HEREFORD & WORCESTER
Fire Authority

Audit & Standards Committee

AGENDA

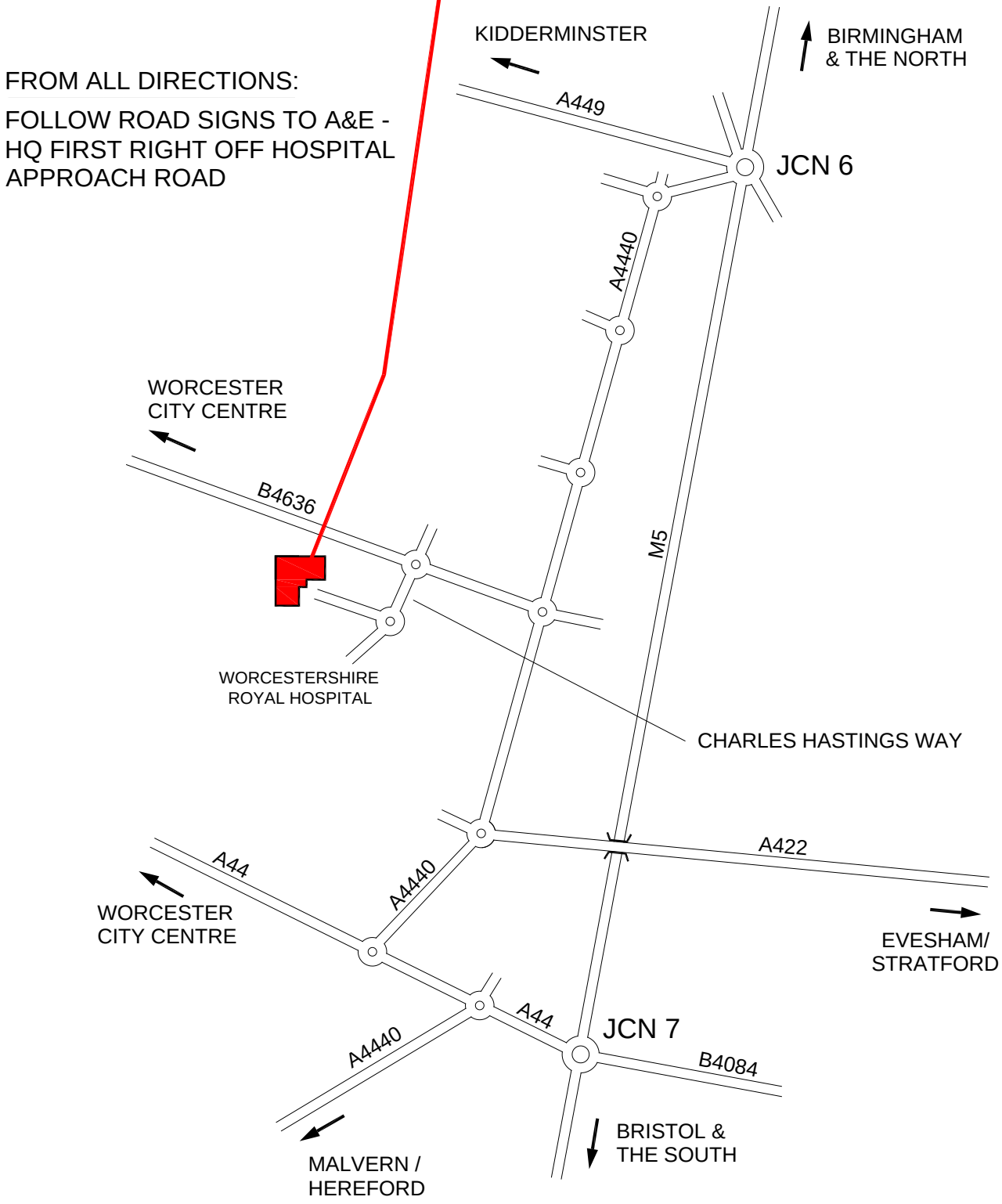
Wednesday 16 April 2014
10.30 am

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

HEREFORD & WORCESTER FIRE AND RESCUE SERVICE
HEADQUARTERS
2 KINGS COURT
CHARLES HASTINGS WAY
WORCESTER. WR5 1JR
TEL: 0845 12 24454

FROM ALL DIRECTIONS:

FOLLOW ROAD SIGNS TO A&E - HQ FIRST RIGHT OFF HOSPITAL APPROACH ROAD



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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 OPTIMUM 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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Security
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Smoking is not permitted.

First Aid -please ask at reception to contact a trained First Aider.

Toilets – please ask at reception.

ACCESS TO INFORMATION – YOUR RIGHTS

The Local Government (Access to Information) Act 1985 widened the rights of press and public to attend Local Authority meetings and to see certain documents. Your main rights are set our below:

- Automatic right to attend all Authority and Committee meetings unless the business if transacted would disclose "confidential information" or "exempt information".
- 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.

If you have any queries regarding this agenda or any of the decisions taken or wish to exercise any of these rights of access to information please contact Corporate Support on 01905 368241 / 209/ 219 or by email at committeeservices@hwfire.org.uk.

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 Fire Authority
Audit and Standards Committee
16 April 2014

Agenda

Members:

Mrs L Duffy (Chair)

Mrs P Agar, Mr M Broomfield, Mr S Cross, Mr A Fry, Mr P Gretton, Ms K Guthrie, Mrs A Hingley, Mr B Matthews, Mr A Miller, Mr S Peters, Prof J Raine and Mr P Sinclair-Knipe.

No.	Item	Pages
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 and interest in any of the items on this Agenda.	
4.	**Confirmation of Minutes** To confirm the minutes of the Audit and Standards Committee meeting held on 22 January 2014.	**1 - 2**
5.	**Strategic Risk Register** To provide the Committee with an update on changes to the Strategic Risk Register.	**3 - 9**
6.	**Internal Audit Monitoring Report 2013/14** To provide the Committee with an interim progress update on the 2013/14 Plan delivery.	**10 - 25**
7.	**2013-14 Audit Plan** To provide the Committee with the External Audit Plan for the year ended 31 March 2014 which highlights any risks for Members to be aware of.	**26 - 39**

Agenda produced and published by Chief Fire Officer and the Clerk to the Fire and Rescue Authority
For further information contact Corporate Support on 01905 368209/241/219

8.	**Annual Complaints Update 2013/14** To update the Committee with regards to the process in place for dealing with compliments, complaints and concerns made by the public about the Service.	**40 - 43**
9.	**Annual Governance Action Plan 2013/14** To update the Committee on the progress of actions in relation to the Authority's Annual Governance Statement and corporate governance arrangements.	**44 - 50**
10.	**Health and Safety Audit 2013** To inform the Committee of the outcomes of the Health and Safety Audit undertaken in November 2013.	**51 - 110**

Hereford & Worcester Fire and Rescue Authority
Audit and Standards Committee
22 January 2014

Minutes

Members Present

Mrs. L Duffy (Chairman), Mr P Grove (Vice-Chairman)
Mrs P Agar, Mr A Fry, Mrs A Hingley, Mr S Peters, Prof J Raine, and Mr P Sinclair-Knipe.

1 Apologies for Absence

Apologies for absence were received from Mr S Cross, Mr B Matthews and Mr P Watts.

2 Named Substitutes

No substitutes were appointed.

3 Declaration of Interests (if any)

No declarations of interest were made.

4 Confirmation of Minutes

RESOLVED that the minutes of the Audit Committee meeting held on 26 September 2013 be confirmed as a correct record and signed by the Chairman subject to one correction: Minute number 6 referred to an External Audit Annual Governance report. This should read External Audit Annual Findings Report.

5 Internal Audit Monitoring Report 2013/14

A report was considered that provided the Audit Committee with an interim progress update on the 2013/14 plan delivery.

The Service Manager advised Members that the Debtors and Creditors reports, Operational Logistics and Community Safety Audits were now finalised and no high priority recommendations had been identified. He advised Members that the rest of the planned audits were progressing well and there were no areas of concern to bring to Members' attention. Furthermore it was disclosed that two audits had already commenced for quarter 4 namely those relating to I.T. and USAR.

RESOLVED that the report be noted.

6 Annual Audit Letter 2012/13

A report was considered that presented the Annual Audit Letter 2012/13 from the External Auditors, Grant Thornton UK LLP.

RESOLVED that the Committee notes the Annual Audit Letter 2012/13 from the External Auditors, Grant Thornton UK LLP.

7 External Audit Fee 2013/14

A report was considered that apprised the Audit and Standards Committee of the audit free for the Authority along with the scope and timing of work to be undertaken.

RESOLVED that the report be noted.

8 Informing the Audit Risk Assessment 2013/14

A report was considered that advised Members of the Audit Risk Assessment carried out by Grant Thornton, UK, LLP, the Authority's External Auditor, in deriving the External Audit Plan.

RESOLVED that the External Auditor's "Informing the Audit Risk Assessment' attached at Appendix 1, be noted.

9 Member Development Working Group Update

A report was considered that advised Members of the proceedings of the Member Development Working Group meeting held on 1 October 2013.

The Monitoring Officer updated Members that text reminder technology would shortly be rolled out to the Committee Services Team. This would enable the Team to alert Members to training sessions and meetings of the Authority. He also advised that a meeting of the Working Group would be convened in April 2014 to work on the Member Development Programme for 2014/15.

RESOLVED that the contents of the report be noted.

The meeting concluded at 11.10 am.

Signed: _____ Date: _____
Chairman

Report of Area Commander – Operations Support

5. Strategic Risk Register

Purpose of report

1. To provide the Committee with an update on changes to the Strategic Risk Register.

Recommendation

It is recommended that the Strategic Risk Register 2013/14 is noted, in particular the increased likelihood and reduced impact of Industrial Disputes.

Background

2. The Emergency Planning and Resilience Officer is responsible for co-ordinating the annual review of the Departmental Risk Registers and Strategic Risk Register. The review meets the requirements of the Audit and Standards Committee's Terms of Reference to monitor and review the Authority's risk management arrangements.

