



HEREFORD & WORCESTER Fire Authority

AGENDA

Policy and Resources Committee

Wednesday 26 March 2014
10.30 am

Conference Suites 1, 2 & 3
Headquarters,
2 Kings Court,
Charles Hastings Way,
Worcester
WR5 1JR

ACTION ON DISCOVERING A FIRE

- 1 Break the glass at the nearest **FIRE ALARM POINT**.
(This will alert Control and other Personnel)
- 2 Tackle the fire with the appliances available – **IF SAFE TO DO SO**.
- 3 Proceed to the Assembly Point for a Roll Call –

CAR PARK OF THE OFFICE BUILDING ADJACENT TO THE CYCLE SHED TO THE LEFT OF THE ENTRANCE BARRIER TO 2 KINGS COURT.

- 4 Never re-enter the building – **GET OUT STAY OUT**.

ACTION ON HEARING THE ALARM

- 1 Proceed immediately to the Assembly Point

CAR PARK OF THE OFFICE BUILDING ADJACENT TO THE CYCLE SHED TO THE LEFT OF THE ENTRANCE BARRIER TO 2 KINGS COURT.

- 2 Close all doors en route. The senior person present will ensure all personnel have left the room.
- 3 Never re-enter the building – **GET OUT STAY OUT**.

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Toilets – please ask at reception.

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- Automatic right to inspect agenda and public reports at least five days before the date of the meeting.
- Automatic right to inspect minutes of the Authority and Committees (or summaries of business undertaken in private) for up to six years following the meeting.
- Automatic right to inspect background papers used in the preparation of public reports.
- Access, on request, to the background papers on which reports are based for a period of up to four years from the date of the meeting.
- Access to a public register stating the names and addresses and electoral divisions of members of the Authority with details of membership of Committees.
- A reasonable number of copies of agenda and reports relating to items to be considered in public must be made available to the public attending the meetings of the Authority and Committees.

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WELCOME AND GUIDE TO TODAY’S MEETING. These notes are written to assist you to follow the meeting. Decisions at the meeting will be taken by the **Councillors** who are democratically elected representatives and they will be advised by **Officers** who are paid professionals. The Fire and Rescue Authority comprises 25 Councillors and appoints committees to undertake various functions on behalf of the Authority. There are 19 Worcestershire County Councillors on the Authority and 6 Herefordshire Council Councillors.

Agenda Papers

Attached is the Agenda which is a summary of the issues to be discussed and the related reports by Officers.

Chairman

The Chairman, who is responsible for the proper conduct of the meeting, sits at the head of the table.

Officers

Accompanying the Chairman is the Chief Fire Officer and other Officers of the Fire and Rescue Authority who will advise on legal and procedural matters and record the proceedings. These include the Clerk and the Treasurer to the Authority.

The Business

The Chairman will conduct the business of the meeting. The items listed on the agenda will be discussed.

Decisions

At the end of the discussion on each item the Chairman will put any amendments or motions to the meeting and then ask the Councillors to vote. The Officers do not have a vote.



HEREFORD & WORCESTER
HWFR
FIRE AND RESCUE SERVICE

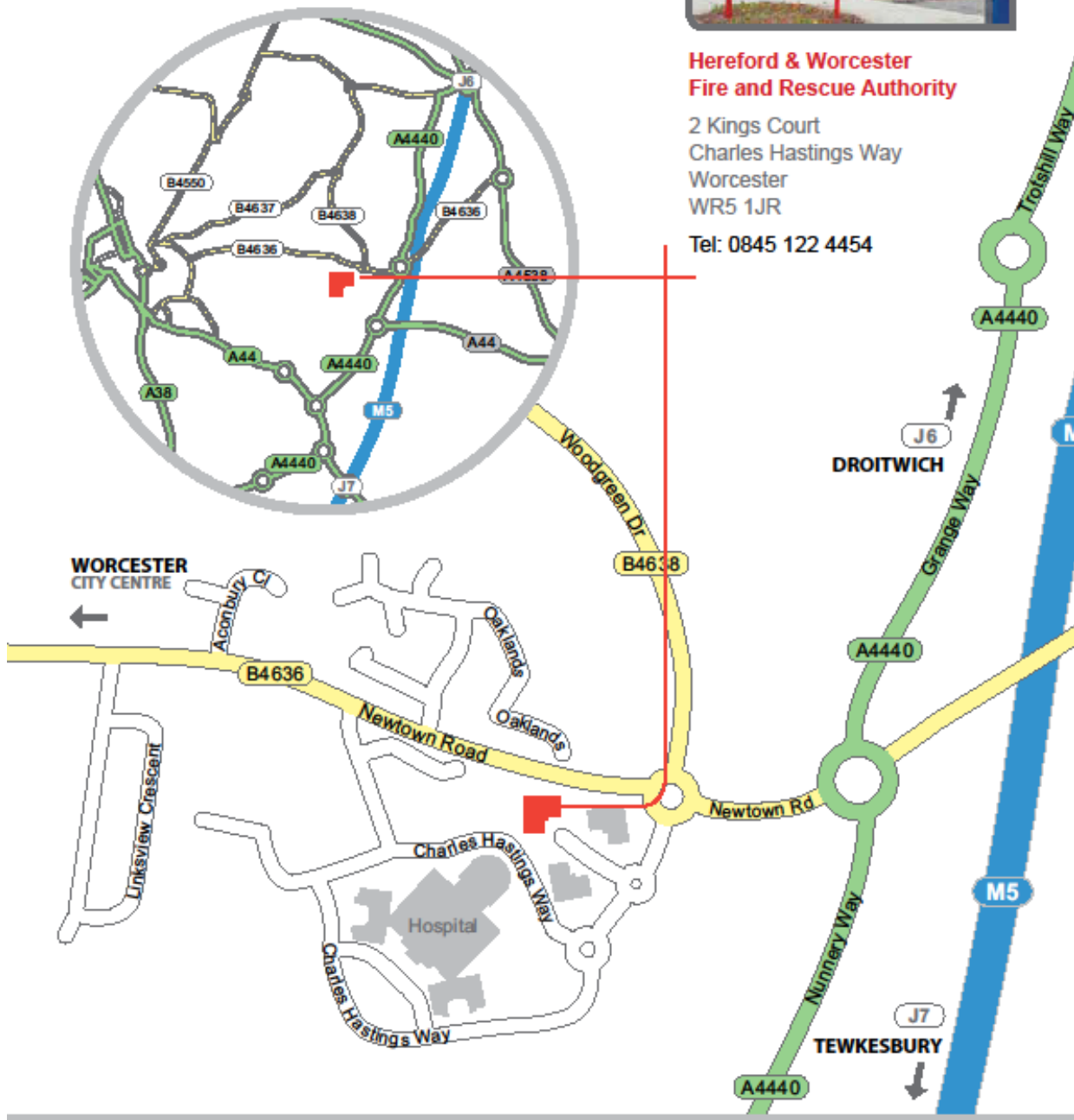
Service Headquarters



Hereford & Worcester Fire and Rescue Authority

2 Kings Court
Charles Hastings Way
Worcester
WR5 1JR

Tel: 0845 122 4454



Agenda

Councillors:

Mr K Taylor (Chairman), Mr R Adams (Vice-Chairman),

Mr A Amos, Mr P Gretton, Mr A Hardman, Mrs R Jenkins, Brigadier P Jones CBE, Mrs M Lloyd-Hayes, Mrs F Oborski, Mr D Prodger MBE, Mr D Taylor, Mr P Tuthill and Mr R Udall.

No.	Item	
1.	Apologies for Absence To receive any apologies for absence.	
2.	Named Substitutes To receive details of any Member of the Authority nominated to attend the meeting in place of a Member of the Committee.	
3.	Declarations of Interests (if any) This item allows the Chairman to invite any Councillor to declare an interest in any of the items on this agenda.	
4.	Confirmation of Minutes To confirm the minutes of the meeting held on 28 January 2014.	1 - 4
5.	Disposal of Bromsgrove and Worcester Fire Station Sites To gain approval for the disposal of Worcester and Bromsgrove Fire Stations.	5 - 7
6.	Outline Business Case for a Joint Property Vehicle To advise the Policy and Resources Committee about the outline business case (OBC) for a potential joint property vehicle (JPV) between public sector partners.	8 - 15
7.	Regulation of Investigatory Powers – Review To review the Authority's Policy on the authorisation of covert surveillance techniques under the Regulation of Investigatory Powers Act 2000.	16 - 27

8.	2013/14 Budget Monitoring – 3rd Quarter	28 - 35
	To inform the Policy and Resources Committee of the current position on budgets and expenditure for 2013/14.	
9.	Emergency Services Mobile Communications Programme (ESMCP)	36 - 39
	To inform the Policy and Resources Committee of the background and progress of the ESMCP.	
10.	Health and Safety Audit - 2013	40 - 99
	To inform Committee Members of the outcomes of the health and safety audit undertaken in November 2013.	
11.	Health and Safety Committee Update	100 - 102
	To provide the Policy and Resources Committee with an update on the activities and items of significance from the Service's Health and Safety Committee.	
12.	Update from Equality and Diversity Advisory Committee	103 - 105
	To provide the Policy and Resources (P & R) Committee with an update from the Equality and Diversity Advisory Group since the last report to the Policy and Resources Committee on 4 September 2013.	
13.	Joint Consultative Committee Update	106 - 108
	To inform the Policy and Resources Committee of the activities of the Joint Consultative Committee since September 2013.	
14.	Asset Management Strategy : Hereford Fire Station	109 - 112
	To advise the Policy and Resources Committee of a proposed arrangement to provide the new fire Station in Hereford and seek approval to proceed with this project through to completion.	
	The appendix to this report includes exempt information. If there is to be a discussion of the details in the appendix the Committee will be asked first to make the following resolution:	
	Exclusion of the Press and Public	
	In the opinion of the Clerk to the Authority the meeting will not be, or is not likely to be open to the public at the time item 14 is considered for the following reason:	
	Item 14 is likely to disclose information relating to the financial or business affairs of the Authority.	



Minutes

Members Present:

Mr K Taylor (Chairman) Mr R Adams (Vice-Chairman)
Mr A Amos, Mrs M Lloyd-Hayes, Mrs F Oborski, Mr D Prodger MBE, Mr P Tuthill and Mr R Udall.

No.	Item
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1.	Apologies for Absence
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Apologies for absence were received from Mr P Gretton, Mrs R Jenkins, Brigadier P Jones and Mr D Taylor.

2.	Named Substitutes
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No substitutes were appointed.

3.	Declaration of Interests
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No declarations of interests were made.

4.	Confirmation of Minutes
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RESOLVED that the Minutes of the meeting of the Policy and Resources Committee held on 19 November 2013 be confirmed as a correct record and signed by the Chairman.

5.	Budget 2014/15 and Review of Medium Term Financial plan (MTFP)
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The Treasurer presented a report that reviewed the current position in relation to budgets for 2014/15 and beyond.

Members were advised that since the report had been published additional information had become available and a sheet detailing the changes was handed round the table (see appendix 1 attached).

Information that was still awaited included details of the final grant settlement, the referendum limit and business rate data.

RECOMMENDED TO THE AUTHORITY:

- (i) to increase the Council Tax by £1.43 per year (1.94%) for 2014/15 (or a lower amount should the referendum threshold be set lower);
- (ii) to agree the budget assumptions;
- (iii) to approve the consequential budget and precept requirements for 2014/15;

- (iv) to approve the precept policy for the Medium Term Financial Plan (MTFP) period; and
- (v) to note the consequential budget gaps arising.
(see updated Appendix 1 attached).

6. Quarters 1 to 3 Performance 2013-14

The Head of Corporate Services presented a report that summarised Quarters 1 to 3 performance against the Fire and Rescue Authority Plan 2013-14, using the set of Key Performance Indicators agreed by Senior Management Board (SMB).

RESOLVED that the following headlines taken from Appendix 1 relating to performance in Quarters 1 to 3 2013-14 be noted:

- (i) the total number of incidents attended in Quarters 1 to 3 2013-14 is the lowest Quarters 1 to 3 total in seven years that the current data set has been collected;
- (ii) although the number of fires attended in Quarters 1 to 3 2013-14 have increased when compared to the same quarters last year, the Service attended the lowest Quarters 1 to 3 totals of Special Service (non-fire emergencies) and the second lowest number of false alarms in the last seven years;
- (iii) sickness levels for all staff continue to remain within tolerance levels and the amount of long term sickness has reduced at the end of Quarter 1 to 3 period;
- (iv) the Service continues to monitor and investigate the reasons behind reductions in the number of building fires attended by the first appliance within 10 minutes and the number of attendances by a second appliance within 5 minutes of the first; and
- (v) retained appliances are available for operational duty around 90% of the time.

7. Health and Safety Committee Update

The Assistant Chief Fire Officer Service Support presented a report that gave an update on the activities and items of significance from the Service's Health and Safety Committee.

Members' attention was drawn to the fact that a report would be brought to the Committee that outlined 25 recommendations that had been made as a result of the Health and Safety Audit.

RESOLVED that the contents of the report be noted.

8. Disposal of Aerial Appliances

The Area Commander (Operations Support) presented a report that outlined the outcome of the Aerial Appliance Review and recommended the removal of the aerial appliance at Bromsgrove and the disposal of the CARP.

Members were advised that the current aerial appliance at Bromsgrove whilst having been mobilised 36 times in the last 4 years had only actually been used 20 times. The CARP which had been intended as a replacement for the hydraulic platform had never been brought into service and was therefore no longer required.

RESOLVED that:

- (i) the aerial appliance be removed from Bromsgrove and the Service instead maintains the two aerial appliances – at Hereford and Worcester; and**
- (ii) the surplus hydraulic platform and CARP be disposed of in the most appropriate way with a view to realising the best return.**

9. Statutory Officers – Annual Appraisal Process

The Head of Legal Services presented a report that outlined the process to be put in place for the annual appraisal of the Chief Fire Officer/Chief Executive, as highlighted in the annual governance review and provided for Member input in relation to the process of Individual Performance and Development Review of the Deputy Chief Fire Officer, Monitoring Officer and Treasurer.

RESOLVED that the procedures for annual appraisal of the Chief Fire officer/Chief Executive, Deputy Chief Fire Officer, Treasurer and Monitoring Officer as set out in the appendix to the report be approved.

The meeting concluded at 11.30 am.

Signed: _____
Chairman

Date: _____

Hereford & Worcester Fire Authority
Policy & Resources Committee : January 2014
Review of Medium Term Financial Plan

Line		Change			Updated Forecast						
		2014/15 Forecast £m	2015/16 Forecast £m	2016/17 Forecast £m	2014/15 Forecast £m	2015/16 Forecast £m	2016/17 Forecast £m	Front- line £m	Other £m	To be Identified £m	TOTAL £m
1	CRMP RESOURCE FORECAST	(31.855)	(31.126)	(30.597)							
2	CRMP EXPENDITURE REQUIREMENT	33.230	34.352	35.322							
3	CRMP GAP	1.375	3.226	4.725		1.375	3.226	2.000	2.000	0.725	4.725
	Revised Resources										
4	Provisional Grant Settlement	0.040	0.056	0.056	0.016	0.020	0.003			0.003	0.003
4a	Business Rate Yield				0.024	0.036	0.049			0.049	0.049
5	Forecasting annual 0.25% tax-base increase		(0.046)	(0.094)		(0.094)	(0.194)	(0.194)			(0.194)
6	Tax-base Information received to date	(0.150)	(0.150)	(0.150)	(0.380)	(0.380)	(0.387)			(0.387)	(0.387)
7	Collection fund Information received to date	(0.040)			(0.130)						
8		(0.150)	(0.140)	(0.188)	(0.470)	(0.418)	(0.529)				
	Re-Calculated Estimates										
9	LGPS Revaluation	0.088	0.077	0.067	0.088	0.077	0.067			0.067	0.067
10	Day Crew Plus phasing	0.034			0.049						
11	Changes to Pay Award Estimate	(0.014)	(0.257)	(0.213)	(0.014)	(0.257)	(0.213)			(0.213)	(0.213)
12	Changes to Capital Financing Estimate	(0.239)	(0.065)	(0.049)	(0.054)	(0.065)	(0.080)			(0.080)	(0.080)
13		(0.131)	(0.245)	(0.195)	0.069	(0.245)	(0.226)				
14		(0.281)	(0.385)	(0.383)	(0.401)	(0.663)	(0.755)				
15	REVISED GAP	1.094	2.841	4.342	0.974	2.563	3.970				
	Savings Measures										
16	Catering Review	(0.144)	(0.144)	(0.144)	(0.144)	(0.144)	(0.144)		(0.144)		(0.144)
17	Media & Design Review	(0.034)	(0.034)	(0.034)	(0.034)	(0.034)	(0.034)		(0.034)		(0.034)
18	Secretariat Restructure	(0.027)	(0.027)	(0.027)	(0.027)	(0.027)	(0.027)		(0.027)		(0.027)
19	Finance Restructure	(0.016)	(0.016)	(0.016)	(0.016)	(0.016)	(0.016)		(0.016)		(0.016)
20	P&I posts removed	(0.055)	(0.055)	(0.055)	(0.055)	(0.055)	(0.055)		(0.055)		(0.055)
21	Additional DCP savings	(0.011)	(0.011)	(0.011)	(0.011)	(0.011)	(0.011)		(0.011)		(0.011)
22	Inflation provision saving	(0.232)	(0.232)	(0.232)	(0.232)	(0.232)	(0.232)		(0.232)		(0.232)
23	Budget-holder saving in 13/14 allocations	(0.040)	(0.040)	(0.040)	(0.047)	(0.047)	(0.047)		(0.047)		(0.047)
24	CFS/TFS rationalisation		(0.400)	(0.400)		(0.400)	(0.400)		(0.400)		(0.400)
25	Possible Target budget reductions	(0.300)	(0.300)	(0.300)	(0.150)	(0.300)	(0.300)		(0.300)		(0.300)
26	Droitwich/USAR	0.015	(0.179)	(0.300)	0.000	(0.179)	(0.300)		(0.300)		(0.300)
27	FDS Review		(0.050)	(0.200)		(0.050)	(0.169)		(0.169)		(0.169)
28	Fire Control	(0.100)	(0.100)	(0.100)	(0.100)	(0.100)	(0.100)		(0.100)		(0.100)
29		(0.944)	(1.588)	(1.859)	(0.816)	(1.595)	(1.835)				
30	GAP BEFORE FIRE COVER REVIEW	0.150	1.253	2.483	0.158	0.968	2.135				
31	Impact of 2014/15 1.94% Precept increase	(0.360)	(0.360)	(0.368)	(0.368)	(0.371)	(0.380)	(0.380)			(0.380)
31a	loss of 14/15 Freeze Grant	0.210	0.210	0.193	0.210	0.210	0.193	(0.380) 0.193			0.193
32		(0.150)	(0.150)	(0.175)	(0.158)	(0.161)	(0.187)				
33		(0.000)	1.103	2.308	(0.000)	0.807	1.948	1.619	0.165	0.164	1.948

Report of Head of Asset Management

5. Disposal of Worcester and Bromsgrove Fire Station Sites

Purpose of report

1. To gain approval for the disposal of Worcester and Bromsgrove fire station sites.
-

Recommendations

It is recommended that:

- i) the Policy and Resources Committee authorise the disposal of Worcester Fire Station and Bromsgrove Fire Station for the best consideration reasonably obtainable; and***
- ii) on terms to be agreed by the Chief Fire Officer, Treasurer and Head of Legal Services, in consultation with the Chair of the Fire Authority.***

Introduction and Background

2. The Policy and Resources Committee will be aware of the project to replace Worcester fire station with a new building at the Great Western Business Park. This project will commence with the purchase of land to facilitate the new fire station at which point, construction will commence. Planning approval has already been gained for the new fire station.
3. The new Police and Fire station is nearing completion in Bromsgrove and staff are due to transfer from the old station into the new building during the Spring.

