



# **HEREFORD & WORCESTER Fire Authority**

**Audit and Standards Committee**

## **AGENDA**

**Thursday, 30 September 2021**

**10:30**

**Wyre Forest House Council Chamber  
Wyre Forest District Council, Wyre Forest House,  
Finepoint Way, Kidderminster, Worcestershire, DY11 7WF**



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

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

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

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

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

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



# Hereford & Worcester Fire Authority

## Audit and Standards Committee

Thursday, 30 September 2021, 10:30

### Agenda

Councillors

Mr M Hart (Chairman), Mr A Amos (Vice Chairman), Mr S Bowen, Mr B Brookes, Mr B Clayton, Mr I D Hardiman, Mr Al Hardman, Mrs E Marshall, Ms N McVey, Mr R J Morris, Mr J Robinson, Mrs D Toynbee

No.	Item	Pages
1	<b>Apologies for Absence</b> To receive any apologies for absence.	
2	<b>Named Substitutes</b> To receive details of any Member of the Authority nominated to attend the meeting in place of a Member of the Committee.	
3	<b>Declarations of Interest (if any)</b> This item allows the Chairman to invite any Councillor to declare an interest in any of the items on this Agenda.	
4	<b>Confirmation of Minutes</b> To confirm the minutes of the meeting held on 28 July 2021.	1 - 5
5	<b>External Audit Progress Report</b> To provide an update on the progress of the external audit of the Authority's 2020/21 financial statements.	6 - 14
6	<b>Internal Audit Progress Report 2021/22</b> To provide the Committee with an update in regards to the delivery of the Internal Audit Plan 2021/22.	15 - 29
7	<b>Statement of Assurance Update 2020-21</b> To consider and approve the Statement of Assurance Update 2020-21 for publication.	30 - 45

<b>8</b>	<b>Prevention Cause of Concern – Action Plan</b>	<b>46 - 57</b>
	To present the action plan to discharge the Cause of Concern issued by Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in relation to Prevention Activity.	
<b>9</b>	<b>Health and Safety Committee Update: April – June 2021 (Quarter 1)</b>	<b>58 - 70</b>
	To provide a Health & Safety update on activities and items of significance.	



Hereford & Worcester Fire Authority

Audit and Standards Committee

Wednesday, 28 July 2021, 10:30

**Chairman: Mr M Hart**

**Vice-Chairman: Mr A Amos**

## **Minutes**

**Members Present:** Mr S Bowen, Mr I D Hardiman, Mr Al Hardman, Mr M Hart, Mrs E Marshall, Ms N McVey, Mr J Robinson, Mrs D Toynbee

### **197 Apologies for Absence**

Apologies were received from Cllr A Amos, Cllr B Brookes, Cllr B Clayton and Cllr R Morris.

### **198 Named Substitutes**

There were no named substitutes.

### **199 Declarations of Interest (if any)**

There were no interests declared.

### **200 Confirmation of Minutes**

***RESOLVED that the minutes of the meeting held on 21 April 2021 be confirmed as a correct record and signed by the Chairman.***

### **201 Draft Statement of Accounts 2020/21**

The Treasurer presented Members with the draft 2020/21 Statement of Accounts for information prior to approval at the next Committee meeting.

*[Cllr Robinson entered the meeting at 10.34am]*

The Treasurer informed Members that the dates for approval and publishing of the Accounts had been relaxed for a second year due to Covid which meant that this year the Accounts had to be approved and

published by 30 September, which was on track.

***RESOLVED that the Draft Statement of Accounts 2020/21 be noted.***

**202 External Audit Plan (2020/21 Accounts)**

The External Audit Plan, which sets out the work to be undertaken in 2021/22 in respect of the 2020/21 Audit, was presented to Members by the Authority's External Auditor, Grant Thornton UK LLP.

Members were informed that for the last 5/6 years the main focus of the Value for Money aspect of the audit had been on finances, however this year it was much wider with more work on governance arrangements that were in place, how the organisation understood its cost base and the benchmark that was set against other organisations.

Members were pleased to note that the audit had started last week and it was hoped it would be completed by the end of September.

***RESOLVED that the External Audit Plan 2021/22 (2020/21 Accounts) be noted.***

**203 Informing the Audit Risk Assessment 2020/21**

Members were presented with the Audit Risk Assessment carried out by Grant Thornton UK LLP, the Authority's External Auditor, in deriving the External Audit Plan 2021/22 in respect of the 2020/21 Accounts.

Members were pleased to note that there were no specific risks highlighted that were abnormal, or which caused the Treasurer or External Auditor particular concern.

***RESOLVED that the External Auditor's "Informing the Audit Risk Assessment" report be noted.***

**204 Internal Audit Annual Report 2020/21**

The Head of Internal Audit Shared Service presented Members with the Internal Audit Annual Report 2020/21.

Members were informed that the original plan for 2020/21 had been revised in view of the pandemic and some changes had been made, however the coverage achieved was sufficient to provide an opinion with just a few reviews rolled forward to 2021/22. Members were pleased to note that all reviews that took place last year had assurance and there were no high priority recommendations reported.

***RESOLVED that the Committee note the Internal Audit Charter and***

***that the audit plan delivered in 2020/21 had provided an assurance level of “full” for four core financial areas and that no limited or below assurance areas had been reported or any high priority recommendations.***

**205 Internal Audit Draft Audit Plan 2021/22**

The Head of Internal Audit Shared Service presented Members with the Draft Internal Audit Plan for 2021/22.

Members were informed that the Plan, which includes the brought forward audits from last year which were already taking place, was based on risk factors. This Plan was flexible and therefore if Officers decided resources needed to be moved then discussions would take place and the Plan would be altered accordingly. Members were pleased to note that regular updates would be provided to the Committee.

***RESOLVED that the 2021/22 Draft Internal Audit Plan be approved.***

**206 Risk Management and Strategic Risk Register – Annual Update**

The Chief Fire Officer presented Members with an annual update on the Risk Management Framework and Strategic Risk Register.

Members were informed that the Strategic Risk Register and Department Risk Registers were a method for continual monitoring and reviewing of the Service's risks by the Senior Management Board and middle managers informing the Service's objectives and business goals over time. The Authority's Strategic Risk Register is formally reported to Members annually with significant changes being reported to the Audit and Standards Committee in a risk update.

There was a query with regard to the ill health now being a medium risk, the Chief Fire Officer assured Members that although the likelihood was a high risk, the actual impact to the Service was low as the Service had not been hit heavily by Covid during the pandemic. Members were pleased to note that good remote working from home allowed staff to continue to work.

***RESOLVED that the summary of strategic risks and existing controls measures be noted and agreed.***

**207 People Strategy 2020-22: Progress Report Year 1 2020-2021**

The Deputy Chief Fire Officer presented Members with a summary of progress for 2020-2021 in the delivery of the People Strategy 2020-2022.



Members were informed that this Strategy was in its final year of implementation. The 2023-25 Strategy would be presented at the Audit and Standards Committee in January 2022 for ratification.

***RESOLVED that Members note progress made against the People Strategy for 2020-2021.***

**208 Equality, Diversity and Inclusion Plan 2020-2025 Update for Q4 2020-21 and proposed Equality Objectives 2021-2025**

The Deputy Chief Fire Officer presented Members with a summary of progress against the Equality, Diversity and Inclusion Plan 2020-2025 for Quarter 4 2020-2021 and the Service's proposed Equality Objectives 2021-2025 for approval for publication.

Members were pleased to note the increase of women applicants which was helped by positive action undertaken prior to recruitment offering specific training days and fitness tests to allow for improvement.

***RESOLVED that Members:***

***i) note progress made against the Equality, Diversity and Inclusion Plan 2020-2025 in Q4 2020-21.***

***ii) ratify the Service's proposed Equality Objectives 2021-2025 and approve them for publication on the Service website.***

**209 National Fraud Initiative 2020/21**

The Treasurer updated Members on the National Fraud Initiative.

Members were pleased to note that following investigation of the two matches, it was found that this was local use of a known supplier who was also a retained firefighter. Whilst the employee was not directly involved in the procurement and it was of relatively low value and no fraud was involved, it was identified as a minor area where management oversight could be improved in future.

***RESOLVED that the Committee noted that the process of examining all National Fraud Initiative matches was now complete and no fraud had been detected.***

**210 Health & Safety Committee Update**

The Assistant Chief Officer provided Members with a Health & Safety update on activities and items of significance for the reporting period. In particular, work being carried out locally and regionally with particular

focus around guidance released by the National Fire Chiefs Council and worked carried out linked to Breathing Apparatus set failures. Members were pleased to note Covid remains a key area of focus as we emerge from the pandemic and that abuse to staff had decreased and that levels were still relatively low when compared nationally.

***RESOLVED that the following issues, in particular, be noted:***

***i) The involvement of the Service in Health and Safety initiatives;  
and***

***ii) Health and Safety performance information recorded during  
January to March 2021 (Quarter 4).***

The Meeting ended at: 12:26

Signed:.....

Date:.....

Chairman

## Report of the Treasurer

### External Audit Progress Report

#### Purpose of Report

1. To provide an update on progress of the external audit of the Authority's 2020/21 financial statements.

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#### Recommendation

*The Treasurer recommends that the External Audit Progress Report be noted.*

#### Background

2. The External Auditor is required to inform the Authority of the work that will be undertaken during an annual audit and that this is submitted in the form of an Audit Plan, and is based on a number of key milestones.
3. For a number of reasons, as outlined in the attach report from Grant Thornton, these milestones have slipped and the report sets out a future plan.
4. Grant Thornton will present this paper, but the Treasurer can reassure Members that no issues have been identified which would fundamentally change the Draft Accounts which the Committee had sight of in July.