3. The purpose of strategic risk management is to effectively identify risks to the success of the organisation and put effective control measures in place to mitigate their effect. For example, to manage the risk of industrial disputes the Service has in place controls such as a robust Business Continuity Plan and regular meetings with Representative Bodies. Training for Members on strategic risk management was delivered in September 2013.

Risk Management Strategy

4. The Risk Management Strategy Service Policy Instruction (SPI), which was approved at the Audit Committee meeting in January 2013, is in place for recording risks within the Authority.

5. The overall objective of the Strategy is to ensure that the Authority identifies strategic risks and applies the most cost effective control mechanisms to manage those risks. This ensures they are eliminated or reduced to an acceptable level and that systems are in place to monitor and report against them. The Strategic Risk Register is then prepared to identify controls which mitigate the inherent identified risks. The residual risk demonstrates the revised risk assessment as a result of the action taken.

6. Utilising a “bottom up” approach to risk management, Departments, Area Commanders, and Directors have all assessed their risks. The highest and/or most prevalent risks have been elevated to the Strategic Risk Register.

Strategic Risk Register

7. The overall responsibility for ensuring risks are managed effectively lies with the Authority as professionally advised by Officers. The live Strategic Risk Register outlines to Members the risk scoring for both likelihood and impact of each risk. It reflects the updated National Risk Register which is intended to capture the range of emergencies that may have an impact on all, or significant parts, of the UK as well as internal risks. The National Risk Register drives the Community Risk Register held by West Mercia Local Resilience Forum (WMLRF) and is recognised in the Service’s live Strategic Risk Register. From a Service perspective, the Strategic Risk Register acknowledges departmental, project and partnership risks.

8. WMLRF is a multi-agency group comprising bodies within West Mercia such as local authorities, national and local health agencies, the three emergency services and the Environment Agency. The purpose of the LRF is to ensure effective delivery of the duties of the Civil Contingencies Act (CCA) 2004. This requires partner agencies to co-ordinate resources so they can respond effectively when incidents do occur.

9. Within the Strategic Risk Register, the three risks assessed to be of most concern to the Authority are:

a. Death of a Firefighter as a consequence of an operational incident;
b. Death of a Member of the Public through Service Activities; and
c. Reduction in real terms of grants and/or other income affecting service delivery.

10. These risks are being continually monitored by the Senior Management Board (SMB) and a number of control measures have been put in place to control them.

11. Risk No. 2: Industrial Disputes has been changed. The likelihood has increased to 5 on the risk matrix due to the ongoing industrial action by the Fire Brigades Union. The impact has been downgraded from a 4 to a 3 due to the successful implementation of the Service’s Business Continuity Plan for industrial action, which has included:

- The use of volunteers within the Service willing to provide additional cover (over and above their normal hours) during periods of strike action;
- The standing up of alternative sites enabling those staff working as normal to avoid crossing picket lines;
- A resilience crew based at Service Headquarters during strike periods to be used as and when necessary to bolster crewing; and

- Successful communications and relations with staff throughout the dispute.

Conclusion/Summary

12. A robust process has been followed and there is continual monitoring and reviewing taking place at quarterly SMB performance meetings and Middle Management Board meetings to ensure risks are being used to drive business.

13. The Authority's Strategic Risk Register will be formally reported to Members annually, with significant changes being reported to the Audit and Standards Committee in a risk update.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	N/A
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)	N/A
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A

Supporting Information

Appendix 1 – Strategic Risk Register 2013/14

Contact Officer

Keith Chance, Area Commander
Head of Operations Support
KChance@hwfire.org.uk
Tel: 01905 368208

HEREFORD AND WORCESTER FIRE AND RESCUE AUTHORITY
STRATEGIC RISK REGISTER

Appendix 1

This is the Strategic Risk Register for Hereford and Worcester Fire and Rescue Authority. It is reviewed regularly through Senior Management Board/ Middle Management Board meetings and is intended to be a working document driving the business of the Authority. The scoring is intended to provide a guide to the likelihood and impact of the risk, although the highest scored risks are not necessarily those which are of most concern to the Authority. Below is a list of the three risks of most concern to the Authority (in order of priority). All of these risks are included within the Strategic Risk Register:

RISKS OF MOST CONCERN TO THE AUTHORITY (IN ORDER OF PRIORITY):

1. DEATH OF FIREFIGHTER AS A CONSEQUENCE OF AN OPERATIONAL INCIDENT
2. DEATH OF MEMBER OF PUBLIC THROUGH SERVICE ACTIVITIES
3. REDUCTION IN REAL TERMS OF GRANTS AND/OR OTHER INCOME AFFECTING SERVICE DELIVERY

RISK MATRIX:

IMPACT	Severe (5)	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Moderate (3)	3	6	9	12	15
	Minor (2)	2	4	6	8	10
	Minimal (1)	1	2	3	4	5
		Low (1)	Low/ Medium (2)	Medium (3)	Medium/ High (4)	High (5)
	LIKELIHOOD					

High Risk
Medium Risk
Low Risk

Appendix 1

Number	Risk Description	Inherent Risk			Existing Control Measures	Residual Risk			Outstanding Exposures	Actions	Date Assessed	Date Reviewed	Risk Owner	Approved by
		Likelihood	Impact	Risk Score		Likelihood	Impact	Risk Score						
1	Major ill health epidemic affecting service levels	2	4	8	1. Business Continuity Plan 2. Occupational Health 3. Flu Pandemic Plan 4. Vehicle dealership support 5. Multi skilled maintenance staff 6. Temporary staff arrangements 7. Existing backup plans in place for delivery services provided by external agency 8. Section 13/16 agreements	2	3	**6**	Chance of external agencies affected by same epidemic	Implement contingency arrangements as set out in Business Continuity supplement.	28/01/2013	31/01/2014	CFO/ SMB (elevated by **Director of Service Support** Risk Register)	CFO
2	Industrial disputes	5*	5	25	1. Regular meetings with Representative Bodies 2. Good and effective industrial relations 3. National Guidelines 4. Constant review of actions and guidelines 5. Business Continuity Plan 6. National and Local Resilience Forum briefings 7. Work with National Joint Council 8. Industrial Action Management Group meetings and pre-planning	5	3	**15**		Implement contingency arrangements as set out in Business Continuity supplement. Impact lessened due to experience of 9 separate strike periods.	28/01/2013	31/01/2014	CFO/ SMB (elevated by **Director of Service Support** Risk Register)	CFO
3	Death of Member of Public through Service activities	2	5	10	1. Professional training standards & Rolemaps 2. Risk Management 2. High quality operational equipment and Personal Protective Equipment 3.Operational procedures and Standard Operating Procedures 4. Firefighter Safety top Organisational objective 5. Robust Health and Safety Arrangements, Policy ,Training 6. Major Event Response Protocol.	1	4	**4**	1. Reputational issues 2. Working Time Directive 3. Risk Assessment	1. Monitor National Guidance. 2. Monitor De- brief information 3. Review Operational Guidance 4.Maintain Equipment and Personal Protective Equipment 5. Training and Development 6. Policy Review 7. Communications Strategy	28/01/2013	31/01/2014	CFO/SMB (elevated by **Director of Service Support** and **Director of Service Delivery** Risk Registers)	CFO

Number	Risk Description	Inherent Risk			Existing Control Measures	Residual Risk			Outstanding Exposures	Actions	Date Assessed	Date Reviewed	Risk Owner	Approved by
		Likelihood	Impact	Risk Score		Likelihood	Impact	Risk Score						
4	Death of Firefighter as a consequence of an operational incident	2	5	10	1. Professional training standards & Rolemaps 2. High quality operational equipment and Personal Protective Equipment 3.Operational procedures and Standard Operating Procedures 4. Firefighter Safety top Organisational objective 5. Robust Health and Safety Arrangements, Policy, Training 6. Major Event Response Protocol 7. Legislation and Governance 8. National, Regional and Local Frameworks 9. Risk Management 10. Asset Management 11. Internal Operational Assurance	1	5	**5**	1. Unforeseeable terrorist or other activity	1. Monitor National Guidance. 2. Monitor De- brief information 3. Review Operational Guidance 4.Maintain Equipment and Personal Protective Equipment 5. Operational Gap Analysis 6. Enhanced interoperability	28/01/2013	31/01/2014	CFO/ SMB (elevated by **Director of Service Support** and **Director of Service Delivery** Risk Registers)	CFO
5	Reputation damage (challenge to reputation/ employee scandal)	2	3	6	1. Appointment of Head of Legal Services (Legislation and Governance) 2. Policy, Procedure and Protocol 3. Code of Conduct, Ethical Framework and related disciplinary toolkit 4. Communications Strategy	1	2	**2**	1. Unpredictable actions of staff 2. Service unaware of staff actions	1. Professional standards 2. Communications strategy 3. Education and awareness	20/02/2013	31/01/2014	CFO/ SMB (elevated by **Director of Service Delivery** Risk Register)	CFO
6	Inability to respond effectively to major operational challenges (local or national)	2	5	10	1. Legislation and Governance 2. National, Regional and Local Frameworks 3. Risk Management - gap analysis e.g. Marlie Farm 4. Policy, Procedure and Protocol 5. Asset Management	1	5	**5**	Event of Service wide or national significance/ Major terrorism/ environmental/ severe flooding or cultural significance	1. Training and Development 2. Policy review 3. Communications strategy	20/02/2013	31/01/2014	CFO/ SMB (elevated by **Director of Service Delivery** Risk Register)	CFO