Disposal of Worcester and Bromsgrove Fire Station Sites

4. It is proposed that the existing Worcester site is marketed for sale once the land transfer for the new site has been completed. This will allow time for alternative uses for the site to be considered by developers, with the aim of achieving a capital receipt within a reasonable time period.
5. Informal discussions with Worcestershire County Council (WCC), who manage properties adjacent to Bromsgrove fire station, have highlighted a potential opportunity to include the sale of the fire station site in with the sale of the surrounding council owned sites, to form a larger development opportunity. Worcestershire County Council have identified that a larger site would make a more attractive retail opportunity for a developer so that the overall combined capital receipt, and therefore the fire service proportion of this receipt, may potentially be greater than an individual receipt for the fire station site alone.

6. The capital receipts of both sites were included in the cost estimates to fund the current fire station replacement programme, as part of the Asset Management Strategy presented to the Policy and Resources Committee in March 2011.
7. For both Worcester and Bromsgrove, the next stage is to obtain valuations which would be part of a marketing campaign for the sale of the sites via an agent. Therefore a selection process for an agent would need to progress, which upon award would lead to marketing of the sites and hopefully result in the sale of both sites. As a disposal of any site over £100,000 requires Fire Authority approval, it is recommended that the Policy and Resources Committee give this approval to enable officers of the Service to proceed with the disposal of both Worcester and Bromsgrove fire station sites.
8. As it is difficult to provide an accurate valuation of either site in the current economic climate, due to the variable nature of potential development opportunities at both sites, it is recommended that the Policy and Resources Committee authorise the Chief Fire Officer, Treasurer and Head of Legal Services, in consultation with the Chair of the Fire Authority, proceed with the marketing of both sites with the aim of selling both sites for the best consideration reasonably obtainable.
9. For the Bromsgrove site, it may be the case that joint disposal with Worcestershire County Council may not be the most economically advantageous option, or that the timescales are unacceptable. It is proposed that decisions arising from these issues are resolved by the Chief Fire Officer, Treasurer and Head of Legal Services, in consultation with the Chair of the Fire Authority.

Conclusion/Summary

10. It is recommended that The Policy and Resources Committee authorise the disposal of Worcester Fire Station and Bromsgrove Fire Station for the best consideration reasonably obtainable, on terms to be agreed by the Chief Fire Officer, Treasurer and Head of Legal Services and in consultation with the Chair of the Fire Authority.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Financial relating to income through capital receipts and Legal through transfer of properties title.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	This paper supports the Authority's Asset Management Strategy
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	None
Consultation (identify any public or other consultation that has been carried out on this matter)	None
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	None

Supporting Information

None.

Background papers – Asset Management Strategy – Hereford and Worcester Fire and Rescue Authority, Policy and Resources Committee, 24th March 2011.

Contact Officer

Ian Edwards, Head of Asset Management
(01905 368360)
Email: iedwards@hwfire.org.uk

Report of Head of Asset Management

6. Outline Business Case for a Joint Property Vehicle

Purpose of report

1. To advise the Policy and Resources Committee about the Outline Business Case (OBC) for a potential Joint Property Vehicle (JPV) between public sector partners.
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Recommendations

It is recommended that:

- i. the summary of the Outline Business Case (OBC) for a Joint Property Vehicle (JPV) be noted;*
- ii. the project continues to be supported towards the Final Business Case (FBC) where the Authority will decide whether to be a core partner in a proposed JPV; and*
- iii. no resources are committed to the creation of a JPV unless and until the decision to be a core partner in the JPV has been agreed by the Authority.*

Introduction and Background

2. In March 2013 the Policy and Resources Committee supported a recommendation that officers explore the potential of a property Special Purpose Vehicle (SPV) between Worcestershire Partners. The proposal would explore efficiencies through the creation of a model where the respective estates functions of partner organisations might be brought together without authorities losing individual sovereignty over their properties or losing local control over the services delivered. It was expected that a Joint Property Vehicle between partners managing the collective estate could realise potential revenue savings through more efficient management of public property.
3. Following this recommendation, the partners established a working group consisting of the responsible officers for property in each respective organisation. Jim Stobie, the Head of Estates at West Mercia Police was seconded to the project as project manager and organised a series of workshops which were supported by an external consultant, Ernst and Young. A Strategic Outline Case (SOC) was completed in October 2013, which examined options for a model to deliver joint property services for the core partners. The SOC proposed further examination of two options to be considered by the

working group, the option of continuing with further collaboration and the option of a new organisation in the form of a Joint Property Vehicle (JPV).

4. This work resulted on an Outline Business Case (OBC) being developed early in 2014. The OBC suggests potentially significant savings for partners entering a Joint Property Vehicle (JPV). However, your officers have concerns about the reliability and deliverability of those projections and the potential impact upon this Authority. This paper explores the OBC and the implications for H&WFRS.
5. It is proposed by the JPV project group that supporting the OBC would enable the efficiencies suggested to be examined in greater detail and result in the Final Business Case (FBC), which would be the milestone date for final approval for a JPV to be formed.
6. Due to the size of the OBC report it has not been included as an appendix, but is available in electronic format from Committee Services.

Outline Business Case (OBC)

7. The OBC explored the potential in combining the property function of 6 other partners in addition to the Fire Authority, namely:
 - Redditch Borough Council
 - Worcester City Council
 - Warwickshire Police
 - West Mercia Police (the two police forces have been working together as one on this project)
 - Worcestershire County Council, and
 - Worcestershire Health and Care NHS Trust.
8. It should be noted that Redditch Borough Council and Worcester City Council do not have a property function, but use a service provided by Worcestershire County Council. A number of options for formalising the partnership were explored in the OBC. The preferred option which emerged among the Heads of Property was for the formation of a public sector owned company, limited by shares, with each of the partners owning an equal share. It was agreed at an early stage that the ownership of property would remain with the existing owners. In this way the sovereignty of property ownership would be retained and that benefits from rationalisation or sales would flow back to the relevant owner.
9. On the face of it, the completed OBC has concluded that there are financial benefits to be achieved from creating the Joint Property Vehicle (JPV) and allowing it to manage public sector property owned by the partners in one place. Currently, the partners spend approximately £56 million per year on managing and maintaining their property. This is split into staff costs (13%), rates and rent (total of 16%), energy costs (19%) and 'hard' (building fabric) and 'soft' (security, cleaning and health and safety management etc.) Facilities Management (FM) costs (52%). For the Fire Authority as with some of the other partners, hard and soft FM are generally delivered through external contracts with a wide range of different contractors. Given this spend profile, there are a range of operational

changes which the OBC suggests may lead to financial savings for all partners. These include:

- Rationalisation of staff costs by bringing the partners together
 - Significant procurement savings by amalgamating contracts
 - Savings through lower unit rates for repairs and maintenance driven by the efficiency advantages for contractors of a 'One Town', single organisation approach to their work
 - Release of significant capital receipts
 - Driving down energy usage
 - The rationalisation of the worst performing buildings.
10. The OBC suggests that the revenue savings for this Authority could equate to £600,000 over ten years (a 31% reduction). In the first year of operation, it is anticipated that 20% of staff costs reduction could be delivered. A summary of the projected revenue savings is given as Appendix 1, and is reproduced directly from the OBC.
11. The OBC also suggests that capital receipts will be increased through better use of properties between the key partners. However, this Authority may have limited opportunities in this area but it has been suggested that income may be generated if other partners wish to rent our property under a formal arrangement.
12. It is proposed that the JPV would have a Shareholder Group as part of its governance arrangement, which would be established to represent the owners. This would scrutinise performance against the agreement/contract and the business plan as well as review investment plans and risks. It would provide oversight and scrutiny of the financial plans and monitor progress against the published asset management strategy.
13. Each partner would be a shareholder, each having one vote. However, given that the property assets would not transfer to the JPV, each body would retain overall sovereignty of their buildings. For this Authority, this means that we would retain the ultimate responsibility for agreeing key decisions in the same way that it currently does. It is suggested it would be the responsibility of the JPV, through the shareholder representative, to bring forward recommendations that required Fire Authority approval.
14. The formation of a JPV as a company would entail further expenditure and these are detailed in the OBC. It is anticipated that start-up costs (excluding redundancy costs) could be in the region of £1.5m. However, significant funding has been committed from outside of the partnership which includes:
- £400,000 from the Department for Communities and Local Government Transformation Challenge Award
 - £100,000 from the West Midlands Regional Improvement and Efficiency Partnership
 - £50,000 from the Cabinet Office as a wave 3 pilot, and

- £210,000 from the Worcestershire Partnership.
 - £25,000 from the Local Government Association
15. The partnership will continue to bid for further external funds should these be available. Any remaining funds, including redundancy costs, will have to be met by the partners.
 16. If partners proceeded with a JPV, the OBC assumes that TUPE (Transfer of Undertakings (Protection of Employment)) will apply with staff transferring from the separate property services groups. However, it is anticipated that a new and more commercial structure will be developed as part of the Final Business Case (FBC). This will indicate the likely levels of resources required to operate a combined structure and the new skill sets anticipated.
 17. Final approval to proceed with a JPV will be requested from the Fire Authority upon completion of the FBC. However, the the JPV project manager has requested that if approval at this (OBC) stage is given, the partners will open up more formal consultations with staff and Trade Unions on the process to be followed. It is suggested that an implementation team will be formed in April 2014, which will include representatives from Legal, Finance and HR as well as diverting dedicated resources from Property; with current commitments on a range of other projects, this will have an impact on productive capacity. It is anticipated that a shadow Shareholder Group could be formed in May 2014 and this will steer and guide the production of a FBC. A detailed programme forms part of the OBC. This contains a number of milestones as part of the work leading up to a 'Go Live' date of April 2015. It is anticipated that the Fire Authority will receive a further report on completion of the FBC towards the end of 2014.

Analysis

18. It will be noted that the timescales are very stretching and that although approval to proceed with a JPV will be requested at the FBC stage, it is expected that work to proceed will commence now. This will require a significant commitment of resources and will assume that the Fire Authority will be one of the core partners in the long term.
19. Officers of the Service have a number of concerns about the business case, partly caused by key functions such as Finance, Legal and Human Resources not having an input into the formation of the OBC and the project working group to date, as follows:
 - The business case appears to be based on some significant assumptions with respect to the efficiencies which can be realised.
 - Whereas one would expect savings in the first year of operations where staff would be reduced, the continued savings over the long term appear very optimistic.

- It is not clear how the data given into the working group has been utilised and an opportunity to benchmark the partner organisations against each other, or with an 'industry standard' appears to have been missed.
- It has been suggested that the detail of this work will be examined as part of the process to complete the FBC.
- The OBC proposes that a JPV will promote better strategic use of assets between partners, however it is not explained how.
- Bearing in mind that the collaboration between property teams to date has been exemplary as identified by the recognition that the Worcestershire Capital and Asset Partnership has achieved, it is difficult to see how this will be improved with a JPV, unless partners assets are wholly owned by the JPV.
- Finally, there are concerns that the size of Worcestershire's team would marginalise the needs of the Fire Authority.

Conclusion/Summary

20. The principles behind the creation of a JPV merit full investigation but it would be a major change in the way property services are delivered and once embarked upon, there may be no going back.
21. As was noted earlier all partners outsource a large portion of work to the private sector and there should be economies of scale in the joint procurement of these services. The opportunity for partners to have access to expertise should promote more efficient working and there would be more resilience in a larger team. Finally, a joint organisation could avoid duplication of tasks, especially for example in the provision of services at specific locations, such as cleaning, grounds maintenance and security services. However, it has been suggested that all of these opportunities could be met through greater collaboration between partners.
22. It is therefore recommended that the Authority continue to support the work towards the Final Business Case (FBC) and press for the clarity of data which officers of the Service have requested to enable the Fire Authority to make an informed decision at FBC stage. However, it is not recommended that any commitment of resources including formal consultation with staff or Trade Unions is undertaken unless and until the Authority approve the Full Business Case.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	There are a number of issues which may need to be addressed at the Final Business Case approval stage.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	N/A
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	N/A
Consultation (identify any public or other consultation that has been carried out on this matter)	Consultation with Representative Bodies will need to be undertaken at the Final Business Case approval stage.
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	An Equalities Impact Assessment may need to be undertaken at the Final Business Case approval stage.

Supporting Information

Appendix 1 – Summary of suggested benefits, reproduced from Outline Business Case.

Background papers – Outline Business case

Contact Officer

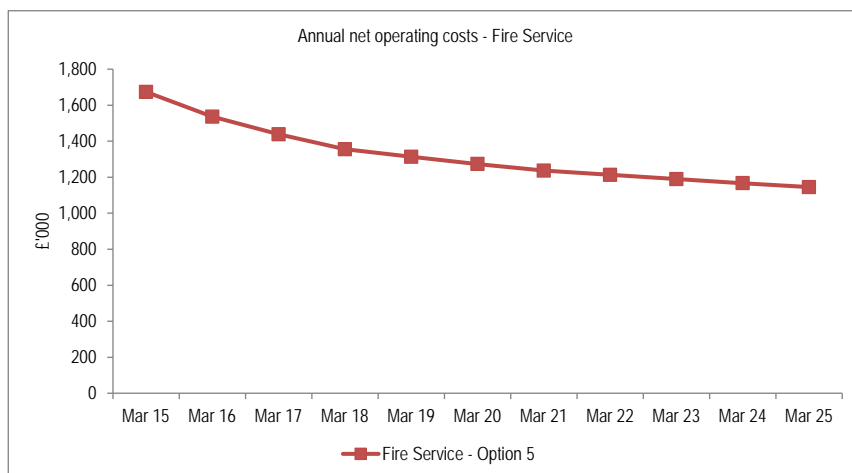
Ian Edwards, Head of Asset Management
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Appendix 1 – Summary of suggested benefits, reproduced from Outline Business Case.

8.02 Hereford and Worcester Fire and Rescue Service

Organisation Specific Issues Benefits

The graph below shows the reduced forecast revenue costs for the JPV model, with a reduction in spend of £600,000 over ten years.



Drive revenue savings.

- The ability to deliver an 8% reduction in revenue base budget (13/14) in Year 1, and a total of 31% reduction over 10 years. With a 20% reduction in workforce by end of Year 1 operation.

Maintain and protect front-line services.

- The scale of savings identified would protect a minimum of 12 fire officer posts (FTE) maintaining service to the community

More sustainable service

- Access to a larger property team, co-owned by HWFRS with greater resources available and flexibility to respond to urgent issues

Greater purchasing power

- Whilst the Fire Service has access to national procurement frameworks these are not always suitable or related to the building supply and construction chain. Being part of a larger regional group, everyone benefits from its increased purchasing ability due to scale

Legislative compliance

- The ability to ensure compliance with all property based legislation, including the reduction in carbon footprint agenda, through access to an energy management team.
- Improved systems of working and audit regimes to reduce risk

High degree of specialised assets:

- The profiles of the fire service's assets are dominated by specialised, operational assets, such as fire stations. The rationalisation of these assets is limited as they are vital to achieve service response times. Therefore the ability to maximise capital receipts will be limited.

Despite the limitations to the use of space with these assets, there are a number of opportunities available to the fire service through co-location, for example the Bromsgrove joint Police/Fire service building.

Significant outsourcing:

- A number of elements of the fire service's delivery are outsourced to the private sector. This demonstrates an appetite for mixed provision of delivery and by there may be some learning to be derived from around the effective management of contracts. The implication for the JPV is that depending on the break and termination clauses written into the contracts, there will be significant savings through the rationalisation of these contracts across the whole organisation.

HWFRS gains significantly, in relation to its size, through availability of opportunities:

- The fire service represents 4% of the total running cost across all organisations, the smallest proportion. As an equal partner in the shareholding structure, HWFRS's influence within the JPV will be disproportionate to the scale of its input. This is beneficial for the HWFRS as it disproportionately gains from the opportunities, in terms of co-location, new developments and wider growth that the JPV can provide.

Enhanced scope for revenue generation/sharing in JPV revenue generated:

- The HWFRS will benefit from the possibility of revenue generation through trading with external clients and through any profit generated, as a result of the scale of opportunity that the JPV will provide. It will have access to a share of benefits from activity that it would not have had access to on its own.

Incentivisation mechanisms could be viewed as an additional cost:

- Property rationalisation is not about disposal alone. Fire service properties are in fixed key locations due to response times which make them ideal as "hub" bases for other services. Thereby attracting rental income to offset revenue costs
- The incentivisation mechanisms, primarily the levy applied to all organisations to encourage asset rationalisation in line with the plan, will be applied to the HWFRS although it has a limited number of assets and less scope to rationalise. This levy could be viewed as an additional cost, although it is returned if rationalisation plans are met.

Enhance quality of property portfolio.

- The ability to share property with partners will allow greater investment to maintain the quality of the property portfolio.

Drive regeneration and growth

- Perhaps not seen as a key criteria for the Fire Service, but the JPV working with LEP's and Economic Growth teams would ensure regeneration reducing the number of vacant properties at risk of arson attack and new build properties with improved fire protective measures

Report of Head of Legal Services

7. Regulation of Investigatory Powers - Review

Purpose of report

1. To review the Authority's policy on the authorisation of covert surveillance techniques under the Regulation of Investigatory Powers Act 2000.
-

Recommendations

It is recommended that:

- i) the Committee note there has been no use of covert investigatory techniques during the past year; and*
- ii) no changes be made to the existing policy.*

Introduction and Background

2. The Regulation of Investigatory Powers Act 2000 ("RIPA") sets out procedural rules to enable specified public authorities to use covert investigatory techniques which might otherwise infringe legal rights to privacy and respect for family life under the Human Rights Act 1998. In particular they govern when and how hidden surveillance, covert witnesses and interception of communications can be used. Fire Authorities are included in the list of public authorities that can rely on RIPA.
3. The Authority has no history of using the covert surveillance techniques covered by RIPA but nonetheless we are required to have a policy in place and are subject to periodic inspection by the Office of Surveillance Commissioners.
4. The current policy (attached – appendix 1) was adopted by this committee in March 2013 and it was agreed that in accordance with the Home Office code of practice, an annual report would be made to the Policy and Resources Committee with a review of the policy and the Authority's use of powers under the Act. This report is the first such annual review.

Review of RIPA Authorisations

5. The following table sets out the extent to which the Authority has utilised the provisions of RIPA during the past year:

Applications for RIPA authorisation	nil
Applications granted	nil
Applications refused	nil
Authorisations renewed or extended	nil

6. As was to be expected, the Authority has not dealt with any cases during the past year in which covert investigatory powers were necessary. There is no expectation that there will be a need to use them in the future. The Authority will usually be able to gather all the information required for its statutory functions without resorting to covert techniques.

Review of Policy

7. Although the Authority has not needed to rely on the use of RIPA, the policy nonetheless:
- (a) reinforces advice to officers that the use of covert investigatory techniques should be avoided in most circumstances;
 - (b) ensures that should the unforeseen and exceptional eventuality arise when reliance on RIPA is needed there will be a clear procedure for handling its use;
 - (c) ensures that any application to use the techniques covered by RIPA will be made using the appropriate Home Office forms and approved by one of the designated 'Authorised Officers'; and
 - (d) meets the requirements of the Office of Surveillance Commissioners.
8. The existing policy remains appropriate and no changes are considered necessary.

Conclusion/Summary

9. Best practice under the code of practice requires members of local authorities, including fire authorities, to set the policy on the use of RIPA and to review it annually. However under the codes, members are not to have any role in considering any particular application to rely on RIPA.
10. The Authority has not relied on covert investigatory powers during the past year.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	It is a requirement to have a policy in place but there are no on-going resource implications
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	This report enables Fire Authority members to exercise an oversight role on behalf of the wider community
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	None
Consultation (identify any public or other consultation that has been carried out on this matter)	None
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	Not applicable

Supporting Information

Appendix 1 – Existing RIPA Policy

Background papers – Policy & Resources Committee 27th March 2013

Contact Officer

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Regulation of Investigatory Powers Act 2000

Executive Summary

The Regulation of Investigatory Powers Act 2000 ('RIPA') sets out the procedures that must be followed before making use of:

- covert, directed surveillance techniques;
- covert human intelligence sources; or
- accessing communications data

HWFRS has no record of using the covert techniques covered by RIPA and it is not envisaged we will need to do so in future but we are nonetheless required to have a policy in place to deal with that eventuality should it arise.