#### Corporate Considerations

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

<b>Consultation</b> (identify any public or other consultation that has been carried out on this matter)	None
<b>Equalities</b> (has an Equalities Impact Assessment been completed? If not, why not?)	N/A

### **Supporting Information**

Appendix 1- Grant Thornton: Audit Progress Report

# Hereford & Worcester Fire Authority Audit Progress Report

**Year ending 31 March 2021**

30<sup>th</sup> September 2021



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**Your key Grant Thornton team members are:**

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**Section**

Summary of Progress at 15 September 2021

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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 planning 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 all 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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# Summary of Progress at 15 September 2021

This paper provides the Audit and Standards Committee with a report on progress in delivering our responsibilities as your external auditors.

## Financial Statements Audit – Delay in audit completion

We undertook our initial planning for the 2020/21 audit in March 2021, the results of which formed the basis for our Audit Plan which was reported to the Audit and Standards Committee on 28<sup>th</sup> July 2021. As reported at the Committee meeting our planning work started later than last year as a result of the pandemic.

We received the Authority's draft financial statements on 30<sup>th</sup> July 2021 and we commenced our updated risk assessment and substantive audit work on the same date.

The Accounts and Audit (Amendment) Regulations 2021 push back the date by which principal authorities need to publish their draft financial statements to the first working day of August. In 2020 this date was pushed back to 31 August. The date by which authorities are required to publish audited financial statements is 30<sup>th</sup> September. In 2020 this date was pushed back to 30<sup>th</sup> November.

Our original resourcing and delivery timetable was based upon receiving auditable financial statements by 31<sup>st</sup> May and attaining audit sign-off by 30<sup>th</sup> September. However, as our work has progressed we have encountered delays. We are now planning to substantively complete our audit testing by mid October and present our Audit Findings Report to you after that time. We would then plan to issue our audit opinion shortly after, in early November. We recognise this is after the 30<sup>th</sup> September 2021 publishing date. The reason for this delay is the result of a combination of factors including;

- We received the draft financial statements later than planned. The Treasurer explained the reasons for this to the Audit and Standards Committee on 28<sup>th</sup> July. This meant that our audit started later than anticipated to deliver for the 30<sup>th</sup> September 2021 target opinion sign off date.
- Our journals testing has taken longer than in previous years. Firstly because of extended sampling to meet the increasing quality expectations and secondly the need to work with the Authority to obtain reports in the right format to look to enable use of new audit software designed to further increase the quality of our work in this area.
- A key member of our audit team have been off work unexpectedly for a lengthy period. Additional resource has been allocated to the audit to make up the shortfall but due to resourcing constraints this has had to be at a later date than originally planned impacting upon delivery.
- The challenges of remote auditing, as we reported last year, remain.

# Summary of Progress at 15 September 2021

## Financial Statements – Progress as at 15<sup>th</sup> September

We have performed an initial review of the financial statements and a number of points have been raised with management.

As at the date of this report we have significantly progressed our work on the Authority's draft financial statements in the following areas:

- Cash
- Creditors
- Borrowing
- Investments
- Employee benefits
- Other expenditure
- Journals testing

The main areas needing completion are:

- Property revaluations
- Net Pension liability

## Value for Money

The new Code of Audit Practice (the "Code") came into force on 1 April 2020 for audit years 2020/21 and onwards. The most significant change under the new Code is the introduction of an Auditor's Annual Report, containing a commentary on arrangements to secure value for money and any associated recommendations, if required.

The new approach is more complex, more involved and is planned to make more impact.

Under the 2020 Code of Audit Practice, for relevant authorities we are required to issue our Auditor's Annual Report no later than 30 September or, where this is not possible, issue an audit letter setting out the reasons for delay. As a result of the ongoing pandemic, and the impact it has had on both preparers and auditors of accounts to complete their work as quickly as would normally be expected, the National Audit Office has updated its guidance to auditors to allow us to postpone completion of our work on arrangements to secure value for money and focus our resources firstly on the delivery of our opinions on the financial statements. The extended deadline is now no more than three months after the date of the opinion on the financial statements. We are still required to issue a letter setting out for the reasons for the delay which is shown on page 6.

We plan to report our VFM work to the Audit and Standards Committee on at a later date.



# Audit Deliverables

2020/21 Deliverables	Planned Date	Status
<p><b>Audit Plan</b></p> <p>We are required to issue a detailed audit plan to the Audit and Standards Committee setting out our proposed approach in order to give an opinion on the Authority's 2020/21 financial statements and the Auditor's Annual Report on the Authority's Value for Money arrangements.</p>	July 2021	Complete
<p><b>Progress report</b></p> <p>We will report to you the progress made to date</p>	September 2021	Complete
<p><b>Audit Findings Report</b></p> <p>The Audit Findings Report will be reported to the Audit and Standards Committee.</p>	September 2021 – deferred to November 2021	Not yet due
<p><b>Auditors Report</b></p> <p>This is the opinion on your financial statements.</p>	September 2021 – deferred to November 2021	Not yet due
<p><b>Auditor's Annual Report</b></p> <p>This Report communicates the key issues arising from our Value for Money work.</p>	December 2021	Not yet due

# Audit letter in respect of delayed VFM work

Note that this letter does not form part of our formal communications under ISA 260 (Communication with Those Charged with Governance) but is included here for ease of reference.

Marcus Hart  
Audit and Standards Committee Chair  
Hereford & Worcester Fire Authority  
Hindlip Park  
Worcester  
WR3 8SP  
CV32 5HZ

Dear Marcus, Chair of Audit and Standards Committee as TCWG,

Under the 2020 Code of Audit Practice, for relevant authorities other than local NHS bodies we are required to issue our Auditor's Annual Report no later than 30 September or, where this is not possible, issue an audit letter setting out the reasons for delay.

As a result of the ongoing pandemic, and the impact it has had on both preparers and auditors of accounts to complete their work as quickly as would normally be expected, the National Audit Office has updated its guidance to auditors to allow us to postpone completion of our work on arrangements to secure value for money and focus our resources firstly on the delivery of our opinions on the financial statements. This is intended to help ensure as many as possible could be issued in line with national timetables and legislation.

As a result, we have therefore not yet issued our Auditor's Annual Report, including our commentary on arrangements to secure value for money. We now expect to publish our report no later than 31 December 2021.

For the purposes of compliance with the 2020 Code, this letter constitutes the required audit letter explaining the reasons for delay.

Yours faithfully

**Avtar Sohal**

Director and Key Audit Partner  
for and on behalf of Grant Thornton UK LLP, Local Auditor



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## **Report of the Head of Internal Audit Shared Service**

### **Internal Audit Progress Report 2021/22**

#### **Purpose of report**

1. To provide the Committee with an update in regards to the delivery of the Internal Audit Plan 2021/22.
- 

#### **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 2018. 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 (as amended) 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 (as amended).

#### **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 will work with external audit to try and avoid duplication of effort, provide adequate coverage for the 2021/22 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. The audit plan is made available to the external auditors for information.

### **Audit Planning**

6. To provide audit coverage for 2021/22, an audit operational programme delivered by WIASS was discussed and agreed with the Authority's Section 151 Officer and Treasurer and was brought before Committee on 28<sup>th</sup> July 2021 for consideration. The audit programme provides a total audit provision of 111 audit days; including support days and draw down budgets which may not be used in full during the year.

### **Audit Delivery**

7. To assist the Committee to consider assurance on the areas of work undertaken, an overall assurance level is given, when appropriate, to each audit area based on a predetermined scale (Appendix 3). Also, the findings are prioritised into 'high', 'medium' and 'low' within audit reports with all 'high' priority recommendations being reported before committee (Appendix 2 and 3).

### **Assurance Sources**

8. We recognise there are other review functions providing other sources of assurance (both internally and externally) over aspects of the Authority's operations. Where possible we seek to place reliance on such work thus reducing the internal audit coverage as required.

### **Independence and Safeguards**

9. WIASS internal audit activity is organisationally independent. Internal Audit reports to the Treasurer but has a direct and unrestricted access to the senior management board and the Audit Committee Chair. Where WIASS provide assistance with the preparation of areas of work there are clear safeguards in place to ensure independence is not compromised. Safeguards include review within the audit service by an independent person to those who have completed the work as well as independent scrutiny by the Treasurer of the authority. Audit Committee can also challenge the reported findings and the minutes would record this.

## **Risk Management**

10. Risk Management is a high profile activity due to the nature of the Authority. Regular updates are brought before Committee and a robust and embedded risk management process exists within the Fire Authority. Regular review of the risk profile takes place with appropriate mitigation agreed and reported.

## **2021/2022 Audit Position**

11. There have been two reviews undertaken regarding the 2021/22 plan. They are currently at draft report stage.
12. The reviews that were at draft report stage as at the 31<sup>st</sup> August 2021 and awaiting management feedback and sign off included:
  - Young Fire Fighters
  - Safeguarding
13. Reviews planned for Q3 that are starting to progress through planning stages included:
  - Main ledger
  - Debtors
  - Creditors
  - Payroll
14. The outcome to the reviews listed in paragraphs 12 and 13 above will be reported to Committee in summary form as soon as they are finalised.
15. If there is a need to revise the plan during the year to maximise coverage based on available resource and any emerging events, this will be agreed with the Treasurer and reported to Committee.