Number	Risk Description	Inherent Risk			Existing Control Measures	Residual Risk			Outstanding Exposures	Actions	Date Assessed	Date Reviewed	Risk Owner	Approved by
		Likelihood	Impact	Risk Score		Likelihood	Impact	Risk Score						
7	Reduction in real terms of grants and/or other income affecting service delivery	5	4	20	1. Good financial planning 2. Strategic planning 4. Vigilant to future implications through monitoring 6. Senior Management Board team preplanning options 7. Meeting the challenge workshops with all staff 8. Integrated Risk Management Plan refers and Service streamlining. **Note : Residual risk is the same as inherent risk because neither likelihood or impact are changed by the control measures**	5	4	**20**	1. Extent of Austerity Cuts 2. What does post-Austerity look like 3. National, regional and local financial pressures. 4. Consequential inability to deliver corporate/ business objectives.	1. Continue to monitor all sources of data. 2. Continue to plan for significant resource reductions 3. Staff briefings timely/ accurate	20/02/2013	31/01/2014	CFO/SMB (elevated by **Director of Finance and Assets** Risk Register)	CFO
8	Failure to obtain/ unavailability of professional (legal/ financial) advice resulting in poor decisions, leading to financial loss and damage to the Authority's reputation.	4	4	16	1. Appointment of Head of Legal Services 2. Right systems and processes in place 3. Insurance for third party losses 4. Annual review of insurance provision 5. External legal advice available	2	4	**8**	1. Need to raise awareness of Head of Legal Services' role 2. Make arrangements for cover during absences	1. Maintenance of CPD for Head of Legal Services (ongoing) 2. Potential collaboration with other agencies to improve resilience 3. Raise awareness of Head of Legal Services' role 4. Make arrangements for cover	18/09/2012	31/01/2014	SMB/ CFO (elevated by **Legal Services** Risk Register)	CFO
9	Significant changes to national policy which mean local reaction outside of planned work loads	2	5	10	1. Horizon scanning through Chief Fire Officers Association, Local Government Association and other networks. 2. Cultural acceptance of need to be flexible. 3. Limited reserves to use on unplanned or unforeseen work. 4. Maintenance of local and regional 'decision influence' networks.	2	2	**4**	1. Non-predicted changes within National Framework or other pseudo statutory documents.	1. Continued horizon scanning and contribution to consultations.	19/03/2013	31/01/2014	SMB/ CFO (elevated by **CFO**)	CFO

* Likelihood score will fluctuate depending on local and national industrial relations

Hereford & Worcester Fire and Rescue Authority
Audit and Standards Committee
16 April 2014

Report of the Internal Auditor

6. Internal Audit Monitoring Report 2013/14

Purpose of report

1. To provide the Committee with an interim progress update on the 2013/14 plan delivery.

Recommendation

The Treasurer recommends that the report is noted.

Introduction and Background

2. The Authority is responsible for maintaining or procuring an adequate and effective internal audit of the activities of the Authority under the Accounts and Audit (England) Regulations 2011. This includes considering, where appropriate, the need for controls to prevent and detect fraudulent activity. These should also be reviewed to ensure that they are effective. This duty has been delegated to the Treasurer and Internal Audit is provided by Worcestershire Internal Audit Shared Service (WIASS). Management is responsible for the system of internal control and should set in place policies and procedures to ensure that the system is functioning correctly.

Objectives of Internal Audit

3. The Public Sector Internal Audit Standards defines internal audit as: "an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes". WIASS is committed to conforming to the requirements of the Public Sector Internal Audit Standards.

Aims of Internal Audit

4. The objectives of WIASS are to:

- Examine, evaluate and report on the adequacy and effectiveness of internal control and risk management across the Fire Service and recommend arrangements to address weaknesses as appropriate;
- Examine, evaluate and report on arrangements to ensure compliance with legislation and the Fire Service's objectives, policies and procedures;

- Examine, evaluate and report on procedures that the Fire Service's assets and interests are adequately protected and effectively managed;

- Undertake independent investigations into allegations of fraud and irregularity in accordance with Fire Service's policies and procedures and relevant legislation; and

- Advise upon the control and risk implications of new systems or other organisational changes.

5. Internal audit has worked with external audit to try and avoid duplication of effort, provide adequate coverage for the 2013/14 financial year so that an internal audit opinion can be reached and support External Audit by carrying out reviews in support of the accounts opinion work.

Audit Planning

6. To provide audit coverage for 2013/14, an audit operational programme to be delivered by WIASS was discussed and agreed with the Authority's Section 151 Officer and Treasurer, Chief Accountant as well as External Audit and this was approved at the 26th September 2013 meeting. The audit programme provides a total audit provision of 111 audit days; 100 operational and 11 management days.

Audit Delivery

7. Audits that have been finalised during 2013/14 up to 28th February 2014 include:
    - Risk Management Health Check;
    - Sundry Debtors;
    - Creditors;
    - Main Ledger;
    - Operational Logistics;
    - Community Safety; and
    - Asset Management (which was carried forward from 2012/13 on agreement).

8. To assist the Committee to consider assurance on the areas of work undertaken, an overall assurance level is given to each audit area based on a predetermined scale. Also, the findings are prioritised into 'high', 'medium' and 'low' within audit reports.

2013/14 Audits:

Debtors (Final Report issued)

9. The review was a full system audit concentrating on the Debtors system. It sought assurance with regard to adequate segregation of duties over processes and Debtor invoices being raised promptly and all income recorded accurately and promptly. This included instances where the Service may make a charge, (for example the provision of information requested under the

following legislation; The Freedom of Information Act 2000, The Data Protection Act 1998, and The Environmental Information Regulations 2004). The review also sought to ensure that Debtors' invoices are raised in accordance with the Service's published charging policies, (for example within the 'Cost Recovery for Special Services' Policy), satisfactory collection and write off procedures and credit notes are raised appropriately with clear reasons and not for the purpose of writing off bad debts.

10. The review found there are sound systems in place for invoicing for debts owed to the Authority in a timely manner, with income received recorded promptly and accurately in the general ledger. Charges for information and other data requests are always collected in advance of information being provided, and charges for special services have been found to be correctly made under the 'Cost Recovery for Special Services' Policy, with the exception of a very small discrepancy in administration charge. There is a small amount of outstanding debt owed to the Authority, which is fairly constant and was £5,897 on the first day of the audit. There is evidence of efforts made to recover this debt after 30 days of the invoice date, however, the action taken is not in line with the strict timescales given in the 'Accounts Receivable and Debt Management Policy', which was approved on 31st October 2012. There were no high priority recommendations reported for this audit.

Assurance: Significant
Final Report issued: 24th December 2013

Creditors (Final Report issued)

11. The review was a full system audit concentrating on the Creditors system seeking assurance with regard to controls in place from the point the purchase order is raised to the point the payment is recorded in the ledger. The audit considered whether goods/services are correctly authorised either directly or via a purchase order and segregation of duties exist between the requisition and authorisation of goods/services. The review sought to ensure that:

- purchase orders are raised prior to the receipt of goods/services unless specifically excluded;
- authorisation levels and separation of duties have been set for all creditors payments including the use of purchase cards and are being adhered to;
- supplier details for new creditors and amendments to existing records are authorised;
- payments for goods/supplies are in accordance with internal and external regulations and are properly chargeable to Hereford & Worcester Fire and Rescue Service and are made only once; and
- invoices are recorded correctly and accurately in the main ledger, and, basic IT controls are in place.

12. The audit did not cover the procurement process and therefore did not include the Procurement rules.

13. The review found goods and services are correctly authorised and there is clear segregation of duties between the requisition and authorisation of goods and services. The Authority has strong BACs payment controls in place which includes the raising of cheques where relevant and authorisation for payments for single items over £50,000. These controls have continued to work effectively after the Authority's change of bank account. Payments tested during the audit were found to have been made within 30 days of receipt of the invoice to the finance team. Data on payment performance (within 30 days) is reportedly submitted to the Director of Finance and Assets for consideration on a monthly basis. This should ensure the Authority is able to monitor the extent to which it meets the requirements of the Late Payment of Commercial Debt Regulations (2013), and to avoid interest and compensation charges from creditors. However, there have been instances identified where invoices received at sites, other than Service Headquarters, have not always been forwarded to the central Finance team in a timely manner with the potential to result in late payments. There were no high priority recommendations reported for this audit.

    Assurance: Significant
    Final Report issued: 24th December 2013

Main Ledger and Budgetary Control (Final Report issued)

14. The review was a full system audit concentrating on the controls over the Main Ledger system with regard to ensuring the quality and timeliness of the input to the ledger, (for example from feeder systems, procurement cards and direct debits). The review found that appropriate codes are used and any errors or omissions are timely located/corrected within the system including the use of suspense codes. It was also established that there is an effective bank reconciliation process in place and sufficient reliable information is available to budget holders and any budget variations are analysed, investigated, explained and acted upon. Budget virements are authorised and controlled effectively in accordance with agreed procedures.

15. The review found there is generally a sound system of internal control in place and an effective budget monitoring procedure where any potential budget variances are identified at an early stage and appropriate action taken where necessary. Systems are in place to reconcile all feeder systems to the general ledger to ensure there are no discrepancies. However, it was noted that due to resource pressures experienced during the 2012/13 external audit some accountancy functions had not been completed fully. The payroll to the general ledger reconciliation was not fully evidenced on the working file since accounting period 4 and also there were a few unallocated items in suspense (totalling approximately £8,000) dating back to the same period. A review of the access and approval rights regarding the new online banking process demonstrated that there are sufficient controls around the processing of transactions and a clear separation of duties is in place eliminating the risk to

the Service. There were no high priority recommendations reported for this audit.

Assurance: Significant
Final Report issued: 24th December 2013

Community Safety (Final Report issued)

16. The review was a full systems audit concentrating on areas of Community Safety including:

- targets and outturn for the Service;
- officer awareness;
- value for money expenditure for the local community;
- management information used to inform future decisions and reported to senior management and Members; and
- and, whether plans are being developed for the future targeting and progression of the service.

17. The audit did not cover the appropriateness of the original budget setting except in so far as it relates to the areas reported.