Applications to use the covert techniques covered by RIPA must be made using the appropriate Home Office forms and must be approved by one of the designated 'Authorised Officers' set out in this policy.

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6 Oversight & review	9

Regulation of Investigatory Powers Act 2000

1. INTRODUCTION

- 1.1. The Human Rights Act (HRA) 1998 was introduced to give effect to the European Convention on Human Rights (ECHR) and came into force in October 2000. The HRA imposes a duty upon public authorities, including Hereford and Worcester Fire and Rescue Service (HWFRS), to act in ways that are compatible with the rights under the ECHR. Failure to do so may enable a person to seek damages against the Service or to use our failure as a defence in any proceedings that we may bring against them.
- 1.2. The Regulation of Investigatory Powers Act 2000 ("RIPA") sets out procedural rules to enable specified public authorities to use covert investigatory techniques which might otherwise infringe legal rights to privacy and respect for family life under the HRA. In particular they govern when and how hidden surveillance, covert witnesses and interception of communications can be used. HWFRS is included in the list of public authorities which can rely on RIPA.
- 1.3. HWFRS has no history of using the covert investigatory techniques covered by RIPA and there is no expectation that there will be a need to use them in the future. It is anticipated that HWFRS will usually be able to gather all the information required for its statutory functions without covert information gathering. This policy does not change this position. The purpose of this policy is to:
 - (a) reinforce advice to officers that the use of covert investigatory techniques should be avoided in most circumstances; and
 - (b) ensure that should the unforeseen and exceptional eventuality arise when reliance on RIPA is needed there will be a clear procedure for handling its use.
- 1.4. The protection of RIPA is available to HWFRS only when carrying out its core functions as a fire and rescue authority. RIPA does not apply to the ordinary general functions carried out by all authorities e.g. staff disciplinary or contractual issues. Another legal basis for avoiding infringing rights to privacy would be needed in these circumstances.
- 1.5. This policy is intended to ensure that HWFRS policy and practice are in line with the Codes of Practice and guidance issued under RIPA. In any proposed utilisation of RIPA powers, reference should be made to the Codes of Practice and guidance published on the Home Office website and by the Office of Surveillance Commissioners <http://surveillancecommissioners.independent.gov.uk/>.

2. ACTIVITIES COVERED BY RIPA

2.1. There are three forms of covert intelligence gathering that are covered by RIPA and potentially available to HWFRS: Directed Surveillance; Covert Human Intelligence Sources and Accessing Communications Data.

2.2. Directed surveillance is:

- **Surveillance** (i.e. monitoring, observing or listening to people or their movements, conversations or other activities)
 - **which is covert** (i.e. done in a manner calculated to ensure that the subject is unaware that it is taking place)
 - **that is carried out in relation to a specific investigation or operation** (i.e. not as routine observations of people or an area in general)
 - and which is **likely to result in obtaining private information** about any person (i.e. any information about a person's private or family life including names, phone numbers or even business relationships).
- a) It does **not** include circumstances where this is done by way of an immediate response to events (as it would not be practicable for that to have prior authorisation).
- b) Any covert surveillance of what takes place in residential premises or a private vehicle is deemed as "intrusive" and outside what HWFRS may lawfully do even under RIPA.
- c) Overt and sign-posted use of CCTV cameras (on premises or on vehicles) is not Directed Surveillance because it is neither covert nor carried out in relation to a specific investigation or operation. *Covert* use of hidden CCTV cameras may be Directed Surveillance but only if this were part of a specific investigation or operation rather than the usual placing of cameras for general surveillance.

2.3. Covert Human Intelligence Sources

A Covert Human Intelligence Source (CHIS) is somebody who:

- **establishes or maintains a personal or other relationship with a person:**
 - **EITHER for the covert purpose of obtaining information** (i.e. any information whether private or not)
 - **OR for the purpose of covertly disclosing information obtained by the use of such a relationship**
- a) "Covert" means in a manner that is calculated to ensure that one of the parties to the relationship is unaware of the use of the relationship or disclosure of information.

- b) A CHIS must also necessarily have a relationship with another party. So a stranger to the subject who has been asked to “keep an eye” on comings and goings from particular premises would not be a CHIS as they have no relationship that provides the information (but they might need to be authorised for Directed Surveillance).
- c) The need for a CHIS authorisation is not limited to cases where someone has been tasked with obtaining information. It is the activity of the CHIS in exploiting a relationship for a covert purpose which is ultimately authorised by the 2000 Act, whether or not that CHIS is asked to do so by a public authority. A member of the public who voluntarily provides information obtained by covert means on a regular basis would be a CHIS. The Authority would owe that person a duty of care and must consider whether using the information provided might place the informant at risk.
- d) No CHIS authorisation is needed where there is another legal basis for a person to report information covertly (e.g. a professional duty to comply with regulations).
- e) Any type of relationship could be covered, e.g. a customer of a business. However statutory guidance suggests that a simple “one-off” transaction may not be sufficient interaction to constitute a “relationship”, and that more extensive engagement between the two parties would be needed, e.g. for the CHIS to be a regular buyer of “under the counter” goods from a certain supplier

2.4. Accessing Communications Data

A third technique of covert investigation is currently open to the Authority under RIPA: accessing communications data. Postal or telecommunications service providers hold certain types of communications data. RIPA gives fire authorities (along with other local authorities) a power to access this data. The communications data that can be obtained by fire authorities is strictly limited and extends only to:

- (a) **Subscriber information** – i.e. information about the customer's account: name of the customer who is the subscriber for a telephone number/ e-mail account etc.; account information such as address for billing, delivery or installation; details of payments and bank or credit/ debit card details; Information provided by the subscriber to the Communications Service Provider such as demographic information or sign up data (other than passwords) such as contact telephone numbers; **AND**
- (b) **Service Use Data** – i.e. the general ways in which the service was used: periods during which the customer used the service; itemised records of telephone numbers called, Internet connections, dates and times of calls, duration of calls, text messages sent and quantities of data uploaded or downloaded; records of postal items, such as records of registered, recorded or special delivery postal items and records of parcel consignment, delivery and collection.

- 2.5. Fire Authorities (like local authorities generally) are NOT empowered to obtain what is called “**traffic data**” which is specific information about communications i.e. what websites visited, the origins of incoming calls, mobile phone cell site locations. The Authority could not access the *content* of an individual's communications.

3. WHEN RIPA PROCEDURES CAN BE USED

3.1. The covert intelligence gathering techniques under RIPA can be used only in certain prescribed circumstances. These are where:

- (a) their use is **necessary** for:
 - the prevention or detection of crime;
 - preventing disorder; or
 - in the interests of public safety or the protection of public health;

and

- (b) their use is **proportionate** to the purpose of the operation.

(For **Accessing Communications Data** part (a) is limited to the prevention or detection of crime or preventing disorder or in the interests of public safety.)

3.2. Also, RIPA can be relied on only where it is exercised in accordance with **due process**. This means that the procedure in this policy must be followed and the Authority must abide by the relevant Code of Practice issued by the Home Office and published on the Home Office website.

3.3. RIPA can be relied on only in carrying out HWFRS' specific functions as a fire and rescue authority e.g. it is potentially available to help in statutory fire safety work. However, RIPA would not be available for "ordinary" functions common to any public authority such as employing staff or contracting with a supplier of goods or services.

3.4. In deciding whether the "necessary and proportionate" test is passed officers must consider whether the proposed activity is an appropriate use of the legislation and a reasonable way of obtaining the necessary result. In particular this must include consideration of:

- (a) Whether information could be gathered by **alternative overt means** e.g. evidence of non-compliance with fire regulations might be obtained from a well-timed unannounced visit to inspect rather than by covert surveillance;
- (b) The **size and scope of the proposed activity** against the gravity and extent of the possible crime (or other harm) being investigated;
- (c) How to minimise the impact of any intrusion on the subject or others;
- (d) Whether there is a risk of "collateral intrusion" i.e. whether there will be any interference with the privacy of a third party who is not the subject of the covert activity. This might include family members, customers or other associates of the subject. Where there is such a risk it should be considered whether that interference is itself necessary and proportionate and whether the risk can be mitigated;

- (e) Whether there is a risk of confidential information being revealed. The Codes of Practice identify confidential personal information, confidential information held for the purposes of journalism, confidential information passing between an MP and a constituent and confidential information concerning spiritual/religious counselling as well as information that is legally privileged i.e. passing between a person and a legal advisor. If there is a risk of revealing information that is legally privileged, specific legal advice is required.

4. THE APPROVAL PROCESS

Approval process for Directed Surveillance and Covert Human Intelligence Sources

- 4.1. The covert investigation techniques covered by RIPA can only be used with the appropriate approval in place. This approval process is outlined below.
- 4.2. The first step is for investigating officers to consider for themselves whether the use of a covert investigation technique is necessary and proportionate. A full written record of this preliminary consideration should be made and retained. It is envisaged that this self-assessment will invariably show that covert investigation is avoidable as alternatives are available. If so, the matter ends there.
- 4.3. If it continues to look like covert surveillance is necessary and proportionate an application for approval should be made only by a Group Commander or equivalent on the appropriate Home Office form, available from their website at <http://www.homeoffice.gov.uk/counter-terrorism/regulation-investigatory-powers/>. Applications for approval are to be made to the Authority's designated RIPA Authorising Officers:
- Chief Fire Officer
Deputy Chief Fire Officer
Assistant Chief Fire Officer
- (Only the Chief Fire Officer is authorised to approve the use of CHIS)
- 4.4. The Authorising Officer will decide whether to approve the use of one of the RIPA techniques and on what terms (if any) they may be used. The Authorising Officer must issue all authorisations in writing. No covert surveillance can begin until this authorisation is issued.
- 4.5. Any authorisation must be time limited for a set period from the date of the approval as follows:

Directed Surveillance –	3 months (less one day)
CHIS -	12 months (less one day)

In addition, when granting approval the Authorising Officer must set an appropriate review date (which must not be longer than one month). The Authorising Officer must review the continuing need for the authorisation on the review date – any approval should not last longer than is justified by the “necessary and proportionate” test and an approval will have to be cancelled early if a review shows it is no longer justified. If, on review, an authorisation is allowed to continue in force then a further review date must be set.

- 4.6. At the expiry of an authorisation it must be formally cancelled by the Authorising Officer and not allowed simply to lapse. Again the appropriate Home Office form is to be used for this. An authorisation may be renewed by a further application to the Authorising Officer on the appropriate form. If so, it will be necessary to show that the tests in this policy continue to be satisfied. In any case the Authorising Officer must continue to ensure appropriate and regular reviews of the authorisation (to be at least monthly).
- 4.7. Additionally, when authorising a CHIS the Authorising Officer must ensure before granting an authorisation that there is a "handler" in place. This handler will have day-to-day contact with the source and general oversight of them. The handler directs the source's day-to-day activities, records information supplied by the source and monitors the source's welfare and security. Officers seeking a CHIS approval must therefore include in the application an assessment of the personal, operational and ethical risks of using the CHIS, including the likely consequences to the CHIS of the role becoming known. This assessment must be kept with the other records of the approval in accordance with the policy on record keeping in part 5 of this policy. The Authorising Officer will not approve as a CHIS anyone who is:
- (a) a vulnerable adult (i.e. a person who may need community care services by reason of mental or other disability, age or illness and may be unable to take care of him/herself or protect him/herself from harm or exploitation); or
 - (b) under the age of 18.
- 4.8. Applications for approval may be made orally in cases of genuine emergency where the time required for the full application process would be likely to endanger life or jeopardise the investigation. Nevertheless, as soon as possible a record of the oral application and its approval (or otherwise) must be made. This should clearly state the reasons why the usual written process could not be used.
- 4.9. There are extensive requirements relating to record keeping when a CHIS is used. These are set out in 5.4 below.
- 4.10. It should be noted that this RIPA process establishes no more than that the covert operation would be lawful. Officers must ensure that all other appropriate planning and risk assessments (e.g. health and safety) are also in place.

Approval process for Access to Communications Data

- 4.11. Additional steps beyond those in 4.1-10 above are required to approve access to communications data to ensure any information received is handled in accordance with the law.
- 4.12. Where the Authorising Officer wishes to approve an application to access Communications Data the decision must then be referred to a designated Single Point of Contact ("SPoC") appointed by the Authorising Officer. The SPoC is responsible for facilitating the handover of any data in accordance with the law. The SPoC will review the approval from the Authorising Officer and consider whether:
- (a) the application has been properly made in accordance with due process; and
 - (b) it is reasonable practicable or possible to obtain the communications data requested.

If satisfied of these the SPoC returns the application to the Authorising Officer to make a final approval decision. It is for the SPoC to prepare a Notice in the form prescribed by the Home Office and to serve this on the service provider. The service provider will provide the data to the SPoC who should deliver it direct to the Authorising Officer.

- 4.13. Anyone who is to act as a SPoC must have attended an accredited course and obtained a PIN reference from the Home Office. The PIN reference is produced to the service provider with any request for data in order to confirm the SPoC is able to receive the data lawfully. In the absence of a member of staff being trained and accredited as a SPoC, the Authorising Officer may appoint an external provider such as the National Anti-Fraud Network (NAFN) to undertake the SPoC service.
- 4.14. There currently are two approved SPoC officers within HWFRS:
- Deputy Chief Fire Officer
Station Commander, Fire Control
- 4.15. RIPA makes provision for HWFRS to obtain communications data lawfully. The handling and storing of that data will also be governed by the Data Protection Act 1998 so regard must also be had to the Authority's policy on data protection.

5. RECORD KEEPING

- 5.1. In accordance with best practice in the Home Office Codes the Authority has appointed the Head of Legal Services (Clerk & Monitoring Officer) to be its Senior Responsible Person ("SRO"). The SRO is a senior manager with oversight of compliance with RIPA. The SRO therefore has overall responsibility for:
- (a) The integrity of the Authority's procedures for managing RIPA;
 - (b) The Authority's compliance with RIPA and the Codes of Practice;
 - (c) Dealing with external inspectors as appropriate, including monitoring the implementation of any post-inspection action plans.
- 5.2. Individual Authorising Officers must:
- (i) retain a copy every completed form in respect of each:
 - authorisation approved by them
 - review
 - renewal; and
 - cancellation
 - (ii) pass a copy of each of the above forms to the Head of legal Services who will maintain a central register with unique reference numbering of all requests and authorisations for covert surveillance under RIPA over at least the previous three years. This register must also include applications refused, stating the reasons for any refusal.

- 5.3. Alongside the register the Authorising Officer must maintain a copy of all completed forms including cancellations and renewals so that details of the applicant, the subject, length of the operation, mitigation measures etc. are all retained.
- 5.4. For a CHIS, records must be kept in a way that ensures the source and any information provided by the source remains confidential e.g. that no information is made available to officers unless it is necessary for them to see it. The Authorising Office (in this case, the Chief Fire Officer) should ensure an appropriate officer is designated with responsibility to ensure confidentiality. The following must also be recorded (and records retained for at least three years):
- (a) the actual identity of the CHIS;
 - (b) the identity used by the CHIS if any;
 - (c) any other investigating authority involved, and the means by which that authority identifies the CHIS;
 - (d) any information significant to the security and welfare of the CHIS;
 - (e) any confirmation by an Authorising Officer, in this case the CFO, that the relevant information has been considered and any identified risks been properly explained and understood by the CHIS;
 - (f) when and how the CHIS was recruited;
 - (g) the identities of the handler and others authorising activities including times and dates when they were authorised;
 - (h) the tasks given to sources and any demands made by the source in relation to his or her activities;
 - (i) all contacts and communications between the source and the handler;
 - (j) any information obtained from the source and any dissemination of it;
 - (k) any payment, benefit or reward provided to the source.

6. OVERSIGHT & REVIEW

- 6.1 The Head of Legal Services as SRO maintains general oversight of the Authority's use of RIPA and compliance with legal requirements and the Codes of Practice. The Surveillance Commissioners and Interception of Communications Commissioner provide external oversight and from time to time may inspect the Authority's policies and practice in regard to RIPA. The SRO has a duty to ensure the reporting of any errors in the use of RIPA to the relevant Commissioners and to ensure any remedial actions required by the Commissioners are taken.
- 6.2 In accordance with the codes of practice, the Authority's Policy & Resources Committee will review the policy on the use of RIPA at least annually. The annual report to Members will also detail (in an anonymised form) any use by HWFRS of RIPA. This is to ensure Members are able to judge whether the policy is being applied appropriately. For the avoidance of doubt, elected Members have no role in approving or refusing any particular application to use RIPA procedures.

Report of the Treasurer

8. 2013/14 Budget Monitoring – 3rd Quarter

Purpose of report

1. To inform the Policy and Resources Committee of the current position on budgets and expenditure for 2013/14.
-

Recommendation

The Chief Fire Officer and Treasurer recommend approval of the transfer of the underspend to reserves as follows:

- (i) £0.400m to the Pension Tribunal Reserve***
- (ii) £0.573m to the Budget Reduction Reserve***

Introduction and Background

2. This report relates to the Authority's financial position for the period April – December 2013 (Quarter 3 – 2013/14), and an outturn projection based on that position.
3. Separate financial reports are included to detail the position for both Revenue and Capital for this period.
4. Details are included about the Authority's Treasury Management position for the period.

Revenue

5. In February 2013 the Fire Authority set a net revenue budget for 2013/14 of £32.549m, allocated to budget heads.
6. This was subsequently amended to reflect the responsibility changes arising from Service/staff changes, budget holder savings that were still to be achieved at the time the budget was set and the allocation of budget contingency. These are included in the quarter 1 report.
7. The 3rd quarter report shows the additional reallocations to reflect all budget movements agreed by Senior Management since the 1st Quarter, as well as those in respect of the pay award provision and sums previously approved to be held and released from ear-marked reserves. These are shown at Appendix 1.

8. Appendix 1 also gives details of the projected year end expenditure and forecasts an underspend of £0.973m compared to that of £0.736m at the end of quarter 2. The reason for this increase is due to both the continued monitoring of expenditure by Budget Holders and slippage in the commencement of some programmes of Revenue work.
9. In the context of the current Medium Term Financial Plan (MTFP), it is important to understand why these variations arise and how they impact on the future gap.
10. A breakdown of the budget variation is given in the table below, with an explanation of the nature and cause of each:

Capital Financing	(0.300)
Inflation Contingency	(0.232)
Wholetime Pay	(0.213)
Support Pay	(0.104)
RDS Pay	0.108
Control Pay	(0.042)
Unallocated Budgets	(0.046)
Misc Net Other	<u>(0.144)</u>
	(0.973)

- a. Capital Financing: as previously reported, the variation arises from three main causes:
 - Cash payments in respect of the major building schemes are proceeding at a slower pace than expected in the budget.
 - Pause on the vehicle replacement programmes pending the conclusion of the Community Risk Management Plan (CRMP) process.
 - In the short term interest rates remain low against a budget based on a historically higher average which may return during the MTFP period.
- b. Inflation Contingency: represents provision made for costs that have not been required. In accordance with the budget decision the budget will be removed in 2014/15. However, following recent developments in energy prices this will continue to be reviewed.
- c. Wholetime Pay: this variation arises from two main causes:
 - The anticipated saving on this budget has increased significantly since the last quarter due to the increased number of Uniformed Officers who are in temporary posts and are paid at the Development rather than Competent rate, as budgeted for.
 - The 2013/14 budget was based on the previously approved reduction in watch sizes, with a small provision to reflect the fact that this would not be fully achieved until March 2014. This has happened slightly earlier than anticipated. The full year impact of this is factored into the MTFP.

