.	Dir PS and Dir CS	Head of PS and Head of Corporate Support	Dec-24
ICR41	Procedures	41. Appropriately investigate anonymous complaints and/or those with little detail, adequately document the same, and take appropriate action	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Review Services procedures linked to staff disclosure, complaints, and grievances against revised standards.	Dir PS	Head of PS and Head of Corporate Support	Dec-24
ICR42	Procedures	42. Provide template documents to guide managers through the things they need to consider in relation to, and record their reasoning for: suspensions, findings of fact on allegations of misconduct and grievance allegations, and disciplinary sanctions	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Review Services procedures linked to staff disclosure, complaints, and grievances against revised standards.	Dir PS	Head of PS and Head of Corporate Support	Dec-24
ICR43	Procedures	43. Ensure there is a full written grievance outcome which mirrors original grievance and/or addresses each issue in the list of issues agreed with the complainant so that that all allegations are addressed	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Review Services procedures linked to staff disclosure, complaints, and grievances against revised standards.	Dir PS	Head of PS and Head of Corporate Support	Completed
ICR44	Procedures	44. Ensure full written findings of fact and reasons for sanction in each disciplinary case	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Review Services procedures linked to staff disclosure, complaints, and grievances against revised standards.	Dir PS	Head of PS and Head of Corporate Support	Completed
ICR45	Procedures	45. When a member of the Service is involved in criminal conduct, ensure prompt internal action is taken, and ensure such action is selected having regard to the culture of the Service and the impact on internal and external trust and confidence of the alleged offending	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Review Services procedures linked to staff disclosure, complaints, and grievances against revised standards.	Dir PS	Head of PS and Head of Corporate Support	Completed
ICR46	Procedures	46. Aim to address all grievance and disciplinary cases within 1-3 months, including those where the individual leaves the Service's employment (whether through resignation, retirement and/or ill-health), and adequately document any reasons for delay outside of this timeframe	Continuously review policies and procedures to promote a safe, equitable and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Review Services procedures linked to staff disclosure, complaints, and grievances against revised standards.	Dir PS	Head of PS and Head of Corporate Support	Dec-24

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR47	Recruitment and Promotion	47. Review fairness and transparency in promotion processes, and implement change	Removing barriers (real and perceived) for recruitment and promotion into all Service roles through the effective design of attraction, selection and retention processes and activities, supported by a robust Integrated Assessment	Ensure that all selection is transparent and auditable with clear criteria for decision-making. All decisions need to be objective, and evidence based and where the organisation needs to act outside of the standard processes this must be documented with a full rationale and be available on request.	Head of PS	Training, Promotions, Recruitment - CTWG	Partially completed
ICR48	Recruitment and Promotion	48. Devise fair and transparent process for "acting up" in place of temporary promotion	Removing barriers (real and perceived) for recruit	Review temporary promotion process	SLT	Training, Promotions, Recruitment - CTWG	Sep-24
ICR49	Recruitment and Promotion	49. Ensure all vacancies are advertised swiftly, both internally and externally, including senior non-operational roles being advertised to both uniformed and non-uniformed members of staff	Removing barriers (real and perceived) for recruitment and promotion into all Service roles through the effective design of attraction, selection and retention processes and activities, supported by a robust Integrated Assessment	Review recruitment processes to ensure that mechanisms are in place to provide equal and equitable access for all and making use of positive action where required.	Head of PS	Recruitment Lead	Sep-24
ICR50	Recruitment and Promotion	50. Engage external independent body to be part of promotion and recruitment processes for, at least, the next 18 months	NA	Review recruitment processes to ensure that mechanisms are in place to provide equal and equitable access for all and making use of positive action where required.	Dir PS	Head of PS	Completed
ICR51	Recruitment and Promotion	51. Ensure at least one female member of staff and/or one member of staff from an ethnic minority group sits on each promotion/recruitment panel	Removing barriers (real and perceived) for recruitment and promotion into all Service roles through the effective design of attraction, selection and retention processes and activities, supported by a robust Integrated Assessment	Ensure recruitment panels are diverse and involve individuals from under-represented groups.	SLT	Recruitment Lead with support from Heads of Service	Completed
ICR52	Recruitment and Promotion	52. Consider whether the promotion and transfer lists should be published, and if a decision is made not to do so, record the reasons for the decision, and whether any other steps might be taken to improve transparency and confidence in the process	Removing barriers (real and perceived) for recruitment and promotion into all Service roles through the effective design of attraction, selection and retention processes and activities, supported by a robust Integrated Assessment	Ensure that all selection is transparent and auditable with clear criteria for decision-making. All decisions need to be objective, and evidence based and where the organisation needs to act outside of standard processes this must be documented with a full rationale and be available on request.	SLT	Recruitment Lead	Sep-24
ICR53	Recruitment and Promotion	53. Provide written feedback to all candidates for promotion and recruitment (including retained firefighters applying for the wholetime duty system)	Removing barriers (real and perceived) for recruitment and promotion into all Service roles through the effective design of attraction, selection and retention processes and activities, supported by a robust Integrated Assessment	Ensure that all selection is transparent and auditable with clear criteria for decision-making. All decisions need to be objective, and evidence based and where the organisation needs to act outside of standard processes this must be documented with a full rationale and be available on request.	Head of PS	Training, Promotions, Recruitment - CTWG	Sep-24
ICR54	Recruitment and Promotion	54. Reach out to religious and other leaders within the community and build stronger connections in order to better understand whether any barriers to diversity exist and how they can be removed	Championing SWFRS as a truly inclusive employer of choice, embedding EDI in all our activities when promoting careers within SWFRS.	Greater engagement with specific communities is undertaken by engagement teams to expand visibility of FRS as an employer, promote the Service's equality mandate, increase access to our services by underrepresented groups and use input from underrepresented groups to feed into local partnership boards, service delivery etc.	Head of PS	Consultation and Engagement Group	Ongoing and by end December 2024

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR55	Training	55. Review training of new recruits, including explicit values and standards training	Ensuring all individuals are provided with a comprehensive learning package around EDI issues.	Review all elements of Induction process to ensure consistent approach taken across the Service (including anti-racism). Behaviours and expectations to be discussed by line managers during all induction processes.	Head of PS	EDI Lead, L & D Lead, Training School	Sep-24
ICR56	Training	56. Implement EDI training – in person and interactive – across the Service	Ensuring all individuals are provided with a comprehensive learning package around EDI issues	Training to be provided on a range of protected characteristics.	Head of PS	L,D & I Team	September 24 & Ongoing
ICR57	Training	57. Roll out the training given to new recruits in relation to domestic abuse and sexual violence to all members of the Service	Challenging behaviours and speech that do not align with either our	Propose adding a specific action in the Inclusive Action Plan	Head of PS	Training, Promotions, Recruitment - CTWG	Sep-24
ICR58	Training	58. Implement leadership training – its content to be informed by the performance review referred to at recommendation 1 in the 'Leadership' section of the 'Initial phase' above, but to include role-modelling, communication, transparency, self-reflection, accountability, and recognition of EDI at core of leadership	Service's expected standards of behaviour and values or those of the	All leaders must have completed their Inclusive Leadership E-learning. All leaders to receive training around the effects of bullying, harassment and discrimination including lived experiences.	Head of PS	Training, Promotions, Recruitment - CTWG	Immediate & Ongoing
ICR59	Training	59. Implement an equitable mentoring scheme across the Service, including external mentors for ELT and SMT, as well as specific mentoring for members from underrepresented groups to encourage career progression	National Fire Chiefs Council (NFCC) Leadership Framework.	Consider Co/Reverse mentoring programme for staff from under-represented groups Coaching and Mentoring opportunities for all staff through a co-ordinated network.	Dir PS	Training, Promotions, Recruitment - CTWG	Jan-25

ICR60	Training	60. Set a training plan in accordance with para.198 of the Report, ensuring sufficient budget allocated for training goals
		
		198. A comprehensive package of face-to-face and interactive training, using various methods and learning platforms (including, for example, lived-experience discussions from both internal and external people, where appropriate), and covering at least the following should be implemented:
		(1) dignity at work training, including treating people with respect;
		(2) equality, diversity and inclusion training, including the benefits of positive action;
		(3) training with regards to tackling and preventing domestic abuse and sexual violence;
		(4) training on disability discrimination, including mental health and reasonable adjustments;
		(5) social media training and how to use social media responsibly;
		(6) management training in respect of:
		    (a) leadership skills, and managing and developing people;
		    (b) dignity at work, including treating people with respect;
		    (c) equality, diversity and inclusion, including the benefits of positive action;
			Ensuring all individuals are provided with a comprehensive learning package around EDI issues.	Create and deliver Upstander training across SWFRS.
				Training to be provided on a range of protected characteristics.
				Training for positive action events and community engagement for all relevant parties
				Individuals to complete mandatory training modules within the time frames allocated to include e.g. unconscious bias, inclusive leadership, sexual harassment, anti-bullying.
					Head of PS	Training, Promotions, Recruitment - CTWG	Sep-24

