

Item 6 (ii)

STAFFORDSHIRE FIRE & RESCUE SERVICES

Whistleblowing

Internal audit report 2.23/24

Final

17 November 2023

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1. EXECUTIVE SUMMARY

Why we completed this audit and background

An audit of Whistleblowing was undertaken at Staffordshire Fire & Rescue Service as part of the Internal Audit plan for 2023/24.

It is imperative for all organisations to have a well established and embedded whistleblowing process which is transparent and well understood by all staff members. An effective whistleblowing process allows for employees, through an anonymous forum, to readily voice their concerns regarding any ethical or compliance issues they encounter as part of their daily duties.

A recent report in March 2023 by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) titled 'Values and Culture in Fire and Rescue Services' highlighted significant concerns of cultural issues including bullying, racism and misogynistic behaviour. Following the publication of the report, there has been significant scrutiny on Fire and Rescue Services, and in particular, to ensure appropriate channels are in place for inappropriate behaviour to be raised and actioned.

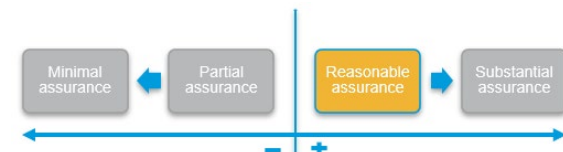
Whistleblowing processes across the Service are underpinned by an overarching Whistleblowing Policy. The day-to-day management of whistleblowing cases is handled by the HR Manager. The Service works with a third-party provider (SaySo), who are responsible for the logging and escalation of any whistleblowing concerns received from staff members in the Service. SaySo also manage and deliver associated whistleblowing training and awareness across the stations. In the last 12 months, there have only been two whistleblowing concerns raised and logged by the Service.

Conclusion

A framework is in place for Whistleblowing across the Service, supported by a Policy and Procedure. However, the framework can be strengthened further by ensuring there is an opportunity to demonstrate appropriate focus, visibility and oversight of such matters at a strategic level across the Service. It is difficult to determine if the small number of whistleblowing concerns raised in the last year is as a result of the culture of the organisation or that staff are simply unaware of the process to follow. As part of the audit, we only received a 20% response rate to our questionnaire that we issued to officers and albeit all of those responses reflected positively on the process, it was a very small sample of Officers. It was reassuring to note that the Service is working with a third party and have developed a survey (to be launched later in 2023/24) with the intention of further improving understanding, awareness and confidence in the Whistleblowing process.

Internal audit opinion:

Taking account of the issues identified, the Service can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area(s).



Key findings

The following areas of improvement were identified:



Whistleblowing Policy and Grievance Procedure

We completed a benchmarking exercise for the Whistleblowing Policy with similar policies from across the sector and wider emergency services sector and shared some enhancements that could be included within the documentation. **(Low)**



Staff Training

Training regarding Whistleblowing is delivered by a third party contractor – SaySo - to all staff members. The Service does not currently maintain records of which staff members/stations had completed whistleblowing training (records are held with SaySo). Without training compliance information held on file or being reported back to the Service, there is a risk that the Service is not aware of training delivery gaps in relation to whistleblowing. **(Medium)**



Governance and Reporting

There is no reporting process in place for an overview of whistleblowing cases received and the outcome of the cases (although the Policy refers to a reporting process). The HR Manager confirmed that this was due to the confidential nature of the cases and that reporting would only be completed if the HR Manager found lessons to be learned from the incident. When compared to best practice at other organisations, there is usually a quarterly report that is presented to Senior Management and an appropriate board, that provides a high level overview of any whistleblowing incidents, together with the opportunity to capture and record any lessons learned. Even where there are no whistleblowing incidents received during the year, an annual report is also produced that provides any trend analysis, together with an overview of any training delivered throughout the year. Such a reporting framework demonstrates appropriate focus, visibility and oversight of such matters and there is a risk that without this framework senior officers will not be sighted on the general trends and issues in relation to Whistleblowing. **(Medium)**



Staff Awareness

A sample of staff members were interviewed to assess their understanding of whistleblowing processes. The following questions were included:

- Whistleblowing Policy location;
- Understanding of the Policy and how to raise whistleblowing concerns; and
- If they would deem the Service a safe environment where they would feel comfortable to raise whistleblowing concerns.

We received responses from three staff members (20% of the sample selected) who responded positively to the questions raised.



Whistleblowing Feedback Channels

There are multiple feedback channels in place which provide the opportunity to raise any whistleblowing concerns. The HR Manager confirmed the Service has enlisted the help of an external contractor (Hive) to establish a survey questioning staff members' opinions on the current processes in place. The Questionnaire has not yet been released, but we were able to review the questions that have been selected following multiple working group sessions.