- d. Support Pay: the Service has recently reviewed the Catering and Corporate Communications functions which have resulted in a reduction in the level of staffing. The full impact of these savings is now restated in the approved 2014/15 budget.
 - e. RDS Pay: following changes to the RDS pay there has been an increase in the total amount paid as retaining fees. Also, following the completion of the strategic training facilities, costs have increased in training as more of the RDS have increased their levels of involvement.
 - f. Control Pay: costs have reduced below those budgeted for following the reduction in the number of staff and a secondment to a neighbouring authority.
 - g. Unallocated budgets: when the 2013/14 budget was set, Officers were required to identify the final £0.181m of savings needed to balance the budget. This has been exceeded by £0.046m, which has been removed from the 2014/15 budget.
11. A number of Fire Authorities have received demands from HMRC relating to taxation of pensioners of whole time staff retiring who continue with RDS duties to maintain fire cover. Our tax specialists advise this Authority and a number of others, that HMRC interpretation is wrong, however, some Fire Authorities have not sought specialist advice and have settled with HMRC.
12. We are currently considering whether to take a joint appeal to HMRC tribunal but at this stage the Treasurer considers it prudent to set aside £0.400m of the in year underspend. In accordance with the Budget & Precept report to the FRA in February 2014 it is recommended that the balance of underspending, £0.573m, is transferred to the Budget Reduction Reserve.

Capital

13. The current capital budget (including approved rephrasing from 2012/13) detailed in Appendix 2 is £10.739m and is divided into 3 blocks:
- Vehicle Replacement
 - Major Building
 - Minor Schemes
14. Of the total budget of £10.766m only £1.885m (17.6%) expenditure has been incurred with a further £1.673m (15.5%) committed by way of orders; £0.180m remains as unallocated minor schemes.
15. Capital expenditure remains lower than expected in the budget, for two main reasons:
- The vehicle replacement programme has been put on hold until the outcome of the CRMP is known.
 - Work has been delayed on the project to replace Worcester Station following delays with the legal completion of the land purchase.

16. Where projects have not been completed at the end of the financial year, requests will be made to roll forward the budget into following years to allow for project completion.

Treasury Management

17. Since October 2008 the Authority has adopted a policy of avoiding new long term borrowing, where working capital balances permit. The Authority will only extend long term borrowing when cash-flow requirements dictate that it is necessary, and only to finance long term assets.
18. At the beginning of the financial year (2013/14), borrowing was at a level of £14.971m. This has subsequently reduced by £0.500m to £14.471m following a repayment to the Public Works Loans Board at the beginning of February 2014.
19. In accordance with the Authority's Treasury Management Strategy, surplus funds are invested by Worcestershire County Council (WCC) alongside their own funds. Investment is carried out in accordance with the WCC Treasury Management Strategy, which has been developed in accordance with the Prudential Code for Capital Finance and is used to manage risks from financial instruments.
20. Given the uncertainty in financial markets, the Treasurer continues to advise that investment should be focussed on security. As a consequence surplus funds continue to generate low returns which are factored into the budget.
21. At 28 February 2014 short term investment with Worcestershire County Council comprised:

Organisation Type Invested in	H&WFRA (Proportion) £'000
Other Local Authorities	6,406
DMADF*	614
Bank of Scotland	272
MMF**	272
Call	436
Total	8,000

* Debt Management Account Deposit Facility

** Instant Access

22. An investment income target of £0.010m has been set for 2013/14, however as investments with the County Council have now diversified, whilst still ensuring risk levels are reduced, income levels are higher than expected. In the 9 months to 31 December 2013 the Council received income from investments of £0.025m.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	See paragraphs 4 – 9
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	None
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	None
Consultation (identify any public or other consultation that has been carried out on this matter)	None
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	None – N/A

Supporting Information

Appendix 1 – 2013/14 Revenue Budget Monitoring

Appendix 2 – 2013/14 Capital Budget Monitoring

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Hereford & Worcester Fire and Rescue Service :
Senior Management Board
Revenue Budget 2013-14 : 3rd Quarter

Appendix 1

			2013/14 Final Budget	Budget Adj	Updated Annual Budget	Forecast Annual Expd	Forecast Annual Variance
			£m	£m	£m	£m	£m
1	WT FF Pay/USAR Pay		14.046	0.106	14.152	13.939	(0.213)
2	RDS FF Pay		3.215	0.024	3.239	3.347	0.108
4	Control Pay		0.809	0.006	0.815	0.773	(0.042)
5	Support Pay		3.789	0.027	3.816	3.712	(0.104)
6	Redundancy		0.000		0.000	0.091	0.091
6	Other Employee Costs		0.038		0.038	0.057	0.019
7	Unfunded Pensions		0.744		0.744	0.744	0.000
8	Industrial Action				0	0.025	0.025
9			22.641	0.163	22.804	22.688	(0.116)
10	Strategic Management	Chief Fire Officer	0.069	0.002	0.071	0.057	(0.014)
11			0.069	0.002	0.071	0.057	(0.014)
12	New Dimensions	Head of Operations	0.114		0.114	0.046	(0.068)
13	Technical Fire Safety	Head of Com. Risk & Trg	0.010		0.010	0.008	(0.002)
14	Community Safety	Head of Com. Risk & Trg	0.075	0.003	0.078	0.075	(0.003)
15	Training Dept	Head of Com. Risk & Trg	0.624	0.004	0.628	0.524	(0.104)
16			0.823	0.007	0.830	0.653	(0.177)
17	P & I	Head of Corp. Serv.	0.212		0.212	0.162	(0.050)
18	Ops Policy	Head of Ops Support	0.069		0.069	0.067	(0.002)
19	Personnel	Head of HR	0.274	0.008	0.282	0.274	(0.008)
20	Ops Logistics	Head of Ops Support	1.456	0.040	1.496	1.513	0.017
21	Fleet	Head of Ops Support	0.608		0.608	0.576	(0.032)
22	PPP - FRA Costs	Head of Corp. Serv.	0.067		0.067	0.057	(0.010)
23			2.686	0.048	2.734	2.649	(0.085)
24	ICT	Head of Asset Mngt	0.969		0.969	0.968	(0.001)
25	Facilities Mngt	Head of Asset Mngt	1.757	0.213	1.970	1.964	(0.006)
26	Insurances	Head of Asset Mngt	0.301		0.301	0.311	0.010
27	Finance (FRS)	Head of Finance	0.124	0.002	0.126	0.124	(0.002)
28	Finance SLA	Head of Finance	0.106	(0.008)	0.098	0.098	0.000
29	Capital Financing	Treasurer	2.569		2.569	2.269	(0.300)
30			5.826	0.207	6.033	5.734	(0.299)
31	Legal Services	Head of Legal Services	0.023		0.023	0.020	(0.003)
32			0.023	0.000	0.023	0.020	(0.003)
33	Core Budget		32.068	0.427	32.495	31.801	(0.694)
34	Pay Award Provision 2013/14		0.175	(0.174)	0.001	0.000	(0.001)
35	Inflation Contingency		0.232		0.232	0.000	(0.232)
36	Unallocated Budgets		0.086	(0.040)	0.046		(0.046)
37			0.493	(0.214)	0.279	0.000	(0.279)
38	Gross Budget		32.561	0.213	32.774	31.801	(0.973)
39	Use of Dev Reserve			(0.213)	(0.213)	(0.213)	0.000
40	Use of Earmarked Reserve		(0.012)		(0.012)	(0.012)	0.000
40			(0.012)	(0.213)	(0.225)	(0.225)	0.000
41	Net Budget Requirement		32.549	0.000	32.549	31.576	(0.973)

Hereford & Worcester Fire and Rescue Service :

Appendix 2

Senior Management Board

Capital Budget 2013-14 : 2nd Quarter

Scheme	Budget	Actual	Commitments	Total	Remainder
Vehicles					
086 - Ex Leased Appliances	-	36,360	-	36,360	- 36,360
092 - Argocat Routine Replacement Off Road	1,333	-	-	-	1,333
105 - Routine Pump Replacement 2011/12	2,186	-	-	-	2,186
115 - Specialist Replacement Incident Support Vehicle	5,721	-	-	-	5,721
116 - Line Rescue Vehicle Fit Out	340	-	-	-	340
129 - Pinzgauer Routine Replacement 4WD 2012/13	48,499	37,059	11,105	48,163	336
147 - Pump Replacement 13/14	1,010,000	-	-	-	1,010,000
148 - Off Road Vehicle Replacement 13/14	26,000	-	-	-	26,000
149 - Command Vehicle Replacement 13/14	350,000	-	-	-	350,000
Total	1,444,079	73,419	11,105	84,523	1,359,556

Major Building					
012 - Pebworth	37,063	14,608	-	14,608	22,455
049 - Malvern Refurb	2,364,496	568,236	1,004,589	1,572,824	791,672
120 - Strategic Training Facilities	1,222,912	570,804	184,566	755,370	467,542
126 - Worcester Station	2,997,137	368,764	9,315	378,079	2,619,059
156 - Redditch	247,369	-	-	-	247,369
157 - Hereford	247,597	20,323	98,650	118,973	128,624
175 - Bromsgrove Day Crew Plus Welfare Equipment	33,000	-	-	-	33,000
179 - Evesham Prelim. Works	57,460	23,967	-	23,967	33,493
Total	7,207,034	1,566,700	1,297,120	2,863,819	4,343,215

Minor Schemes - Property

068 - Evesham Flat Roof	640	-	-	-	640
069 - Stourport Flat Roof	550	-	-	-	550
072 - Ewyas Harold Resurface Yard	2,241	-	-	-	2,241
083 - SRT Storage	4,010	4,010	-	4,010	0
084 - RPE Cylinder Strategy	41,750	41,737	-	41,737	13
095 - Diversity Compliant Rest Facilities Kidderminster- Hereford	58,880	-	-	-	58,880
096 - Property Work From Health and Safety Audit	744	-	-	-	744
097 - Air Conditioning ICT Work	2,606	-	-	-	2,606
100 - Evesham Refurbishment	8,061	-	-	-	8,061
110 - Up Grade to Lifts to Comply with Legislation	1,996	756	-	756	1,240
113 - Replacement Windows	1,049	-	-	-	1,049
119 - Evesham House Refurbishment	1,548	601	-	601	947
123 - Transfer Crawling Rig From Betony Road To Redditch	824	-	-	-	824
131 - Hereford Safety Refurbishment	30,004	4,068	668	4,737	25,267
132 - Revised HQ Server Room Fire Suppression	50,000	-	-	-	50,000
133 - Pershore UPVC Fascias, Soffits and Gutters	15,000	-	-	-	15,000
134 - Stourport BA Wash	20,000	14,060	1	14,061	5,939
135 - Asbestos Removal	95,000	207	14,256	14,463	80,537
136 - Amphlett Court Roof Replacement	15,000	-	-	-	15,000
137 - Bromsgrove IT Fit Out	60,000	2,853	12,961	15,813	44,187
138 - Automatic Meter Reading	5,000	-	-	-	5,000
139 - Broadway Female Facilities 13 - 14 Scheme	35,000	-	-	-	35,000
140 - Upgrade Droitwich Generator 13 - 14 Scheme	50,000	-	-	-	50,000
141 - Droitwich Welfare Facilities 13 - 14 Scheme	40,000	-	-	-	40,000
142 - Droitwich Boiler Room Refurb 13 - 14 Scheme	18,000	-	18,000	18,000	0
143 - Droitwich Forecourt Refurb 13 - 14 scheme	15,000	-	-	-	15,000
144 - Electrical Distribution Boards Replacement	70,000	-	4,416	4,416	65,584
145 - Air Conditioning Gas Replacement 13 - 14 Scheme	70,000	120	36,133	36,253	33,747
146 - Evesham Refurb 13 - 14 Scheme	80,000	-	-	-	80,000
178 - UPS Enhancement	85,000	-	80,755	80,755	4,245
Total	877,903	68,412	167,191	235,602	642,301

Hereford & Worcester Fire and Rescue Service :

Appendix 2

Senior Management Board

Capital Budget 2013-14 : 2nd Quarter

Minor Schemes - IT

107 - Citrix Farm Updates	2,072	-	-	-	2,072
127 - Wide Area Network / Internet Improvement	25,000	17,902	-	17,902	7,098
158 - Hardware/Computer Purchase 12-13	980	635	-	635	345
159 - Computer Software 12-13	11,793	3,715	-	3,715	8,079
161 - Network Upgrades LAN/ WAN	4,000	-	-	-	4,000
162 - Core Switch Hardware Replacement 12-13	15,000	-	-	-	15,000
163 - Lan Switch Router IOS updates	7,000	-	-	-	7,000
164 - Droitwich Wan upgrade	9,000	-	-	-	9,000
165 - Retained Station WAN upgrades	5,000	-	-	-	5,000
166 - Swipe Card Upgrade to ISO 14443A-4	50,000	-	-	-	50,000
167 - Retained Station Swipe Card Roll Out	80,000	-	-	-	80,000
168 - Command & Control replacement	7,000	-	-	-	7,000
169 - Hardware/Computer Purchase 13-14	40,000	14,567	-	14,567	25,433
170 - Computer Software 13-14	15,000	-	-	-	15,000
171 - Developments 13-14	10,000	2,146	-	2,146	7,854
172 - Server Hardware Upgrades 13/14	12,000	-	-	-	12,000
173 - Core Switch Hardware Replacement 13-14	15,000	-	-	-	15,000
180 - Finance System Workflow	27,500	21,000	4,500	25,500	2,000
Total	336,345	59,964	4,500	64,464	271,881

Minor Schemes - Equip

130 - E-Hydraulic Equip	292	-	-	-	292
174 - Large Animal Rescue Equipment	12,100	10,713	-	10,713	1,387
176 - UHRP / ISV Additional Equipment	25,000	12,102	11,360	23,462	1,538
181 - Bromsgrove BA Compressor	45,000	-	40,213	40,213	4,787
Total	82,392	22,815	51,573	74,388	8,004

Minor Schemes - Other

101 - Intel Application	13,700	-	-	-	13,700
103 - Fire Control Replacement	624,465	93,322	141,153	234,475	389,990
Total	638,165	93,322	141,153	234,475	403,690

Sub Total Minor Schemes	1,934,805	244,513	364,417	608,930	1,325,875
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Capital Budget	10,585,918	1,884,632	1,672,641	3,557,273	7,028,645
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Unallocated Budgets

999 - Unallocated	180,400	-	-	-	180,400
Total	180,400	-	-	-	180,400

Capital Strategy	10,766,318	1,884,632	1,672,641	3,557,273	7,209,045
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Report of the Head of Operations Support

9. Emergency Services Mobile Communications Programme (ESMCP)

Purpose of report

1. To inform the Policy and Resources Committee of the background and progress of the ESMCP
-

Recommendations

Recommended the Committee notes that:

- i) the current national contracts for critical mobile communications for the 3 emergency services are due to expire from 2016;***
- ii) future contracts will be delivered by the Government's Emergency Services Mobile Communications Programme from 2015; and***
- iii) a report will be brought to a future meeting of the Committee detailing any resource implications for the Authority.***

Introduction

2. The Emergency Services Mobile Communications Programme (ESMCP) is a cross-government, multiagency programme led by the Home Office. It will deliver a new contract for critical mobile communications to all 3 emergency services (3ES) and other users throughout Great Britain using the latest proven technologies providing the delivery of public safety features and on-demand data services. The ESMCP solution will be called the Emergency Services Network (ESN).
3. The Emergency Services Network will provide the emergency services and others with critical voice and broadband data capacity which could replace those delivered under current contract(s), this includes, but is not necessarily limited to, the contracts currently provided by Airwave Solutions Limited. The Service will be required to join the ESN to ensure interoperability with the other emergency services.
4. The Chief Fire Officers Association (CFOA) is at the forefront of the delivery of this programme and is representing all fire services to ensure that the ESN is fit for purpose and meets the needs of Fire and Rescue Service communications.

Background

5. A number of service contracts are currently in operation across the 3ES and the expiration of the contracts begins from 2016 through to 2020.
6. The procurement of the ESN is planned to begin at the start of 2014 with new service contracts expected to be awarded during the summer 2015 to facilitate service delivery as the existing service contracts expire.
7. It is envisaged the ESN will also provide the 3ES with a choice when considering the purchase of existing commercially available mobile telephony services.
8. The ESMCP may also replace the current main scheme radio communication service delivered by Airwave with a new national mobile communication service for all 3 emergency services and other organisations that use the Airwave service. ESN will take advantage of the latest mobile technologies to provide a national critical voice and broadband data services.

Progress

9. The ESMCP strategic outline business case was approved in October 2012 and the programme is developing an outline business case for approval by quarter 1 in 2014 in order to be in a position to release an invitation to tender in quarter 2 2014.
10. The programme governance structure includes representation from the three emergency services (and their responsible departments), Cabinet Office, and Welsh and Scottish governments.
11. The three emergency services have been closely involved in developing an understanding of future operational needs as well as defining requirements to provide a system appropriate for the future, especially where data is expected to dominate communications.
12. The ESMCP requirements have been developed following significant engagement with the user community (including this Authority). The requirements build upon and are traceable back to detailed work undertaken by the three emergency services (3ES) during 2012 and further workshops held during 2013 allowing end users to provide input and comment on their business requirements.

Expected Outcomes

13. It is intended that ESN will provide users with a more cost-effective (cheaper), operationally-efficient (better) and demand-led (smarter) service. FRSs will have the opportunity to utilise ESN to provide any of the following:
 - Main scheme Radio
 - Hand Held (fire ground) Radios
 - Mobile telephones

- Mobile devices (tablets)
 - Mobile Data Terminals (MDT)
14. However, the final solution identified for each Service will be at the discretion of each FRS.

Joint Emergency Services Interoperability Programme (JESIP)

15. ESMCP is working with JESIP to ensure that future solutions enable interoperability. Lessons learned from high-profile incidents have continuously reinforced the need for effective interoperability and also recognised that the achievement of this is only partly about communications technology.

Finance

16. The current Firelink (Airwave) contract was let by Department for Communities and Local Government (DCLG) on a regional basis with costs allocated to individual FRAs based on the number of handsets. There was a recognition that the compulsory use of the Firelink (Airwave) contract had significant cost increases for some Services compared to their legacy systems. This has been compensated for by the payment of a special grant.
17. The full implications are not yet known as the supplier has not been selected however past experience with the Airwave rollout has shown that significant resource will be required to manage the project internally and to deliver the agreed solution.

Conclusion/Summary

18. In 2014 and 2015, the ESMCP will have a significant impact upon HWFRS.
19. The likelihood of any potential resource implications will be monitored and a future report will be brought back to the Committee when such details are known
20. The Service has been and will remain engaged with the Programme to ensure that the requirements of the Service are represented and that the implications of this significant change are fully understood.

Corporate Considerations

This paper is for information only at this stage and further papers will follow when appropriate.

Resource Implications (identify any financial, legal, property or human resources issues)	Yes. Finance, and HR resources will be required. Scale is not yet known
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	Links to JESIP, Firefighter safety and public safety
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	Interoperability, failure of critical services
Consultation (identify any public or other consultation that has been carried out on this matter)	Not Applicable
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	Not Applicable

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Report of the Head of Operational Support

10. Health & Safety Audit - 2013

Purpose of report

1. To inform Committee Members of the outcomes of the Health and Safety Audit undertaken in November 2013.

Recommendations

It is recommended that the Policy and Resources Committee:

- i. note the content of the Health & Safety Audit Report; and*
- ii. note the high level action plan to discharge the 25 recommendations from the report.*

Introduction and Background

2. In November 2013 the Assistant Chief Fire Officer requested a comprehensive internal audit of Health and Safety arrangements within the Service. The purpose of the audit was to seek assurance that the Service is meeting its full responsibilities under Health and Safety legislation.
3. In June 2013 the Department for Communities and Local Government released the *Health, Safety and Welfare Framework for the Operational Environment* guidance document to be used by Fire and Rescue Authorities. This framework was designed to assist Fire and Rescue Authorities in balancing risks in their wider role to protect public and property, while meeting their health and safety at work duties to protect their staff and the wider community.
4. During the same period the Health and Safety Executive released *Leading Health and Safety at Work - Actions for Directors, Board Members, Business Owners and Organisations of all Sizes*. This guidance sets out an agenda for the effective leadership of health and safety.
5. The internal audit commissioned by the Assistant Chief Fire Officer was designed to utilise both of the above documents as a guide to assessing whether or not existing arrangements are sound and appropriate for the organisation both now and in the future.