18 The review found there is a sound system of control in place with a formally approved Community Safety Strategy 2012-15. This has been aligned to the Community Safety review that took place as part of the 2009-2012 Community Risk Management Plan (formally the Integrated Risk Management Plan). The day to day operations of the Service are reviewed by Management to ensure that resources are available as and when required and that activities are addressing the areas laid down in the Strategy. The Community Safety section does rely on partnership working to identify areas of the community that should be targeted for the delivery of some of the programmes. The future of the Section is also being considered; an example is increasing partnership working through developing links with universities. Other areas include looking at targeted marketing strategies in addition to reviewing the way that things have been undertaken in the past. For example post activity questionnaires are now undertaken in house rather than externally and the reassessing of regular events to see if they continue to fit within the current strategy criteria of vulnerable people. One recommendation in relation to making the Community Safety Strategy available to the public while not opening the Service up to any additional risk would be to provide clarity as to the role of Community Safety in the prevention of incidents. There were no high priority recommendations reported for this audit.

Assurance: Significant
Report issued: 16th January 2014

Operational Logistics Vehicle Maintenance/Workshop (Final Report issued)

19. The review was a full systems audit concentrating on the vehicle maintenance/workshop with regard to the inventory system, resources and assets. The audit did not cover procurement procedures.

20. The audit found some of the expected controls are not operating effectively. The Tranman System used to record all maintenance, both scheduled and reactive. It is user-friendly and identifies each item with a unique reference number allowing for the tracking and monitoring of:

- location;
- MOT/Service/Road Fund Licence due dates;
- drivers;
- purchase and disposal dates;
- mileage;
- fuel costs: and
- incidents and maintenance history.

21. All maintenance job numbers are allocated by the system eliminating the possibility of the job numbers being allocated to more than one job. However, job numbers can be deleted from the system and authorisation and checking of costs associated with the maintenance of vehicles is undertaken at a stage which does not provide an effective control measure.

22. There is also some duplication of work in relation to the Tranman system and the Inventory system. The two systems are not interfaced resulting in stock part issues being entered onto both systems independently. Officers are aware of this and are looking at possible ways of improving this process. There were two high priority recommendations reported for this audit (see Appendix 2).

Assurance: Moderate
Final Report issued: 6th December 2013

Asset Management 2012-13 (Final Report issued)

23. The review was a systems audit concentrating on the controls over the Asset Management system. The audit did not include a review of assets monitored by the stock system as this was audited separately in the 2012/13 financial year.

24. The review found that generally there is a sound system of control in place regarding the management of assets. Controls are in place regarding the authorisation of minor and major capital projects. Major capital projects require authorisation by the Policy and Resources Committee and minor capital projects require authorisation by the Deputy Chief Fire Officer and the Director of Finance and Assets (Section 151). The Asset Register is updated and reconciled to the financial ledger at the end of each financial year and ongoing monitoring of capital projects is undertaken through the normal

budget monitoring process. Procedures are in place to reconcile to other service asset registers. This is working well in most areas but there is currently a control weakness in relation to an annual reconciliation between the Asset Register and General/Operational equipment. There were no high priority recommendations reported for this audit.

Assurance: Significant
Final Report issued: 24th December 2013

25. Summaries of the finalised audits relating to 2013/14 are listed below:

Audit	**Assurance Level**
2013/2014	
Debtors	Significant
Creditors	Significant
Main Ledger	Significant
Community Safety	Significant
Operational Logistics	Moderate
2012/2013	
Asset Management	Significant

26. Audits that have not been finalised but remain on going have been listed below providing a summary of the focus and the current audit position.

Payroll and Pensions including GARTAN System (Draft Report stage)

27. The review is a full system audit concentrating on areas of the Payroll system seeking assurance with regard to only current bona fide employees of HWFRS are paid through the payroll system. Also included were amendments to payroll data, (including sickness records, new employees, leavers movers and additional payments/deductions including personal mileage declarations and overtime claims) to confirm that they were actioned only on evidence of adequate, timely and authorised information. Further areas of assurance were considered with regard to controls over the GARTAN system for example all payments are appropriately authorised, processed correctly and there is a clear audit trail, all records and documents are protected against loss or unauthorised access, and, plans are in place to address the tendering of the Payroll Service. The audit included the documents/information from the point that it is received by the Payroll Section up to and including the transfer of data to the Fire Service's financial ledger. The audit did not cover controls over the calculation of pension payments carried out by Worcestershire County Council as the County are to provide a

letter of conformity including access controls operated by a third party or any Service Level Agreement between the Fire Service and a third party.

ICT (Draft Report Stage)

28. The review was a full system audit concentrating on areas of the ICT system including controls around network security, network user accounts, including authorisation for starters, leavers and generic access, electronic back-ups, and, corporate and departmental business continuity plans. The audit did not major on the corporate disaster recovery plan apart from requirements related to the control areas.

Capital Project (Clearance Meeting Stage)

29. The review was a full system audit concentrating on the control objectives of the Capital Programme system. The review did not include a review of the Authorities Asset Register as this was covered in a separate audit earlier in this financial year.

30. The review assessed whether the Authorities Capital Programme and Asset Management Plan had formerly been approved and both demonstrated the long term strategic aims of the business and whether all major and minor capital project/spend is procured in accordance with the Authorities Standing Orders relating to contracts taking into consideration EU Directives where appropriate. The review also included whether relevant approval has been granted upon awarding the contract/works prior to commencement of works, major and minor capital projects work/build is monitored throughout the terms of each contract and all work is signed off where necessary before expenditure is appropriately authorised, procedures for recording decisions and actions taken in relation to major and minor capital projects are clearly recorded in order to provide a clear audit trail, any lessons learnt are clearly documented and utilised moving forward and there are proper monitoring and reporting processes in place to ensure consistency and transparency along with effective budgetary control.

Urban Search and Rescue (USAR) (Clearance Meeting Stage)

31. The review was a full system audit concentrating on areas in USAR to ensure a robust process is in place so that the Service responds to the findings of the National Resilience Assurance audit report in a timely and effective manner, budgets are profiled correctly and effective budgetary control arrangements are in place and all expenditure is appropriate, relevant and authorised by the relevant budget holder or designated officer. The review did not include an inventory check of the donated assets belonging to HWFRS USAR service.

Corporate Governance (Fieldwork Stage)

32. The review is a limited scope audit concentrating on the External Audit recommendations made in 2011/12 regarding identified weaknesses in the Governance arrangements within the organisation with regard to a Monitoring Officer role. The audit is seeking assurance that all recommendations made by External Audit in their Governance Report 2011/12 have been suitable addressed, the role of the Service Monitoring Officer is in accordance with legislative requirements and embedded well within the organisation and has delivered, progressed and proved itself since inception. The audit will not cover the Annual Governance Assurance Statement process or the integrity of the information used to compile this statement.

33. All of the audits indicated above are currently at draft report stage awaiting management response or on-going. An assurance level will be formally agreed and notified to Committee on their completion.

34. As the audits are finalised update reports will be brought before Committee along with an extract of any 'high' priority recommendations. Finalised reports will be provided in their entirety to the Chairperson of the Committee for perusal on request.

Follow Up Audits for 2012-13

Stock Control Follow Up 2012-13

35. A follow up audit was undertaken to ascertain progress with regard to the 2012-13 audit report. Since the high priority recommendation was reported, and over the past year, the stores section has seen staff changes with the retirement of the Group Commander and Stores Manager. To address the audit report a project has now been put in place and will be managed by the recently appointed Group Commander and Acting Stores Manager. A further follow up is planned for approximately 6 months' time to allow time for any changes to be embedded.

36. Appendix 1 provides the Committee with a breakdown of 2013/14 internal audit plan delivery to date.

37. Appendix 2 provides the Committee with a breakdown of the 'high' priority recommendations that have been reported in respect of audits where the audit has been completed and final report issued. Also included are the definitions used to decide audit recommendation priority and overall assurance.

Conclusion/Summary

38. Operational progress against the Internal Audit Plan for 2013/14 has been steady and will continue to be closely monitored by the Service Manager of the Worcestershire Internal Audit Shared Service. Progress will be reported to the Audit Committee on a quarterly basis and, for information, also included will be the 'high' priority recommendations.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	There are financial issues that require consideration as there is a contract in place but not fully detailed in this report.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	None There are legal issues e.g. contractual and procurement that require consideration but are not fully detailed in this report as they are contained within the contract.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	Yes, whole report.
Consultation (identify any public or other consultation that has been carried out on this matter)	N/A – no policy change is recommended
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A

Supporting Information

Appendix 1 – 2013/14 Internal Audit Plan delivery summary
Appendix 2 – 'High' priority recommendations for completed audits including definitions

Contact Officer

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Appendix 1

FIRE AND RESCUE SERVICE

Audit Plan for 2013/14

Service Area	System	Anticipated Days	Preferred Timing and Current Position	Days Delivered to 28th February 2014
Main Systems				
Accountancy and Finance Systems	Payroll & Pensions incl. GARTAN system	13	Q3/4 (Draft Report issued)	12
	Creditors	8	Q3 (Final Report issued)	8
	Debtors	5	Q3 (Final Report issued)	5
	Main Ledger & Budgetary Control	8	Q3 (Final Report issued)	8
	Capital Programme	9	Q4 (Draft Report Stage)	6
Corporate Governance	IT Audit	10	Q4 (Draft Report Stage)	9
	Risk Management (Health Check)	3	Q2 (Final Report issued)	3
	Corporate Governance	8	Q2 (Ongoing)	5

Service Area	System	Anticipated Days	Preferred Timing and Current Position	Days Delivered to 28th February 2014
System/ Management Arrangements	Community Safety	8	Q2 (Final Report issued)	8
	Urban Search & Rescue (USAR)	8	Q4 (Draft Report stage)	6
	Operational Logistics	12	Q2 (Final Report Issued)	12
General	Follow Ups	7	Ongoing for 2013/14	5
	Advice & Guidance	1	Ongoing for 2013/14	0.7
	Audit Committee & Management Reporting	11	Ongoing for 2013/14	10
Total Contracted Days		111		98 (rounded)

Note:

GAD has been not included ~ conformity to be provided by Worcestershire County Council.