## **Residual 2020/21 Audit Reviews:**

### **Payroll**

16. The Payroll review was undertaken to provide assurance that:
  - Only bona fide employees are being paid correctly and in a timely manner.
  - The contract with Warwickshire County Council is being monitored including the monitoring of Performance Measurers and access rights.
  - That there is a robust process for dealing with coding errors including the identification of the source of the error, how these are corrected and that measures are taken to prevent their recurrence
17. This review did not cover pensions advice and guidance as this constitutes a specialist area of knowledge, except in so far as it relates to the objectives above.
18. The review found the following areas of the system were working well:
  - Starters and leavers are only actioned upon correct authorisation
  - Statutory deductions

- Monitoring of contract with Warwickshire County Council
  - Only Bona Fide employees are paid through the system
19. The new Payroll Assistant also works within the HR Section. Before appointment the risk of a lack of separation of duties was discussed and it was agreed that the Payroll Assistant would be excluded from entering starters and leavers onto the payroll system.
20. The review found the following areas of the system where controls could be strengthened:
- Mileage claims
  - Identification of coding errors
  - Actions as a result of contract meetings
21. The report made reference to self help and electronic processing of mileage claims, closer working to identify anomalies and alignment of codings within HR and Payroll systems, and, contract meeting actions to be given a timeframe and monitored at quarterly meetings.

Two medium and one low priority recommendations were reported.

Final report was issued: 11th May 2021  
Assurance: Significant.

### **Charge Cards**

22. The Charge Card review was undertaken to provide assurance around the implementation, distribution and management of charge cards and their use within the authority.
23. The review found the following areas of the system were working well:
24. Awareness of cards and their use throughout the authority
- Control of cards and the cards abilities
  - Monitoring of card transactions
  - Reconciliation of card expenditure

25. The audit identified two areas that were operating effectively in regards to the current use of charge cards within the authority; however these areas may require consideration if the scheme was to be extended and the use/number of charge cards increased. Firstly, if card usage increases, thought would need to be given to developing a process involving human resources notification of leavers and movers so cards can be removed if required. Secondly, a document outlining the card holders' responsibilities that is signed on receipt of the card may be useful to ensure officers are well aware of the correct use and expectations.

No recommendations were reported.

Final report was issued: 26<sup>th</sup> April 2021  
Assurance: Significant. Full

### **Capital Budgets**

26. The Capital Budget review was undertaken to provide assurance on the processes surrounding the capital budgeting process, capital projects, reporting processes and outcomes/lessons learned.
27. The review found the following areas of the system were working well:
- The development and approval of a Capital Programme on an annual basis
  - Processes to monitor capital projects and to provide information to budget holders and Members in an appropriate way
  - Accounting of spend in relation to capital projects
  - Communication of position of the capital programme to Senior Management and Members

No recommendations were reported.

Final report was issued: 20<sup>th</sup> May 2021  
Assurance: Significant. Full

### **Asset Management Registers**

28. The Asset Management Register review was undertaken to provide assurance that the asset register used for reporting and recording of assets is complete and accurate and records all assets in a consistent manner.
29. The review found the following areas of the system were working well:
- There is an Asset Management strategy supported by a number of supporting strategies
  - The Financial Regulations detail the responsibilities in relation to Asset Management and discuss disposal of assets



- The Capital Asset Register is reviewed and updated at least annually with information from subsidiary asset recording systems e.g. Red Kite and Tranman

No recommendations were reported.

Final report was issued: 26<sup>th</sup> April 2021

Assurance: Significant. Full

### **Follow Up Reviews**

30. A 'follow up' review regarding Fleet took place during Q1 – 2. There were no exceptions to report. A computer audit follow up was planned during Q2. Follow up takes place regarding previously completed audits to provide assurance that recommendations have been implemented and any risk mitigated. Where there is a programmed annual visit to an area the 'follow up' is included as part of the audit review e.g. financials. Any material exceptions arising from audit 'follow up' will be brought to the attention of the Audit Committee. For the follow ups undertaken there are no material exceptions to report.

### **Conclusion/Summary**

31. The Internal Audit Plan for 2021/22 will continue on a risk basis agreed by the Treasurer. The reviews will be in various stages of completion throughout the year and will be reported to Committee on completion.

## Corporate Considerations

<b>Resource Implications</b> (identify any financial, legal, property or human resources issues)	There are no financial issues that require consideration.
<b>Strategic Policy Links</b> (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	Selected audits are risk based and linked to the delivery of priorities and policy framework.
<b>Risk Management / Health &amp; Safety</b> (identify any risks, the proposed control measures and risk evaluation scores).	Yes, whole report.
<b>Consultation</b> (identify any public or other consultation that has been carried out on this matter)	N/A – no policy change is recommended
<b>Equalities</b> (has an Equalities Impact Assessment been completed? If not, why not?)	N/A

## Supporting Information

Appendix 1 – 2021/22 Audit Plan summary.

Appendix 2 – ‘High’ priority recommendations for completed audits.

Appendix 3 – ‘Assurance’ and ‘priority’ definitions.

Appendix 4 – ‘Follow Up’ reporting

**FIRE & RESCUE SERVICE**  
**INTERNAL AUDIT PLAN FOR 2021/22**

<b>Audit Area</b>	<b>Source</b>	<b>Planned days 2021/22</b>	<b>Service</b>	<b>Comment/Outline Scoping</b>	<b>Strategy link</b>	<b>Indicative Timing of Review</b>	<b>Latest Position</b>
<b>Accountancy &amp; Finance Systems</b>							
Main Ledger (inc Budgetary Control & Bank Rec)	Fundamental to HWFRS CRMP delivery	<b>6</b>	Finance	Reduction in days for a light touch system audit.	Resourcing for the Future	Q3 & 4	Awaiting commencement
Creditors (a/c's payable)	Fundamental to HWFRS CRMP delivery	<b>7</b>	Finance	Reduction in days for a light touch system audit.	Resourcing for the Future	Q3 & 4	Awaiting commencement
Debtors (a/c's receivable)	Fundamental to HWFRS CRMP delivery	<b>5</b>	Finance	Reduction in days for a light touch system audit.	Resourcing for the Future	Q3 & 4	Awaiting commencement
Payroll & Pensions inc GARTAN	Fundamental to HWFRS CRMP delivery	<b>11</b>	Service Support	Reduction in days for a light touch system audit.	Resourcing for the Future	Q3 & 4	Awaiting commencement

<b>Audit Area</b>	<b>Source</b>	<b>Planned days 2021/22</b>	<b>Service</b>	<b>Comment/Outline Scoping</b>	<b>Strategy link</b>	<b>Indicative Timing of Review</b>	<b>Latest Position</b>
Review of Financial Processes Tech1	Fundamental to HWFRS CRMP delivery	14	Finance	Moving to web based so security checks to be undertaken	Resourcing for the Future	Q4	Awaiting commencement
<b>SUB TOTAL</b>		<b>43</b>					
<b>Corporate Governance</b>							
Procurement and Contracts		14	Service Support	Area identified as part of 2020/21 discussions for 2021/22. ToR to include quality of specifications, matrix formulation, embedded training from 2020/21.	Fire & Rescue Authority	Q4	Awaiting commencement
COVID-19 lessons learnt business resilience planning and implementation.		8	All	Risk associated with this area across the business to provide assurance that lesson learnt have been implemented. ToR to be Corporately identified lessons learnt implementation plan, ownership and overall progress.	Fire & Rescue Authority	Q4	Awaiting commencement
<b>SUB TOTAL</b>		<b>22</b>					

Audit Area	Source	Planned days 2021/22	Service	Comment/Outline Scoping	Strategy link	Indicative Timing of Review	Latest Position
<b>System / Management Arrangements</b>							
Young Fire Fighters & Volunteering		10	All	Roll forward from 2020/21. Links to reputational risk, cost and value added requirements. Focus will be Droitwich as Redditch has closed. ToR to be agreed.	Fire & Rescue Authority	Q1	Draft Report issued 31 <sup>st</sup> August 2021
Safeguarding		10	All	Roll forward from 2020/21. Risk associated with this area of the business. Last looked at 2016/17. ToR to be Corporate ownership and responsibility?	Fire & Rescue Authority	Q1	Draft Report issued 31 <sup>st</sup> August 2021
<b>SUB TOTAL</b>							
Follow up Reviews	Good governance	7					Fleet completed with no exceptions to report.  ICT planned for Q2, and,  KPI's planned for Q3

<b>Audit Area</b>	<b>Source</b>	<b>Planned days 2021/22</b>	<b>Service</b>	<b>Comment/Outline Scoping</b>	<b>Strategy link</b>	<b>Indicative Timing of Review</b>	<b>Latest Position</b>
Advice, Guidance, Consultation, Investigations	Support	8		Draw Down Budget			N/a
Audit Cttee support, reports and meetings	Support	11		Draw Down Budget			N/a
<b>SUB TOTAL</b>		<b>26</b>					
<b>TOTAL CHARGEABLE</b>		<b>111</b>					

**'High' Priority Recommendations Reported for 2021/22 Finalised Reviews.**

Awaiting management responses before the two reviews are finalised and reported.

## Appendix 3

(Where recommendations are reported these definitions can also be applied to Appendix 4 where applicable)

### Definition of Priority of Recommendations

Priority	Definition
<b>High</b>	<p>Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives.</p> <p>Immediate implementation of the agreed recommendation is essential in order to provide satisfactory control of the serious risk(s) the system is exposed to.</p>
<b>Medium</b>	<p>Control weakness that has or is likely to have a medium impact upon the achievement of key system, function or process objectives.</p> <p>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.</p>
<b>Low</b>	<p>Control weakness that has a low impact upon the achievement of key system, function or process objectives.</p> <p>Implementation of the agreed recommendation is desirable as it will improve overall control within the system.</p>



## Definition of Audit Opinion Levels of Assurance

Opinion	Definition
<b>Full Assurance</b>	<p>The system of internal control meets the organisation's objectives; all of the expected system controls tested are in place and are operating effectively.</p> <p>No specific follow up review will be undertaken; follow up will be undertaken as part of the next planned review of the system.</p>
<b>Significant Assurance</b>	<p>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.</p> <p>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.</p>
<b>Moderate Assurance</b>	<p>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.</p> <p>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.</p>
<b>Limited Assurance</b>	<p>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.</p> <p>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.</p>
<b>No Assurance</b>	<p>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.</p> <p>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.</p>

**Follow Up Reviews**

There are no exceptions to report before Committee for 'follow up' reviews that have been completed.