Findings

6. The Service was found to be generally compliant against the framework document and the Health and Safety Guidance document (HSG65) which forms the basis of the framework publication. This audit found strong evidence that the Service meets accountability, workforce engagement, scrutiny, corporate strategy, standards, comparison, provision for quality training, and clear leadership.
7. The corporate governance of the Service's health and safety function was found to be well aligned to the essential principles contained within the *Leading health and safety at work* publication. The Service demonstrates real commitment to the management of health and safety with clearly established mechanisms in place within the Service. There is a commitment towards local, regional, and national health and safety issues and implications which show the Service is performing well against both the guiding principles and essential principles that form the mainstay of both publications.
8. Any areas identified within this report as not satisfactory have been deemed to be relatively minor in nature. This report therefore makes 25 specific recommendations relating to the four work packages which should be acted upon accordingly.

Conclusion/Summary

9. The audit has concluded that the Service is performing well in a number of areas but has also identified areas for improvement. The audit found the health and safety culture pervaded the Service at all levels and significant improvement had been made against the backdrop of previous audits.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Some areas of development will be required to address current internal recording systems, mainly contained in TC recommendations. Page 23 of audit report
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	See - 25 recommendations contained within the audit report.
Consultation (identify any public or other consultation that has been carried out on this matter)	Representative bodies consulted and involved during the audit
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	Yes

Supporting Information

Appendix 1: Health and Safety Audit Report

Background Information

DCLG: Health, Safety and Welfare Framework for the Operational Environment

HSE: Leading Health and Safety at Work - Actions for Directors, Board Members,
Business Owners and Organisations Of All Sizes

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Hereford & Worcester Fire and Rescue Service

Health and Safety Audit

November 2013



Prepared for ACO Hodges

Prepared by GC Palmer

EXECUTIVE SUMMARY

This report has been commissioned to provide assurance against two recently released documents;

1. *Health, safety and welfare framework for the operational environment guidance document to be used by Fire and Rescue Authorities.*
2. *Leading health and safety at work - Actions for directors, board members, business owners and organisations of all sizes.*

Key Requirement

The audit was specifically designed to provide assurance to the Senior Management Board (SMB) of Hereford and Worcester Fire and Rescue Service (HWFRS) that HWFRS was compliant with the guidance.

The Service was found to be principally compliant against the framework document and HSG65 which forms the basis of the framework publication. The guiding principles within the publication reference an integrated safety management system should be in place to enhance the health, safety and welfare of employees. This audit found strong evidence that the Service meets accountability, workforce engagement, scrutiny, corporate strategy, standards, comparison, provision for quality training, and clear leadership.

The corporate governance of the Service was found to be well aligned to the essential principles contained within the *Leading health and safety at work* publication. The Service demonstrated a real commitment to the management of health and safety and demonstrated clearly established mechanisms are in place within the Service. There is a commitment towards local, regional, and national health and safety issues and implications which shows the Service is performing well against both the guiding principles and essential principles that form the mainstay of both publications.

Both publications reference the safe person concept, the Plan, Do, Check, Act model, and support good overall governance of health and safety in the workplace.

The findings of this report have found a pervasive health and safety culture exists within Hereford and Worcester Fire and Rescue Service.

The report summarises the audit findings and makes 25 specific recommendations which have been rated high, medium, and low. The areas audited are as follows;

- Corporate Governance of Health & Safety
- Selection, Induction & Welfare
- Training & Competence
- Equipment

The recommendations have been linked to the evidence found by the audit team and have been structured to address any areas of perceived weakness identified against the recently published documents.

The report contains a number of appendices that contain the work packages/areas audited along with the locations and details of staff who took part during the audit.

The team would like to thank all of the staff who took part during this audit, without their time, support, and honesty, we couldn't continuously improve the health and safety of the workforce within Hereford and Worcester Fire and Rescue Service.

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TERMS OF REFERENCE

This audit has been commissioned by Assistant Chief Fire Officer Service Support in response to the publication of two significant guidance documents including the following key requirements;

The audit was specifically designed to provide assurance to the Senior Management Board (SMB) of Hereford and Worcester Fire and Rescue Service (HWFRS) that HWFRS was compliant with the guidance.

In June 2013 the Department for Communities and Local Government released the *Health, safety and welfare framework for the operational environment guidance document to be used by Fire and Rescue Authorities*.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209362/HSFrameworkJunecombined.pdf (November 2013)

In June 2013 the Health and Safety Executive released - *Leading health and safety at work - Actions for directors, board members, business owners and organisations of all sizes*. This guidance sets out an agenda for the effective leadership of health and safety.

<http://www.hse.gov.uk/pubns/indg417.pdf> (November 2013)

Week commencing 4th November – Audit.

The audit took place over a period of five consecutive days and was aligned to the Safe Person Principles, with due regard for information contained within previous Service audits.

The audit team scope:

- Provide assurance that HWFRS is compliant with the framework and actions documents.
- Be cross-cutting, focusing on the operational environment.
- Audit team must have the right skills and experience to evaluate current processes/procedures.

Two main questions:

- *Where do you see your department's role in planning and support of delivery of safe systems of work?*
- *Where do you see your department's role in planning and support the safe person principles?*

METHODOLOGY

The audit commenced in September 2013 with an analysis of relevant literature along with the audit team selection.

- FRA Minutes
- FRA Reports
- SMB Minutes
- SMB Papers
- Documents delivered/presented to the public – i.e. IRMP/CRMP
- Organisational Plans
- Ops Assurance/Peer Audit submissions
- SMB SharePoint site
- FRA SharePoint site
- HR SharePoint site
- Welfare SharePoint sites
- HR SPIs
- HR Documents
- H&S SPIs
- Occupational Health agreements
- Ops Logistics – welfare provisions & equipment
- Ops Policy – MOUs etc.
- TDC SharePoint & Instructors material
- Skills for Justice FRS - National Occupational Standards
- CTR system & packages
- TDC SPIs
- HR SPIs

- District based training documentation
- Station based training documentation
- Equipment safety files
- Training records
- Issue records
- Maintenance, inspection & calibration records
- Defects procedures
- End of life documentation

During October 2013 a detailed plan was put together against the safe person principles (See appendix A), this was further underpinned and supported by delivery of safe systems of work. The plan was primarily driven by the *Health, safety and welfare framework for the operational environment*.

Section 8 of the Framework clearly directs that authorities cannot actually create safer operational environments; for these principles adopted in planning to deal with health, safety and welfare that they are able to focus on those aspects of safe and effective operations that support and establish safe people. The safe person principles start with those measures a Fire and Rescue Authority should implement when planning risk management strategies.

The safe person principles are as follows:

- Selection of personnel
- The provision of risk Information
- Effective Instruction
- The provision and use of equipment
- Safe procedures and systems of work
- Personal protective equipment
- Training and exercising to achieve competence
- Competent supervision

Based on the principles above, four work packages were created to provide reassurance and to check that the Service is working within an integrated health and safety management system. (Work package detail can be found in Appendix A)

Work packages

1. Corporate Governance
2. Selection, Induction and Welfare
3. Training and Competence
4. Equipment

The four work packages are clearly aligned to the Service Strategy

- Fire and Rescue Authority
- People
- Services
- Fleet and Equipment

The audit team consisted of a variety of managers from across the Service with a high degree of knowledge and experience in all areas reviewed/audited.

AUDIT TEAM

GROUP COMMANDER GUY PALMER

GROUPCOMMANDER GEORGE MARSHALL

STATION COMMANDER CHRIS GEORGE-BURNELL

WATCH COMMANDER ADRIAN FARMER

CREW COMMANDER NIGEL ALLBUTT

WATCH COMMANDER STUART DEWER

CREWCOMMANDER NICHOLAS ASHCROFT

WATCH COMMANDER JON LAIGHT

WATCH COMMANDER CARL PEARSON

AUDIT CO-ORDINATOR

CORPORATE GOVERNANCE OF H&S

CORPORATE GOVERNANCE OF H&S

TRAINING AND COMPETENCE

TRAINING AND COMPETENCE

SELECTION, INDUCTION & WELFARE

SELECTION, INDUCTION & WELFARE

EQUIPMENT

EQUIPMENT

It became apparent during the analysis and planning stage of the audit that HWFRS have a strong commitment towards health and safety; this was evident from a number of previous reviews/audits carried out by the Service that were examined whilst planning for this audit. This commitment can be seen in the corporate strategy, particularly with regards to firefighter safety.



Previous reports taken into consideration when planning for this review/audit included:

- The management of health and safety in the Great British Fire and Rescue Service - October 2010
- HSE Consolidation Report - Internal Response Audit 2011
- Provision of Operational Training and Development 2011/12 Action Plan
- Hereford & Worcester Fire and Rescue Service - Fire Peer Challenge Report 2012

- Fire and Rescue Authorities - Health, safety and welfare for the operational environment 2013
- Leading health and safety at work – Actions for directors, board members, business owners and organisations of all sizes 2013

The Service recognises the value of a good health and safety record and in turn is a reflection of management strength. By auditing current performance, informed decisions can be made, actions prioritised and resources allocated. Furthermore, regular reviews of safety performance will lead to a culture of continuous improvement. With this in mind the organisation has chosen to carry out this internal audit.

Limitations

Provision of risk information and competent supervision has deliberately not been reviewed during this audit. These two principles have been audited previously by the Service and are also currently under review within the Service. It is recognised that the Service is working towards improvement within these two areas. (For more information see - HSE Consolidation Report - Internal Response Audit 2011)

INTRODUCTION

In June 2013 the Department for Communities and Local Government released the *Health, safety and welfare framework for the operational environment guidance document to be used by Fire and Rescue Authorities*.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209362/HSFrameworkJunecombined.pdf (November 2013)

This framework was designed to assist Fire and Rescue Authorities in balancing risks in their wider role to protect public and property, while meeting their health and safety at work duties to protect their staff and the wider community.

During the same period the Health and Safety Executive released - *Leading health and safety at work - Actions for directors, board members, business owners and organisations of all sizes*. This guidance sets out an agenda for the effective leadership of health and safety.

<http://www.hse.gov.uk/pubns/indg417.pdf> (November 2013)

In response to these publications Assistant Chief Fire Officer Service Support requested a review be carried out against both documents followed by a Service review/audit.

The audit was specifically designed to provide assurance to the Senior Management Board (SMB) of Hereford and Worcester Fire and Rescue Service (HWFRS) that HWFRS was compliant with the guidance.

Both documents, framework, and actions, are linked to the safe person principles, these principles were used as a backdrop to structure the audit. The findings of the audit will provide an immediate position statement and go on to highlight areas of best practice and prioritise areas for improvement within the Service.

The audit undertook a review of processes, policies and procedures; it complimented this with a holistic view of the culture within the Service. The audit looked top down, firstly at the Fire and Rescue Authority (FRA), and then SMB, reviewing governance towards health and safety down to operational station based staff.

The following traffic light system has been applied to give an overall rating for the findings of this audit and each subsequent recommendation has been valued high, medium or low. Further details can be found in the summary of recommendations section of this report:

- **GREEN** indicates that the Audit Team has identified significant evidence that the Service has robust Policy and Instruction, strong supporting literature and guidance notes, as well as comprehensive training regimes. This evidence will have been supported by strong evidence that formal guidance has been adopted and is being applied effectively at the “front end” of service delivery.
- **AMBER** indicates that the Audit Team has identified some evidence that the Service has robust Policy and Instruction, strong supporting literature and guidance notes as well as comprehensive training regimes. This evidence will have been supported by medium - strong evidence that formal guidance has been adopted and is being applied at the “front end” of service delivery.
- **RED** indicates that the Audit Team has identified limited or no evidence that the Service has robust Policy and Instruction, strong supporting literature and guidance notes as well as comprehensive training regimes. This evidence will have been supported by poor - medium evidence that formal guidance has been adopted and is being applied at the “front end” of service delivery.

N.B

(Findings have been cross referenced against the evidence contained in appendix C)

- CG = Corporate Governance of H&S
- SIW = Selection, Induction & Welfare
- TC = Training & Competence
- E = Equipment

1 – FINDINGS - COPORATE GOVERNANCE OF H&S

Leading health and safety at work - Actions for directors, board members, business owners and organisations of all sizes. This guidance sets out an agenda for the effective leadership of health and safety.

<http://www.hse.gov.uk/pubns/indg417.pdf> (November 2013)

CG 1 The audit team conducted interviews with individual members of SMB (See appendix A). All members of SMB felt that HWFRS has a positive health and safety culture. It was generally felt that the Service has an open, honest and proactive approach to health and safety which encouraged reporting of issues for the right reasons as opposed to simply conforming to the perceived requirements of health and safety.

Although HWFRS report higher levels of health and safety incidents compared to other services within the West Midlands region, the reporting of major accidents under RIDDOR has seen a year-on-year reduction. (Figures available from H&S advisor) This evidence supports the open and honest reporting culture described above. (See H&S Committee minutes) In addition, the culture described above was also endorsed by health and safety officers from representative bodies. This positive culture has been instrumental in creating a high level of trust between managers.

Managers at all levels were able to provide examples of performance monitoring and review through group and individual meetings. Some of this evidence is formally recorded through meeting notes and performance reporting systems, however, in general, health and safety is delivered on trust as part of day-to-day business as opposed to evidenced through audits. As a result there is limited tangible evidence of completion of tasks. (Recommendation CG1)

CG 2 Many good examples of a proactive leadership approach to health and safety include the Chief Fire Officer's role as Chief Fire Officers Association lead for Health and Safety, Fire and Rescue Authority lead, Assistant Chief Fire Officer's appointment as Health and Safety Committee Chair, investment in training, the creation of an Operational Assurance Manager's position, and involvement of representative bodies and openness of SMB members. The Health and Safety Committee and Task and Finish Group provide an effective structure to identify and task out health and safety issues and there are several examples of completed work, namely, those to be found in the

supporting evidence document. There is, however, evidence of some outstanding items of work.

The team identified that health and safety tasks are assigned to task and finish groups, but the Health and Safety Committee does not always receive confirmation that all actions have been completed as tasked. There are some tasks, such as those assigned following reports into significant national health and safety events, which remain incomplete and unassigned. (GAP analysis – reports available on the assurance SharePoint site) (Recommendation CG2)

- CG 3** The audit team found evidence of comprehensive audits and detailed action plans, such as the 2011 internal operational assurance audit. It was, however, difficult to locate many reports and action plans. It was also difficult to ascertain overall responsibility for completion of areas of work.

Inability to locate key reports makes it difficult to conclude that tasks have been completed. There is evidence of completed work that has not been signed off and outstanding work with no one assigned the responsibility to complete or review. (Recommendation CG3)

- CG 4** The FRA has appointed a Health and Safety Representative who sits on the Health and Safety Committee. This provides a direct link to the FRA with regards to all significant health and safety issues involving HWFRS. There is an FRA induction process which includes health and safety awareness and responsibility training which is deemed commensurate for their role. This is supported by an on-going development program for all members of the FRA. (Recommendation CG4)

- CG 5** The audit team found the current *Health and Safety Policy* is overdue for review having been revised in February 2008. Other specific health and safety policies also require review. (Recommendation CG5)

- CG 6** Although the audit team's findings are largely positive, several significant recommendations have been made. The absence of evidence and review of health and safety tasks provides an example of this lost focus. (Recommendation CG6)

- GC 7** The YFA have not been included as a specific area within the audit. The team felt under the heading of Corporate Governance an issue was raised at Board level which related to the lack of auditing of the YFA units.

2 – FINDINGS - SELECTION, INDUCTION & WELFARE

Recruitment/ Induction

SIW 1 The audit team identified well-structured and robust processes in place for recruitment is being managed centrally by the Human Resources department. The responsibility for managing recruitment for both wholetime and Retained Duty System (RDS) was also found to be well embedded at district level; however the process is very much driven by national guidance and does not take into consideration role specific recruitment with regards to the RDS. (Recommendation SIW1)

SIW 2 The team found evidence to suggest a number of concerns were identified within the retained recruitment interview process with regards to scoring and content of the questions asked. The team found, whilst professional judgment was included in the process, managers felt this should have a greater weight when decision/scoring of candidates takes place.

Reviewing this process identified evidence that potential new recruits did not receive sufficient guidance relating to VO2 max step testing at awareness sessions provided by HWFRS. (Recommendation SIW2)

Station

SIW 3 Evidence was identified that HWFRS has a robust induction procedure in place for new recruits, both RDS and wholetime, as well as non-operational personnel. At present, there is a lack of formal induction process/information for staff detachment to other locations, staff used to support crewing arrangements via the Resilience Register, or transferees. (Recommendation SIW3)

Role

The audit team found the Service had well established systems in place for role specific induction at supervisor manager level and this was addressed by pre-promotion work books. The team also identified that within middle management induction an ad-hoc mentoring system was in place. (Recommendation SIW3)

Welfare

Evidence was identified that operational crews demonstrated a good level of awareness of post incident welfare functions such as Critical Incident Stress Team, Mediation, Intermediary, Listening Ear and HR Connect; however a general lack of knowledge was shown relating to the availability of counselling provided through Occupational Health referrals, for crews experiencing Post Traumatic Stress Disorder (PTSD) and other forms of stress. (Recommendation SIW3)

Incident Ground

- SIW 4** The team found a good level of knowledge within the HWFRS of welfare facilities available to crews on the incident ground, however, it was repeatedly mentioned that a formal structure for the implementation and monitoring of crews welfare was not in place. (Recommendation SIW4)

Post incident monitoring

- SIW 5** As identified above, the team was unable to find evidence for assurance that a well embedded process for the recognition of stress was in place. Evidence highlighted insufficient training at Watch/Crew Commander level in recognising PTSD/stress in the workplace, supervisory managers; were not confident with one-to-one issues regarding PTSD. (Recommendation SIW5)

3 – FINDINGS - TRAINING & COMPETENCE

Training and Development Centre

TC 1 The audit team identified that robust processes were in place at Training and Development Centre (TDC) for recruit firefighters and those in development, namely;

- QF5,
- New FF development program
- FF workbook
- QF36

All of the processes above were found to be well embedded and facilitated progress at both TDC and on station during the initial stages of a firefighter's career/development. Further support was identified at district level with Watch Commanders facilitating standard setting days to further support development.

The Service demonstrated that assessors used a rating system for candidates during recruit courses and Core Competency Assessment (CCA) days; although this generally indicated a competent or not competent yet result. The written assessment on the CCA day was then detailed along with the QF36 form. This was considered good practice by the audit team.

Some weaknesses were discovered in the QF5 tracker which is monitored by TDC admin staff. The tracker is currently used to ensure QF5's are signed off and returned. However, there is no formal system in place to identify trends. The audit team identified an individual receiving a QF5 for the same area on a number of occasions, or the same errors being demonstrated by individuals from the same units, would not alert training staff to any underlying issues in local training practices.

Core skills and other refresher assessments did go some way to assist in highlighting this, but the team found no evidence to suggest analysis on identifying common trends. (Recommendation TC1)

Station/District Based

TC 2 The audit team identified strong support for development firefighter on districts/stations supported by the development workbooks. Evidence also showed a good level of support for supervisory management who were also supported by a systematic workbook process. Further evidence showed middle management used a mentoring system, although this was somewhat ad-hoc. Evidence was identified by the team that the Service is currently producing supporting literature.

TC 3 The audit team reviewed how confirmation of learning had taken place following technical training sessions. The team found questioning was generally being conducted as part of a group. When the team sampled the knowledge of firefighters against recently delivered packages it was found that approximately half were lacking in the required understanding. Evidence showed that when questions were asked as a group there is no formal way of identifying if a certain individual has met the required standard or not.