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR61	Training	61. Explicit values and standards training for recruits and those who work at the Training Centre	Ensuring all individuals are provided with a comprehensive learning package around EDI issues.	Behaviours and expectations to be discussed by line managers during all inductions processes.	Head of PS and Head of TS	Training, Promotions, Recruitment - CTWG	Immediate and Ongoing
ICR62	Training	62. Teacher training for instructors at the Training Centre, and fire cadet instructors, to include training in relation to the identification and prevention of bullying, harassment and inappropriate communications, and the positive communication of values and standards	N/A	All leaders to receive training around the effects of bullying, harassment and discrimination including lived experiences	Head of PS and Head of TS	Training, Promotions, Recruitment - CTWG	Immediate and Ongoing
ICR63	Training	63. Consider appointing an EDI champion at each station or department	Embedding staff networks within the Service with a focus on equity, inclusivity and wellbeing e.g., Inclusive Workforce Group, EDI Champions, Wellbeing champions etc.	IWG will provide a steer from within SWFRS and be key in engagement, particularly around topics with a focus on EDI. The Group will continue to expand with champions representing various areas of inclusion from across the Service.	Head of PS	EDI Lead, IWG with support from Head of PS	Completed
ICR64	Training	64. Implement Work with Me passports' provision within a reasonable period of time	Ensuring reasonable adjustment requests are assessed in line with Service procedures with the focus on the individual.	Review of reasonable adjustments to ensure consistent/bespoke approach	Training, Promotions, Recruitment - CTWG	Attendance Management with support from Inclusion and ICT teams	Completed
ICR65	Human Resources	65. Introduce effective document management system	Ensuring new ways of working to improve service delivery	Align our Service's infrastructure to enable us to meet the demands of being a world class employer.	Dir PS	Head of PS	Dec-24
ICR66	Human Resources	66. Review structure of HR and devise and implement more holistic structure	Ensuring new ways of working to improve service delivery	Align our Service's infrastructure to enable us to meet the demands of being a world class employer.	Dir PS	Head of PS	Completed
ICR67	Human Resources	67. Occupational health to be removed from HR function and to have its own Head of Service	Ensuring new ways of working to improve service delivery	Align our Service's infrastructure to enable us to meet the demands of being a world class employer.	Commissioners	Dir PS	Closed
ICR68	Human Resources	68. Encourage staff to provide accurate EDI information	Collecting and analysing data to ensure we are inclusive across all groups	Review and amend Services approach to data collection for EDI data and ensure consistent approach to reporting across the Service including EDI data around lifecycle journey e.g., joiners, leavers, ranks and roles etc.	Head of PS	EDI Lead, Service Performance Lead & Core Access Lead	Oct-24
ICR69	Diversity Monitoring	69. Institute two yearly EDI information collection	Collecting and analysing data to ensure we are inclusive across all groups	Review and amend Services approach to data collection for EDI data and ensure consistent approach to reporting across the Service including EDI data around lifecycle journey e.g., joiners, leavers, ranks and roles etc.	Head of PS	EDI Lead, Service Performance Lead & Core Access Lead	Oct-24
ICR70	Staff Review	70. Seek disclosure of criminal convictions of all operational staff, and review in light of the role they have in the Service	N/A	Immediately review current background check arrangements, and make sure that suitable and sufficient background checks are in place to safeguard staff and communities we serve.	Dir PS	Head of PS	Partially completed 24/01/2025
ICR71	Staff Review	71. Identify specific individual at Training Centre to whom any new recruit or trainee may bring concerns in confidence, and publicise their name to anyone attending the Centre	N/A	Service to create a procedure around the handling of staff disclosures and complaints and implement/communicate within the Service	Dir TS	Training, Promotions, Recruitment - CTWG	
ICR72	Staff engagement	72. 10KV Event, with follow-up action plan based on comments received	Communicating and engaging with those we serve to let them know what we are doing and why	Continuously monitor effectiveness of processes around raising concerns and complaints.	Dir SC&T	Culture, EDI, Communications - CTWG	Sep-24

Code	Theme	Morris Report Recommendation	SEP Strategic Equality Plan	IAP Inclusive Action Plan	Action owner	Delivery group	Proposed Review Date
ICR73	Staff engagement	73. Ensure ELT and SMT evidence how staff feedback is promoted, managed and acted upon in their area of responsibility	Communicating and engaging with those we serve to let them know what we are doing and why	Continuously monitor effectiveness of processes around raising concerns and complaints.	SLT		Sep-24
ICR74	Staff engagement	74. Where leaders are not able to provide satisfactory evidence, provide targeted support for improvement	Communicating and engaging with those we serve to let them know what we are doing and why	Propose adding a specific action in the Inclusive Action Plan	SLT		Sep-24
ICR75	Leadership	75. Before the end of the 18 month period, follow up earlier performance review of ELT under the same headings (see recommendation 1 in the 'Leadership' section of the 'Initial phase' above), and carry out similar assessment of any new appointees	N/A	Propose adding a specific action in the Inclusive Action Plan	Commissioners		Sep-24
ICR76	Leadership	76. Restructure corporate departments, with the assistance of independent external input, to ensure non-operational managerial roles are held by those with the best skills and experience for the role, whether uniformed or non-uniformed, and aim to improve diversity within such roles	Ensuring new ways of working to improve service delivery	Specify and promote succession plans to improve diversity across all levels of the Service (including direct entry) in operational and non-operational roles.	Dir PS	Head of PS	Sep-24
ICR77	Leadership	77. Seek and promote opportunities to work in a structure other than a command and control model	Ensuring new ways of working to improve service delivery	Align our Service's infrastructure to enable us to meet the demands of being a world class employer.	SLT	Values, Standards, Leadership - CTWG	Sep-24
ICR78	Facilities	78. Assess all facilities, equipment and uniform and take steps to ensure that it is fully inclusive based on all protected characteristics where possible	Continuing our capital development programme in creating accessible, inclusive workplaces and facilities.	Equality Impact Assessments are completed comprehensively prior to the undertaking of all Service activities, policies, processes, and Service provision	Head of PS	Culture, EDI, Communications - CTWG	Sep-24
ICR79	Culture Monitoring	79. 10KV Event for different sections of the workforce (not just managers), with follow-up action plan based on comments received	N/A	Continuously monitor effectiveness of processes around raising concerns and complaints.	Dir SC&T	Culture, EDI, Communications - CTWG	Sep-24
ICR80	Performance Review	80. External performance review of ELT	N/A	Ensuring all employees have a regular Personal Review to focus on their wellbeing, workplace experiences and performance across the year.	Commissioners	Dir PS	Sep-24
ICR81	Continuous Training	81. Carry out compliance training in accordance with para.199 of the Report	Ensuring all individuals are provided with a comprehensive learning package around EDI issues.	Continuously review policies and procedures to promote a safe, equitable, and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Dir PS	Training, Promotions, Recruitment - CTWG	Sep-24
ICR82	Culture Monitoring	82. Culture assessment, possibly by external independent body, to track progress in relation to culture targets identified in initial phase, and review of need to modify targets	N/A	Continuously review policies and procedures to promote a safe, equitable, and inclusive culture where colleagues feel they can be themselves at work and where all employees feel they have a voice.	Culture, EDI, Communications - CTWG		Sep-24

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SOUTH WALES FIRE & RESCUE SERVICE   AGENDA ITEM NO 5
25 JULY 2024

PEOPLE COMMITTEE

REPORT OF THE ACO PEOPLE SERVICES

OCCUPATIONAL HEALTH UNIT (OHU) ACTIVITY REPORT – 1 APRIL 2023 TO 31 MARCH 2024

THIS REPORT IS FOR INFORMATION

REPORT APPROVED BY ACO PEOPLE SERVICES, ALISON REED
REPORT PRESENTED BY DR KATHERINE GRIFFITHS

SUMMARY

This Occupational Health Unit (OHU) activity report spans the period from 1 April 2023 to 31 March 2024. The report provides data on the Services expenditure, updates on occupational health initiatives and an outline of strategic development.

RECOMMENDATIONS

That Commissioners note the content of this report.

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1. **BACKGROUND**

1.1   The OHU activity report covers the period 1 April 2023 to 31 March 2024 and shows comparisons to the previous reporting period.

1.1.1 The report provides data on services and expenditure, updates on occupational health initiatives and an outline of strategic development.

2. **ISSUE/PROPOSAL**

2.1.   The Occupational Health Team consists of a part time Consultant Occupational Health Physician (2.5 days p/w); two Occupational Health Physicians (1 day p/w each); Senior Occupational Health Nurse and Occupational Health Nurse (full time); Senior Health and Fitness Adviser and Health and Fitness Adviser (full time); Administrative support is provided by a Senior Medical Administrator, two part time Medical Secretaries and one Administrative Assistant. Some services (physiotherapy, investigations, specialist advice and intervention and

counselling/psychotherapy) are provided through an outsourced/partnership arrangement. We are currently evaluating the occupational health provision to determine how we might better structure the Occupational Health Team to serve the Service. In addition to this, new governance structures are being implemented which will evaluate how we can better use data and metrics to focus our strategies on improving effectiveness and efficiency.

2.2. The OHU aims to maximise the health, well-being, efficiency and morale of Fire and Rescue personnel and to minimise the risks to which they may be exposed because of working practices and the working environment.

2.3. The activities of the OHU span a wide range of services as detailed in Appendix 1. Consultations, routine medicals, pre-employment medicals and the work involved in progressing with the investigation and treatment of incapacitating or potentially incapacitating medical conditions is the core element of services provided.

2.4. The rationale for this being the substantial savings attributable to maintaining the health of the organisation's employees and minimising the cost of sickness absence. Details of consultations and investigation/treatment services are provided below.

3. CONSULTATIONS

Table 1. Provides a breakdown of consultation categories for the period 2023/2024. (Red 2022/2023). Health and Fitness activity is captured in Table 2.