## **Report of the Assistant Director – Prevention**

### **Statement of Assurance Update 2020-21**

#### **Purpose of Report**

1. To consider and approve the Statement of Assurance Update 2020-21 for publication.
- 

#### **Recommendation**

***It is recommended that the Committee adopts the Statement of Assurance Update 2020-21 and approves it for publication.***

#### **Introduction and Background**

2. The Government's Fire and Rescue National Framework for England 2018 requires Fire and Rescue Authorities to publish an Annual Statement of Assurance. The Statement is designed to provide members of the public with assurance on governance, financial and operational matters. It must also show that due regard is given to the expectations set out in the Community Risk Management Plan and other provisions in the National Framework.
3. The Statement of Assurance summarises key points and signposts the reader to relevant Fire Authority reports publicly available on the Service website. It sits alongside these reports and is not designed to reproduce them.
4. The last Statement of Assurance was also labelled 2020-21, although it provided information on the 2019-20 business year. From April 2021, a new reporting format has been adopted, which replaced the Fire Authority Annual Report with two smaller, focused reports; the Annual Service Review and the Annual Service Plan. To bring the Statement of Assurance into line, it has also been labelled 2020-21 as it covers the year 1 April 2020 to 31 March 2021. It is also labelled 'Update' to help readers to differentiate between the two.

#### **Statement of Assurance Update 2020-21**

5. The Statement is a short report designed to give staff, partners and members of the public assurance that the Authority continues to do everything it can to keep them safe as well as providing value for money.
6. The Statement covers three areas; governance, finance and operational (frontline response) matters. It provides information about how Authority funds are managed and how services are organised and carried out properly, efficiently and effectively. It reflects many other existing documents including the Annual Service Review 2020-21, the Community Risk Management Plan 2014-20 (as extended to 2021), the Annual Governance Statement and the Statement of

Accounts. The Statement also provides links to other assurance documents to help readers assess performance and value for money.

7. The year was dominated by the ongoing Covid-19 crisis and, like all other organisations, the Service has had to adapt in many ways, from ensuring staff were supported and kept safe to assisting the Ambulance Service in delivering key supplies. Our work during the early months of the pandemic was subject to scrutiny by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, who found that the Service had responded effectively in all but two aspects of protection and staff communication, and both have been quickly addressed.
8. Despite the pandemic, fire and rescue work continued well throughout the year. We attended just over 7,000 incidents, down 11 per cent on the previous year. We also prepared the new Community Risk Management Plan 2021-25 and managed to carry out a successful public consultation.

### **Scrutiny of the Statement of Assurance Update 2020-21**

9. Responsibility for scrutinising the Statement lies with the Audit and Standards Committee, and Members must satisfy themselves that the Statement, alongside other documents referenced in the report, provides appropriate levels of assurance to the public and Government in relation to governance, financial and operational matters.
10. Committee is asked to provide constructive scrutiny of the Statement and approve it for publication.
11. The Statement of Assurance Update 2020-21 is attached as Appendix 1. All previous Statements are available on the Service website.

### **Conclusion/Summary**

12. The Statement of Assurance Update 2020-21 is designed to provide assurance on governance, financial and operational matters. Much of the information in the Statement is already publicly available elsewhere, and links are provided in the document as advised in the national guidance.
13. Subject to Committee approval, the finalised version of the Statement will be published on the Service website. Members should note that hyperlinks in the document will be updated to provide links to the final Statement of Accounts, Annual Governance Statement and the External Audit Findings Report, which is reported elsewhere on your agenda.

## Corporate Considerations

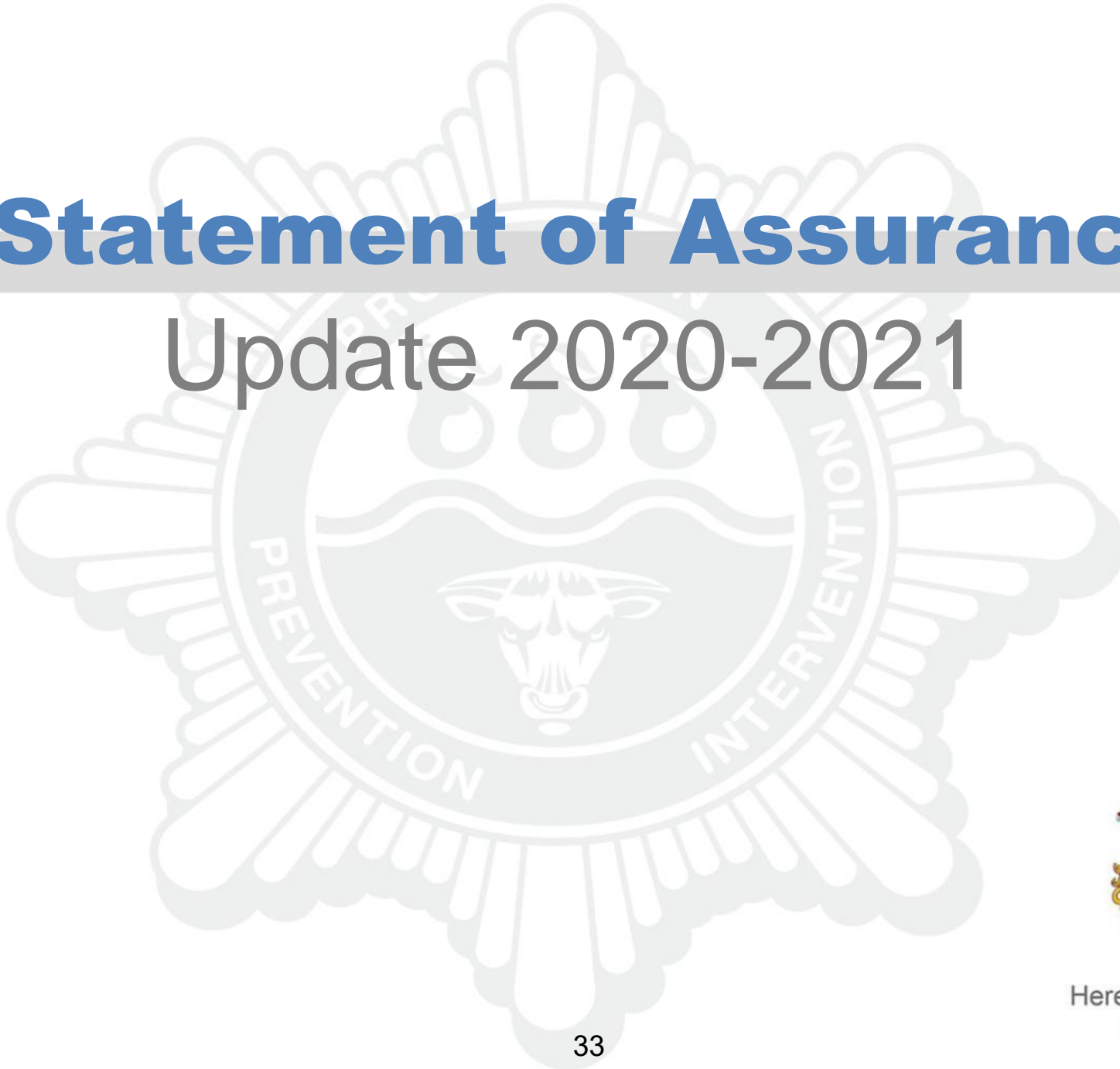
<p><b>Resource Implications</b> (identify any financial, legal, property or human resources issues)</p>	<p>The Statement is designed to provide assurance on resource management among other things.</p>
<p><b>Strategic Policy Links</b> (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).</p>	<p>The Statement sits alongside other key documents, including the Annual Service Review, the Annual Service Plan, the Statement of Accounts, the Annual Governance Statement and the Community Risk Management Plan.</p>
<p><b>Risk Management / Health &amp; Safety</b> (identify any risks, the proposed control measures and risk evaluation scores).</p>	<p>The Statement references the requirements in relation to risk management and health &amp; safety, where appropriate.</p>
<p><b>Consultation</b> (identify any public or other consultation that has been carried out on this matter)</p>	<p>Senior Management Board consultation undertaken.</p>
<p><b>Equalities</b> (has an Equalities Impact Assessment been completed? If not, why not?)</p>	<p>Not required. The Statement is an overview document. Links to Equality &amp; Diversity activities are highlighted where appropriate.</p>
<p><b>Data Protection Impact Assessment</b> (where personal data is processed a DPIA must be completed to ensure compliant handling)</p>	<p>Not required – no personal data is identified or processed in the Statement of Assurance</p>

## Supporting Information

Appendix 1: Statement of Assurance Update 2020-21

# Statement of Assurance

Update 2020-2021



Hereford & Worcester  
Fire Authority

# Foreword

The Statement of Assurance is an annual report designed to provide an assurance that we are doing everything we can to keep our communities safe and well.