When asked what processes were available to assist an individual who had not met the required standard, managers took ownership and detailed what 'should' be done.

The audit team also found that units were not assessing individuals in practical areas outside of TDC. This was clearly evident during training on pumps and again was done as a group, or part of a group, and not as an individual. (Recommendation TC3)

Competency Training Records (CTR)

TC 4 The team identified that although the content of technical knowledge packages was good, certain packages were too large. Although some CTR packages could be self-taught, there were others the team identified that would need to be delivered by subject experts.

Evidence showed maintenance of competency for technical packages and frequency of the technical subjects was unachievable for most units, especially Retained Duty System (RDS) staff. This was mainly due to the number of packages and duration against number of training hours.

RDS units and managers interviewed stated that they did not have the capacity to catch up with individuals and they are simply left as not assessed until the package is repeated. (Recommendation TC4)

4 – FINDINGS - EQUIPMENT

Procurement of new equipment

- E 1** The audit team found there were a number of Service Policy and Instructions (SPI's) and guidance notes on procuring new items of equipment, but were unable to find documented evidence that each item of equipment had followed a standardised process. The team had difficulty in establishing a standard for new equipment and/or trial processes and/or a feedback facility.
- E 2** The need for new equipment was generally established via the debrief process and on some occasions found to be instigated outside of this process. However, the team did find a well laid out rolling program for vehicle renewal.

Project management

The team identified new items of equipment were subject to varying degrees of project management with some receiving a thorough process, managed from inception to being operationally available, whilst others were effectively stunted in the progress by the absence of a clear project manager. The requirement for formally recording the process was found not to be fully considered by all staff.

HWFRS is demonstrating a good understanding of the standards required for new equipment during provision, however, the concept of "fit for purpose" was to some degree, accepted, but, had on occasion, not been fully realised in the trial process with many examples of post purchase issues. (Recommendation E1&2)

Training and Instruction

- E 3** The team identified that HWFRS was lacking in qualified staff who had received official training in procurement, although this has been identified by the management team at Operational Logistics and the Station Commander at that location has been nominated to attend a formal training course.

The audit team could find no clear training strategy for staff when new equipment was introduced to the Service and was not considered to be robust without any clear distinction as to the level of initial training required.

Maintenance

- E 4** The audit team was encouraged to see RedKite records were fully understood by staff and there was evidence of a good recording system. It was noted though at some locations RDS have no interaction with RedKite and the

adoption and defecting of equipment is discharged to wholetime personnel/technicians who ensure compliance.

- E 4** The team identified station staff had a varied level of understanding of the electronic Equipment Safety Files (ESF) and little engagement with them on a regular basis. The SharePoint library which hosts the ESFs was not always easy to locate and not easy to navigate to find specific files. It was noted that on several occasions the SharePoint varied in accessibility over the different departments causing frustration. (Recommendation E4)

Less than 50% of the ESF library on SharePoint is in the new format with some ESF's being over 10 years old with no review program in place. (Recommendation E4)

- E 5** The audit team was pleased to see the defects procedure was reasonably well understood by most operational crews, but felt staff found the system to be confusing on occasions due to the number of forms required by HWFRS. Hardcopy reference points were not always used for future referencing.

End of life

The team were very pleased to find a range of systems to deal with items no longer required by the Service that give due regard for the environment and legislative requirements.

Personal Protective Equipment

- E 6** It was reassuring to find evidence that Personal Protective Equipment (PPE) is generally in a good state of repair, but there were a large number of staff who were unaware that HWFRS had invested in trained helmet fitters and that these were available to assist them with their PPE. There were also examples of chin straps being left in the extended position for BA use and not re-adjusted to secure the helmet when worn. (Recommendation E6)

Laundry was found to be working well, with the exception of staff returning SRS stock to Bristol immediately upon receiving their personal fire kit. This is leading to inaccurate stock levels at local, service and external provider level.

SUMMARY OF FINDINGS

The audit has concluded that the Service is performing well in number of areas and has also identified areas for marginal improvement and has therefore been awarded an **AMBER** rating. The audit team found evidence that the health and safety culture within the Service was well embedded and strongly believes the Service is currently making significant progress towards a **GREEN** rating.

The report was commissioned to give a position statement on the general state of health and safety within HWFRS.

The audit team found the health and safety culture pervaded the Service at all levels and significant improvement had been made against the backdrop of previous audits. In most areas audited, departments were aware of the team's findings and were in the process of addressing some of the areas identified within the recommendations of this report.

Encouragingly, and in line with guidance from the Health and Safety Executive, it is evident there is a strong visible commitment from SMB towards health and safety management. Many examples showed good integration with business decisions. Evidence identified workforce engagement and clear communication on health and safety matters via the various committees and sub-groups.

Within all areas audited across the Service there were found to be processes that required improvement or fine tuning. The findings have shown that the ability to publish and identify data through the intranet is restricting organisational progress. The ability to keep policies, equipment safety files, guidance notes and risk assessments in date and in the right format to allow staff to easily access them freely will be something that impacts on all departments and needs to be addressed as a wider issue and not restricted to the findings of this audit.

It is clear that in many areas HWFRS is starting work and applying processes to achieve desired outcomes, but these processes are being locally applied in various formats by different managers. Standardising HWFR's approach with a clean, consistent approach will improve the overall health and safety management by getting it right first time, every time.

1 - RECOMMENDATIONS - COPORATE GOVERNANCE OF H&S

Ref	Recommendation	Priority
CG1	It is recommended that managers introduce an audit system to monitor delivery of H&S responsibilities. This should be supported by the Operational Assurance Manager.	Medium
CG2	H&S Committee should appoint the H&S advisor as the responsible person for completion of all tasks. This should remain as an action note on their agenda until the individual provides the evidence that all tasks have been completed. The H&S advisor should agree completion dates and provide updates at agreed timescales.	Medium
CG2	All documentation following significant actions raised through the Health and Safety Committee should be stored electronically in one place. This information should be available to all appropriate stakeholders, managed by the H&S advisor using a suitable SharePoint site linked to the H&S SharePoint site.	Medium
CG3	Previous internal audits and significant H&S GAP analysis should be reviewed to ensure all tasks have been completed. This should become the responsibility of the Assurance GC in P&I	Medium
CG4	It would be beneficial for the Service to explore more opportunities to engage members with regards to H&S training. Consideration should be given to more effective use of the member's bulletin.	Low
CG5	The H&S policy requires urgent review in line with HSG65's new approach of 'Plan, Do, Check, and Act'. Introduce a robust procedure to review the H&S policies in the future including assigning individual responsibility and review dates based on risk.	High
CG5	Introduce a system for issuing policies that have been reviewed.	High
CG6	H&S advisor should have overall responsibility for completion of the recommendations approved in this audit. A review should take place in line with agreed completion dates and responsibility should remain open until all tasks have been completed.	Medium
CG6	Determine and implement a robust system of audit	High

2 - RECOMMENDATIONS - SELECTION, INDUCTION & WELFARE

Recruitment/Induction

Ref	Recommendation	Priority
SIW1	Review the current procedures for recruiting retained personnel. Facilitate more professional judgment within the decision making process and review the point scoring system currently being used by HWFRS	Medium
SIW2	Provide guidance on VO2 Max testing at awareness sessions by suitably qualified personnel, to enable a better understanding of the physical requirements of the role prior to application.	Low
SIW3	Implement a station specific induction process for staff who are detached to other stations, or working via the resilience register, or a transferee. Emphasis should be placed upon providing a good level of information for RDS Watch/Crew Commanders working the whole time duty system	Medium

Welfare

Ref	Recommendation	Priority
SIW3	Human resources department review and address the lack of knowledge relating to the availability of counselling provided through Occupational Health referrals.	Low
SIW4	The Service produces a structured policy relating to 'planning for welfare and well-being at incidents.	Medium
SIW5	Watch Commanders to receive training to recognise signs and symptoms of PTSD and other stress related illnesses.	Low

3 - RECOMMENDATIONS - TRAINING & COMPETENCY

Training and Development Centre

Ref	Recommendation	Priority
TC1	The current tracking system for QF5's is developed into a system that can identify both individual and station based trends.	Medium

Station/District Based

Ref	Recommendation	Priority
TC3	An electronic system be introduced whereby individuals can log in individually and confirm their understanding by answering questions related to CTR packages delivered and recorded on the system.	Medium
TC3	Produce a set format for practical assessments to be carried out on station.	Medium

Competency Training Records

Ref	Recommendation	Priority
TC4	Restrict the length/size of technical knowledge packages.	Low
TC4	Highlight which packages need to be delivered by subject experts.	Low
TC4	Review and risk score packages and extend the competency frequency for non-risk critical subjects.	Low

4 - RECOMMENDATIONS - EQUIPMENT

Procurement, Project management, Training

Ref	Recommendation	Priority
E1 E2	<p>A full review of new equipment process with emphasis placed upon the following:</p> <ul style="list-style-type: none"> • Project lead is clearly established and accountable for each item of equipment, however small. • Create a flowchart to assist at the commencement of procurement for new items of equipment. • Establish a complete and robust process/document to be used by working groups and ensure “fit for purpose” is at the heart the process. • Establish a basic level of training for staff who are actively involved in the procurement process. • Ensure a comprehensive training package is developed by Ops Logistics/TDC – make available for operational staff as part of the procurement process. 	Medium

Maintenance

Ref	Recommendation	Priority
E4	<p>Improve the management and accessibility of the ESF's on the Operational Logistics SharePoint site this is to include:</p> <ul style="list-style-type: none"> • Updating all of the equipment notes to the new ESF standard. • Display ESFs in an easy to access format (Alphabetical or numerical). • An updated electronic ordering and defect procedure that dispenses with the requirement for numerous paper forms (similar to the SRS ordering system). 	Medium
E4	<p>Standardise the procedure for “Standard Testing” of equipment that ensures it is identical across all locations.</p> <ul style="list-style-type: none"> • Identical format and timetable • Identical recording system for confirmation of testing • Some specialization recognised due to local equipment on site. 	Medium

Personal Protective Equipment

Ref	Recommendation	Priority
E6	Review of the helmet fitting process with a view to raising the profile of trained Service personnel; increase the trained personnel available to competently fit helmets for Service staff.	Low

SUMARY OF RECOMMENDATIONS

Each finding has been given a HIGH, MEDIUM or LOW rating. This will allow each department sufficient time to correct the areas identified during the audit and also indicates a general measure of significance against any subsequent impact on the health and safety management of HWFRS.

- HIGH – This rating attracts a time frame of three months to discharge the recommendation and is considered to be a significant issue for the Service.
- MEDIUM – This rating attracts a time frame of six months to discharge the recommendation and is considered to be a moderate issue for the Service.
- LOW - This rating attracts a time frame of twelve months to discharge the recommendation and is considered to be a minor issue for the Service

At the conclusion of the audit the Service was awarded an **AMBER** rating. This was largely due to numerous findings coming to a similar conclusion. Most processes or work areas have not had a manager assigned to close the work stream/project or take ownership and it could not be easily identified how this was recorded and who it was reported to. This has led to a disjointed approach when equipment has been procured and in some cases has led to equipment being released to staff without the correct training, instruction and supervision. If HWFRS is to embrace the 'Plan, Do, Check, Act model' it must ensure that it completes the checking stage of the model before acting and moving forward.

The ability to keep policies, equipment safety files, guidance notes and risk assessments in date and in the right format to allow staff to access them freely is something that impacts on all departments and needs to be addressed; along with the sheer volume of data available across all SharePoint sites.

APPENDIX A

The tables below outline the work packages along with the key areas/lines of inquiry used during the audit.

Corporate Governance of H&S	<p>Audit area – Governance of H&S</p> <ul style="list-style-type: none"> • Health check - Corporate responsibility • Responsible persons on the board • Check Competence • What risks does the board think the organisation faces? And who do they think is at the greatest risk? • What vulnerabilities does the board think the service faces? • What measures does the board use to manage H&S? • Does the board believe we have a good health and safety culture? • Use question sets (1-10 Quantitative) (plus evidence descriptions Qualitative) • Does the board believe we have good reporting procedures? • Does the board believe we have effective health and safety management and systems in place? • Does the board believe we deliver adequate H&S training? • Explain the H&S structure within the organisation? • What level of health and safety awareness does the board think it should have? • What are the board's direct and indirect responsibilities towards H&S? • Where does the board think it fits into the safe person concept and what is its understanding? <p>Awareness levels:</p> <p>What training and awareness have the board received by HWFRS within the last five years?</p> <p>General policy statement - is it correct?</p> <p>Linked to essential principles:</p> <ul style="list-style-type: none"> • Where does the board source its information? • What communication methods does the board use up & down? • Workforce engagement structure? • Identify evidence in business decisions
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Selection,
Induction &
Welfare

Audit area - **People**

Selection of personnel - linked to page 27

- HR recruitment / challenge current process to ensure we are selecting the correct people
- Station induction process – (to include visits and interviews)
- Role induction - CC / WC / middle management / strategic management
- Use question sets (1-10 Quantitative) (plus evidence descriptions Qualitative)

Audit area – **Welfare**

- Internal support systems - how well do we prepare our people for emotional impact?
- Operational environment - deployment and then after the incident (Check CIST & MILE)
- Welfare incident ground
- Post incident health monitoring – (Physical and emotional)

Training & Competence

Audit area - **TDC**

- Review quality assurance of standards on recruit training against station based training?
- Attend - training sessions, check CTR packages and any other supporting literature against Service policy and national GRA.
- Sanctions or failure to meet requirements of competence?

Audit area - **District/Station/Watch**

- Reference material - FRS manuals, SPI's, GRA's underpinning knowledge? Practical demonstration?
- Access to CTR packages & recording
- Check CTR record of
- Sanctions or failure to meet requirements of competence?
- Core skill assessments - how many don't achieve competence?
- How many identify deficit in competence prior to the assessment via their line manager?
- Is there a formally recognised process? H&S regulations
- Leading indicator - CTR bookings for people who failed assessments?
- Check time scale for improvement - look for trends?
- Length of time to address skills GAP

Equipment

Audit area - **Selection of equipment**

- Clear Procurement process – evidence?
- Establish a need for the equipment?
- Standards it needs to meet / conformity?
- Fit for purpose?
- Adequately training in the use of the equipment?
- Instruction for maintenance of equipment?
- Equipment safety files?
- Robust recording systems for the equipment - calibration?
- After use tests? Practical demonstration?
- Defects procedure?
- Inspection, maintenance and end of life?

Audit area - **PPE**

- Compatibility - between all PPE?
- Fit - Adjustment - Practical demonstration?
- Q&A - PPE limitations?
- Laundry records?

APPENDIX B

Details of Individuals / Departments Interviewed

Cllr Peter Watts	FRA Member
CFO Mark Yates	Chief Fire Officer
DCFO Richard Lawrence	Director of Service Delivery
ACO John Hodges	Director of Service Support
AC Mark Preece	Head of Community Risk & Training
AC Keith Chance	Head of Operational Support
AC Jon Pryce	Head of Operations
Martin Reohorn	Director of Finance & Assets
Nigel Snape	Head of Legal Services
Lisa Colenutt	CFO's Personal Assistant
Nick Ashcroft	Health & Safety Rep FBU
Alison Hughes	Corporate Support
Emma Birch	Senior HR Advisor
GC George Sherry	Operational Logistics
Robert Bowdler	Fleet Maintenance Manager
WC Nigel Smart	Equipment Support
Douglas Cook	Equipment Administrator
Kathryn Berry	HR Department
Station Commander Garth Clarke	Training and Development Centre
	Watch Commanders Forum

North District HQ

RDS Cluster Managers

STATION	WATCH
Malvern	White & Green
Worcester	Green
Redditch	Green, White, Red & RDS
Bromsgrove	Green & RDS
Droitwich	White
Hereford	Red & Green
Fownhope	RDS
Leominster	RDS
Evesham	White
Kidderminster	Green
Tenbury	RDS
Ross on Wye	RDS

Appendix C – Corporate Governance of H&S								
	Reference Number	Area Audited	Findings	Issues	Risk Level	Department Responsible	Recommendation	Directorate owner
	CG 1	SMB - H&S Culture	The audit team conducted interviews with individual members of SMB. All members interviewed felt that HWFRS has a positive H&S culture. It was generally felt that the Service has an open, honest and proactive approach to H&S which encouraged reporting of issues for the right reasons as opposed to simply conforming to the perceived requirements of H&S. Although HWFRS report higher levels of H&S incidents compared to other Services within the West Midlands region, the reporting of major accidents under RIDDOR have seen a year on year reduction. This evidence supports the open and honest reporting culture described above. In addition this positive culture was also endorsed by H&S Officer from the FBU. This positive culture has been instrumental in creating a high level of trust between managers.	Managers at all levels were able to provide examples of performance monitoring and review through group and individual meetings. Some of this evidence is formally recorded through meeting notes and performance reporting systems however in general H&S is delivered on trust as part of day to day business as opposed to evidence through audits. As a result there is limited tangible evidence of completion of tasks.	Medium	Performance and Information	Whilst the audit team recognise the value of effective close working relationships and trust it is recommended that managers introduce an audit system to monitor delivery of H&S responsibilities. This should be supported by the Operational Assurance Manager.	ACO Hodges

	CG 2	SMB - Leadership	Many good examples of a proactive leadership approach to H&S including the CFO's role as CFOA lead for H&S, FRA H&S Representative, ACO's appointment as H&S Committee Chair, investment in training, the creation of an Operational Assurance Manager's position, involvement of representative bodies and openness of SMB members. The Health and Safety Committee and Task and Finish Group provides an effective structure to identify and task out H&S issues and there are several examples of completed work. There is however evidence of incomplete work.	Although H&S tasks are assigned to the task and finish group the H&S Committee does not always receive confirmation that all actions have been completed. There are some tasks, such as those assigned following reports into significant national H&S events that remain incomplete and unassigned.	Medium	Health and Safety	H&S Committee to identify an individual responsible for completion of all tasks. This should remain as an action note on their agenda until the individual provides the evidence that all tasks have been completed. The responsible person should agree completion dates and provide updates at agreed timescales.	ACO Hodges
	CG 3	Service documentation	The audit team found evidence of comprehensive audits and detailed action plans such as the 2011 internal operational assurance audit. It was however difficult to locate many reports and action plans. It was also difficult to ascertain overall responsibility for completion of areas of work.	Inability to locate key reports makes it difficult to evidence completion of tasks. There is evidence of completed work that has not been signed off and outstanding work with no one assigned responsibility to complete or review.	Medium	Health and Safety	1. All documentation following significant actions raised through the Health and Safety Committee should be stored electronically in one place. This information should be available to all appropriate stakeholders. 2. Previous internal audits and significant H&S GAP analysis should be reviewed to ensure all tasks have been completed.	ACO Hodges

	CG 4	FRA - Engagement	The FRA have appointed a H&S Representative who sits on the H&S Committee. This provides a direct link to the FRA with regards to all significant H&S issues involving the Service. There is an FRA induction process which includes H&S awareness and responsibility training which is deemed commensurate for their role. This is supported by an on-going development program for all members of FRA.	There has recently been a significant change in FRA membership with 14 new members appointed in May 2013. 10 out of 25 members have received H&S induction training.	Low	Committee Services	It would be beneficial for the Service to explore more opportunities to engage members with regards to H&S training. Consideration should be given to more effective use of the members bulletin.	ACO Hodges
	CG 5	Health and Safety Policy	The current Health and Safety Policy is overdue for review having been revised in February 2008. Other specific H&S policies also require review.	1. Whilst almost the entire H&S policy suite has been revised in the last 3 years, none of these reviewed documents has been released for consultation or publication. Policies should be reviewed on a regular basis to meet the requirements of the H&S at Work Act and the Employers' H&S Policy statements regulations 1975. The policy does not reflect the correct organisational structure and individual responsibilities for H&S are not correctly assigned. 2. There is currently no system in place to issue policies that have been revised.	High	Health and Safety	1. The policy requires urgent review in line with HSG65's new approach of 'Plan, Do, Check, Act'. Introduce a robust procedure to review the H&S policies in the future including assigning individual responsibility and review dates based on risk. 2. Introduce a system for issuing policies that have been reviewed.	ACO Hodges