APPOINTMENT TYPE	Q1	Q2	Q3	Q4	TOTAL
Routine Medical Surveillance WDS/RDS	173	92	104	139	**508**
Routine Medical Surveillance AUX	-	-	-	1	**1**
First Appointment Telcons	42	45	49	50	**186**
First Appointment Face to Face	73	95	79	81	**328**
Follow Up Appointment Telcons	118	137	180	196	**631**
Follow Up Appointment Face to Face	62	45	50	53	**210**
Physiotherapy Face to Face	96	96	90	88	**370**
Physiotherapy Telcons	1	4	2	1	**8**
D&A Pre Employment	8	11	7	6	**32**
Recruit Pre Employment *	62	49	43	57	**211**
Counselling * (inc Tel Cons)	132	173	137	170	**612**
Spirometry	7	3	6	9	**25**
Audio	5	5	6	17	**33**
BP	1	-	1	2	**4**
TOTAL APPOINTMENTS	**780**	**755**	**754**	**870**	**3159** **(2763)**

The increase in appointments has been supported by the temporary increase and permanent increase in staffing resources.

Table 2. Health and Fitness Advisers activity 2023/2024 (Red 2022/2023)

APPOINTMENT TYPE	Q1	Q2	Q3	Q4	TOTAL
Fitness Tests	207	193	189	229	818
Fitness Re-Tests	12	11	8	10	41
Functional Assessments	11	4	5	17	37
Health & Fitness Support	10	17	3	6	36
Recruitment Assessment Days	2	1	2	2	7
Recruitment Events	4	5	1	1	11
Pre-Employment Assessments	62	52	34	48	196
TOTAL APPOINTMENTS	**308**	**283**	**242**	**313**	**1146 (1231)**

In 2022/2023 we completed additional recruitment medicals on auxiliary firefighters so therefore the overall appointments for the Health and Fitness Advisors this reporting period appears less for this reason.

Table 3. Referrals by type received for 2023/2024 (Red 2022/2023)

	1	2	3	4	
REFERRALS	QUARTERS				TOTAL
2023-24	**150**	**155**	**152**	**160**	**617 (543)**
LGV	31	32	27	40	**130**
Management Referral	52	55	41	40	**188**
Sickness Absence	43	48	50	43	**184**
Self-Referral	11	7	15	17	**50**
Follow Up from RMS (internal)	2	1	6	9	**18**
HFA to Medical Advisor	1	-	3	-	**4**
Other (including NU Recruits)	10	12	10	11	**43**

If an employee would like support to assist their mental wellbeing, they are able to complete a self-referral to the service. The number of self-referrals has increased by 9 this reporting period.

There were **17** Cases referred to the Independent Qualified Medical Practitioner in 2023/2024 compared to **8** in 2022/2023.

4.   INVESTIGATION/TREATMENT SERVICES

4.1   Since 2001 the Service has allocated funds for a contingency initiative to reduce the costs to the Service arising from delays in NHS investigation and treatment services. Funds are used when the projected costs to the organisation and ultimately the public of any NHS delay, are estimated to be considerably more than the cost of investigation or treatment that is available on a private basis.

Table 4. Provides the Contingency Budget Expenditure 2023/2024 (Red 2022/2023)

SERVICE	NUMBER	COST (£)
Surgical Procedures	16	£60,125 (Average cost per procedure £3,757)
Specialist Referrals	93	£15,902 (Average cost per referral £171)
Scans and X-Rays	51	£12,202 (Average cost per scan £239)
TOTAL	**160** **(212)**	**£88,229** **(£125,322)**

In November 2023 referrals to Spire Hospital were put on hold and employees were encouraged to seek specialist support and investigations through the NHS. The current process of referring to private healthcare is being reviewed and decisions on approval for funding are being assessed on an individual case basis using a cost-benefit analysis.

5.   INVOLVEMENT AND SPECIALIST ADVICE

5.1   The Occupational Health Physicians and Occupational Health Nurses may be required to provide specialist Occupational Health input into organisational policy development and support the Service in several initiatives.

5.2   The following demonstrate initiatives within this reporting period where specialist advice has been provided by the Occupational Health Clinicians.

- Participation on Health & Safety Committee
- Input into the 'Your Health' Delivery Group
- Input into the Ill Health Capability Panel
- Input on Claims Reduction Group
- Continuous review of vaccination requirements for USAR/ISAR personnel.
- Regular contribution on medical fitness advisory panel.
- Regular contribution to case review meetings.
- Input into hand-arm vibration risk assessments alongside Health & Safety for employees based in workshops.
- Control of Noise at Work Regulations.

6.   PHYSIOTHERAPY SERVICE

6.1   Musculoskeletal conditions and injuries are responsible for the majority of sickness absence and lost productivity. Early access to physiotherapy is important in achieving a speedy recovery from these conditions and injuries.

6.2   The organisation continues to benefit from on-site physiotherapy services comprising 1 day per week. The physiotherapist was provided through Spire Hospital however, in December 2023 the contract was awarded to Performance Physiotherapy through the National Procurement Service (NPS). The contract provides a wide range of experience relevant to the role of the Firefighter and the physiotherapist has developed a good working relationship with the Occupational Health professionals and the Health & Fitness Advisors (HFAs). The on-site availability of a physiotherapist has improved the quality and efficiency of the services to staff. The physiotherapist communicates frequently with clinicians providing prompt advice on further investigations or treatment required which reduces the time frame an employee may be absent from work.

7.   STRESS AWARENESS AND COUNSELLING INITIATIVES

7.1   Psychological ill health is the second most prevalent cause of reduced performance and sickness absence. The organisation has benefitted from a long standing partnership with the Department of Liaison Psychiatry at University Hospital Wales (UHW), which has provided very effective treatment for firefighters affected by the traumatic aspects of their role as well as other occupational and non-occupational psychological health conditions. Examples of conditions referred to this service include: post-traumatic stress disorder, anxiety disorders, depression, panic disorder, phobias. A substantial amount of sickness absence is associated with non-occupational stressors, including family bereavement, relationship break-ups, caring commitments, difficulties in achieving a healthy work-life balance. Preventative measures focus on raising awareness of stress and

the coping strategies, ensuring that early supportive intervention is available through the OHU and counselling services.

7.2 The table below provides the number of referrals to the Department of Liaison Psychiatry in this reporting year compared to 2022/2023.

Table 5. NHS Partnership referral numbers

YEAR	NUMBER REFERRED
2023/2024 (* excluding final quarter)	23
2022/2023	28

The table below provides a break-down of the types of cases referred to the service.

Table 5a. Cases referred by type

Cases Assessed	Number
PTSD (Post Traumatic Stress Disorder)	7
Anxiety	6
Depression	1
OCD	1
Stress	3
Declined therapy	2
Dropped out	1
Signposted to other therapy	3

*In the last quarter of this reporting period the Psychotherapist was on long term sickness absence. The service was able to have access to the support of CBT Cardiff that provided several therapists during that quarter. In the final quarter **10** individuals were referred for treatment to CBT Cardiff.

7.3 The ability of individuals to deal with and overcome personal stressors can also be greatly enhanced with support from good quality professional counselling. Using the National Procurement Service (NPS) Framework, an external provider has been appointed to deliver counselling services. This current contract provides an on-site counselling service equivalent to 3 days a week over a 4-day period. This assists in reducing the waiting list for counselling and provides more days available. It also offers further flexibility for employees to attend their sessions. The average waiting time to commence counselling is approximately 2-4 weeks.

Table 6 provides a breakdown of the figures for this reporting year. Appointments are mainly face to face; however, the employee has the option of telephone counselling if that is their preference.

Table 6. Provides a summary of in-house counselling appointments.

2023-24	Appts Available per month	Slots not Filled	Attended	UTA	DNA
April	52	2	38	14	2
May	59	3	46	5	4
June	74	3	48	18	6
July	62	0	52	7	3
August	74	0	65	7	3
September	64	0	56	10	1
October	75	0	60	14	3
November	63	0	51	10	6
December	39	0	26	18	0
January	74	0	66	15	5
February	71	0	53	19	4
March	64	0	51	14	1
TOTAL	771	8	612	151	38

- The Unable to Attend (**UTA**) appointments would have been rearranged for another day.

- The Did Not Attend (**DNA**) figure is mostly due to individuals being 'forgetful' or due to the nature of their role they may have been on an emergency call and couldn't attend. A text reminder is sent out by the counselling service. There were **54** DNAs in the previous reporting period.

- With regards to those that DNA counselling appointments without a valid reason then the missed appointment will count as one of their sessions. For those that DNA any other Occupational Health appointments or cancel their appointment in advance more than once their managers are informed. We are in the process of purchasing a Patient Management System which will have the ability to send out text message reminders before appointments which should reduce the number of DNA's.

7.4   As part of the Service's ongoing commitment to employee health & wellbeing, an Employee Assistance Programme (EAP) was launched on 1st December 2015. A new contract was awarded in August 2023 to Vivup.

7.4.1   The organisation has signed up to this service to provide additional support to all employees through the NPS arrangements.

7.4.2   The EAP is an on online resource that is available free of charge to all staff offering immediate information, answers, and advice on a range of workplace and personal issues. Employees can be signposted to this service via Occupational Health or their manager.

7.4.3   The EAP provides confidential, impartial advice and support 24 hours a day, 365 days a year and consists of:

- A free phone telephone service answered directly by a team of qualified and experienced counsellors and support specialists.
- Face to Face and Virtual EAP Counselling support.
- Self-help Cognitive Behavioural Therapy (CBT) workbooks.
- Financial Wellbeing Tools that Occupational Health and managers can signpost employees to if in financial difficulties.
- Family care support.

7.4.4   The combination of the above preventative steps and the professional counselling initiative are important factors in improving the mental health and wellbeing of employees and reducing sickness absence.