It follows national guidance set out in the 2018 Fire and Rescue National Framework for England, which requires Fire and Rescue Authorities to provide assurance to our community and to government in three main areas:

- **Governance:** making sure our governance arrangements are delivering our services effectively and efficiently
- **Finance:** ensuring our financial arrangements are in order and providing good value for money, and
- **Operations:** organising our services to make sure risks are well understood and we have the right resources in place to tackle them effectively and safely.

The Statement also needs to have due regard to the expectations in the Community Risk Management Plan and the provisions of the National Framework.

The Statement is an update of the previous 2020-21 report in order to bring it into line with new reporting arrangements in place from 1 April 2021.

The Statement sits alongside our strategies, plans, policies and procedures – all of which can be viewed on the [Publications page](#) of the Service website.

The Statement covers the year up to 31 March 2021 – a year that has been dominated by one issue: Covid-19. The pandemic has affected every one of us, and you can read more about how the Service has responded later in the Statement. Thankfully, we are now well-advanced on the national vaccination programme; hopefully, heralding a return to some sense of normality in the coming year.

Despite the pandemic, our fire and rescue work continued throughout the year. We attended 7,016 incidents, down by 11% on the previous year.

During the year, we also prepared our new Community Risk Management Plan 2021-25, which sets out our plans for keeping people, their homes, communities and the environment safe.

As Chairman of the Fire Authority and Chief Fire Officer, we are satisfied that our governance, financial and operational assurance arrangements are effective and appropriate in supporting our aim to deliver our services to the best of our abilities for the communities of Herefordshire and Worcestershire.

Through this Statement, we want to give you an opportunity to review these arrangements and be assured that we have conducted our business in accordance with the law and proper standards and have used our public funding efficiently, effectively and economically.



Councillor Kit Taylor,  
Chairman of the Fire Authority



Jonathon Pryce, Chief Fire  
Officer / Chief Executive

# About us – our area

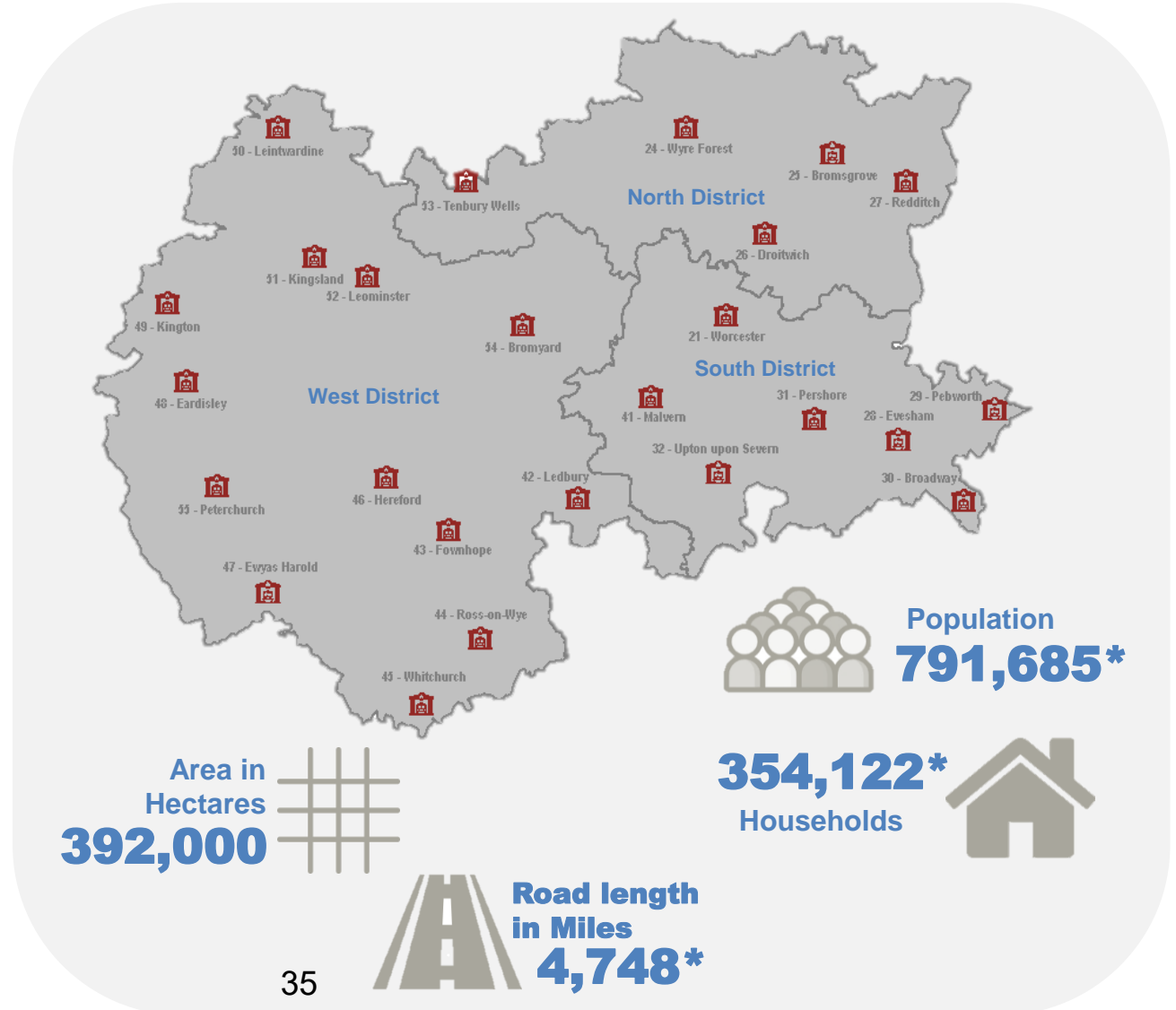
Hereford & Worcester Fire and Rescue Service (HWFRS) provides prevention, protection and emergency response services across Herefordshire and Worcestershire.

The two counties cover a large, mostly rural area of 1,500 square miles and are home to 791,685 people, three-quarters of whom live in Worcestershire.

To cover this very large area, we organise our services around three Districts – North, South and West – which provides a balanced response to community risk.

Within the area we have 25 fire stations, mostly located in the main towns, with 41 frontline fire engines supported by 28 specialist vehicles. These are placed strategically to be able to respond effectively and in a timely manner whenever an emergency call is received.

You can read more about our area and the Service on our [Website](#)



\* Mid-2020 estimates



# About us – our Service in 2020-21

Our work is driven by our **Core Purpose** ...

**Keeping people safe from fire and other risks – responding efficiently and effectively to incidents and emergencies.**

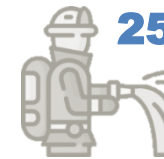
... and our **Values**:



**Staff Members**  
**688**  
 (774 roles)



**253**  
**Whole time firefighters**



**On call firefighters**  
**370**



**126**  
**Support Staff**



**Fire Control Staff**  
**25**



**25**  
**Fire Stations**



**Fire Engines**  
**41**

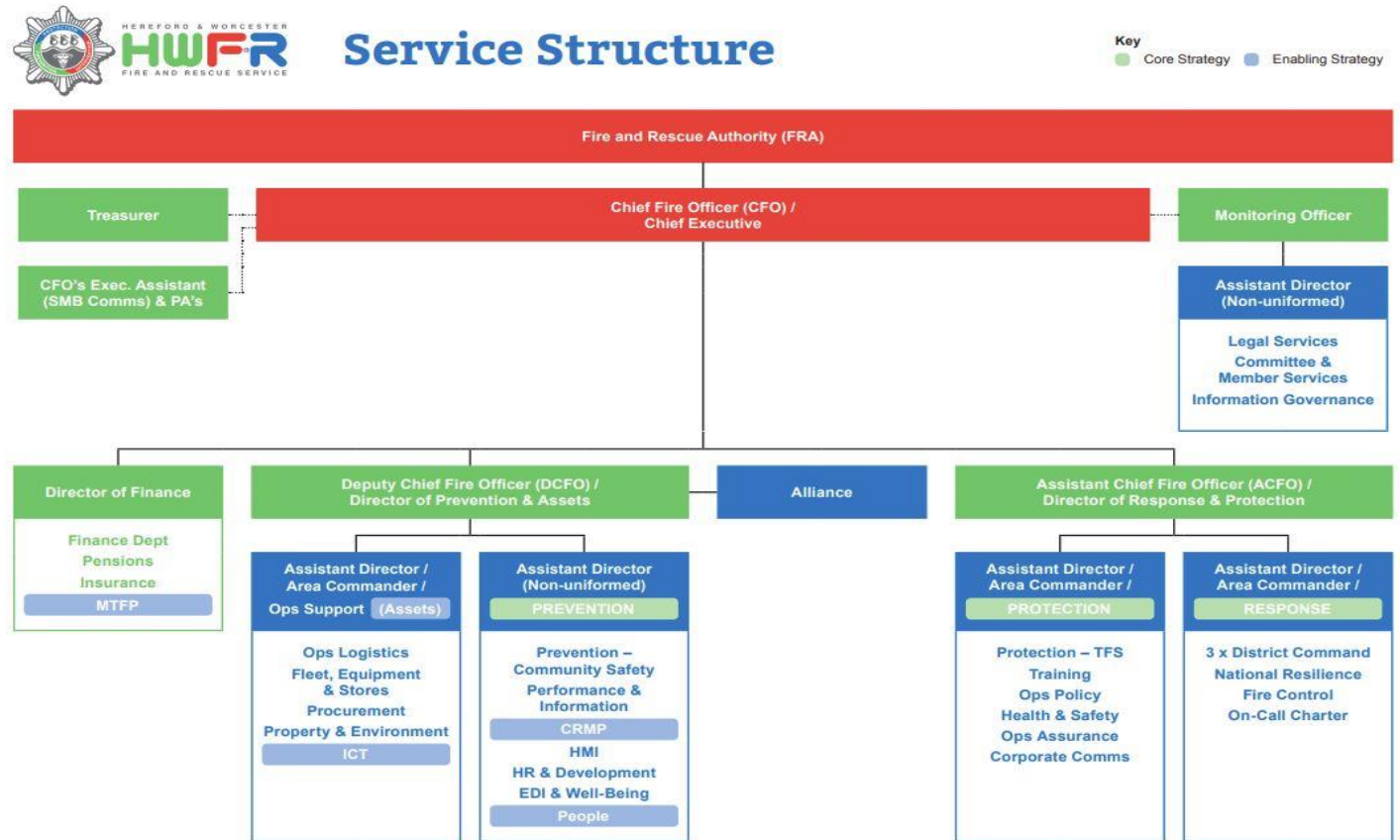


**Budget**  
**£36 Million**

# About us – our Structure

The chart shows how we organise our key prevention, protection and response services into directorates, and most staff are directly involved in delivering these services. They are assisted by professional teams providing support and enabling services such as finance, human resources, legal services and information and communications technology. There is also a Fire Control team, who are the frontline service for receiving emergency calls and deploying crews to incidents.