Asset Management 2012/2013 undertaken in September 2013 per agreement with Treasurer and s151 Officer, (days owing from 2012-13 Audit Plan used; Final Report issued).

Appendix 2

Audit Reports 2013/14

Definition of Audit Opinion Levels of Assurance (for information)

Opinion	Definition
Full Assurance	The system of internal control meets the organisation's objectives; all of the expected system controls tested are in place and are operating effectively. No specific follow up review will be undertaken; follow up will be undertaken as part of the next planned review of the system.
Significant Assurance	There is a generally sound system of internal control in place designed to meet the organisation's objectives. However isolated weaknesses in the design of controls or inconsistent application of controls in a small number of areas put the achievement of a limited number of system objectives at risk. Follow up of medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.
Moderate Assurance	The system of control is generally sound however some of the expected controls are not in place and / or are not operating effectively therefore increasing the risk that the system will not meet it's objectives. Assurance can only be given over the effectiveness of controls within some areas of the system. Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.
Limited Assurance	Weaknesses in the design and / or inconsistent application of controls put the achievement of the organisation's objectives at risk in many of the areas reviewed. Assurance is limited to the few areas of the system where controls are in place and are operating effectively. Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.

Opinion	Definition
No Assurance	No assurance can be given on the system of internal control as significant weaknesses in the design and / or operation of key controls could result or have resulted in failure to achieve the organisation's objectives in the area reviewed. Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.

Definition of Priority of Recommendations

Priority	Definition
H	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. Immediate implementation of the agreed recommendation is essential in order to provide satisfactory control of the serious risk(s) the system is exposed to.
M	Control weakness that has or is likely to have a medium impact upon the achievement of key system, function or process objectives. Implementation of the agreed recommendation within 3 to 6 months is important in order to provide satisfactory control of the risk(s) the system is exposed to.
L	Control weakness that has a low impact upon the achievement of key system, function or process objectives. Implementation of the agreed recommendation is desirable as it will improve overall control within the system.

'High' Priority Recommendations reported

Ref.	Priority	Finding	Risk	Recommendation	Management Response and Action Plan
Audit Area: Operational Logistics Vehicle Maintenance /Workshop					
Final Report issued: 16th January 2014					
1	High	A fuel card in the name of 'bearer' was left in a lever arch on a cabinet shelf in the Fleet Administrators Office.	Financial loss if the card should be stolen or misplaced.	The fuel card should be locked away when not in use. Due to the fact that this was considered a high risk the card is now locked away.	**Responsible Manager:** Fleet & Maintenance Manager **Implementation date:** Implemented straight away.
2	High	One of the twenty five transactions selected for testing could not be found in either the live or archived jobs within the Tranman system. Job numbers can be deleted from the system and this facility is used when there have been two job numbers allocated to one job or there has been no activity on that job number.	Reputational risk if challenged and the information can not be found and a compromise of data integrity within the system.	Discussions should take place to see if a job number can be cancelled with an explanation as to why it as been cancelled but still remain as data within the Tranman System. This will then provide a full audit trail of all job numbers.	**Responsible Manager:** Fleet & Maintenance Manager **Implementation date:** 31/01/14

Ref.	Priority	Finding	Risk	Recommendation	Management Response and Action Plan
Audit Area: Operational Logistics Vehicle Maintenance /Workshop					
Final Report issued: 16th January 2014					
		In addition to this access to the Tranman system is via a generic password but if the system is open then no password is required by other users. Access to the Citrix server which needs to be open in order to access Tranman is individually password controlled however in some cases if the computer is left unlocked then the portal remains constantly open allowing anyone access.		Officers should also be reminded to lock their computers should they leave their desk for any period of time.	
end					

The Audit Plan for Hereford and Worcester Fire and Rescue Authority

Year ended 31 March 2014

24 March 2014

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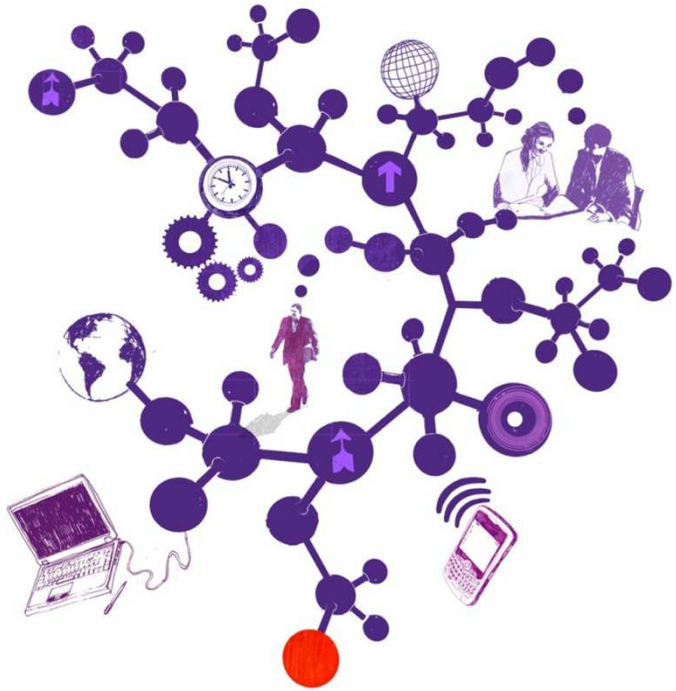

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The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Authority or any weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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Understanding your business

In planning our audit we need to understand the challenges and opportunities the Authority is facing. We set out a summary of our understanding below.

Challenges/opportunities	Our response
1. Financial performance pressures • The FRA faces significant challenges in future years and beyond, balancing service delivery against its available resources.	• We will review the FRA's financial performance for the year against its agreed budget and monitor performance through discussions with officers and review of Authority papers. We will assess the impact of the Authority's performance on the Value for Money Conclusion.
2. Financial planning • The focus on financial planning is intensified in times of reducing budgets.	• As part of our work on the Value for Money Conclusion we will review the FRA's arrangements for financial planning.
3. Joint working • The FRA has commenced activities to explore opportunities available through collaboration with Warwickshire Fire Service. • There is a memorandum of understanding in place with Shropshire and Wrekin FRA for the Fire Control service.	• We will monitor progress as discussions with Warwickshire Fire Service continue. • The progress of collaborative working with Shropshire and Wrekin FRA will be reviewed and monitored through discussions with officers and review of Authority papers. We will assess the impact of this on the Value for Money Conclusion.
4. Prioritising resources • In the coming years the FRA will have to make difficult decisions to prioritise the spending of its resources.	• We will review the FRA's medium-term financial plan and the arrangements around developing the plan as part of the work on the Financial Resilience aspect of the Value for Money Conclusion.
5. Finance Team • The arrangements for the preparation of the accounts is unchanged from the prior year with the accounts being prepared by the Chief Accountant and reviewed by the Treasurer. This year the accounts are to be subject to a reciprocal technical review arrangement by the finance team at Shropshire and Wrekin FRA.	• We will provide a detailed working paper schedule for the audit prior to the preparation of the accounts, monitor delivery of the accounts and consider any impact on the audit process.
6. National local framework for fire and rescue authorities • The FRA has implemented the Fire and Rescue National Framework 2012 which includes the publication of an annual statement of assurance.	• As part of our work we will review the annual statement of assurance for consistency with other publications by the FRA.

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Developments relevant to your business and the audit

In planning our audit we also consider the impact of key developments in the sector and take account of national audit requirements as set out in the Code of Audit Practice and associated guidance.

Developments and other requirements

1.Financial reporting	2. Financial pressures	3. The efficiency agenda	4. Pensions	5. Corporate Governance	6. Other requirements
• Changes to the CIPFA Code of Practice for 2013/14, including those related to pension cost disclosures. • Clarification of Code requirements in 2013/14 around PPE valuations • The system of business rates retention has changed in 2013/14 which will have an impact on the Authority as a preceptor.	• Local Government Finance settlement • Progress against savings plans	• Reductions in central government funding continue to have an impact on fire authorities and on local government • The Sir Ken Knight review was reported in May 2013 highlighting the drive for efficiency within the fire service	• The requirement for auto enrolment commenced during 2013/14 and significant structural changes (i.e. introduction of career weighted average) for the Local Government pension Scheme (LGPS) will into force in 2014/15 • Changes to the Firefighters' pension are due to be implemented from April 2015	As in previous years the Authority is required to summarise the operation of its system of internal control in its Annual Governance Statement (AGS) and include an Explanatory foreword in its accounts.	• The Authority is required to submit a Whole of Government accounts pack on which we provide an audit opinion

Our response

As part of our work on the financial statements, through discussions with management and through our audit testing we will: • ensure the Authority materially complies with the requirements of the CIPFA Code of Practice • review the process for ensuring valuations are materially correct and comply with the CIPFA Code of Practice • review the process for accounting for the Authority's share of business rates	We will review the Authority's performance against the 2013/14 budget, including consideration of performance against the savings plan as part of our work on the Value for Money conclusion	We will review the Authority's progress in identifying and delivering efficiencies as part of our work on the Value for Money conclusion	We will discuss how the Authority dealt with the impact of the 2013/14 changes and has planned for the 2014/15 changes through our meetings with senior management	We will review: • the arrangements the Authority has in place for the production of the AGS • the AGS and the explanatory foreword to consider whether they are consistent with our knowledge	We will undertake our work in accordance with requirements in line with the prescribed timetable