8.   AWARENESS RAISING EVENTS/INITIATIVES

8.1   In August 2019 a Wellbeing Steering Group was established. This group consists of members from various departments across the service. The group is focussing on the health promotion calendar and will plan awareness raising events throughout the year according to the calendar. The group has since been named 'Your Health Delivery Group'.

The Occupational Health Nurses continue to provide heart awareness sessions at various work locations offering blood pressure, cholesterol, and blood sugar checks. Positive feedback is received following these events. By July 2024 every work location will have a blood pressure monitor available for employees to use.

The Occupational Health Nurses deliver presentations for new joiners to the organisation which includes awareness of Post-Traumatic Stress Disorder (PTSD) and the services Occupational Health provide to support employees with both physical and mental health issues.

Through the Your Health group the Occupational Health Team will work alongside other members of the group in providing input into health awareness days using the NHS calendar of national campaigns for guidance.

The Occupational Health Nurses attend the physical and practical days held by recruitment. Here they can carry out some basic medical tests and advise perspective new starters on how to obtain their GP records in readiness for their pre-employment medical to prevent delays. This new process has been very effective and welcomed by all teams involved.

8.2   Health promotion and advice are regularly provided to employees by occupational health clinicians during routine medicals and consultations.

9.   FRAMEWORK FOR POST CRITICAL INCIDENT SUPPORT

9.1   The nature of the work of a fire and rescue service is such that attending traumatic incidents is an unavoidable aspect of the job.

9.2   Access to specialist services are promptly available if any individual is experiencing difficulties following a traumatic incident. Clinicians will often liaise with the allocated psychotherapist for advice on managing a case should they require it. Trauma Screening Questionnaires (TSQ's) are available to send employees to assess symptoms following a critical incident should they require it.

10.   HEALTH AND FITNESS ADVISER INITIATIVES / PROJECTS

10.1   During this reporting period, the Health and Fitness Advisers have undertaken the following initiatives / projects:

Efficiency
- Continued co-operation with Occupational Health Team and ICT to streamline working practices.

Health & Wellbeing
- Developed 'Your Health' intranet page which is divided into two sections those being Mental Health and Physical Health to provide information and resources to support the mental and physical health of staff.
- Developed Health & Fitness Advisers intranet page which is divided into two areas those being Fitness and Nutrition to provide information and resources to support the health and fitness of staff.
- Completed a Yoga Teacher training course following which yoga sessions have been delivered to staff to support their Health and Wellbeing.

- Leading group walking sessions at Headquarters every Wednesday ('Walking Wednesday') to encourage staff to undertake more regular physical activity.
- Developed walking route guides for Headquarters and Occupational Health to support staff to undertake more regular physical activity.
- Involved with developing workout videos in order to motivate staff to undertake more regular physical activity.
- Ongoing delivery of presentations to new starters on the benefits of health and fitness to promote a healthy work / life balance.

Fitness

- Continued fitness support for firefighters presenting with physical fitness issues.
- Continued support to provide functional assessments and fitness support to speed up firefighters returning from injury/illness.
- Continued collaboration with the training department to provide role-related fitness sessions to Wholetime recruits throughout the training course. The aim of this is to encourage the uptake of lifelong physical activity amongst firefighters.

Gyms

- Ongoing fitness equipment replacement and upgrades. Continued updating of cardiovascular and resistance training equipment across all sites.
- Ongoing purchase of cost effective, multi-user functional fitness equipment due to decreased fitness equipment budget in order to maximise value for money.

Other

- Ongoing support in the recruitment of WDS, On Call and Auxiliary firefighters.
- Assisting with the delivery of "workout with the watch" days for potential firefighter applicants including specific sessions for underrepresented groups aimed at providing fitness advice in relation to the role.

11. STRATEGIC DEVELOPMENT

11.1 The Occupational Health Service are in the early stages of procuring a patient management system which will be able to offer an intuitive interface for the management of employee's medical information, appointments, specific health surveillance and other occupational health related data.

11.2 Due to the increase workload of the Occupational Health Unit the Service has increased staffing levels on a temporary basis.

12.   IMPLICATIONS

12.1 Community and Environment

12.1.1 Equality, Diversity, and Inclusion

All employees have the same access to Occupational Health Services.

The Occupational Health Unit based at Pontyclun is accessible to all employees. It has disabled parking spaces located next to the building. There is a ramp leading to the front door. The unit has an accessible consultation room on the ground floor and has a lift facility for those needing to use the consultation rooms upstairs if preferred.

Employees are offered face to face or telephone consultations when appropriate to suit their own individual needs. Virtual consultations can also be offered if requested.

Occupational Health staff have received training on EDI impact assessments.

12.1.2 Welsh Language

The Occupational Health Service includes staff that are fluent Welsh speakers.

12.2 Regulatory, Strategy and Policy

12.2.1 Information Management

The procurement of a patient management system will be able to offer an intuitive interface for the management of employee's medical information, appointments, specific health surveillance and other occupational health related data.

12.2.2 Data Protection / Privacy

The OHU holds medical information on all employees of SWFRS. Staff are aware of the General Data Protection Regulations (GDPR) and aim to ensure that personal data related to Occupational Health is processed lawfully and securely.

12.3 **Resources, Assets and Delivery**

12.3.1 Procurement

A budget of 60k has been allocated for the next financial year to purchase a patient management system. The aim is to have a contract secured with a supplier by October 2024.

13. EVALUATION AND CONCLUSIONS

13.1   The Morris Report stated that the service has 'an excellent internal occupational health service'. We recognise that we must continue to innovate and develop our services so that we remain fit for a modern fire and rescue service.

13.2   We are currently evaluating the provision and in line with our new governance structures we will be focussing on data and metrics in order to improve effectiveness and efficiency, whilst also maximising the health and wellbeing of employees.

14. RECOMMENDATIONS

14.1   That Commissioners note the content of the report.

Contact Officer:	Lisa Shroll Head of People Services	
Background Papers	**Date**	**Source / Contact**
None		
Title		

Appendices	
Appendix 1	Occupational Health Services

Appendix 1: Occupational Health Services

The Occupational Health Unit (OHU) provides the range of services required by Fire & Rescue Authorities under Health and Safety Law, Employment Law, Equality Law, Pension Provisions and in accordance with directions issued by relevant government departments. Firefighting can be extremely demanding and hazardous occupation requiring high levels of medical and physical fitness. The prevention of unnecessary ill health and incapacitation are essential factors in our efforts to maintain optimum operational effectiveness and efficiency. A good quality occupational health service has a vital role to play.

The range of services provided includes:

- Medical surveillance of all Wholetime Duty System (WDS), On Call System (OCS) and Auxiliary (AUX) Firefighters on a 3-yearly cycle or annually dependent on role.

- Physical fitness assessments of all WDS, OCS and AUX Firefighters.

- Pre-employment screening medical examinations of all WDS, OCS and AUX Firefighters and cooperate staff. A drug and alcohol test is completed at all pre-employment medicals.

- Post-incident surveillance of Firefighters exposed to toxic and hazardous Substances.

- Post incident support to Operational staff and USAR/ ISAR teams.

- Medical advice on fitness for employment and rehabilitation following illness, injury or identification of health problems during consultations and medical surveillance/fitness assessments.

- LGV medical examinations.

- Assessment of eligibility for ill health retirement and injury awards.

- Case management following a sickness absence, management or self-referral.

- Medical advice and support to specialist teams i.e. USAR and ISAR teams.

- Health promotion and Wellbeing Events.

- Specialist advice on the assessment and control of health risks associated with firefighting.

- Progressing the medical management of cases faced with NHS delays.

- Managerial referral consultations when work may be adversely affecting health and wellbeing, or vice versa.

- Immunisation management of the USAR and ISAR teams through outside providers

THIS REPORT IS NOT EXEMPT AND IN THE PUBLIC DOMAIN

SOUTH WALES FIRE & RESCUE SERVICE   AGENDA ITEM NO 6
                                                          25 JULY 2024

PEOPLE COMMITTEE

REPORT OF THE DIRECTOR PEOPLE SERVICES

ANNUAL REPORT ON GRIEVANCE AND DISCIPLINE ACTIVITIES FOR THE YEAR 1 APRIL 2023 TO 31 MARCH 2024

THIS REPORT IS FOR INFORMATION

REPORT APPROVED BY THE DIRECTOR OF PEOPLE SERVICES
REPORT PRESENTED BY HEAD OF PEOPLE SERVICES, LISA SHROLL

SUMMARY

This report provides a summary of grievance and discipline matters investigated by the Resolution Unit during the period 1 April 2023 to 31 March 2024.
The report also provides some trend analysis over the period of 2015 to 2024.

RECOMMENDATION

That Commissioners note the content of this report.

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1. BACKGROUND

1.1   The main purpose of the Grievance Procedure is to ensure that individual employees who feel aggrieved about the way they have been treated either by a manager, colleague, or organisational procedure, are given the opportunity to have their issue(s) resolved in a fair and just manner.

1.2   The purpose of the Discipline Procedure is to help and encourage all employees in achieving and maintaining standards of conduct, attendance, and job performance. The aim is to ensure consistent and fair treatment for all employees in dealing with discipline related matters.

1.3   Both the Grievance and Discipline Procedures are a statutory obligation under the Employment Rights Act 1996 (as amended 2008).

1.4   Historically, Disciplinary and Grievances cases have been managed by the HR Manager responsible for Employee Relations, supported by two Investigators.