	CG 6	Future Reviews	As previously stated SMB members interviewed gave a positive response with regards to the current H&S culture and management systems operating within the Service. This H&S audit was commissioned in order to provide assurance of these systems and ensure that the Service does not take their eye off the ball with regards to H&S issues.	Although the audit team's findings are largely positive, several key recommendations have been made. The absence of evidence and review of H&S tasks provides an example of this lost focus.	Medium	Health and Safety	The H&S Committee should appoint an individual with overall responsibility for completion of the recommendations approved in this audit. A review should take place in line with agreed completion dates and responsibility should remain until all tasks have been completed.	ACO Hodges
	CG 7	YFA	Although the YFA was not included as a specific area of audit under the heading of Corporate Governance an issue was raised at Board level which related to the lack of auditing of the YFA units.	No clear policy relating to the auditing of the YFA.	High	Community Safety & HR	Determine and implement a robust system of audit	DCFO Lawrence

Appendix C – Selection, Induction & Welfare								
	Reference Number	Area Audited	Findings	Issues	Risk Level	Department Responsible	Recommendation	Directorate owner
	SIW 1	Welfare	Lack of information to New Recruits regarding the Commitment and emotional impact of retained duty system	Cost of training and time involved with recruitment. New Recruit to leave Service due to Retained System being unsuitable for them	Low	HR and Station Manager	Station Manager and Retained Watch Commander to address this at Awareness Sessions	ACO Hodges
	SIW 1	Welfare	Lack of information to New Recruits regarding the VO2 max test and the training required to pass assessment	Recruit not passing the VO2 Step Test and no longer pursuing the Retained Duty System	Low	HR and Occupational Health	Station gym instructors to provide information on fitness training programmes to assist potential recruits in passing VO2 Step Test at Awareness Sessions.	ACO Hodges
	SIW 2	Selection	The process for recruiting new retained personnel overall seems to be working but is very much driven by national guidance and does not take into consideration role specific induction	The role and expectations for retained recruitment and relevant exams to be passed resulting in limited applications for retained positions	Low	HR	The service should review its current Recruiting procedures for recruiting retained personnel and relevant exams to be taken.	ACO Hodges
	SIW 2	Selection	A number of concerns were identified within the retained recruitment interview process with regards to the scoring of questions and the content of questions asked	The Incorrect questioning and scoring procedure could lead to identifying and encouraging the wrong person for position and result with individual leaving service	Medium	HR	Service to review current interview techniques and scoring procedure. Providing a working party with relevant Personnel to discuss and review current procedures	ACO Hodges

SIW 2	Selection	The Service has conducted a number of awareness days across the service; the audit has highlighted several concerns to incorrect media equipment being at stations and recruit awareness sessions and information not being able to be delivered.	The awareness session being incomplete and new recruits not obtaining a real reflection of the required standards they need to achieve to pass assessment day.	Medium	HR	Service to carry out inspection of relevant stations prior to awareness sessions taking place	ACO Hodges
SIW 3	People	The Service has a robust induction procedure in place for new recruits, both RDS and Wholetime, as well as non-operational personnel. At present there is a lack of formal induction process for detachments, resilience register or transferees to specific stations.	Non-compliance with H & S legislation. Lack of station specific knowledge on risks or procedures.	Medium	H&S and Operational Station Commanders	Service implements a station specific induction process for detachments, resilience register or transferees attending each stations. With emphasis to RDS supervisory commanders working a whole time duty system. Guidance to include relevant whole time policies and procedures.	ACO Hodges
SIW 3	Welfare	Operational crews demonstrated a good awareness of post incident welfare functions such a C.I.S.T, M.I.L.E HR Connect. However a general lack of knowledge was shown relating to the availability of counselling for crews experiencing ptsd and other forms of stress.	On-going long term stress of operational staff going un treated. Resulting in avoidable stress for operational crews aligned with days lost due to sickness.	Medium	H & S, Op's Policy	The Service addresses this through awareness sessions facilitated through the WC Forums.	ACO Hodges
SIW 4	Welfare	There is a good knowledge within the Service of welfare facilities available to crews on the incident ground. However it was repeatedly mentioned that a formal structure for the implementation and monitoring of crews welfare was not in place.	Crew fatigue, lack of food intake monitoring, insufficient rest periods,	Medium	H&S, Ops policy	In accordance with CLG Health & Safety & Welfare framework for the operational environment document, section 13, the Service complies a structured policy relating to the 'planning for welfare and well-being at incidents'.	ACO Hodges

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SIW 4	Welfare	A Number of concerns were identified when auditing operational crews with regards to the service guidelines on relief crews at operational incidents	Crew fatigue, lack of food intake monitoring, insufficient rest periods,	Medium	H & S, Op's Policy	This could be to the culture within the service and lack of information to confirm the responsibilities for all junior officers in relation to crew health safety and welfare	ACO Hodges
SIW 5	Welfare	Lack of Training For Watch/Crew Commander for Recognising PTSD/Stress in the workplace	Junior officers not confident with one to one issues regarding post-traumatic stress	Medium	HR and CIST team members	Watch Commanders To Receive Training At The Watch Commanders Forum And Retained OIC Meetings by CIST Team Members	ACO Hodges

Appendix C – Training & Competence

	Reference Number	Area Audited	Findings	Issues	Risk Level	Department Responsible	Recommendation	Directorate owner	Further Comment
	TC 1	Who do you contact/what do you do if you identify a firefighter with training needs (i.e. which department, what paperwork)?	Initial local support - further training, mentoring, change of training style etc. Guidance from respective TDC instructor. PIP or QF system	Though interviewees were happy that there were several avenues to explore to assist them, they were not aware of a formalised process.	Low	TDC	A formalised process should be created with signposts to departments where assistance/advice may be sought.		
	TC 1	Who do you contact/what do you do if you identify a firefighter in development with training needs (i.e. which department, what paperwork)?	Initial local support - further training, mentoring, change of training style etc. Guidance from respective TDC instructor. PIP or QF system		Low	TDC			

	TC 1	QF5 process	Although the tracking of QF5's is good and individual QF5's are monitored, there is nothing formal in place to identify if the same person has received multiple QF5's for the same issue	System relies on individual instructors recognising if there is a trend. No formal process.	Medium	TDC	Link QF5's by person and area highlighted, and audit regularly.	DCFO Lawrence	
	TC 1	Core competency assessment	No formal process of identifying trends in failures from a specific unit	System relies on individual instructors/Station Commanders recognising if there is a trend. No formal process.	Medium	TDC	Link QF5's by station and area highlighted and audit regularly.	DCFO Lawrence	
	TC 2	Print off the question set for the above package	All sampled personnel could complete this task	None	Low		N/A		Good, current information is available to operational personnel via the MDT. This availability should be reinforced to personnel so they are not relying on what they remember from training packages. This is particularly important in less common, specialist areas such as electricity, hazmats, railways

	TC 2	Get a member of watch/unit who is shown as taking part in the recent session to answer the questions again	Half of all people questioned could not answer the questions to an acceptable level of competence.	Much of the information gained from a package is quickly forgotten	Medium	TDC	Develop a system where individuals have to log in to answer questions from the package, which are automatically given a score, in order to sign the package off as complete/competent .	DCFO Lawrence	
	TC 2	Pump assessments - what continuity arrangements are there to ensure fairness e.g. who carries them out, how are they measured, what are the criteria? What remedial actions are there when training needs are identified?	Whilst regular practical pump assessments are carried out, there is no service-wide accepted structure. Most assessments are performed during quarterly pump tests and technical knowledge questions are directly related to the ability/experience/knowledge of the instructor/JO. Of the people sampled all said they carried these assessments out as a group and not individually.	No continuity of training/assessment standards across the service. Assessment criteria and success level varies by instructor and can even leave inconsistent competency levels within one watch/unit	Medium	TDC	Personnel would benefit from a centrally produced set of criteria/guidelines . This would ensure continuity of standards across the service	DCFO Lawrence	

	TC 2	Information location. Show where FS Manuals are located both physically (hard copies) and electronically	Stn personnel are generally aware of the location of FS Manuals both electronically (on the Ops Int SharePoint site) and also as hard copies within Stn library locations	Stn Library locations do not possess a full set of manuals. Electronic location is not obvious enough for those who are unfamiliar with the various SharePoint sites on the service intranet. Queries arose as to what/who is Ops Intervention?	Low	Ops policy	A decision needs to be made as to the format of libraries - electronic or paper based and suitable admin then provided to ensure libraries are set up correctly. All personnel should be familiarised with whichever system is used and how to access/use it.	ACO Hodges	Full set of FS Manuals costs in the region of £700 therefore not practical to allocate to all locations
	TC 2	Information location. Show how to get to SPI No 3 Section 2 Part 2.9.1	Whilst there was a varying degree of ability/familiarity with the service intranet, all sampled personnel were eventually able to find the requested SPI	Re-direction to Ops Intervention SharePoint caused confusion. Personnel wanted a simple 'one-stop' location for SPIs	Low	Ops policy	consideration be given to developing a SharePoint facility that cross references to/ links directly to where documents are held.	ACO Hodges	Personnel showed frustration stating that the Service Intranet was overcomplicated with the various SharePoint sites.
	TC 2	Information location. Show where to find National GRAs and HWFRS GRAs	Whilst there was a varying degree of ability/familiarity with the service intranet, all sampled personnel were eventually able to find the requested NGRAs and HWFRS GRAs	General unfamiliarity with NGRA location and confusion between the two (National or Local). Whilst personnel made educated guesses at the differences no confident knowledge was shown.	Low	Ops policy & IT	this should be reinforced through the CTR packages	Ian Edwards	Finding a specific piece of information can be a long and laborious task as there is no effective search facility. For the majority of Operational personnel, the service intranet is a 'confusing mish-mash' and is not intuitive.

	TC 2	Information location. Show the location of the watch/unit training planner	All could do this confidently	None	Low		N/A		
	TC 3	Information location. Show the location of the Station Commander's audit of CTR.	Whilst all had an understanding that the SC audited the CTR system, approx. 50% of sample could not show any evidence		Low	Assurance GC - P&I	a facility should be introduced to enable this audit to be evidenced	Jean Cole	
	TC 3	Information location. Show how to access the CTR Technical knowledge packages	All sampled personnel could complete this task	Some confusion over the location was experienced due to re-jigging of T&D SharePoint site			a bulletin item or how to might address this		Whilst the sample could perform the task, they all gave the opinion that the CTR system was over-complicated for both recording of information and also for the retrieval of information. Much of the functionality of the system was not taken advantage of. Recording of information could sometimes take longer than the training session itself.

	TC 3	Do you answer the CTR Technical Knowledge Package questions as a group or individually?	Generally, the questions were answered as a group rather than individually.	Group answering/discussion reduces pressure on individuals, however, it can also allow them to 'hide among the masses' when the information has not been absorbed/understood. Recognition of individuals with learning needs is left to the deliverer/instructor. Individuals are being recorded as competent when they have may not understood the information.	Medium	TDC	Develop a system where individuals have to log in to answer questions from the package, which are automatically given a score, in order to sign the package off as complete/competent .	DCFO Lawrence	
	TC 3	What do you do with personnel when you identify training needs after a CTR Technical Knowledge Package?							
		How do you support or provide further guidance to the above mentioned person?							

TC 4	Show me the evidence of a recently delivered CTR Technical Knowledge Package	Whilst all could display a report on CTR showing competencies in date, due for refresh, out of date etc., only a couple could show any kind of 'date stamped' evidence	After initial training given, no refresher training has been received ref CTR. New/Temp JOs have no formal CTR training, they have simply received basic 'cascaded' info	Medium	TDC	Either: a course of refresher training on CTR (this is particularly important for 'new JO's or those acting-up as many are using handed-down knowledge) OR a complete review of the CTR system	DCFO Lawrence	
TC 4	Do you feel you have the underpinning knowledge to present all CTR packages?	Not all, some need to be delivered by subject experts.	Though the packages are designed be delivered by anybody, personnel are uncomfortable delivering some of the more specialist subject areas e.g. trauma			CTRs to be audited to ensure specialist knowledge is not a requirement or where it is, this is facilitated/supported .		
TC 4	Do you feel underpinning knowledge is required or is all the information provided within CTR?	Underpinning knowledge is required to give the deliverer credibility	Whilst all samples agreed that the packages contained what was pertinent to our needs, they also were conscious of the fact that they could not answer questions outside of the information provided. This was particularly prevalent where subjects were of a more specialist nature e.g. electricity			as above. The need/facility for a FAQs should be investigated		

	TC 4	How do you 'catch up' with those personnel who miss a CTR package?	Obvious disparity between wholetime and RDS. In general with wholetime, individuals are given time to view the package 'unsupervised' then the JO will confirm their understanding through Q&A. RDS personnel do not tend to have any spare time to catch up.	RDS personnel find it difficult (with their restricted training time and limited IT resources) to allow individuals time to catch up. Knowledge-gaps are appearing.	Medium	TDC	Risk score all CTR packages and extend the competency time on non-risk critical packages.	DCFO Lawrence	This is almost impossible for an RDS unit, there are too many. If personnel could access the system from home, JOs could highlight the following weeks training, personnel could view the presentations during the week then perform the Q&A and a practical session on their training night. This would allow them to get much more completed.
	TC 4	Prior to a formal assessment, how do you ensure you are attaining the required levels of competence with a developing firefighter?	Level of competence is set according to the experience/ability of the JO/instructor. Some JOs will consult with TDC staff to gain an understanding of the required competency levels	Some personnel may be at risk of failing assessments due to their line managers not understanding the level of competence required	Medium	TDC	Personnel would benefit from a centrally produced set of criteria/guidelines . This would ensure continuity of standards across the service. A rota could be devised to allow all Jos to be involved with Core Competency Assessment days, this would assist with	DCFO Lawrence	

						continuity of training/competency levels across the service		
TC 4	How do you carry out a training needs analysis for your watch/unit?	Influences were identified from a number of areas: CTR, incidents attended, publication of National documents, seasonal (chimney fires, RTC, explosives/fireworks), local risk, equipment testing schedules	None	Low		N/A		

Appendix C - Equipment								
	Reference Number	Area Audited	Findings	Issues	Risk Level	Department Responsible	Recommendation	Directorate owner
Operational Logistics	E 1	Is there a documented Procurement Process?	There are several SPIs to assist in procuring equipment.	Whilst SPIs, toolkit and Project Management Policy exist, little documented evidence exist of these being known about or adhered to.	Medium	Ops Logistics	SOP produced to include clear process/flow chart to follow for all new equipment	ACO Hodges
	E 1	Who is responsible for establishing the training requirements for new items of equipment?	This usually involves a joined up approach from Ops Logs, TDC and Ops Policy.	Some items have been delayed in going on the run as no "project lead" has been nominated.	Medium	Ops Logistics	In all procurement processes a named lead should be identified to act as figurehead to the process and as a single point of contact.	ACO Hodges
	E 2	Is there an Equipment Safety File(ESF) for every item of operational equipment in service?	No, some items are still in the older Equipment note style that makes reference to Brigade Standard Test manual and have no Risk assessment available(air bags for example).	Information on operational equipment is not complete and up to date. Risk Assessments for certain Risk Critical items are not available for staff.	Medium	Ops Logistics	A register of all equipment should be developed and used to develop a risk-rated programme for completion of ESFs	ACO Hodges
	E 2	Is every published ESF up to date and in the correct format?	Equipment notes are being updated as part of a rolling program to ESF style. Some items within the ESF "library" are no longer used within HWFRS.	Operational crews responsible for using and testing	Medium	Ops Logistics	Prioritise equipment ESFs (safety critical) to be updated and publish them in an easy to access format.	ACO Hodges
	E 3	Are any members of staff trained in Procuring equipment?	Not currently but A Thompson booked on training course.	1 member of staff considered enough with plan to produce robust process which is easy to follow. B Bowdler initially booked on same training but cancelled due to budget cuts.	Medium	Ops Logistics	As above, process followed including formalized feedback	ACO Hodges

Stn 41	E 3	Trials of new equipment?	Have been involved with trials and asked for "feedback" but didn't feel a formalised approach was taken.	Feedback was subjective not objective	Medium	Ops Logistics	a formalised process should be developed by the lead and this should be supported by clear terms of reference/parameters.	ACO Hodges
	E 3	Did trial equipment arrive with RA or ESF	No, evaluation sheets for some items.	this is in breach of MHSW & PUWER regulations	Medium	Ops Logistics	all equipment should be accompanied by a risk assessment. This applies to that provided for sample/trial purposes	ACO Hodges
	E 3	Would you agree with the statement that all staff are fully trained on equipment before it goes on the run?	Not entirely, larger items maybe but smaller ones often not.	Is there a risk based process to determine what level of training is required for equipment being issued?			A risk based process to determine what level of training is required should be developed and personnel trained/made aware accordingly	
	E 3	Would you agree with the statement that "fit for purpose" is at the heart of any procurement process?	Not really, several examples recently have shown this to not be the case.	Items of equipment complying with British Standards seems to hold enough sway to allow equipment through the process but fit for purpose has less significance.			a clear requirement of regulations and the organisation itself is that the equipment we procure and provide be fit for purpose. This should be at the near of the procurement process and the process, whilst remaining mindful of the relevant standards that such items should meet, should ensure that this is paramount when selecting equipment.	
	E 4	Do all staff have access to and	Yes				N/A	

		understand Red Kite.						
	E 4	Do all staff have a good understanding of the Red List and Standard testing procedure?	Mostly yes				N/A	
	E 4	FFs asked to locate ESF for specific item of equipment(dosimeter and fire helmet)	Good ability to access the ESF list but attempted to use search facility in SharePoint when unable to find dosimeter ESF, which didn't work.				1. the search facility should be enabled	
			Not aware of ability to categorise ESF list to assist search				2. an awareness raising session should be arranged or how to document provided.	
			Not aware of different standards of ESF and requirement to access Standard Test Manual for older ESFs				3. Review of the ESFs should address the reference to the STM	
	E 5	FFs asked to explain defects procedure.	Reasonably good idea but felt that current Tech 2 not as easy to use as older style.				The Tech 2 to be revised to ensure it is user friendly	
		FFs asked to explain their role in "Safe Person Concept"	Of two FFs asked, one used actual incident to explain how it was used whilst other FF gave answer in regard to taking ownership of individual responsibilities.					
Stn 21	Supporting evidence gained at Stations	Trials of new equipment?	Haven't been involved with any trials				SOP produced to include clear process/flow chart to follow for all new equipment	

	Did trial equipment arrive with RA or ESF	NA				As above, process followed including formalized feedback	
	Would you agree with the statement that all staff are fully trained on equipment before it goes on the run?	Not entirely, larger items maybe but smaller ones often not.	No clear evidence that equipment is subject to a clear process to determine level of training required.			As above, process followed including formalized feedback	
	Would you agree with the statement that "fit for purpose" is at the heart of any procurement process?	Not really, several examples recently have shown this to not be the case.	Items of equipment complying with British Standards seems to hold enough sway to allow equipment through the process but fit for purpose has less significance.			As above to include clear working groups for specific equipment.	
	Do all staff have access to and understand Red Kite.	Yes, Good knowledge	Referenced to individuals causing backlog when the individual is on leave, sick etc.			N/A	
	Do all staff have a good understanding of the Red List and Standard testing procedure?	Mostly yes. Wasn't aware of the term "Red List" but have seen printed off versions				Standardised Service Testing Format/Process with some location specialization	
	FFs asked to locate ESF for specific item of equipment(dosimeter and fire helmet)	Only aware of printed off equipment notes, never accessed the electronic Equipment Safety Files.				SharePoint to be improved for ease of use	
		Not aware of ability to categorise ESF list to assist search				SharePoint to be improved for ease of use	

			Not aware of different standards of ESF and requirement to access Standard Test Manual for older ESFs				SharePoint to be improved for ease of use. Standardised Service Testing Format/Process with some location specialization	
		FFs asked to explain defects/ordering procedure.	Reasonably good idea but felt that system should be more automated and also one form for all items.	Paper system is easily lost and drawn out			IT system introduced that would speed up process and improve "ownership" of defect/orders	
		FFs asked to explain their role in "Safe Person Concept"	Only vague knowledge, confused with H&S Employee Legislation				This should be re-emphasised through the use of the relevant CTR and routine verification 'on the ground'	
	E 6	FF's asked to don Fire Kit and explain sizing process, standard of Fire Kit, Cleaning Process and Damaged PPE Process	FF's demonstrated good knowledge of sizing process and correct "wearing" of PPE. Knew process of changing to SRS.	Gallet Helmet Adjustments difficult and chinstraps loose in some instances. Did not know damaged/lost PPE process			N/A	
Stn 25	Supporting evidence gained at Stations	Trials of new equipment?	When new equipment arrives on station, training is done and relevant documents are signed				SOP produced to include clear process/flow chart to follow for all new equipment	
		Did trial equipment arrive with RA or ESF	No. No feedback facility either.				As above, process followed including formalized feedback	
		Would you agree with the statement that all staff are fully trained on equipment	At a Watch level yes. Standard of training can vary though (Dewalt Grinder for example)				As above, process followed including formalized feedback	

		before it goes on the run?					
		Do all staff have access to and understand Red Kite.	Good knowledge but some tests are still there when not completed from several months back. RDS never use RedKite.				RedKite training introduced for RDS Personnel (RDS only stations ok??)
		Do all staff have a good understanding of the Red List and Standard testing procedure?	Unaware of the term "Red List" but know of the document when explained what it is. Old BSTM still in watch office and referenced.				Service Standardised Standard Test Procedure. Some specialization required due to Station specials etc.
		FFs asked to locate ESF for specific item of equipment(dosimeter and fire helmet)	Average knowledge of ESF location but when found could navigate. Poor SharePoint layout was mentioned				SharePoint to be improved for ease of use. Standardised Service Testing Format/Process with some location specialization
		FFs asked to explain defects/ordering procedure.	Good knowledge but no hardcopy for referencing. Would like to see an electronic system.				Standard updated hardcopy for Station use. Introduction of an electronic system
		FFs asked to explain their role in "Safe Person Concept"	Below average knowledge of SPC. Knew of Personal and Organisational difference.				Refresher training package delivered separate to DRA presentation currently in Tech Knowledge Library.
E 6		FF's asked to don Fire Kit and explain sizing process, standard of Fire Kit, Cleaning Process and Damaged PPE	Good knowledge nut no awareness of PPS 6 (lost/damaged equipment). Unaware of Helmet Fitters. Poor SRS kit change around times. RDS have a good SRS structure with regular store room				More personnel to be trained in Helmet fitting.

