

Report of the Head of Operations Support

8. Regional Health and Safety Audit of Hereford & Worcester Fire and Rescue Service

Purpose of report

1. To inform the Audit and Standards Committee on progress against the 12 recommendations made from the CFOA West Midlands Regional Health and Safety Audit undertaken in January 2015.

Recommendations

It is recommended that:

- i) the substantial progress towards implementing the recommendations of the Health and Safety Audit undertaken by CFOA West Midlands Region in 2015 be noted; and
- ii) the discharge of the remaining four recommendations from the audit be overseen by the Health and Safety Committee.

Background

2. Hereford & Worcester Fire and Rescue Service (HWFRS) works collaboratively within the Chief Fire Officers Association (CFOA) West Midlands region on matters of health and safety through the Regional Health and Safety (H&S) Committee.
3. During 2014, the Regional H&S Committee commissioned a piece of work to introduce a Fire and Rescue Service Health and Safety Management Audit Protocol which could be utilised between Fire and Rescue Services (FRS) within the region. The protocol allows each FRS within the region to share resources for H&S auditing and provides an opportunity for peer challenge which is a well established tool for improvement and shared learning. This type of challenge demonstrates a strong commitment towards health and safety management, exhibiting greater accountability and transparency.
4. The protocol has been designed to give each FRS the opportunity to review areas they feel would be worthwhile being audited against, primarily building upon firefighter safety. Within the protocol are 14 key areas covering the most common hazards. Each FRS has the autonomy to select two areas in which they would like to be audited.
5. In January 2015, HWFRS became the first FRS within the region to undergo the new style audit with the two areas being:

- Personal Protective Equipment (Firefighting PPE)
- Water Rescue

6. These areas were selected based on historical operational activity and on reports following H&S investigations carried out by internal Specialist Investigators (SI).
7. In June 2015 following the audit the outcome presented 12 recommendations which were subsequently agreed at Audit and Standards Committee. The actions from these recommendations would then be monitored by the Health and Safety Committee to discharge the recommendations of the CFOA Regional Audit report. This report aims to update Audit and Standards Committee on the progress made after one year and proposes to pass the conclusion of this matter to the H&S Committee.

Audit Findings

8. The audit team found a clear commitment to health and safety at all levels and evidence of a positive health and safety culture. All personnel were welcoming, had a positive outlook and fully engaged in the audit process.
9. The audit found that HWFRS is performing well in the areas audited but also identified certain areas that could be improved leading to the audit team making 12 recommendations. (Appendix 1).

Progress

10. The 12 recommendations made by the audit team were considered by the Health and Safety Committee and have been allocated to individual managers for action. The progress against each recommendation has been tracked by the Health and Safety Committee.
11. Significant progress has been made against the 12 recommendations with 8 being recorded as closed. (Appendix 1)
12. The remaining 4 recommendations are considered low risk and have significantly progressed, but are reliant on an IT solution which is currently still in development. These 4 recommendations primarily concern the improved management of risk assessments. Members should be assured that the risk assessments are in place, are appropriate and available. However use of these risk assessments could be better served by an IT solution which would enhance the ability to share the risk assessments between users, allow for online (immediate) updates and amendments, and would be easily accessible for auditing.

Conclusions

13. The CFOA West Midlands Regional Health and Safety Audit had concluded that the Service is performing well but has also identified areas for improvement and gives 12 specific recommendations relating to the two work

areas audited, of which 8 are deemed complete and closed. The remaining 4 recommendations (Appendix 1) not deemed closed, will be continually monitored via the Health & Safety Committee until completion.

Financial Considerations

Consideration	Yes/No	Reference in Report i.e. paragraph no.
There are financial issues that require consideration	No	Within budgets

Legal Considerations

Consideration	Yes/No	Reference in Report i.e. paragraph no.
There are legal issues e.g. contractual and procurement, reputational issues that require consideration	No	

Additional Considerations

The table below sets out any additional issues arising from the proposals contained in this report and identifies the relevant paragraphs in the report where such issues are addressed.