1.5   In December 2022, the Service instigated a Cultural Review (the outcome of which is the recently published Morris Report), and during 2023

contracted in the services of an external HR consultancy to support the volume of discipline cases. This solution allowed the case load to be managed during a period of change within the function. A number of the cases included in the statistical analysis of this report, were referred to in the Morris Report.
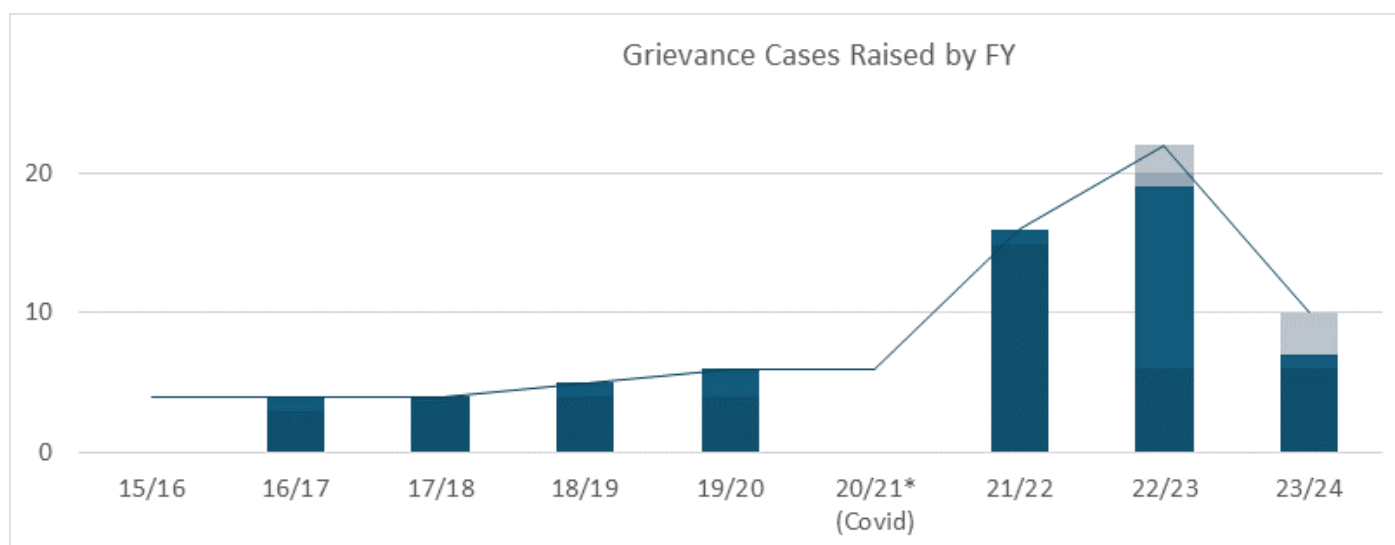
1.6   A recent restructure of the People Services Directorate that commenced in March of this period, has bolstered the resource in this specialist area of HR.

1.7   The Morris Report into the culture of South Wales Fire and Rescue Service reviewed 128 cases occurring over a seven-year period and highlighted a historic inconsistent approach to handling disciplinary and grievance issues. It also raised concern in relation to the application of the disciplinary procedure stating, "a lenient approach to discipline previously led to the current position in the Service."   The report also confirmed that, following changes within the People Services Directorate and the use of the external HR consultancy, things were getting back on an even keel to ensuring an impartial, balanced, and fair approach to discipline and grievance matters.

1.8   Please note that the breakdown of the figures contained in this report are given in general terms rather than specific case detail to ensure the confidentiality and anonymity of the employees concerned and are related to the period 1st April 2023 to 31st March 2024.

2. ISSUE

Grievances

2.1   During the period 1 April 2023 to 31 March 2024, ten formal grievances were received (compared to 22 formal grievances in 2022/23), returning to pre-pandemic levels.

2.2   Of the ten grievances:

- Six were received from wholetime personnel, three from On Call employees and one was received from a corporate employee.
- Three of the grievances related to management or ranked officers, whilst seven related to non-managerial employees.
- Three were from female employees, seven from male employees.
- Four were allegations of bullying and/or harassment.
- One was an allegation of discrimination and/or victimisation.

- Five were in relation to management decisions or policy changes.

Grievance Cases Raised by FY

Disciplinaries

2.3 During the period 1 April 2023 to 31 March 2024, there were 31 reported alleged breaches of discipline, comparable with the 31 reported in FY22/23.
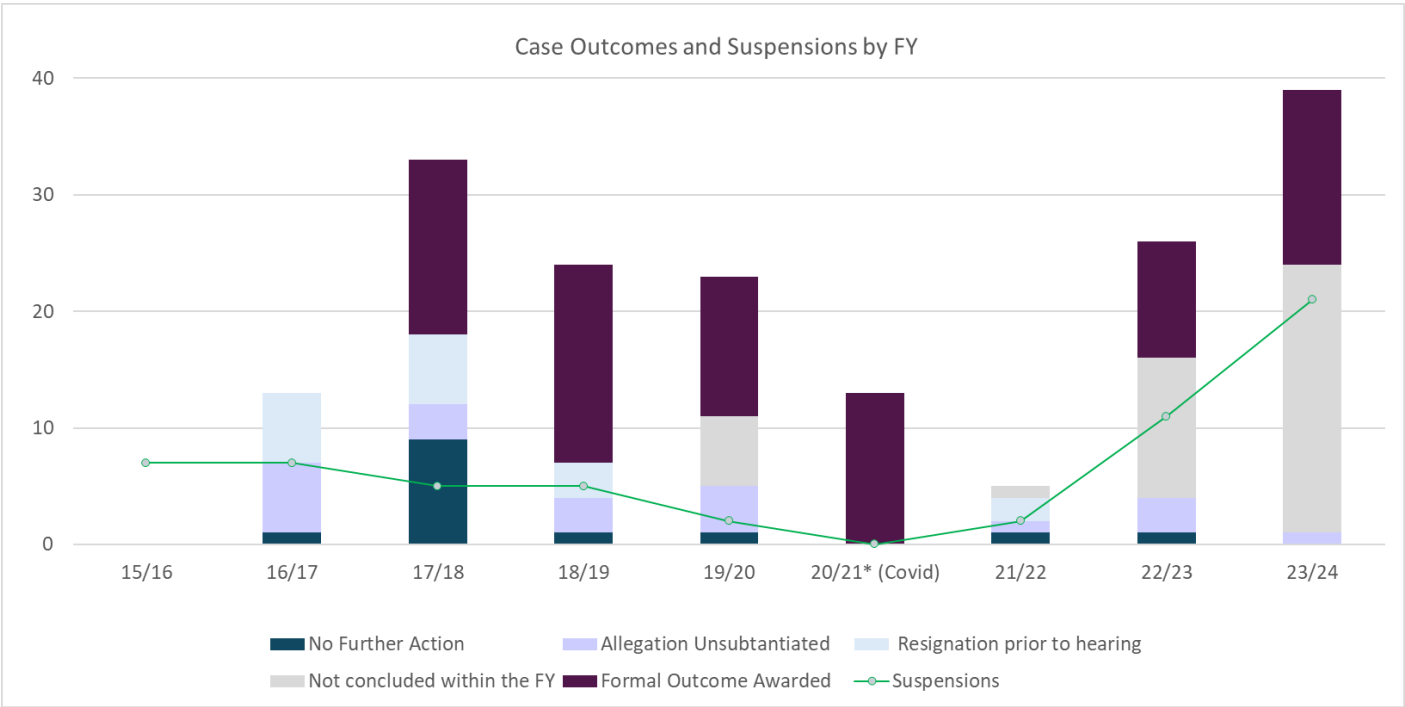
2.4 Of the 31 reported disciplinary breaches:

- Six related to Corporate, eight to On-Call and 17 to Wholetime employees. There were no discipline issues relating to Fire Control employees.
- 14 breaches related to management or ranked officers, whilst 17 related to non-managerial employees.
- Three cases related to female employees, the remaining related to male employees.
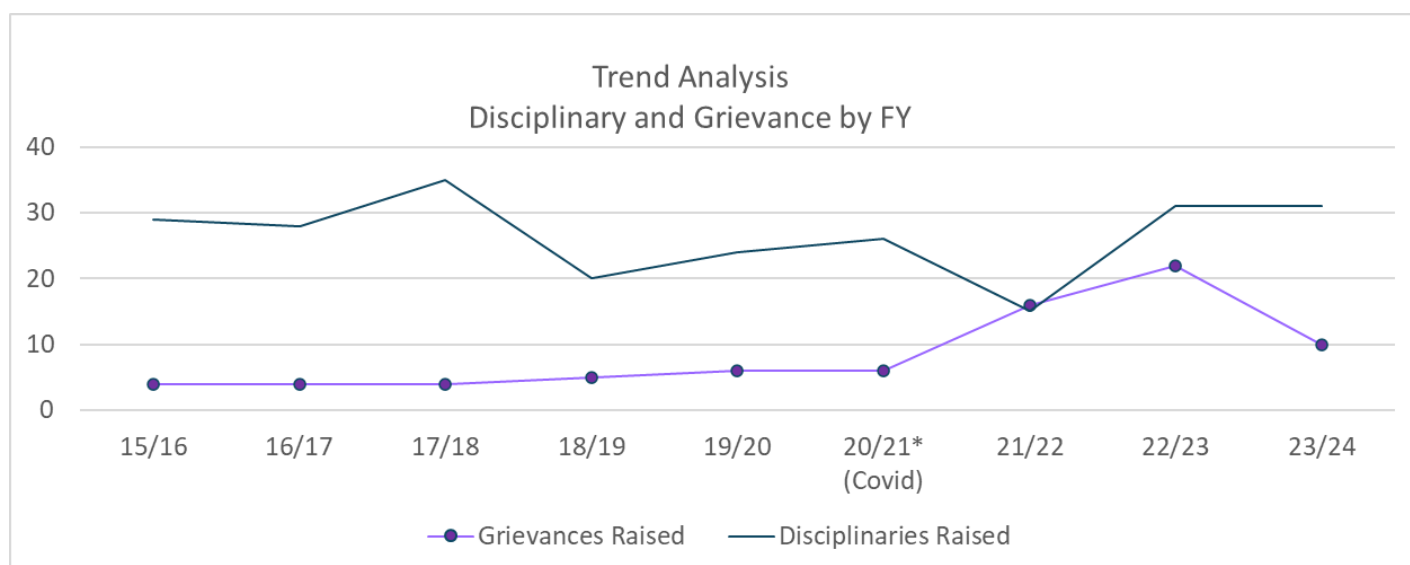
2.5 The issues resulting in a disciplinary investigation being launched can arise from conduct within and outside of the workplace. Of the 31 reported disciplinary breaches:

- 12 related to Bullying, Harassment, Discrimination or Victimisation.
- Seven related to data breaches, fraud and/or other acts of dishonesty.
- Eight related to Drug, Alcohol or Domestic Violence allegations outside of the workplace.
- Four related to other behavioural issues.