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Our audit approach

Global audit technology

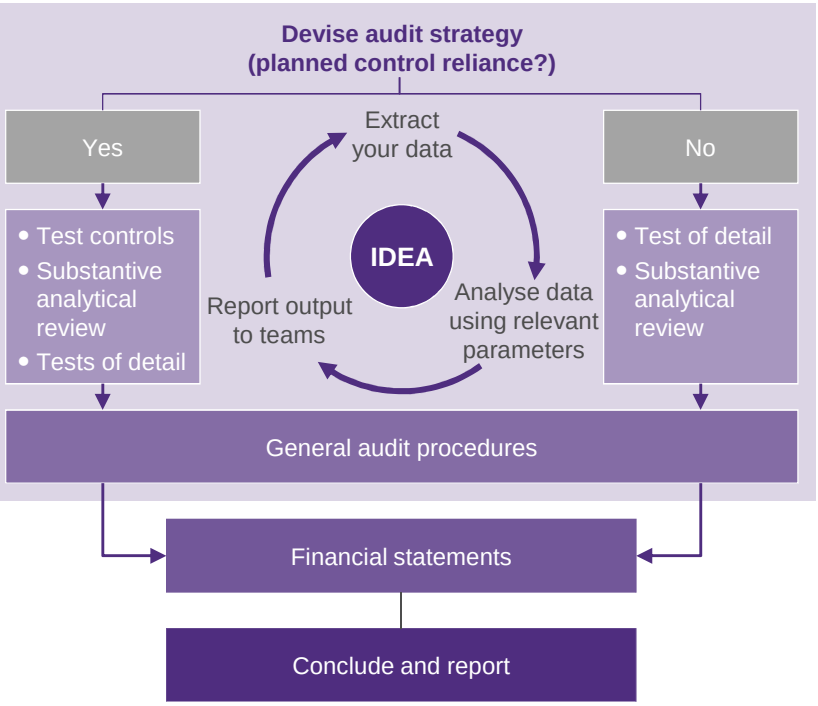
Ensures compliance with International Standards on Auditing (ISAs)

- Understanding the environment and the entity
- Understanding the business
- Understanding management's focus
- Evaluating the year's results

→ Inherent risks, Significant risks, Other risks, Material balances →

Develop audit plan to obtain reasonable assurance that the Financial Statements as a whole are free from material misstatement and prepared in all material[a] respects with the CIPFA Code of Practice framework using our global methodology and audit software

Note:
a. An item would be considered material to the financial statements if, through its omission or non-disclosure, the financial statements would no longer show a true and fair view.



Voyager

Creates and tailors audit programs

Stores audit evidence

Documents processes and controls

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Significant risks identified

'Significant risks often relate to significant non-routine transactions and judgmental matters. Non-routine transactions are transactions that are unusual, either due to size or nature, and that therefore occur infrequently. Judgmental matters may include the development of accounting estimates for which there is significant measurement uncertainty' (ISA 315).

In this section we outline the significant risks of material misstatement which we have identified. There are two presumed significant risks which are applicable to all audits under auditing standards (International Standards on Auditing – ISAs) which are listed below:

Significant risk	Description	Substantive audit procedures
The revenue cycle includes fraudulent transactions	Under ISA 240 there is a presumed risk that revenue may be misstated due to the improper recognition of revenue.	We have considered whether the presumed risk of fraud due to improper recognition of revenue applies for the audit of Hereford and Worcester FRA. Due to the immaterial level of external non grant revenues expected to be received in 2013/14 we have concluded that the presumed risk can be rebutted for authority revenues. Contributions to the Fire fighters pension fund have also been considered. There are arrangements in place for the reconciliation of Fire fighters pension contributions which are administered by the authority's service provider for payroll and pension administration, Worcestershire County Council. We have concluded that the presumed risk can be rebutted for Fire fighters pension fund contributions.
Management over-ride of controls	Under ISA 240 there is a presumed risk that the risk of management over-ride of controls is present in all entities.	**Work planned:** • Review of accounting estimates, judgments and decisions made by management • Testing of journal entries • Review of unusual significant transactions

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Other risks

The auditor should evaluate the design and determine the implementation of the entity's controls, including relevant control activities, over those risks for which, in the auditor's judgment, it is not possible or practicable to reduce the risks of material misstatement at the assertion level to an acceptably low level with audit evidence obtained only from substantive procedures (ISA 315).

Other reasonably possible risks	Description	Work completed to date	Further work planned
Property plant and equipment	Valuation – Gross Property, plant and equipment activity not valid.	• We have undertaken planning work on Property, plant and equipment	We will document the processes and controls in place around the accounting for valuations of Property, plant and equipment and carry out walkthrough tests to confirm operation of controls Tests of detail on property plant and equipment included in the financial statements including: • Agreement of valuations to reports from the authority's experts • Undertake our assessment of the work of the authority's experts in accordance with the requirements of ISA 620 • Test a sample of valuations to supporting documentation and compliance with the requirements of the CIPFA Code.
Operating expenses	Completeness Creditors understated or not recorded in correct period	• We have documented the processes and controls in place around the accounting for Operating expenses and carried out walkthrough tests to confirm operation of controls.	Tests of detail on operating expenses included in the financial statements including: • Review of calculation of significant accruals and other items. • Review of payments after the year end. • Testing a sample of operating expenses
Employee remuneration	Completeness Employee remuneration accruals understated	• We have documented the processes and controls in place around the accounting for Employee remuneration and carried out walkthrough tests to confirm operation of controls.	Tests of detail on employee remuneration including: • Testing a sample of employee remuneration payments • Agreement of employee remuneration disclosures in the financial statements to supporting evidence • Review of the reconciliation between payroll and the general ledger • Agreement of employee remuneration accrual in the financial statements to supporting evidence
Fire fighters' pensions Benefit payments	Completeness Benefits incorrectly calculated/Liability understated	• We have commenced documenting the processes and controls in place around the accounting for Fire fighters' pensions Benefit payments and carried out walkthrough tests to confirm operation of controls.	To complete walkthrough tests to confirm operation of controls on Fire fighters' pensions Benefit payments. Tests of detail on Fire fighters' pensions benefit payments including: • Testing on a sample of fire fighters' pensions benefit payments • Agreement of pension disclosures in the financial statements to supporting evidence.

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Results of interim audit work

Scope

As part of the interim audit work and in advance of our final accounts audit fieldwork, we have:

- considered the effectiveness of the Internal Audit function
- considered Internal Audit's work on the Authority's key financial systems
- undertaken walkthrough testing to confirm whether controls are implemented as per our understanding in areas where we have identified a risk of material misstatement
- arranged our review of information technology (IT) controls
- undertaken early substantive testing of Employee Remuneration and Operating expenses.

	Work performed	Conclusion/ Summary
Internal audit	We have undertaken a high level review of Internal Audit's overall arrangements. We have reviewed the plan of work for Internal Audit and discussed with them our proposed testing strategy to identify areas where there may be potential for us to rely on Internal Audit work. We have reviewed Internal Audit's work on the Authority's key financial systems to date.	Overall, we have concluded that the Internal Audit service continues to provide an independent service to the Authority. We can take assurance from Internal Audit work in contributing positively to the internal control environment and overall governance arrangements at the Authority. Our review to date of Internal Audit work has not identified any weaknesses which impact on our audit approach or any issues which we wish to bring to your attention.
Walkthrough testing	Walkthrough tests in relation to the specific accounts assertion risks which we consider to present a risk of material misstatement to the financial statements for the following were completed at our interim site visit: • Employee remuneration – completeness • Operating expenses – completeness The walkthrough test for: • Fire fighters' pension benefits payments – completeness will be completed at our next site visit.	From the work completed to date our work has not identified any weaknesses which impact on our audit approach.

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Results of interim audit work (continued)

	Work performed	Conclusion/ Summary
Review of information technology (IT) controls	As agreed with officers our information systems specialist will conduct a high level review of the general IT control environment, as part of the overall review of the internal controls system . This review is scheduled to commence in April 2014.	Upon the completion of this work we will consider whether any material weaknesses have been identified which are likely to adversely impact on the Authority's financial statements.
Journal entry controls	We have reviewed the Authority's journal entry policies as part of determining our journal entry testing strategy and have not identified any material weaknesses which are likely to adversely impact on the Authority's control environment or financial statements. We will review the Authority's journal entry procedures at our next site visit.	From the work completed to date our work has not identified any weaknesses which impact on our audit approach.
Early substantive testing	We have commenced our testing in the areas of: • Employee Remuneration • Operating Expenses. Samples of transactions from each of these areas have been tested from the period April 2013 to January 2014.	From the work completed to date our work has not identified any weaknesses which impact on our audit approach.

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Value for money

Value for money

The Code requires us to issue a conclusion on whether the Authority has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This is known as the Value for Money (VfM) conclusion.

Our VfM conclusion is based on the following criteria specified by the Audit Commission:

VfM criteria	Focus of the criteria
The organisation has proper arrangements in place for securing financial resilience	The organisation has robust systems and processes to manage financial risks and opportunities effectively, and to secure a stable financial position that enables it to continue to operate for the foreseeable future
The organisation has proper arrangements for challenging how it secures economy, efficiency and effectiveness	The organisation is prioritising its resources within tighter budgets, for example by achieving cost reductions and by improving efficiency and productivity

We have undertaken a risk assessment to identify areas of risk to our VfM conclusion. We have not identified any need to undertake any specific local reviews to support our VFM conclusion. We will continue to update our risk assessment during our audit.

The results of our VfM audit work and the key messages arising will be reported in our Audit Findings report and in the Annual Audit Letter.