You can read more about how we are structured and managed on the [About Us](#) page on our Website.



# About us – our work in 2020-21

In 2020-21, we attended 7,016 incidents, about 135 each week. This was about 11% less than the previous year. We were called to fewer incidents in all three main categories: fires, special services (non-fire incidents) and false alarms. This includes a 27% fall in the number of non-fire incidents, mainly because of fewer road traffic collisions and flooding incidents during the year.

Over the year, we also continued to provide our key prevention and protection services, such as carrying out Safe & Well Checks, fitting smoke alarms targeted at vulnerable households and undertaking our risk-based audit programme for local business premises.

Throughout 2020-21, there was a significant focus on maintaining and strengthening the workforce through succession planning, including a new Chief Fire Officer, Assistant Chief Fire Officer and temporary Area Commanders. There was also recruitment and promotion for Group and Station Commanders and other new recruits to help to maintain our operational response capability.

The Annual Service Review 2020-21 provides an overview across all aspects of our work including Prevention, Protection, Response, Training and Fleet & Equipment. It also provides information on our new [Equality, Diversity & Inclusion Plan 2020-25](#).

You can also read about the impact of Covid-19; how it has affected the Service and how we are responding. There is also an article on how we are taking on board the recommendations of the Grenfell Tower Inquiry.

We also provide more information on our new Community Risk Management Plan 2021-25, which is our overall strategy for keeping people, their homes, communities and the environment safe.

You can read more about our work in our [Annual Service Review 2020-21](#), which is available on the Service website. You can also read about our plans for the coming year in our [Annual Service Plan 2021-22](#), also on the Service website.



# Governance Assurance - 1

The Service's governing body is Hereford & Worcester Fire Authority. It is made up of 25 local councillors, six from Herefordshire Council and 19 from Worcestershire County Council. Since October 2016, the Fire Authority has included the West Mercia Police and Crime Commissioner (PCC) in a non-voting capacity.

The Authority:

- makes sure the Service carries out its duties in relation to fire prevention, fire safety, firefighting and rescues, including road traffic collisions and other emergencies such as flooding, as set out in the Fire and Rescue Services Act 2004
- makes sure due regard is given to the terms and requirements set out in the Fire and Rescue National Framework for England, as updated in 2018
- sets the budget and approves the Service's overall direction
- appoints the Chief Fire Officer and makes sure the Service has the right people, equipment and training to deliver their services effectively and efficiently in the best interests of the communities of Herefordshire and Worcestershire.

The Authority normally meets four times a year and is supported by three main committees. Most meetings are held in public, though with the onset of the Covid-19 pandemic some meetings have been held virtually. These can be viewed on the [Fire Authority YouTube website](#).

Full details of the Authority, committees, meetings and decisions can be found on [Fire Authority page](#) of the Service website.

The Authority has a responsibility to ensure its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for. This is supported by a [Code of Corporate Governance](#) setting out how good governance will be promoted.

The main elements of the governance framework are:

- [Constitution](#) (including the Members Code of Conduct) – defines the roles and responsibilities of the Authority, Committees, Members and Officers
- [Audit and Standards Committee](#) – reviews arrangements for identifying and managing the Authority's business risks and the approval of policies

- [Monitoring Officer](#) – provides advice on the scope of powers and responsibilities of the Authority, and has a statutory duty to ensure lawfulness and fairness of decision making
- [Chief Financial Officer \(Treasurer\)](#) – ensures the sound administration of the financial affairs of the Authority as required by the statutory duties under the Local Government Act 1972, the Local Government Finance Act 1988 and the Account and Audit (England) Regulations 2015
- [Ethical Framework and Code of Conduct](#) – in place for all staff, and familiarisation is included in the induction process.

## Information Governance

The Service collects and maintains information and data to enable us to carry out our statutory duties. The Information Governance service within the Legal Services team ensures information is kept secure and is used fairly and properly. The [Access to Information](#) page of the Service website provides more information, including links to the Freedom of Information and Data Protection acts.

# Governance Assurance - 2

Each year, the Authority prepares an [Annual Governance Statement](#) (AGS) setting out how it meets its responsibilities.

It provides assurance in relation to seven Core Principles:

- A: Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law,
- B: Ensuring openness and comprehensive stakeholder engagement
- C: Defining outcomes in terms of sustainable economic, social and environmental benefits,
- D: Determining the interventions necessary to optimise the achievement of the intended outcomes
- E: Developing the entity's capacity, including the capability of its leadership and the individuals within it,
- F: Managing risks and performance through robust internal controls and strong public financial management
- G: Implementing good practices in transparency, reporting and audit to deliver effective accountability.

We have reviewed compliance against these Principles and are assured that all elements are met. This is set out in the [AGS Assurances 2020/21 and Action Plan 2021/22](#), which includes one area where minor action was required.

The Annual Governance Statement will be audited by the External Auditors and included in the External Audit Findings 2020/21 report. **To be updated when report is available**

## Internal Audit

During the year, the Worcestershire Internal Audit Shared Service (WAISS) carried out a number of audits in relation to Corporate Governance and System/ Management Arrangements. These audits help to ensure our systems and controls are adequate, effective and functioning correctly.

The audits examined Key Performance Indicators, Charge Cards and Asset Management Registers, and full assurance was achieved. The [Internal Audit Annual Report 2020-21](#) is available on the Service website for further information.

## Update on future governance

The provisions of the 2017 Policing and Crime Act enabled Police and Crime Commissioners (PCCs) to take on responsibility for fire and rescue services.

The West Mercia PCC subsequently submitted a plan to take on governance of both Hereford & Worcester and Shropshire fire and rescue services. The plan was approved by Government, but it was subject to a legal challenge by both Fire Authorities.

A judicial review of the challenge in June 2019 upheld the Home Secretary's decision. However, in the light of changing circumstances, the legal proceeding concluded. The Home Office added that they would not consider any business case until after PCC elections in May 2021.

Following his re-election in May 2021, the West Mercia PCC has reiterated his intention to submit a business case to take over governance of the two fire and rescue services.

# Financial Assurance

The Fire Authority is responsible for ensuring public money is properly accounted for and used efficiently and effectively. To ensure that sound financial management policies are in place, the Authority adheres to and implements the provisions of [Financial Regulations](#), updated in January 2020.

The Regulations cover all aspects of financial management and planning, the management of risks and resources, financial systems and processes, arrangements for joint working and delegation limits.

Assurance is provided through an Annual Statement of Accounts. The Statement is designed to provide a true and fair view of the financial position, including a statement of income and expenditure. In preparing the Statement, the Treasurer follows the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice on Local Authority Accounting in the United Kingdom.

The Fire Authority's arrangements to secure economy, efficiency and effectiveness in its use of resources is also subject to an independent assessment annually by External Auditors.

The latest [Statement of Accounts](#) covers the Authority's financial year ending 31 March 2021 and is available on the Service website along with the **External Auditor's** audit opinion. **(to be updated when report is available)**

## Internal Audit

To provide further assurance, every year a structured programme of internal audit reports of accountancy and finance systems is carried out by Worcestershire Internal Audit Shared Service in line with Public Sector Internal Audit Standards. During the year, five audits were undertaken: Main Ledger, Creditors, Debtors, Payroll & Pensions, and Capital Budgeting. The audit found an assurance level of "full" for the four core financial areas, no limited or below assurance areas, and no high priority recommendations. Further details can be found in the [Internal Audit Annual Report 2020-21](#).

## Budget

Each year, the Authority approves a [Medium Term Financial Plan](#), which sets out the resources needed to deliver our services, and agrees an annual budget. A Budget Monitoring report is also presented to the Fire Authority quarterly.

The budget for 2020-21 was £35.8m and a summary of how it was spent is included in the [Annual Service Review 2020-21](#). It shows that the annual cost to the average Council Tax Band D household was £85.99 or £1.65 per week. Full details of the budget and [Council Tax](#) are available on the Service website.

## Transparency

In addition to ensuring prudent financial management, the Authority is committed to promoting openness and accountability in local decision making, public spending and democratic processes. As part of this, it has adopted a [Transparency Code of Practice](#), which includes details of payments for goods and services to external bodies and suppliers above £250, details of salaries, allowances and expenses paid to staff and Members.