2.6   The issues resulting in a disciplinary investigation can sometimes result in the serving of a suspension from duty, a neutral act implemented as a last resort, to protect the employee, their wellbeing, the integrity of the investigation, and the protection of witnesses and evidence.

2.7   The Service conducted risk assessments that resulted in a total of 21 suspensions during FY 23/24, doubling on the previous year, indicative of the nature and seriousness of the investigations as denoted in section 2.5 above.

2.8   Outcomes of the investigations that were concluded in the financial year, resulted in five dismissals for gross misconduct, 23 cases were still pending conclusion on 31st March 2024.

Case Outcomes and Suspensions by FY

Legend: No Further Action, Allegation Unsubtantiated, Resignation prior to hearing, Not concluded within the FY, Formal Outcome Awarded, Suspensions

2.9   Committee Members are invited to note the correlation between the drop in disciplinary cases and the increase in Grievances post Covid, as demonstrated in the trend analysis graph below.

Trend Analysis
Disciplinary and Grievance by FY

Grievances Raised — Disciplinaries Raised

3. IMPLICATIONS

The following outlines the considered implications for each of the category groups below:

3.1 Community and Environment

3.1.1. The discipline procedure sets out fair and transparent measures for addressing conduct that falls short of the standards expected. The procedure also provides a route for employees to respond to allegations made against them.

3.1.2. The grievance procedure provides the avenue for concerns to be considered in a fair and just manner.

3.1.3. A risk assessment is completed prior to deciding to suspend an individual from the workplace.

3.1.4. Safeguarding considerations may also be made where it is deemed appropriate.

3.1.5. All procedures are equality risk assessed.

3.2 Regulatory, Strategy and Policy

3.2.1 These procedures are consistent with current employment law, ACAS Statutory Codes of Practice, and the relevant National Joint Council Conditions of Service (Grey and Green)

3.2.2 Information is stored and maintained in line with the Service's Data Protection procedures and Data Protection legislation.

3.3 Resources, Assets and Delivery

3.3.1 A restructure of the People Services has resulted in the bolstering of specialist resource in investigations within the Directorate.

4 EVALUATION & CONCLUSIONS

4.1 This report presents an overview of discipline and grievance cases for the financial year 2023-24.

4.2 In the period covered by this report, grievances reduced but disciplinary cases were above average.

4.3 Behaviour related disciplinary cases were amongst the highest levels and the Service is currently reviewing, as part of its wider change and transformation programme, its programme of soft skills development for staff.

4.4 The Behaviours Overview Group (previously referred to as the Oversight and Ethics Group) provides oversight of disciplinaries, grievances and complaints. This group now resides within a formal governance structure. One of its main aims is to provide oversight of how the Service applies its policies and procedures in relation to discipline, grievance, and complaints.

5 RECOMMENDATIONS

5.1 That Commissioners note the content of this report.

Contact Officer:	Hannah Goodchild People Services Manager	
Background Papers	Date	Source / Contact
None		
Title		

Appendices	

THIS REPORT IS NOT EXEMPT AND IN THE PUBLIC DOMAIN

SOUTH WALES FIRE & RESCUE SERVICE   AGENDA ITEM NO 7
                                                             25 JULY 2024

PEOPLE COMMITTEE

REPORT OF THE HEAD OF CORPORATE SUPPORT

WHISTLEBLOWING/COMPLAINTS/COMPLIMENTS/CONCERNS REPORT

THIS REPORT IS FOR INFORMATION

REPORT APPROVED BY THE DIRECTOR OF PEOPLE SERVICES
REPORT PRESENTED BY THE HEAD OF CORPORATE SUPPORT

SUMMARY

This report provides an overview of whistleblowing disclosures, complaints and compliments received by the Service during the financial year 2023/24. It also presents an overview of concerns raised through the FRS Speak-Up service since its introduction in April 2023. Due to the sensitive nature and GDPR considerations associated with this information, all information presented has been anonymised.

The key headlines are as follows:

- There were no whistleblowing disclosures in the financial year 2023/24.
- The number of complaints received by the Service has increased by 14% compared to the previous year, from 66 to 75.
- There were no complaints escalated to the Public Service Ombudsman for Wales.
- Of the 75 complaints received by the Service during 2023/24, all 75 have been formally closed.
- The number of compliments received during 2023/24 increased by 34% compared to the previous year, from 82 to 112.
- The number of concerns raised via FRS Speak Up in the financial year 2023/24 were 53. This was the first year of its introduction.

RECOMMENDATIONS

It is recommended that the Commissioners consider and note the content of the report.

1. BACKGROUND

1.1 The Service is committed to the highest standards of openness and accountability. In line with that commitment, the Service recognises that an important aspect of accountability and transparency is a mechanism to enable employees to voice concerns about breaches or failures in a reasonable and effective manner. "Whistleblowing" is the term used when an employee has a concern about danger or illegality that has a public interest aspect to it: usually because it threatens others (e.g. customers, colleagues, or the public). The Service does have a Public Interest Disclosure available to staff, which has been written to take account of the Public Interest Disclosure Act 1998 (which protects members and staff making disclosures about certain matters of concern).

1.2 The Service has a commitment to positive customer experience and is committed to the behaviours set out in our Values and sets out what behaviour our communities should expect from staff.

1.3 The importance of effectively addressing all concerns received from staff and members of the public was made within The Morris Report and will therefore continue to be a priority for the Service.

1.4 In April 2023 the Service introduced a new anonymous reporting line, via FRS Speak Up.   Any member of staff or member of the public can report a concern via FRS Speak UP. All concerns are investigated, and an audit mechanism has been introduced to record decisions against each concern.   Further detail in relation to the themes and numbers of concerns raised is outlined elsewhere in this report.

1.5 This report sets out all whistleblowing disclosures, complaints and compliments received by the Service for the period 1 April 2023 to 31 March 2024, and focuses on the nature of complaints and the learning they provide to inform Service improvement. The themes of all complaints are identified and analysed to ensure organisational learning. The report also captures the number of concerns raised via the FRS Speak Up reporting line.

1.6 The aim is for the Service to be sensitive to the service user and community member needs, prioritise communication and provide clear and current information.

1.7 The Service also receives several compliments from members of the public, which are reported through Routine Notice on a weekly basis.

2. ISSUE / PROPOSAL

2.1 The Service prioritises addressing complaints to ensure that these are dealt with appropriately and efficiently. The Business Support Team monitors the number of complaints received as well as the quality and timeliness of responses.

2.2 The team works closely with Heads of Service and appropriate managers to ensure that corrective actions are put in place and learning from complaints is built into future service design. There is a strong commitment to improve responses and the aim is to reduce the number of complaints.

2.3 The Service faces several challenges in dealing with complaints, the main one being that the number of cases with added complexity has increased, where responses may need input from multiple departments.

2.4 The key headlines from complaints performance in 2023/24 are as follows:

• There were no whistleblowing disclosures in the financial year 2023/24.

• The number of complaints received by the Service has increased by 14% compared to the previous year, from 66 to 75.

• There were no complaints escalated to the Public Service Ombudsman for Wales.

• Of the 75 complaints received by the Service during 2023/24, all 75 have been formally closed.

• The number of compliments received during 2023/24 increased by 34% compared to the previous year, from 82 to 112.

• The number of concerns raised via FRS Speak Up in the financial year 2023/24 were 53. This was the first year of its introduction.

3. IMPLICATIONS

3.1 **Community and Environment**

3.1.1 Equality, Diversity, and Inclusion – all members of the public and our staff should have the appropriate mechanisms to raise concerns when they believe the Service has fallen short in our duty as a public service. We ensure that we can receive formal complaints via phone, the website, via email and via letter.

3.1.2 Welsh Language – we do not treat the Welsh Language less favourably during the complaints process, in-line with the Welsh Language (Wales) Measure 2011. We can receive and respond to complaints in both Welsh and English equally.

3.1.3 Well-Being Of Future Generations (Wales) Act – effectively managing and learning from complaints is fundamental to ensuring that the Service continues to work effectively within our communities. This process contributes to the well-being goal of "a Wales of cohesive communities".

3.1.4 Safeguarding – some complaints received may have safeguarding implications. All safeguarding concerns identified as part of this process are referred urgently via the appropriate channels.

3.1.5 Consultation and Communications – we formally acknowledge receipt of all complaints in writing and include an overview of what will happen next. We will maintain contact should any further information be required and ensure to notify complainants when complaints have been resolved.