Additionally, open chairs are in place at Wellbeing Committee meetings and the Chief Fire Officer also conducts regular visits across stations to request feedback.



Whistleblowing Case Management

Within the last 12 months, there have only been two whistleblowing concerns raised and logged by the Service. One of the concerns related to an existing issue logged from a previous year. For the remaining instance, we confirmed the appropriate process had been followed (in accordance with Policy) by the third party provider.

A supporting internal management report was also available which confirmed the investigation had taken place and confirmed that a response from the Service had been communicated to the individual, together with information regarding rectification measures and lessons learned.



Engagement and Feedback

The Service works in conjunction with HIVE (third party) and has recently developed a survey (to be launched during quarter 4 of 2023/24) to further improve the understanding, awareness and confidence in the Whistleblowing process. There are also two other feedback opportunities which includes the Chief Fire Officer periodically visiting each station to discuss any feedback which members may have and the Wellbeing Board which holds open chairs allowing for staff to join and discuss matters with senior officers.

2. DETAILED FINDINGS AND ACTIONS

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

Whistleblowing Policy and Grievance Procedure		
Control	<p>The Service has a Whistleblowing Policy in place which sets out the process for logging and escalating whistleblowing concerns. The Service also has a Grievance Procedure in place which details the process for staff members to follow when they have been subject to a workplace grievance.</p> <p>The Policy and Procedure documents are subject to regular review and easily accessible by all staff members.</p>	<p>Assessment:</p> <p>Design ✓</p> <p>Compliance ×</p>
Findings / Implications	<p>Through review of the Whistleblowing Policy, we confirmed that the Policy was last updated in August 2021 with a set review date of August 2023 (evidence has since been provided to confirm the Policy has now been reviewed and updated in line with the suggestions below).</p> <p>A benchmarking exercise was completed for the Whistleblowing Policy in relation to other similar policies across the sector and wider sector. Through review of the Policy, we noted that it does not currently contain a definition of a grievance, and in particular, what differentiates a grievance concern from a whistleblowing matter. Additionally, we noted that the Grievance Procedure had not been updated since 2010; the Procedure should be updated to ensure it is reflective of current working practices (evidence has since been provided to confirm the Procedure has now been reviewed and updated).</p> <p>Further information which can be incorporated in the Policy also include:</p> <ul style="list-style-type: none"> • Reports –“A report of all disclosures made under this policy and procedure, and any subsequent action taken, will be prepared by the Designated Officer who will retain such reports for a period of three years. In all cases, a report of the outcomes of any investigation will be made to the CEO in such terms as are deemed appropriate.” • Appeals - If the individual making the disclosure is dissatisfied with the response to the disclosure, appeals may be made in writing, stating the grounds for dissatisfaction which may cover the following and providing supporting evidence: <ul style="list-style-type: none"> - There is evidence of procedural irregularity, or; - There is evidence of prejudice or bias, and/or; and - There is further evidence that was not available at the time the original disclosure was made". 	

Whistleblowing Policy and Grievance Procedure

Management Action 1	<p>The Whistleblowing Policy will be updated to include a definition of a grievance concerns and the difference between a grievance and a whistleblowing concern to reduce the confusion.</p> <p>In addition, the Grievance Procedure will be reviewed to confirm it remains reflective of current work practices.</p> <p>The document will include a version control section detailing author, date of creation, reviewer date of review and next review date. In addition, the Procedure will also include a statement defining the difference between whistleblowing and grievances.</p>	Responsible Owner: Sonia Mills, HR Manager	Date: Already implemented	Priority: Low
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Staff Training

Control	Whistleblowing training is in place and delivered by a third party contractor – SaySo - to all staff members.	Assessment:	
		Design	✓
		Compliance	×

Findings / Implications SaySo has been commissioned by the Service (in place for 18 months) to deliver whistleblowing training across all stations within the county.

As part of the audit we reviewed the training presentation which had been delivered by SaySo and confirmed that it detailed how and where to file a whistleblowing concern. We were informed that during the training, members are also given SaySo leaflets and personalised contact cards to raise awareness of how to report a concern.

The Service does not currently maintain records of which staff members/stations had completed whistleblowing training (we were informed that records are held with SaySo). Without training compliance information held on file, there is a risk that the Service is not aware of training delivery gaps in relation to whistleblowing.