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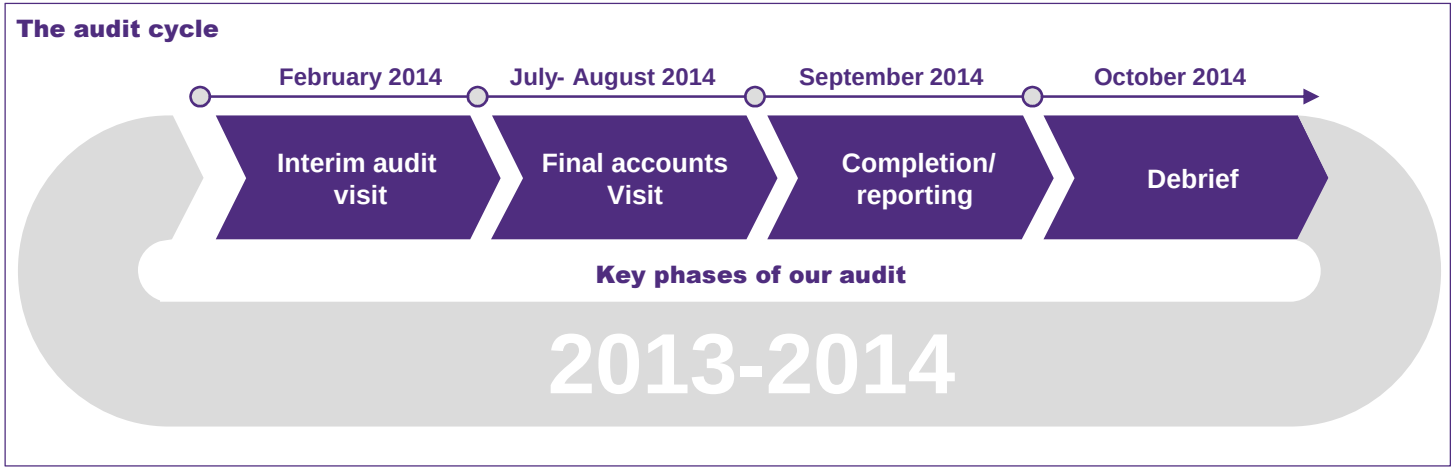
Key dates



Date	Activity
December 2013	Planning meeting
February 2014	Planning and Interim site visit
April 2014	Presentation of Audit Plan to Audit and Standards Committee
July – August 2014	Year end fieldwork
September 2014	Audit findings clearance meeting with Treasurer
September 2014	Report audit findings to the Audit and Standards Committee
September 2014	Sign report on financial statements and Value for Money conclusion
October 2014	Issue Annual Audit letter

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Fees and independence

Fees

	£
Authority audit	43,829
Total	**43,829**

Fees for other services

Service	Fees £
None	Nil

Our fee assumptions include:

- Our fees are exclusive of VAT
- Supporting schedules to all figures in the accounts are supplied by the agreed dates and in accordance with the agreed upon information request list
- The scope of the audit, and the Authority and its activities have not changed significantly
- The Authority will make available management and accounting staff to help us locate information and to provide explanations

Independence and ethics

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention. We have complied with the Auditing Practices Board's Ethical Standards and therefore we confirm that we are independent and are able to express an objective opinion on the financial statements.

Full details of all fees charged for audit and non-audit services will be included in our Audit Findings report at the conclusion of the audit.

We confirm that we have implemented policies and procedures to meet the requirement of the Auditing Practices Board's Ethical Standards.

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Communication of audit matters with those charged with governance

International Standards on Auditing (ISA) 260, as well as other ISAs, prescribe matters which we are required to communicate with those charged with governance, and which we set out in the table opposite.

This document, The Audit Plan, outlines our audit strategy and plan to deliver the audit, while The Audit Findings will be issued prior to approval of the financial statements and will present key issues and other matters arising from the audit, together with an explanation as to how these have been resolved.

We will communicate any adverse or unexpected findings affecting the audit on a timely basis, either informally or via a report to the Authority.

Respective responsibilities

This plan has been prepared in the context of the Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission (www.audit-commission.gov.uk).

We have been appointed as the Authority's independent external auditors by the Audit Commission, the body responsible for appointing external auditors to local public bodies in England. As external auditors, we have a broad remit covering finance and governance matters.

Our annual work programme is set in accordance with the Code of Audit Practice ('the Code') issued by the Audit Commission and includes nationally prescribed and locally determined work. Our work considers the Authority's key risks when reaching our conclusions under the Code.

It is the responsibility of the Authority to ensure that proper arrangements are in place for the conduct of its business, and that public money is safeguarded and properly accounted for. We have considered how the Authority is fulfilling these responsibilities.

Our communication plan	Audit plan	Audit findings
Respective responsibilities of auditor and management/those charged with governance	✓	
Overview of the planned scope and timing of the audit. Form, timing and expected general content of communications	✓	
Views about the qualitative aspects of the entity's accounting and financial reporting practices, significant matters and issue arising during the audit and written representations that have been sought		✓
Confirmation of independence and objectivity	✓	✓
A statement that we have complied with relevant ethical requirements regarding independence, relationships and other matters which might be thought to bear on independence. Details of non-audit work performed by Grant Thornton UK LLP and network firms, together with fees charged. Details of safeguards applied to threats to independence	✓	✓
Material weaknesses in internal control identified during the audit		✓
Identification or suspicion of fraud involving management and/or others which results in material misstatement of the financial statements		✓
Non compliance with laws and regulations		✓
Expected modifications to the auditor's report, or emphasis of matter		✓
Uncorrected misstatements		✓
Significant matters arising in connection with related parties		✓
Significant matters in relation to going concern		✓

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Report of the Head of Legal Services

8. Annual Complaints Update 2013/14

Purpose of report

1. To update the Committee with regards to the process in place for dealing with compliments, complaints and concerns made by the public about the Service.

Recommendations

It is recommended that the Committee notes:

i) the process for dealing with compliments, complaints and concerns made by the public about the Service;

ii) that during the period 1 April 2013 to 31 March 2014 a total of 30 complaints, 30 concerns and 93 compliments were received from the public; and

iii) that during the period 1 April 2013 to 31 March 2014 none of the complainants appealed regarding the response provided and no complaints were sent to the Local Government Ombudsman for investigation.

Introduction and Background

2. It is important that the Authority has good corporate governance arrangements to ensure services are run in an open and accountable manner. The role of the Committee includes the monitoring and review of the Authority's corporate governance arrangements, which includes responsibility to consider the process with regards to compliments, complaints and concerns made by the public about the Service.

3. The mechanism for compliments, complaints and concerns plays an important role in the assurance process for Members, particularly in the following areas identified by the Chartered Institute of Public Finance and Accountancy (CIPFA):

    a) Focusing on the purpose of the Authority and on outcomes for the community (which includes ensuring that effective mechanisms exist to monitor service delivery).

    b) Taking informed and transparent decisions which are subject to effective scrutiny and managing risk (including putting in place effective transparent and accessible arrangements for dealing with complaints).

c) Engaging with local people and other stakeholders to ensure robust public accountability.

Current Process

4. The Authority currently defines a complaint as 'any expression of dissatisfaction requiring a response', which may include the failure of the Authority to meet a required standard of service. A concern is defined as an expression of worry or interest, for example where a resident has noticed that a water hydrant is leaking. Occasionally a member of the public may raise a concern that is not within the remit of the Fire Authority. Such concerns are not included in the statistics but are passed on to the relevant organisation. The public may also wish to compliment the Authority on a particular aspect of the service that they felt was provided well.

5. The process for making a complaint, concern or a compliment is set out on the Authority's website and explains the process, which is:

- A complaint can be made by telephone, by calling in person at any Station, by email or in writing. Complaints and concerns are acknowledged within 3 working days of receipt.

- Complaints and concerns will be investigated and a response sent in writing within 10 working days from the date of the acknowledgement letter. A survey is also sent out with the response to establish whether the complainant was satisfied with the way their complaint or concern was handled.

- Should a complainant be dissatisfied with the response, they can notify the Assistant Chief Fire Officer within 28 days. The complaint will then be referred to a Senior Officer who will conduct an independent assessment. The complainant will be informed of the outcome within 28 days or advised of any delay.

- A complainant who is still dissatisfied with the response is entitled to send their complaint to the Local Government Ombudsman

6. The number of complaints, concerns and compliments is regularly monitored, with monthly statistics being reported to Authority Members via the Members' Bulletin. The Senior Management Board receives quarterly reports to enable any common themes that may require service improvements to be highlighted. This annual report is presented to the Committee to provide the Authority with assurance that complaints and concerns are dealt with effectively and that where necessary improvements are made in service delivery.

Complaints, Concerns and Compliments Received in 2013/14

7. During the period 1 April 2013 to 31 March 2014 a total of 30 complaints, 30 concerns and 93 compliments were received from the public. It should be noted that 16 of the concerns and one complaint received were regarding the responsibilities of other organisations, however officers responded to the issues raised.

8. With regards to the subject of the complaints received the only theme that emerged was the perceived driving standards of emergency vehicles, which comprised 21% of complaints about the Service. Common concerns from the public included poor fire safety at business premises and the potential lack of access to properties in an emergency.

9. The majority of complaints (20) found no error or fault by the Service and were dealt with by way of providing an explanation, however 6 complaints were upheld with 3 resulting in an apology and 3 leading to remedial action.

10. All complainants and those who sent in concerns were surveyed to establish whether they were satisfied with how their complaint was dealt with. A total of 18 people responded and all 18 respondents were satisfied with how their complaint or concern was dealt with. The majority of responses to complaints and concerns were met within the standard of ten working days. Two complaints and one concern did not meet this target as further investigation was required, however in these instances complainants were advised that more time was required.

11. During 2013/14 none of the complainants appealed to the Assistant Chief Fire Officer regarding dissatisfaction with the response provided and no complaints were sent to the Local Government Ombudsman.

Conclusion/Summary

12. The role of the Audit and Standards Committee includes the monitoring and review of the Authority's corporate governance arrangements. This includes responsibility for considering the process with regards to compliments, complaints and concerns made by the public. The process is considered to be robust and fit for purpose. There have been no significant issues that have arisen and it has not been necessary to make any changes in Service delivery due to complaints or concerns received.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	The complaints, concerns and compliments process uses existing resources. No compensation payments have been required.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	The complaints, concerns and compliments process links in with the Authority's Code of Corporate Governance.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	Complaints, concerns and compliments are reported quarterly to the Senior Management Board where recurring themes are highlighted to provide an opportunity to consider service improvement where necessary. The Audit & Standards Committee receive an annual report to provide assurance to Members that the process is effective.
Consultation (identify any public or other consultation that has been carried out on this matter)	N/A – no policy change is recommended
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A – no policy change is recommended

Supporting Information

Background papers

CIPFA/SOLACE Framework
Hereford & Worcester Fire Authority Annual Governance Statement and Code of Corporate Governance

Contact Officer

Alison Hughes, Corporate Support Manager
(01905 368209)
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Hereford & Worcester Fire Authority
Audit and Standards Committee
16 April 2014

Report of the Head of Legal Services

9. Annual Governance Action Plan 2013/14

Purpose of report

1. To update the Committee on the progress of actions in relation to the Authority's Annual Governance Statement and corporate governance arrangements.