3.2 **Regulatory, Strategy and Policy**

3.2.1 Legal – the Service has numerous statutory responsibilities. Complaints made may identify shortcomings in these areas – complaints are escalated to the Senior Leadership Team when received, to ensure that any potential non-compliance can be immediately resolved.

3.2.2 Financial - should the Service fail or be negligent in certain areas, litigation could arise that would not only impact on the reputation of the Service, but also have financial implications.

3.2.3 Information Management/Data Protection – complaints made often contain sensitive personal information. All information held relating to a complaint made is therefore held securely and only accessed by limited numbers of staff.

3.2.4 Health, Safety and Wellbeing - Public Interest Disclosures and complaints made may identify areas of risk to our staff or members of the public. Issues of this nature raised are escalated and investigated immediately.

3.2.5 The Morris Report – the importance of providing staff with robust mechanisms to raise complaints of improper behaviour in the workplace was identified within the report. Recommendations were

proposed within the report under the heading of "Speaking Up", which stated that we need to expressly refer to and encourage speaking up within our Culture Review action plan, highlight the importance of speaking up within our procedures as part of their review and support staff that speak up and keep them safe both at and outside of work. It was also recommended that we continue using the Crimestoppers FRS Speak Up line and initiate appropriate investigations, taking appropriate actions and keeping accurate records. Our complaints and concerns process therefore ensures that staff can make complaints in a safe and confidential manner, while the ongoing progress of their complaint will be regularly communicated to them.

3.3 **Resources, Assets and Delivery**

While there has been an increase in the total number of complaints received and an increase in those that are complex (where responses may need input from multiple departments), the complaints process is resourced entirely from existing resources within the Service.

4. EVALUATION & CONCLUSIONS

4.1 The Service receives, investigates, and resolves complaints from members of staff and the public, which are logged by the Business Support Team.

4.2 There is an ongoing upward trend in complaints received by the Service year of year, with the number of complaints received during the last financial year (75) being the highest number of complaints received during the last 5 financial years. Monitoring this trend to identify potential repeat areas of poor performance, with a view to implement plans to increase awareness of these and to provide guidance to staff, would ultimately reduce the number of complaints received.

4.3 The first year of introducing FRS Speak Up saw a total of 53 concerns raised. 9 concerns raised in relation to misogyny with 9 raised in relation to discrimination/harassment and 12 concerns were raised in relation to fraud/corruption. There were 3 concerns raised in relation to Health & Safety breaches and 3 in relation to poor/unsafe working practices. 17 concerns were categorised as "other". All concerns are investigated and there is an audit showing action taken in response to each concern. Some of the concerns raised have contained very little evidence in relation to the detail of the concern and due to the requester not wanting any follow up communications, it is often difficult to fully investigate a concern. We are working with Crimestoppers to ensure that more detailed information is provided when an individual raises a

concern. In addition, we are working with our Communications Team to develop a communications plan so that staff are aware of the importance of providing as much information as possible when they report a concern.

4.4 Complaints and concerns received, and the effectiveness of their resolutions will likely form part of the Service's Culture Dashboard, as a measure of our effectiveness throughout the transformation programme and beyond.

5. RECOMMENDATION

It is recommended that the Commissioners consider and note the content of the report.

Contact Officer:		Wayne Thomas Head of SP&C	
Background Papers		**Date**	**Source / Contact**
None			

Appendices	
Appendix 1	Data on whistleblowing, complaints, compliments and concerns raised via FRS Speak UP

Appendix 1: Data

Report Title – Whistleblowing, Complaints, Compliments and Concerns raised via FRS Speak UP Report

1. Count of complaints

The chart below shows the number of complaints received by the Service during the last 5 financial years. During 2020/21, there was a 4% increase (1) in complaints received when compared to the previous year. This was followed by a 58% increase received in 2021/22 (24 to 38), and a 74% increase received during 2022/23 compared to the previous year (38 to 66).

The Service received 75 complaints during 2023/24, which was a 14% increase compared to the previous year (66 to 75).
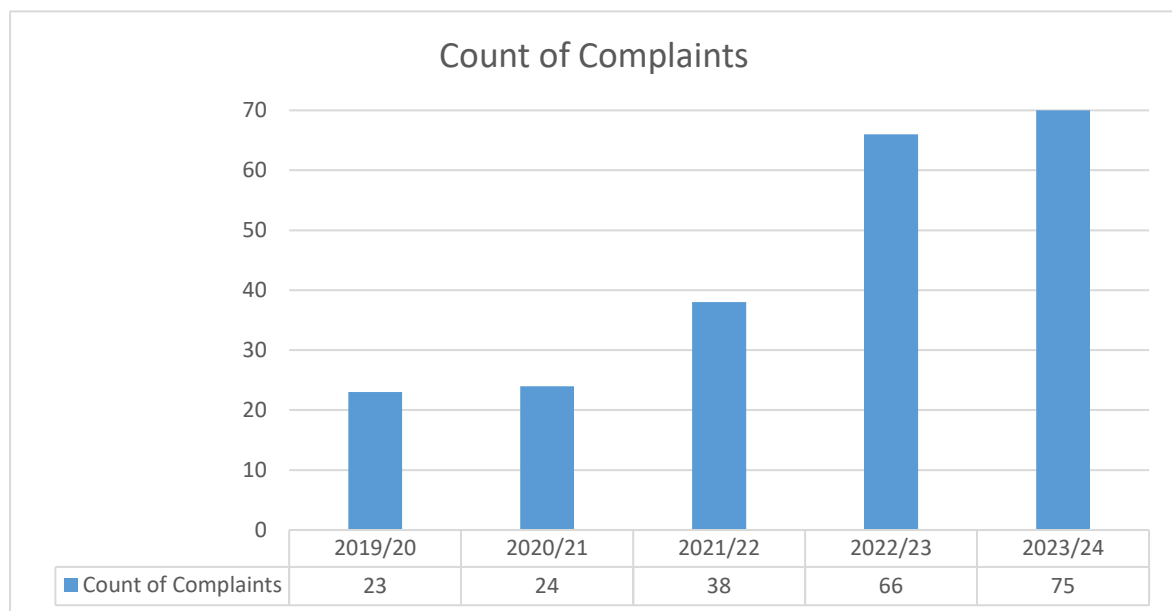

	2019/20	2020/21	2021/22	2022/23	2023/24
Count of Complaints	23	24	38	66	75

Figure 1 – A count of complaints received by the Service during the last 5 financial years.

2. Classification of Complaints 2023/24

All complaints recorded have been classified into four main areas:

- Behaviours
- Driving
- Service Delivery
- Miscellaneous

Complaints that have been classified as "Miscellaneous" are any complaint that does not fall into any of the other 3 categories.
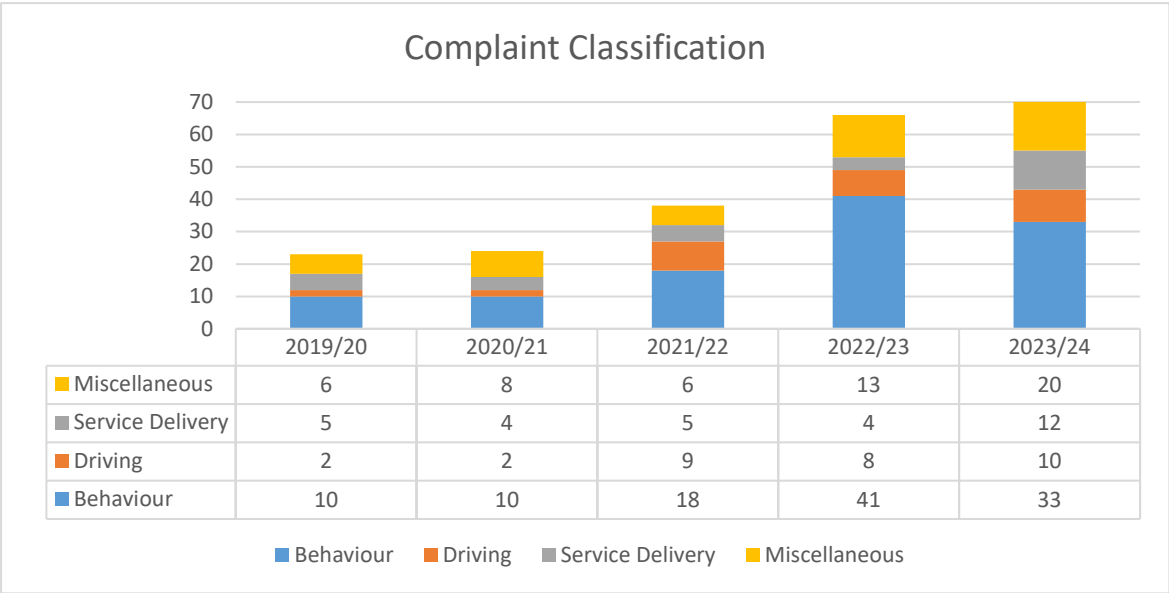

Complaint Classification	2019/20	2020/21	2021/22	2022/23	2023/24
Miscellaneous	6	8	6	13	20
Service Delivery	5	4	5	4	12
Driving	2	2	9	8	10
Behaviour	10	10	18	41	33

Figure 2 – A breakdown of the complaints received by the Service during the last 5 financial years, by classification.

