Hereford & Worcester Fire and Rescue Service

Health and Safety Audit

November 2013

Prepared for ACO Hodges

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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 – <u>FINDINGS - SELECTION, INDUCTION & WELFARE</u>

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 – <u>FINDINGS - TRAINING & COMPETENCE</u>

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 – <u>FINDINGS - EQUIPMENT</u>

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 - <u>RECOMMENDATIONS</u> - <u>EQUIPMENT</u>

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 - **Selection of equipment**
	• Clear Procurement process – evidence? • Establish a need for the equipment? • Standards it needs to meet / conformity? • Fit for purpose? • Adequately training in the use of the equipment? • Instruction for maintenance of equipment? • Equipment safety files? • Robust recording systems for the equipment - calibration? • After use tests? Practical demonstration? • Defects procedure? • Inspection, maintenance and end of life? Audit area - **PPE** • Compatibility - between all PPE? • Fit - Adjustment - Practical demonstration? • Q&A - PPE limitations? • Laundry records?

APPENDIX B

Details of Individuals / Departments Interviewed

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

North District HQ

RDS Cluster Managers

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

	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.
	TC 2	**Information location.** Show where to find National GRAs and HWFRS GRAs	Whilst there was a varying degree of ability/familiarity with the service intranet, all sampled personnel were eventually able to find the requested NGRAs and HWFRS GRAs	General unfamiliarity with NGRA location and confusion between the two (National or Local). Whilst personnel made educated guesses at the differences no confident knowledge was shown.	Low	Ops policy & IT	this should be reinforced through the CTR packages	Ian Edwards	Finding a specific piece of information can be a long and laborious task as there is no effective search facility. For the majority of Operational personnel, the service intranet is a 'confusing mish-mash' and is not intuitive.

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

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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		

	Reference Number	Area Audited	Findings	Issues	Risk Level	Department Responsible	Recommendation	Directorate owner
				Appendix C - Equipment				
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

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	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
Stn 41	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.	