Recommendations

It is recommended that the following progress in relation to the action plan be noted:

i) an agreed approach for consultation was developed as part of the CRMP 2014-2020;

ii) procedures for the annual appraisal of the Chief Fire Officer/Chief Executive, Deputy Chief Fire Officer, Treasurer and Monitoring Officer have been approved by the Policy and Resources Committee; and

iii) Governance Awareness Sessions have been undertaken with Middle Managers, Group Commanders and Station Commanders.

Introduction and Background

2. Governance is about how the Authority ensures that it is doing the right thing, in the right way for the right people in a timely, inclusive, open, honest and accountable manner. It comprises the systems and processes, cultures and values, by which the Authority is directed and controlled and through which it accounts to and engages with its communities.

3. The Annual Governance Statement is essentially a summary of the governance arrangements of which Members are familiar. It reports publicly on the extent to which the Authority's governance arrangements have met the values, principles and best practice, as set out in the Authority's Code of Corporate Governance. Likewise, should the Authority have any significant governance weaknesses these will also be disclosed publicly within the Annual Governance Statement.

4. The Audit and Standards Committee has previously approved the Annual Governance Statement which was published as part of the Authority's Annual Statement of Accounts.

Annual Governance Action Plan 2013/2014

5. An annual self-assessment review was carried out as part of the background work undertaken when drafting the Annual Governance Statement. The self assessment document also included an Action Plan incorporating any areas that needed further development.

6. The Action Plan is monitored by the Committee and sets out actions that are required to improve certain areas of corporate governance highlighted as part of the self-assessment. The Action Plan for 2013/14 was considered by the Committee on 26 September 2013 as part of the approval process of the Annual Governance Statement 2012/13.

7. The progress on 2013/14 actions are detailed in Appendix 1 and are summarised as follows:

   i) a methodology for consultation has been developed as part of the CRMP 2014-2020;

   ii) procedures for annual appraisal of the Chief Fire Officer/Chief Executive, Deputy Chief Fire Officer, Treasurer and Monitoring Officer have been approved by Policy & Resources Committee; and

   iii) Governance Awareness Sessions have been undertaken with Middle Managers, Group Commanders and Station Commanders.

Conclusion/Summary

8. The Audit and Standards Committee has previously approvde the Annual Governance Statement which was published as part of the Authority's Annual Statement of Accounts.

9. This report updates the Committee on the progress of actions in relation to that Statement to enable the Committee to undertake its role in monitoring the development and operation of the Authority's corporate governance arrangements.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	The Annual Governance Action Plan provides an opportunity for Members to monitor governance arrangements.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications)	The Annual Governance Action Plan links with 'Our Strategy' as it demonstrates how the Authority strives to ensure the delivery of quality services.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores)	The Annual Governance Action Plan provides assurance for Members that governance arrangements are reviewed and improved where necessary.
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 this has not been necessary as the Annual Governance Statement is a summary of existing arrangements. Should any significant new arrangements be developed an Equalities Impact Assessment may be deemed necessary.

Supporting Information

Appendix 1 – Annual Governance Action Plan Updates

Background papers:
Accounts and Audit (England) Regulations 2011
CIPFA/SOLACE Framework
Hereford & Worcester Fire Authority Code of Corporate Governance

Contact Officer

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Annual Governance Statement Assurances and Action Plan - Updated March 2014

Key: Red=action needed, Amber=minor actions needed, required Green=no action required No change= → Improvements made=↑

Core Principle: Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area					
Supporting Principle	**Requirement for FRA**	**Evidence of compliance**	**Red/ Amber /Green**	**Proposed 2013/14 Actions**	**Progress on Actions**
Ensuring that users receive a high quality of service whether directly, or in partnership or by commissioning.	Decide how the quality of service for users is to be measured and make sure that the information needed to review service quality effectively and regularly is available.	• Joint Citizen's Panel (Viewpoint) • IRMP Consultation 2012/13 • Complaints Procedure • Performance Management Framework • Medium Term Financial Strategy • After the Incident Surveys and end of year report 2012/13 undertaken	↑	Further development regarding consultation to be undertaken as part of the CRMP 2020	An agreed approach for consultation has been developed as part of the CRMP 2014-2020, which incorporates: • use of broadcasting and social media; • a comprehensive list of external consultees, including Town/Parish Councils, District and County Councils and MPs; • use of overview and scrutiny function by FRA and local Councils; • use of on-line consultation software; • a robust method of analysing qualitative data from responses; • communication with Members, staff and Trade Unions. A Service Policy is due to be developed during 2014/15

Core Principle: Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area					
Supporting Principle	**Requirement for FRA**	**Evidence of compliance**	**Red/ Amber /Green**	**Proposed 2013/14 Actions**	**Progress on Actions**
Ensuring that the Authority makes the best use of resources and that tax payers and service users receive excellent value for money.	Decide how value for money is to be measured and make sure that the Authority or partnership has the information needed to review value for money and performance effectively.	• Medium Term Financial Strategy • Annual Audit Letter • Performance Management Framework • Procurement Strategy • West Midlands Contractor Framework • Standing Orders for Regulation of Contracts • FRA reports • Quarterly performance and quarterly budget monitoring reported to Policy & Resources Committee	→	Standing Orders for Regulation of Contracts to be reviewed	Work still on-going.
Core Principle: Members and officers working together to achieve a common purpose with clearly defined functions and roles					
Ensuring that a constructive working relationship exists between Elected Members and officers and that responsibilities of Authority Members and officers are carried out to a high standard.	Develop protocols to ensure that the leader and chief executive negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is maintained.	• Informal protocols • Performance appraisal process for statutory officers • Minutes of CFO meetings with Chairman and Group Leaders	↑	Performance Appraisal processes for statutory officers to be further developed	Procedures for annual appraisal of the Chief Fire Officer/Chief Executive, Deputy Chief Fire Officer, Treasurer and Monitoring Officer approved by Policy & Resources Committee (28 January 2014)

Core Principle: Promoting values for the Authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour					
Supporting Principle	**Requirement for FRA**	**Evidence of compliance**	**Red/ Amber /Green**	**Proposed 2013/14 Actions**	**Progress on Actions**
Ensuring Authority Members and officers exercise leadership by behaving in ways that exemplify high standards of conduct and effective governance	Ensure that standards of conduct and personal behaviour expected of Members and staff, of work between Members and staff and between the Authority, its partners and the community are defined and communicated through codes of conduct and protocols.	• Code of Conduct • Member Training on Code of Conduct by Councils monitored • Ethical Framework • Member/Officer Protocol • Equality Scheme • Disciplinary Policy • Capability Policy • Bullying and Harassment Policy • Anti-Fraud and Corruption Policy	→	Anti-Fraud and Corruption Policy to be reviewed	

Supporting Principle	Requirement for FRA	Evidence of compliance	Red/ Amber /Green	Proposed 2013/14 Actions	Progress on Actions
	Put in place arrangements to ensure that Members and employees of the Authority are not influenced by prejudice, bias or conflicts of interest in dealing with different stakeholders and put in place appropriate processes to ensure that they continue to operate in practice.	• Whistleblowing Policy • National Fraud Initiative • Gifts and Hospitality Register for Members and Staff • Financial Regulations • Members Registers • Regulation of Contracts	→	Financial Regulations and Standing Orders for Regulation of Contracts to be reviewed	Work on Standing Orders for Regulation of Contracts and financial regulations still on-going.
Core Principle: Developing the capacity and capability of Members and officers to be effective					
Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group.	Develop skills on a continuing basis to improve performance, including the ability to scrutinise and challenge and to recognise when outside expert advice is needed.	• SMB Workshops • Member Workshops	↑	Governance Awareness Sessions to be provided to Managers	Sessions undertaken at Middle Management, Group Commander and Station Commander meetings.

Hereford & Worcester Fire Authority
Audit and Standards Committee
16 April 2014

Report of the Head of Operations Support

10. Health and Safety Audit 2013

Purpose of report

1. To inform the Committee 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 and 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 Senior Management Board 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 Senior Management Board 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 are 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 there 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	AUDIT CO-ORDINATOR
GROUPCOMMANDER GEORGE MARSHALL	CORPORATE GOVERNANCE OF H&S
STATION COMMANDER CHRIS GEORGE-BURNELL	CORPORATE GOVERNANCE OF H&S
WATCH COMMANDER ADRIAN FARMER	TRAINING AND COMPETENCE
CREW COMMANDER NIGEL ALLBUTT	TRAINING AND COMPETENCE
WATCH COMMANDER STUART DEWER	SELECTION, INDUCTION & WELFARE
CREWCOMMANDER NICHOLAS ASHCROFT	SELECTION, INDUCTION & WELFARE
WATCH COMMANDER JON LAIGHT	EQUIPMENT
WATCH COMMANDER CARL PEARSON	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	A full review of new equipment process with emphasis placed upon the following: • 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	Improve the management and accessibility of the ESF's on the Operational Logistics SharePoint site this is to include: • 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	Standardise the procedure for "Standard Testing" of equipment that ensures it is identical across all locations. • 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	Audit area – **Governance of H&S** • 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? **Awareness levels:** What training and awareness have the board received by HWFRS within the last five years? General policy statement - is it correct? **Linked to essential principles:** • Where does the board source its information? • What communication methods does the board use up & down? • Workforce engagement structure? • Identify evidence in business decisions

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 - S**election 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 difficulty 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 revived.	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.IS.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

	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. 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 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	

	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.	