2023/24

Miscellaneous 27%
Behaviour 44%
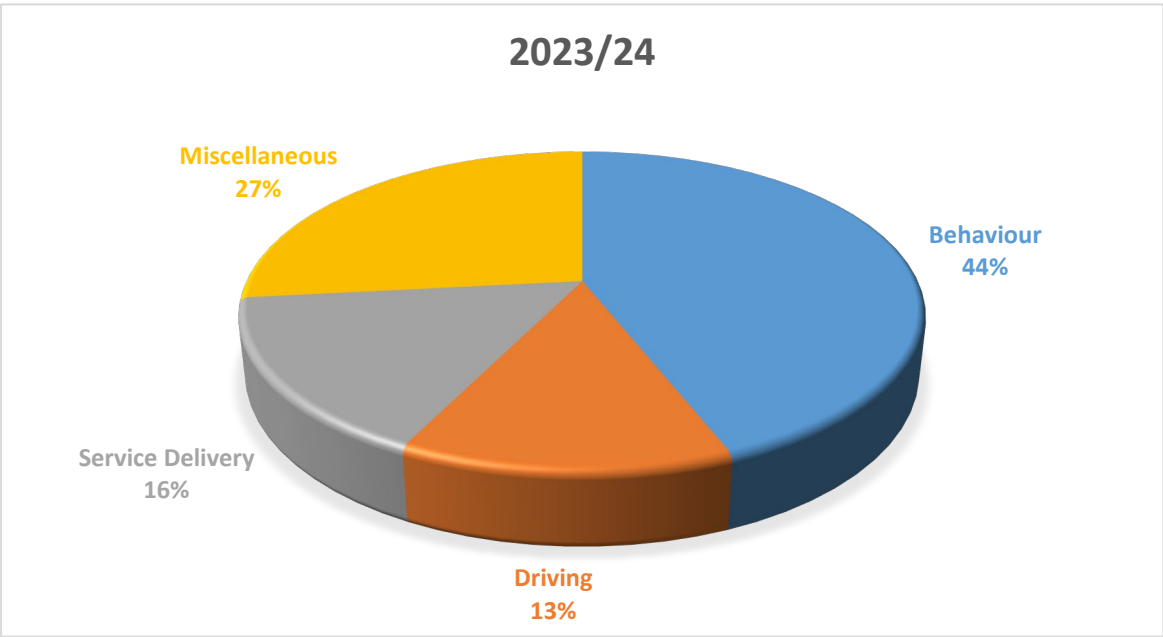Service Delivery 16%
Driving 13%

Figure 3 – A breakdown of the complaints received by the Service during 2023/24, by classification.

During each of the last 5 years, "Behaviour" has been the primary classification of complaints received by the Service. The lowest proportion of complaints received each year has either been due to "Service Delivery" or "Driving".

3. Compliments received.

The chart below shows the volume of compliments received by the Service during the last 5 financial years.
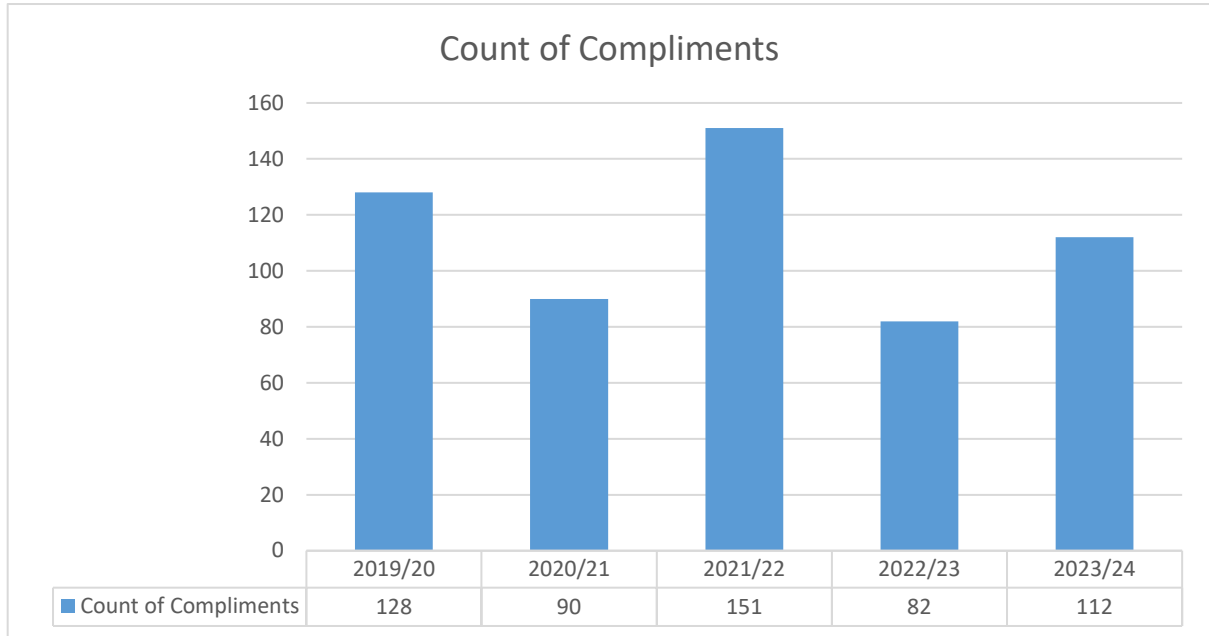

Figure 4 – A count of compliments received by the Service during the last 5 financial years.

The number of compliments received during 2023/24 increased by 34% compared to the previous year, from 82 to 112. The number of compliments received during 2022/23 (82) was the lowest number received during the last 5 financial years.

The number of compliments received during each of the last 5 financial years has been higher than the number of complaints received.

4. Concerns raised via FRS Speak Up (April 2023 – March 2024)

Contact method used when raising the concern:

Contact Method			
Month	Telephone	Online	Two-way	Total
Apr-23	1	4	0	5
May-23	0	1	0	1
Jun-23	0	1	0	1
Jul-23	1	4	1	6
Aug-23	0	4	0	4
Sep-23	0	2	0	2
Oct-23	0	1	0	1
Nov-23	0	0	0	0
Dec-23	0	7	1	8
Jan-24	0	3	0	3
Feb-24	0	13	1	14
Mar-24	0	6	2	8
Total	2	46	5	53

Concern type:

Month	Discrimination/ harassment	Fraud/ Corruption	Health and Safety Breach	Misogyny/ VAWG	Poor/Unsafe Working Practices	Other	Total
Apr-23	1	1	0	0	0	3	5
May-23	0	0	0	1	0	0	1
Jun-23	0	0	0	0	0	1	1
Jul-23	0	2	1	1	0	2	6
Aug-23	0	1	0	0	0	3	4
Sep-23	0	0	1	1	0	0	2
Oct-23	0	0	0	0	1	0	1
Nov-23	0	0	0	0	0	0	0
Dec-23	0	2	0	4	0	2	8
Jan-24	0	1	0	0	0	2	3
Feb-24	6	4	0	1	1	2	14
Mar-24	2	1	1	1	1	2	8
Total	9	12	3	9	3	17	53

Report by Incident Type

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PEOPLE COMMITTEE FORWARD WORK PROGRAMME 2024-2025

Expected Date of Report	Report Name	Purpose of Piece of Work	Information or Decision	Lead Director/ Contact Officer	Progress
~~May 2024~~ July 2024	Recruitment & Attraction Annual Report	To update Commissioners	I	ACO PS Contact Officer: Head of HR	Deferred to next Meeting
July 2024	"Alignment of Services Inclusive Action Plan to the Morris Report Cultural recommendations"			ACO PS Contact Officer: Alison Reed	
~~May 2024~~ July 2024	Occupational Health Activity / Sickness Report	Purpose is to update Commissioners on Occupational Health Activity and sickness absence	I	ACO PS Contact Officers: Serena Ford, Ruth Hazell	
~~May 2024~~ July 2024	Grievance / Discipline Cases Overview	Purpose is to update Commissioners on disciplinary and grievance cases that have occurred through the Service	I	ACO PS Contact Officer: Head of HR	

~~May 2024~~ July 2024	Whistleblowing / Complaints / Compliments Report	To update Commissioners	I	ACO PS Contact officer: Sarah Watkins	
~~Aug 2024~~ Nov 2024	Training Activity Annual Report	To update Commissioners	I	ACO PS Contact Officer: Alison Reed	
Nov 2024	Recruitment & Attraction Annual Report	To update Commissioners	I	ACO PS Contact Officer: Head of HR	
~~Aug 2024~~ Nov 2024	Performance Reviews Annual Report	To update Commissioners on the Performance Review Process	I	ACO PS Contact Officer: Lisa Shroll	
~~Aug 2024~~ Nov 2024	Investors in People (IIp) Update Report	To update Commissioners	I	ACO PS Contact Officer: Alison Reed	
~~Aug 2024~~ Nov 2024	Job Evaluation	To update Commissioners on the Job Evaluation Process	I	ACO PS Contact Officer: Lisa Shroll	

Mar 2025	Pay Policy Statement 2022/23	To consider the Service's Pay Policy Statement in compliance with the Localism Act 2011 and associated guidance.	D	ACO PS Contact Officer: Alison Reed	
Mar 2025	Gender Pay Gap Statement	To update on the analysis of the gender pay gap across the Service.	D	ACO PS Contact Officer: Alison Reed	

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**To consider any items of business that the Chairperson deems urgent
(Part 1 or 2)**

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1. Apologies for Absence

2. Declarations of Interest

   Commissioners are reminded of their personal responsibility to declare both orally and in writing any personal and/or prejudicial interest in respect of matters contained in this agenda in accordance with the provisions of the South Wales Fire and Rescue Authority (Exercise of Functions) (Wales) Directions 2024 and the Local Government Act 2000.

3. Chairperson's Announcements

   REPORTS FOR INFORMATION