Consideration	Yes/No	Reference in Report i.e. paragraph no.
Resources (e.g. Assets, ICT, Human Resources, Training & Development, Sustainability).	Yes	Resources may be required to supply suitable ICT system
Strategic Policy Links (e.g. IRMP, Authority Plan, Equality & Diversity, Partnerships, Environmental Impact).	No	
Risk Management / Health & Safety (e.g. risk management and control measures, risk register score).	Yes	See - 12 recommendations (Appendix 1)
Consultation with Representative Bodies	Yes	

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Appendix 1 CFOA Regional H&S Audit Recommendations

No	Recommendation from CFOA audit team	Assigned to	Actions & Progress	Status
1.	The dust mask guidance does not reflect the current operational practice. In particular there appeared to be a misunderstanding on the protection that is being provided by the comfort wear arrangements that are in place. The review of the available guidance and development of operational practice needs to be reviewed.	Ops Policy & Ops Logistics GC Palmer/Sherry	Review/Revise current SPI and level of PPE – Create a specific policy for respirators to include levels of RPE/PPE SPI has been created and is out for consultation SPI now live 2/9/15 Closed	Closed
2.	The evidence provided during the audit suggested that training for the use and maintenance of PPE had been omitted from the Phase 1 development module for trainee firefighters.	Training Centre GC Lown	Introduce/cover during Phase 1 course GC Lown – This forms part of the Phase 1 course Closed	Closed
3.	The PPE checks carried out by Bristol should include PPE used by flexi duty officers and non-station based personnel.	Ops Logistics GC Sherry	Introduce a monthly check at Command Group meetings. GC Palmer - This has now been agreed to be six monthly and forms part of the Command Group briefing – check to be recorded on CTR system Closed	Closed
4.	There are many documents that appear to be outdated and overdue for review. This isn't unique to a particular type of document but was seen in policies, procedures, guidance notes, risk assessments and PowerPoint presentations/training materials.	Ops Assurance GC Marshall	Review with department heads as part of the information strategy to ensure monitoring checks are in place Closed	Closed

5.	Where documents require dates, names or signatures, these are often missing. Where a review date is indicated, it is unclear if it refers to the review being due or being completed. The addition of a word or two would improve clarity.	Health & Safety GC Palmer	H&S Advisor tasked to update forms accordingly Closed	Closed
6.	Interdependencies need to be identified, to enable assessment of the impact of new, reviewed and amended documents and to ensure the availability of a single version. In some cases, there isn't a standard document used, for example, the crew record form, which is inconsistent in recording checks carried out on PPE.	Health & Safety GC Palmer	New tracking system used within P&I will address the issue and regulation of policy documents and forms. Note: IT are also revising the management for SharePoint and this will additionally support management of documentation. Closed	Open
7.	When changes are made, all relevant groups/sites need to know. An example of this was a recent communication for personnel to complete the PPE training package. There are two live versions of this package, on different SharePoint sites. Personnel may have reviewed the wrong version. Consideration should be given to ensure there is only one live version available. Some evidence was found of local records being developed in addition to corporate systems. This loses control but also creates work for personnel, as they acknowledge it is difficult to keep their local records up to date	Ops Assurance GC Marshall	Audit required by assurance GC to evaluate document management within all departments – findings to influence future information management strategy. Ops Logistics to remove current PPE PowerPoint hosted on their internal SharePoint site GC Palmer – PowerPoint has been removed. Assurance in this area is captured within the new Station Audit process Closed	Closed

8.	Opportunities exist to take a more holistic approach to reviewing documents when improvements have been identified. For example, accident investigations, debrief outcomes and audits may make recommendations for improvement. The opportunity could be taken to also review related documents, policies, risk assessments and training material to extend the 'review date'.	Ops Policy GC Palmer	Tier two debrief to include a check of current Service literature - post review, all documentation to be updated and signed off by AC responsible for the debrief H&S Advisor (GC) to update paperwork Closed	Closed
9.	Opportunities exist to streamline some risk assessments. For example, different stations carry out their own assessments of training venues. The potential exists for multiple assessments for each venue, possibly with different information and risks contained within.	Health and Safety GC Palmer	Create a single SharePoint site for Risk Assessments GC Palmer - This action will require a commitment from IT dept. 2/9/15 - Resources allocated and work is now in progress to develop a new IT single point RA's system.	Open
10.	Communication of the temporary risks at training venues appears good within the individual station, but consideration needs to be given to wider sharing of this information with other stations that also use the same venue.	Service Delivery & Training GC Lown / AC Ball	When created host training RAs for training venues on the Risk Assessment SharePoint site 2/9/15 - Resources allocated and work is now in progress to develop a new IT single point RA's system.	Open
11.	Risk assessments and procedures should be readily available to all personnel; therefore consideration should be given to storing these documents in a shared library.	Health and Safety GC Palmer	Create a single SharePoint site for Risk Assessments 2/9/15 - Resources allocated and work is now in progress to develop a new IT single point RA's system.	Open

12.	A risk register has been created in relation to reviewing out of date procedures with a plan to review these over 3, 6 or 9 months. However this is not necessarily being adhered to.	Ops Assurance GC Marshall	<p>Monitor and update SMB directorate lead</p> <p>GC Palmer – this is now managed by P&I and there is an acceptance that some SPIs cannot be delivered within the timeframe due to capacity</p> <p>Closed</p>	Closed
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