# Operational Assurance - 1

Framed by statutory responsibilities set out in the Fire and Rescue Services Act 2004, the Civil Contingencies Act 2004 and other strategic legislation and guidance, we organise our services to make sure our firefighters and communities are kept as safe as possible.

We aim to provide the best training and equipment for our firefighters to do their jobs safely and ensure they have the best incident command and operational leadership available. We constantly assess the level of risk across the two counties and use this to help organise how we target our prevention and protection services.

During the year, we prepared our new [Community Risk Management Plan 2021-25](#) (CRMP), which sets out the Authorities plans to meet current and future risks to our communities. Prepared in conjunction with Shropshire FRS's new Integrated Risk Management Plan as part of the formal [Strategic Fire Alliance](#) between ourselves and Shropshire, it features our plans for prevention, protection and emergency response over the next four years, as well as supporting our workforce and maintaining value for money.

The CRMP is supported by a number of more detailed strategies and risk analyses covering People & Places, Economy, Environment and Transport. All documents are available on the [Publications](#) page of the Service website. Also available are Station Risk profiles for each of our 25 fire stations, which can be found by following station links on the [Fire Stations](#) page of the website.

Key priorities and CRMP activities and plans in 2020-21 are set out in the [Fire Authority Annual Report 2020-21](#). This has now been replaced by two more accessible documents for future reporting - the [Annual Service Review 2020-21](#) and the [Annual Service Plan 2021-22](#).

## HMICFRS

[Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services](#) carry out inspections of fire and rescue services to assess their effectiveness, efficiency and support for their people. Because of the Covid-19 crisis, they suspended their inspection programme until early 2021. However, the Service continued to implement actions recommended in the 2018 inspection and [Improvement Plan](#) updates can be found on the [Publications](#) page of the Service website.

Over the autumn of 2020, HMICFRS carried out a national inspection of the fire and rescue service response to Covid-19 during the early months of the pandemic. Their [inspection letter](#) found that the Service had responded effectively, but could have done more in terms of protection and staff communication. Both of these areas have been quickly addressed.

# Operational Assurance - 2

## Operational Audits

Despite the restrictions arising from Covid-19, the Service's programme of Operational Assurance audits continued throughout the year.

There was a focus on safety critical Breathing Apparatus (BA) training, resulting in 100% operational personnel compliance completing the BA refresher for 2019-21. Station Assurance audits also gained 100% compliance in watch and on-call units completing the audit.

Practical Skills audits were unfortunately postponed given the Covid-19 circumstances, but audits were completed in key safety critical areas, including Compartment Fire Behaviour Training, First Response Emergency Care, learning from operational incidents and health and safety events.

Assessments of knowledge and understanding of safeguarding, operational discretion and information governance were also carried out, following minor amendments to guidance.

Self-assessments carried out by Watches and On-Call units were also examined to review how effective local management processes are, including driving licence checks, return to work interviews, appraisals and active incident monitoring completions.

Findings continue to be very positive in relation to practical and technical abilities and competencies demonstrated, with any outstanding actions needed noted and followed up.

While the impact of Covid-19 throughout the year led to a reduction of some activity, 100% of the Intel programme was delivered, and a significant number of risk reviews (254) were carried out for Care Homes across the two counties. Incident Command competence for all levels of Command across the organisation remained high at 98%, and this assurance supports and drives firefighter safety, particularly at operational incidents.

National Resilience assets also remained available throughout 2020-21 and supported the national High Volume Pump Capability Team with a revised programme for 2021-22 using new facilities available at the Wyre Forest Hub.



# Directory of assurance documents

## Governance

### [Annual Governance Statement 2020-21](#)

Other key governance documents can be found by following the links on the [Transparency Code of Practice](#) page of the Service website.

Key legislation includes:

- [Fire and Rescue Services Act 2004](#)
- [Civil Contingencies Act 2004](#)
- [Regulatory Reform \(Fire Safety\) Order 2005](#)
- [Fire and Rescue Services \(Emergencies\) \(England\) Order 2007](#)
- [Fire and Rescue National Framework for England 2018](#)
- [Local Government Act 1999](#)
- [Localism Act 2011](#)
- [Equality Act 2010](#)
- [Policing and Crime Act 2017](#)
- [Crime and Disorder Act 1988](#)
- [Health and Safety at Work etc. Act 1974](#)

## Finance

### [Annual Statement of Accounts 2020-21](#)

- Link to previous [Statements of Account](#)
- [Budget and Precept 2020-21](#) and [Medium Term Financial Plan](#), [Precept Appendices 1-9](#) and [Appendix 10 – Statement of Prudential Indicators](#)
- [Internal Audit Annual Report 2020-21](#)
- [External Audit Findings 2020-21 and Letter of Representation 2021](#)

Other key finance documents can be found by following links on the [Your Right To Know](#) page of the Service website.

Other legislation and guidance includes:

- [Local Government Finance Act 1988](#)
- [Accounts and Audit Regulations 2015](#)
- [Local Government Transparency Code 2015](#)
- [Public Sector Internal Audit Standards](#)
- [Local Audit and Accountability Act 2014](#)
- [Chartered Institute for Public Finance and Accountability \(CIPFA\) Codes of Practice](#)

## Operations

The Fire Authority publishes reports on all its services, including the overall strategy, operational performance, policies and financial plans. Key documents can be found on the [Publications](#) page of the Service website and through the [Publication Scheme](#). Key links include:

- [Fire Authority Annual Report 2020-21](#) – now replaced by the [Annual Service Review 2020-21](#) and the [Annual Service Plan 2021-22](#)
- [Community Risk Management Plan 2021-2025](#)
- [Annual Performance Report 2020-21](#)

The Service website also provides a wide range of information about the Fire Authority and the services delivered by the Fire and Rescue Service. The [Home page](#) will take you to all the links including essential [Safety and Advice](#) information and guidance, [News and Events](#) and recruitment opportunities through our [Join Us](#) page.

# Contact us ...

We always welcome any views or comments on our plans, so if you want to contact us about any issues, please visit our website at [www.hwfire.org.uk](http://www.hwfire.org.uk) where you will find full contact details along with links to further information about our services and activities.

If you have any general enquiries, please call 0345 122 4454 or email us at [info@hwfire.org.uk](mailto:info@hwfire.org.uk).

You can also follow us on  
Twitter [www.twitter.com/hwfire](https://www.twitter.com/hwfire)

or find us on

Facebook [www.facebook.com/hwfire](https://www.facebook.com/hwfire)

Alternatively, you can write to us at:

Hereford & Worcester FRS Headquarters  
Hindlip Park  
Worcester  
WR3 8SP

**If you would like this information in an alternative language or format such as large print or audio, please contact us on 0345 122 4454**

## Your right to know: access to information

A great deal of information on the Service is available in the public domain through our Publications Scheme and Transparency links on the Service website. If you need assistance, Service staff will help you to obtain the information you want, unless disclosure would be against the law.

You have a right to request information under the [Freedom of Information Act 2000](#), which gives you a general right of access to recorded information held by the Service. The Act is designed to ensure greater accountability, as well as to promote a more open culture. If you want to know what personal information is held about you, you can make a request under the [Data Protection Act 1998](#). To find out more, please click on the [Access to Information](#) link.

## Report of the Assistant Director - Prevention

### Prevention Cause of Concern – Action Plan

#### Purpose of report

1. To present the action plan to discharge the Cause of Concern issued by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in relation to Prevention Activity.
- 

#### Recommendation

***It is recommended that the action plan created to discharge the cause of concern in relation to our Prevention activity is noted.***

#### Introduction and Background

2. Following their recent inspection, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) has issued the Service a Cause of Concern via a letter on 29 June 2021 from Wendy Williams (Lead Inspector). Please see Appendix 1 for a copy of the letter. This states that –

*'Prevention Activity is not a sufficiently high priority for the Service, and it is not adequately identifying those most at risk from fire.'*

3. Whilst this is disappointing, and the Senior Management Board were anticipating this feedback, plans were already developed within the Service to address some of the key areas identified by the inspectorate.
4. The recommendations from the HMICFRS are that, by 31 August 2021, the Service should have plans in place for -
  - a) An effective system to define the levels of risk in the community.
  - b) The development and delivery of a prevention strategy that prioritises the people most at risk of fire and ensures that work to reduce risk is proportionate.
  - c) The review of systems and processes for dealing with referrals from partner agencies. This is to make sure they are managed effectively and the backlog of safe and well visits is reduced and resourced in accordance with risk.

5. The Service was therefore required to provide the inspectorate an action plan by 31 August 2021 setting out how we intend to address the issues identified above. The inspectorate will revisit the Service in autumn 2021 to review progress.
6. An action plan has been finalised and sent to the inspectorate to discharge the cause of concern and is attached at Appendix 2.
7. The action plan has been produced via the Prevention Improvement Panel (PIP), created to support and discharge the action plan, led by the Deputy Chief Fire Officer. The action plan has been endorsed and signed off by the Senior Management Board.

8. **Action Plan**

The action plan centres on the main recommendations as outlined in paragraph 3 and is split into three objectives with each action having a measurable timeframe for delivery.

The action plan will complement the new core Prevention Strategy launched across the Service on 30 July 2021.

The action plan, attached at Appendix 2, confirms that significant work has already been completed to support delivery of the recommendations. For example, the Prevention Strategy is now live and the backlog of Safe and Well Checks has reduced significantly. A number of temporary posts have been recruited to, allowing a full resource mapping analysis to be undertaken.

The Prevention Improvement Panel will work to the action plan and focus on articulating our definition of the categories of people who are most at risk from fire, road traffic collisions and other risks. Using this data and analysis we will identify the risk groups who fall into those categories, and collate a position statement determining what constitutes high, medium and low risk to complement our Community Risk Management Plan using this data to target activity.