		Process	checks. Glove replacement very slow					
Stn 27	Supporting evidence gained at Stations	Trials of new equipment?	Haven't been involved				SOP produced to include clear process/flow chart to follow for all new equipment	
		Did trial equipment arrive with RA or ESF	NA				As above, process followed including formalized feedback	
		Would you agree with the statement that all staff are fully trained on equipment before it goes on the run?	No, MAN vehicle arrived with no formal training	Is there a risk based process to determine what level of training is required for equipment being issued?			As above, process followed including formalized feedback	
		Would you agree with the statement that "fit for purpose" is at the heart of any procurement process?	Not really, several examples recently have shown this to not be the case.	Items of equipment complying with British Standards seems to hold enough sway to allow equipment through the process but fit for purpose has less significance.			As above to include clear working groups for specific equipment.	
		Do all staff have access to and understand Red Kite.	Yes				N/A	
		Do all staff have a good understanding of the Red List and Standard testing procedure?	Didn't know it as Red List				SharePoint to be improved for ease of use. Standardised Service Testing Format/Process with some location	

						specialization	
		FFs asked to explain defects procedure.	FFs felt that ownership of defects procedure was a JO's job.			Standard updated hardcopy for Station use. Introduction of an electronic system	
		FFs asked to explain their role in "Safe Person Concept"	Mixed understanding across watch but generally did a reasonable job of explaining.			Refresher training package delivered separate to DRA presentation currently in Tech Knowledge Library.	

Report of the Head of Operations Support

11. Health and Safety Committee Update

Purpose of report

1. To provide the Policy and Resources Committee with an update on the activities and items of significance from the Service's Health and Safety Committee.

Recommendation

It is recommended that the Policy and Resources Committee note that the Health & Safety Committee considered:

- (i) the quarterly Health and Safety performance report;***
- (ii) the Health and Safety Working Group Update;***
- (iii) the Health and Safety Audit presentation;***
- (iv) the human resources update;***
- (v) the training update; and***
- (vi) the National Health & Safety Activities and Health & Safety Legislative changes.***

Introduction

2. Hereford & Worcester Fire and Rescue Authority's aim is ensure the safety and well-being of its employees and to reduce and prevent accidents and injuries at work.
3. The Health & Safety Committee (the Committee) is established to provide effective arrangements for the liaison and review of matters of a common interest in regards to health and safety, and to act as a forum for liaison on all matters relating to health and safety for key stakeholders and departments. The Committee provides the opportunity for the Service to discuss the general health and safety matters on which it must consult the workforce with employee representatives.

Significant Issues Discussed

4. A review of the previous quarter's Health & Safety performance was discussed in detail. Overall, reporting levels and staff awareness continue to be good and in general, any injuries reported continue to be predominantly minor in nature.

5. It was noted that there were 21 vehicle accidents in the quarter and that 11 of these had involved vehicles responding to incidents. The Health and Safety Advisor is analysing these to identify any trends and will implement any actions as necessary.
6. There were 3 potentially serious incidents reported in quarter 3 each of which were subject to a specialist investigation. Two of these incidents resulted in minor injuries and actions to ensure the incidents are not repeated have been implemented.
7. In 2011, following two health & safety incidents, a wide scale audit of breathing apparatus was instigated and a number of measures were introduced. The Committee has tasked the Health & Safety Working Group (H&SWG) with reviewing the effectiveness of these measures and the H&SWG provided an update at this meeting.
8. A programme of unified workplace inspections across the Service was piloted in February 2013 involving the Health and Safety Officer, representatives from Property and Operational Logistics and the Representative Bodies. These visits will now be moved to November 2014 to align with budget planning.
9. The Service follows a health and safety training programme to ensure that staff at all levels across the organisation receive the appropriate level of health and safety input. Personnel at Crew and Watch Command level receive the Institution of Occupational Safety and Health (IOSH) qualification and at Station Command level receive the National Examination Board in Occupational Safety and Health (NEBOSH) qualification. There is now a very good spread of these qualifications across the Service and the Training and Development team are looking to identify further training opportunities and collaboration with other organisations.
10. The committee received a presentation on the audit carried out in November 2013 against the Health, Safety and Welfare Framework for the Operational Environment guidance document to be used by Fire and Rescue Authorities and the Leading Health and Safety at Work (Actions for directors, board members, business owners and organisations of all sizes) document. The audit identified that the Service was found to be principally compliant against the framework document and HSG65 which forms the basis of the framework publication.
11. The guiding principles within the publication reference an integrated safety management system should be in place to enhance the health, safety and welfare of employees. This audit found strong evidence that the Service meets accountability, workforce engagement, scrutiny, corporate strategy, standards, comparison, provision for quality training, and clear leadership. The audit identified 25 recommendations which have now been allocated to individual departments and will be tracked and reported against at the Health and Safety Committee.

12. The Health and Safety Committee will continue to meet on a quarterly basis in order to provide ongoing monitoring and governance of health, safety and wellbeing within the Service.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	None
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	None
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	None
Consultation (identify any public or other consultation that has been carried out on this matter)	None
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	No – not required, information only

Supporting Information

None

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Report of the Assistant Chief Fire Officer

12. Update from Equality and Diversity Advisory Group

Purpose of report

1. To provide the Policy and Resources (P&R) Committee with an update from the Equality and Diversity Advisory Group since the last report to P&R Committee on 4 September 2013.
-

Recommendations

It is recommended the Committee notes that:

- i) the Equality Impact Assessment Process has been reviewed to ensure it continues to meet the requirements of the Equality Act 2010;*
- ii) a Disability Toolkit has been developed and implemented in conjunction with the Fire Brigades Union; and*
- iii) the Ethical Framework has been reviewed, implemented and refresher training has been rolled out Service-wide.*

Background

2. The core function of the Equality and Diversity (E&D) Advisory Group is to promote equality of opportunity and thereby help to eliminate unlawful discrimination within Hereford & Worcester Fire and Rescue Service and to develop a working environment where individual diversity is valued. The Group meets quarterly and is represented by each department across the Service in order to mainstream E&D across the whole Service. Two Elected Members and representatives of the trade unions also attend the E&D Advisory Group meetings.
3. It was agreed at the last Policy and Resources Committee on 4 September 2013 that six monthly updates would be provided. Since this meeting there has been one meeting of the E&D Advisory Group which was held on 7 November 2013. The Group was chaired by the Chief Fire Officer.

Six Monthly Update

4. The Service's Equality Impact Assessment Process was reviewed to ensure it continues to meet the requirements of the Equality Act 2010. It was recommended that the full Business Impact Assessment form was updated and guidance notes relating to equality and diversity are provided to support Service

Managers when determining whether it is necessary to complete a full Business Impact Assessment form. This has subsequently been approved by the Senior Management Board (SMB) and implemented.

5. A Disability Toolkit which had jointly been developed by a Senior Human Resources Advisor and representatives of the Fire Brigades Union was developed. The purpose of the Disability Toolkit is to provide advice and guidance to managers when dealing with disability related issues in the workplace. The Disability Toolkit has subsequently been approved by SMB and implemented.
6. The Ethical Framework Booklet which mirrors the Ethical Framework Service Policy Instruction was reviewed. This has subsequently been approved by the Senior Management Board (SMB) and Booklets will be distributed to all existing staff and new starters.
7. The Ethical Framework refresher training has been rolled out Service-wide. The Ethical Framework identifies the Service's values, purpose and the roles and responsibilities of all staff. Refresher training was delivered to the Authority Members at the December 2013 FRA.
8. There have been some challenges in recruiting to the Positive Action Sub Group despite an extensive advertising campaign. This has subsequently been discussed at SMB, and staff have been nominated to participate in this Group. Councillors Fry and Obsorki will also be invited to attend the Group, to represent their communities. The first meeting of this Group is scheduled to take place on 13 March 2014.
9. The next meeting of the E&D Advisory Group is scheduled for 19 March 2014. At that meeting it is anticipated that the Service's progress against the Equality Objectives will be reviewed. A verbal update will be provided to the P&R Committee on 26 March 2014.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	None
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	None
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	None

Consultation (identify any public or other consultation that has been carried out on this matter)	None
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	This is covered within the report

Supporting Information

None

Contact Officer

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Report of the Assistant Chief Fire Officer

13. Joint Consultative Committee Update

Purpose of report

1. To inform the Policy and Resources Committee of the activities of the Joint Consultative Committee (JCC) since September 2013.
-

Recommendation

It is recommended that the contents of this report be noted, including the following items still under discussion by the Joint Consultative Committee:

- i) the review of the Fire Control structure;***
- ii) Service policy on financial assistance for medical treatment;***
- iii) Out of Service mobilisation; and***
- iv) the potential impact of the Community Risk Management Plan and Fire Cover Review.***

Background

2. The Joint Consultative Committee acts as the main route for employee consultation. It comprises managers and employee representatives who meet on a monthly basis to discuss issues of mutual concern. The JCC is not a decision-making body.
3. Employees are represented on JCC by members from each of the Representative Bodies (RBs) in Hereford & Worcester Fire and Rescue Service, namely the Fire Brigades Union (FBU), Fire Officers' Association (FOA), GMB Union, Retained Firefighters' Union (RFU) and Unison.
4. The Committee is chaired by the Principal Officer responsible for industrial relations – currently the Assistant Chief Fire Officer, Service Support. Other management representatives include the Head of Human Resources and the Area Commanders responsible for Operations and Operations Support.
5. Prior to each meeting, members of the group are asked to submit any new items for discussion and these are added to the JCC 'tracker' which is circulated ahead of the meeting. Each new item is allocated a unique reference number.
6. A 'summary of discussions' is issued after each meeting noting the key points discussed, any agreement reached and identifying any actions agreed.

7. Once all parties agree an item is closed, it is formally signed off by both the JCC Chair and the appropriate Representative Body (or Bodies). This record is retained and forms the 'JCC Consultation Register and Decision Log'.

Update

8. Since its last update to the Policy and Resources Committee, the Joint Consultative Committee has met on four occasions – 29 August, 21 November 2013, 23 January and 27 February 2014.
9. On 18 February, FBU representatives announced that they had taken the decision to withdraw from all HWFRS committee and sub-committee meetings as part of the ongoing pensions dispute. As a result, a number of issues closed at previous meetings, are still awaiting formal sign off by them. However the ACFO, Service Support has continued to meet regularly with FBU officials on an informal basis.
10. There are currently only a small number of items still under discussion and these include the following:
 - v) Review of Fire Control structure: following a review, formal consultation on a proposed new structure in Fire Control has now begun with the FBU.
 - vi) Service policy on financial assistance for medical treatment: Human Resources (HR) are reviewing the current policy with a view to firming up the current arrangements. Financial support will be provided if it is deemed to be cost effective and will expedite the return of an individual to work. Decisions will be on a case by case basis.
 - vii) Out of Service mobilisation: this follows the deployment of HWFRS personnel to other parts of the country during the recent flooding. Clarification around remuneration for this will be incorporated into the out of county deployment policy.
 - viii) Potential impact of CRMP and Fire Cover Review
11. Since the Policy and Resources Committee was last updated, a number of items have been closed down; these include:
 - Review of allowances for non-uniformed staff: this piece of work is now complete and RBs have been fully consulted on any changes which have been implemented as a result of the review.
 - Time allocated to staff for fitness training: meetings between Union representatives and HR now take place on a six weekly basis. The Service continues to support staff in this area and this proactive work has resulted in Improvements in fitness levels across the Service
 - Running costs of Service vehicles: detailed information on this particular subject is now available to staff on the Service's Sharepoint site.
12. Since the start of 2014, the following issues have also been discussed at JCC: police innovation fund, the findings of the health & safety audit carried out in November 2013, music copyright licensing and improvements in staff fitness levels.

13. In addition to items raised via the JCC tracker, the JCC Chair keeps JCC members updated on any key, and emerging, areas of work. These include the impact of changes in pensions legislation and potential collaborative opportunities with partner organisations.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Paras 10 and 11
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	Paras 10 and 11
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	None
Consultation (identify any public or other consultation that has been carried out on this matter)	Paras 10 & 11
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	No, not required – information only

Supporting Information

None

Contact Officer

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Report of Head of Asset Management

14. Asset Management Strategy: Hereford Fire Station

Purpose of report

1. To advise the Policy and Resources Committee of a proposed arrangement to provide a new fire station in Hereford and seek approval to proceed with this project through to completion.
-

Recommendations

It is recommended that:

- i) the Policy and Resources Committee approve the proposed arrangement between Herefordshire Council and the Fire Authority to provide a new fire station in Hereford; and*
- ii) that the Policy and Resources Committee authorise the Chief Fire Officer to proceed with the project to completion, on terms to be agreed with the Treasurer and Head of Legal Services and in consultation with the Chairman of the Fire Authority.*

Introduction and Background

2. Members will be aware that in March 2011, the Policy and Resources Committee gave approval for indicative budget allocations to replace a number of fire stations as part of an overall Asset Management Strategy. A summary of the indicative allocation for the replacement of Hereford fire station approved at that committee is given in the appendix to this document.
3. In November 2013, the Policy and Resources Committee were informed about a project to deliver a new fire station in Hereford at Herefordshire Council's Bath Street offices site in Hereford. The site is an ideal location as available space for the size of site required for operational resources is limited in Hereford, it is well placed to respond to risk in the city, and being very near to the current location, the availability of Retained Duty System officers mobilising to the new site will be acceptable.
4. The Policy and Resources Committee authorised the Chief Fire Officer to carry on with negotiations with Herefordshire Council, to move the project forward and agreed to spend part of the previously allocated budget on work to take the project to planning approval stage. The Policy and Resources Committee were also advised that a further paper, including a detailed cost feasibility would be

brought back for final approval before entering into a contract for the acquisition of the site.

Current position

5. Following detailed discussions with Herefordshire Council, the principles for the project to proceed have been established as part of the development of the draft Heads of Terms. These reflect a proposed land swap and associated works costs which balance the valuations of both sites, which were independently evaluated by the District Valuer in October 2013. Essentially, there is a land swap of the two sites, but in addition to the demolition of the existing building in Bath Street and the construction of the new fire station, the Authority will hand back part of the Bath Street site on completion of the construction of the Fire Station for use by Herefordshire Council's staff.
6. Herefordshire Council will acquire the freehold of the current Fire Station site at the same time that the Authority will acquire the freehold of the current Bath Street Council Offices. A lease-back arrangement will exist between both parties so that the Fire Station can still be occupied by fire service staff as the new fire station is being built. The financial consideration for this rental period will reflect the cost of the demolition of the current fire station, which will balance the overall differences between the valuations.
7. Herefordshire Council Executive members have approved the proposal in principle and should formally approve the project towards the end of March. The Bath Street site is part of a conservation area, but the buildings are not Listed. English Heritage have confirmed that the offices will not be listed in the future. Considerable interest and representations have been made by the Hereford Civic Society, who are not supportive of the proposal. Herefordshire Council has undertaken a Heritage Impact Assessment which indicates the council offices on Bath Street to be of low historic/architectural value. This has been shared with the Planning Service. Pre-application advice has been taken by the H&WFRS and the preliminary designs for the new fire station are due to be taken through the planning approval process in April 2014.

Financial Considerations

8. The arrangement between Herefordshire Council and our Authority is structured so that the only financial outlay to enable the project to proceed consists of three parts:
 - the cost of demolition of the Bath Street site;
 - the cost of building the new fire station on that site; and
 - the cost of demolishing the current fire station.
9. As all of these elements are subject to a tender process and are therefore commercially sensitive, a detailed cost estimate is set out in the exempt appendix. The Committee can be assured that the current cost estimate for all of these elements sits comfortably within the overall project estimate, which has previously received Policy and Resources Committee approval.

10. If the planning application is successful and Herefordshire Council formally approve the proposal, there should be no further barriers to the project proceeding. There is a possibility that recommendations coming from the planning process may increase the overall cost of the scheme, for example because of enhanced treatments to the exterior of the building. It is hoped that if this is the case, the overall cost of the project will still be contained within the previously advised estimate.
11. It is therefore requested that the Policy and Resources Committee agree to the format of this proposal and authorise the Chief Fire Officer to proceed with this scheme to full conclusion to provide a new fire station in Hereford.

Conclusion/Summary

12. It is recommended that the Policy and Resources Committee approve the proposed arrangement between Herefordshire Council and the Authority to provide a new fire station in Hereford and that the Policy and Resources Committee authorise the Chief Fire Officer to proceed with the project to completion, on terms to be agreed with the Treasurer and Head of Legal Services, in consultation with the Chair of the Fire Authority.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	As a Capital Project and an agreement between Authorities, the paper refers to a number of Financial, Property and Legal items.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	The Asset Management Strategy supports 'Our Strategy' on the foundations of 'Buildings and Infrastructure'.

Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	All capital projects are managed within the CDM 2007 regulations.
Consultation (identify any public or other consultation that has been carried out on this matter)	Consultation is undertaken as part of the planning approval process.
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	No – this will be considered at the appropriate time.

Supporting Information

Appendix 1 – EXEMPT INFORMATION

Background papers – Policy and Resources Committee 19 November 2013

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