Management Action 2	The Service will maintain a record of all staff members which have completed whistleblowing training. Any outstanding members will be followed up to ensure training is received. Any exceptions will be included within the summary whistleblowing report that will be introduced (as per management action below).	Responsible Owner: Sonia Mills, HR Manager	Date: 31 March 2024	Priority: Medium
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Governance and Reporting

Control	<p>The Whistleblowing Policy provides the following guidance on Monitoring and reporting of whistleblowing cases - The Chief Executive (SCO) is accountable to the Authority for the administration of the policy, for its review and for its amendment as appropriate. The Chief Executive SCO will report annually to the Staffordshire Commissioner Fire and Rescue Authority on the operation of the policy in a form, which does not prejudice confidentiality. The Chief Executive (SCO) will report annually to the Strategic Governance Board on the number of whistleblowing disclosures within the financial year.</p>	<p>Assessment:</p> <p>Design ✓</p> <p>Compliance -</p>
Findings / Implications	<p>At the time of audit, there was no reporting process in place for an overview of whistleblowing cases received and the outcome of the cases. The HR Manager confirmed that this was due to the confidential nature of the cases and that reporting would only be completed if the HR Manager found lessons to learned from the incident.</p> <p>However, whilst we could see from the Whistleblowing Policy that a framework / guidance is in place, we could not see any evidence that any reporting had happened.</p> <p>When compared to other organisations, there is usually a report that is presented to Senior Management and an appropriate board, that provides a high level overview of any whistleblowing incidents, together with the opportunity to capture and record any lessons learned. Even where there are no whistleblowing incidents received during the year, an annual report is also produced that provides any trend analysis, together with an overview of any training delivered throughout the year. Such a reporting framework demonstrates appropriate focus, visibility and oversight of such matters and there is a risk that without this framework senior officers will not be sighted on the general trends and issues in relation to Whistleblowing.</p>	
Management Action 3	<p>The HR Manager will update the Senior Management and appropriate board with an overview of all current and completed cases, the progress of any whistleblowing investigations that occur and the lessons learned once the investigation has closed, in accordance with the Policy requirements.</p>	<p>Responsible Owner: Sonia Mills, HR Manager</p> <p>Date: 30 April 2024</p> <p>Priority: Medium</p>

APPENDIX A: CATEGORISATION OF FINDINGS

Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Area	Control design not effective*	Non Compliance with controls*	Agreed actions		
			Low	Medium	High
The framework provides for an accountable, effective and robust process to raise and manage whistleblowing concerns	1	2	1	2	0
Total			1	2	0

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

APPENDIX B: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the objective:

Objective of the risk under review	Risks relevant to the scope of the review	Risk source
Given the national media focus on Emergency Services staff behaviour, we have agreed with management to review the internal processes for whistleblowing to ensure that the process is robust, is effectively communicated and provides for clarity and accountability and that all staff are made aware of and understand the requirements.	Failure of the SF&RS to raise awareness and be prepared in all respects, to work closely with our strategic partners over issues concerning the wellbeing and protection of vulnerable adults, young people and children in our communities.	Corporate risk register

When planning the audit, the following areas for consideration and limitations were agreed:

The audit will consider the following;

- A Whistleblowing Policy is in place and accessible by all staff members;
- A Grievance Policy in place and accessible by all staff members;
- Operational procedures are in place for the logging, processing, and tracking of whistleblowing and grievance complaints;
- Clarity of definitions of whistleblowing and grievance matters;
- Benchmarking will be completed with similar organisations to ensure the Policies are in line with industry standards;
- The Service's approach to staff awareness, understanding and confidence in the programme – additionally the use of any surveys and feedback channels in place;
- Channels are in place for staff members and other individuals to raise whistleblowing and grievance complaints and concerns including anonymous routes;
- Training has been provided to staff members and line managers in relation to the identification, reporting and handling of whistleblowing and grievance cases;
- A sample of whistleblowing and grievance cases will be selected and tested from the last 12 months to ensure they had been logged, processed and closed in line with prescribed policies and procedures;

- Trend analysis is completed for cases, lessons learnt as well as further resulting actions to ensure the matters do not arise again;
- Governance measures in place for oversight of whistleblowing and grievance concerns raised; and
- Production and reporting of management and performance information.

Limitations to the scope of the audit assignment:

- Testing will be completed on a sample basis only;
- We will not confirm compliance with legal guidelines and statutory requirements;
- The results of our work are reliant on the quality and completeness of the information provided to us; and
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Debrief held	20 October 2023	Internal audit Contacts	Daniel.Harris@rsmuk.com / +44 1908 687915
Draft report issued	10 November 2023 & 17 November 2023		Angela.Ward@rsmuk.com / +44 1212 143225
Responses received	17 November 2023	Client sponsor	David Greensmith, Director of Finance Glynn Luznyj, Deputy Chief Fire Officer
Final report issued	17 November 2023	Distribution	David Greensmith, Director of Finance Glynn Luznyj, Deputy Chief Fire Officer

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We thank you again for working with us.

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