The Prevention team have responded very professionally and quickly to the HMICFRS cause for concern, embracing this challenge as an opportunity using it to learn and grow.

9. **Conclusion/Summary**

This paper presents the action plan to discharge the HMICFRS Cause of Concern in relation to Prevention and identifies the key work streams required to make the necessary improvements.

## Corporate Considerations

<p><b>Resource Implications</b> (identify any financial, legal, property or human resources issues)</p>	<p>It is anticipated that the resource profiling work may indicate additional resource is required to provide sustainable prevention services. SMB will be kept appraised as the action plan and Improvement Panel are embedded.</p>
<p><b>Strategic Policy Links</b> (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).</p>	<p>This directly links to the HMICFRS Improvement Plan, the Prevention Strategy and Response Strategy. In addition this complements our CRMP.</p>
<p><b>Risk Management / Health &amp; Safety</b> (identify any risks, the proposed control measures and risk evaluation scores).</p>	<p>Risk assessments will be undertaken as required should recommendations to alter prevention service delivery be required.</p> <p>The Prevention Cause of Concern has been added to the Prevention Department Risk Register and has also been escalated to sit on the Strategic Risk Register.</p>
<p><b>Consultation</b> (identify any public or other consultation that has been carried out on this matter)</p>	<p>Employees and representative bodies will be kept appraised of developments as the action plan is created via JCC.</p>
<p><b>Equalities</b> (has an Equalities Impact Assessment been completed? If not, why not?)</p>	<p>An impact assessment will be completed as required.</p>
<p><b>Data Protection Impact Assessment</b> (where personal data is processed a DPIA must be completed to ensure compliant handling)</p>	<p>An impact assessment will be completed as required.</p>

## Supporting Information

Appendix 1 – Letter from Wendy Williams (Lead Inspector) Regarding Cause of Concern  
Appendix 2 – Prevention Cause of Concern Action Plan

**Wendy Williams CBE**

Her Majesty's Inspector of Constabulary  
Her Majesty's Inspector of Fire & Rescue Services

Chief Fire Officer Jon Pryce  
Hereford & Worcester Fire & Rescue

29 June 2021

Dear Jon,

**HEREFORD & WORCESTER FIRE AND RESCUE INSPECTION - FOLLOW UP**

Thank you for hosting the HMICFRS inspection team during our recent inspection. I know you were provided with initial feedback on 7 June 2021.

2. During the debrief, we shared our initial findings from the inspection fieldwork. The team described how the service has effective procedures in place for dealing with major and multi - agency incidents.
3. The inspection team also outlined areas where we felt improvement was needed. Following consideration of the evidence we collected I am writing to outline a cause of concern in relation to how Hereford & Worcester FRS keeps the public safe through prevention activity.
4. We found that the service does not have a clear prevention strategy that identifies and prioritises those most at risk from fire. The service is making very limited use of risk modelling information to ensure prevention activity is targeted at the most vulnerable. We were concerned that prevention activity is not a sufficiently high priority for the service, and it has limited productivity when compared to other similar Fire & Rescue Services. There is limited capacity in the prevention team to deal with referrals, post fire prevention activity and campaigns. There is currently a backlog

of referrals for the prevention team to complete and at the time of the inspection operational crews were doing very limited prevention activity. As was found in the round one inspection in 2018, there is also limited evaluation of prevention activity to assess its impact.

**Cause of concern**

Prevention activity is not a sufficiently high priority for the service, and it is not adequately identifying those most at risk from fire.

**Recommendation(s):**

By 31 August 2021, the service should have plans in place for:

- An effective system to define the levels of risk in the community.
- The development and delivery of a prevention strategy that prioritises the people most at risk of fire and ensures that work to reduce risk is proportionate.
- The review of systems and processes for dealing with referrals from partner agencies. This is to make sure they are managed effectively, and the backlog of safe and well visits is reduced and resourced in accordance with risk.

5. As a result of these concerns, I should be grateful if you would provide an action plan that sets out how you intend to address the issues we identified, by 31 August 2021. I have asked the inspection team to revisit your service in the Autumn to review the progress being made against your plan in relation to the above areas. Your service liaison lead, Andy Groom, will be in touch to discuss arrangements for the revisit.

6. I understand this will be a challenging time for you and the service and I would be happy for you to meet with the team if you require further clarification. I am copying this letter to the Chair of Hereford & Worcester Fire and Rescue Authority, Cllr Kit Taylor.

Yours Sincerely,



**Wendy Williams CBE**

Her Majesty's Inspector of Constabulary

Her Majesty's Inspector of Fire & Rescue Services



HEREFORD & WORCESTER  
**HWFR**  
FIRE AND RESCUE SERVICE

# Prevention Cause for Concern Action Plan

31 August 2021

How Hereford & Worcester Fire and Rescue Service  
Keeps the Public Safe through Prevention Activity

Strategic Lead: Anna Davidson – Assistant Director: Prevention



## Cause for concern raised by HMICFRS:

Prevention activity is not a sufficiently high priority for the service, and it is not adequately identifying those most at risk from fire.

## Recommendations:

By 31 August 2021, the service should have plans in place for:

1. An effective system to define the levels of risk in the community.
2. The development and delivery of a prevention strategy that prioritises the people most at risk of fire and ensures that work to reduce risk is proportionate.
3. The review of systems and processes for dealing with referrals from partner agencies. This is to make sure they are managed effectively, and the backlog of safe and well visits is reduced and resourced in accordance with risk.

## Detailed Findings:

We found that the service does not have a clear prevention strategy that identifies and prioritises those most at risk from fire. The service is making very limited use of risk modelling information to ensure prevention activity is targeted at the most vulnerable. We were concerned that prevention activity is not a sufficiently high priority for the service, and it has limited productivity when compared to other similar Fire & Rescue Services. There is limited capacity in the prevention team to deal with referrals, post fire prevention activity and campaigns. There is currently a backlog of referrals for the prevention team to complete and at the time of the inspection operational crews were doing very limited prevention activity. As was found in the round one inspection in 2018, there is also limited evaluation of prevention activity to assess its impact.

*Source: HMICFRS letter to CFO Jon Pryce 29-06-21*

## What does good look like?

The FRS has developed and implemented an ambitious prevention strategy which is informed by local risk and complies with statutory requirements.

The FRS prevention plan is clear about where the greatest risks lie within its area and sets out a clear rationale for the level of activity to prevent fires and other risks.

The FRS uses the findings from prevention, protection and response activity to adapt its prevention plan. FRS prevention activity meets community expectations, and its core functions are sustained regardless of other discretionary priorities for the FRS.

The FRS targets its communications to provide information about fire prevention and to promote community safety. The FRS has a comprehensive understanding of the diverse needs of its communities and ensures that its engagement and communication is designed to be appropriate and accessible to meet those diverse needs.

FRS staff are able to recognise the opportunity to prevent fires and other risks, and are able to take appropriate action.

The FRS works with other FRSs, a wide range of partner organisations and diverse sections of the community to reduce the number of fires and other risks.

The FRS evaluates the impact of its prevention activity and uses this evaluation to improve its own and partners' approaches.

*Extracts from HMICFRS Judgment Criteria*

## **Aim:**

Hereford & Worcester Fire and Rescue Service aims to discharge the action plan by July 2022.

## **Objectives:**

A summary of key actions required including timescale for delivery.

All actions / evidence collated to meet our objectives will be signed off by a lead officer and the Prevention Improvement Panel. Progress against the objectives will be scrutinised by the Senior Management Board.

## Objective 1:

To have an effective system to define the levels of risk in the community.

### Key:

AD	Assistant Director: Prevention
GCP	Group Commander: Prevention
SCP	Station Commander: Prevention
SCH	Station Commander: HMICFRS
PM	Prevention Manager
SCM	Station Commander Malvern
GCN	Group Commander North District
DCFO	Deputy Chief Fire Officer
CFO	Chief Fire Officer

		Completion Date	Lead	Signed Off By/Date
1.1	Add the cause for concern onto the Prevention Risk Register and escalate onto the Strategic Risk Register	26.07.21	GCP PM	AD 27.07.21
1.2	Review of data sources / systems, seeking 3 quotes for replacement geographic information and modelling software, linked to joint system with Protection Directorate	30.09.21	SCH GCP	
1.3	Articulate our definition of the categories of people who are most at risk from fire, RTC and other risks to ensure what we mean by risk underpins what we do, i.e. to understand who we target as those most vulnerable and at risk in our communities and communicate that effectively. Using data to identify the risk groups determine those who fall into those categories. Collate into a position statement of risk groups and determine what constitutes high, medium and low risk to complement our Community Risk Management Plan.	30.09.21	GCP PM SCP	
1.4	<b>Milestone.</b> Review data sets and devise a clear procedure to establish where the greatest risks lie within the Service area, setting out a clear written rationale for the level of activity to prevent fires and other risks	30.10.21	GCP	
1.5	Following the review of data sources - create a clear rationale being explicit about what data we use and how we use it – map into a flow chart / clarification document	Q4 2021/2022	GCP PM SCP	
1.6	Review community data breakdown to establish which equality of access guidance documents would be most useful to prioritise and use as a Service, mapping recommendations into a paper for SMB	30.11.21	SCP	
1.7	As recommended in the Prevention Fire Standard, attend regular regional FRS Prevention working group meetings to share best practice to drive innovation and continuous improvement	ongoing	PM	
1.8	In line with the new NFCC guidance on Home Fire Safety Visits (HFSV), review the classification of prevention checks we undertake and publish a summary document	31.12.21	PM	
1.9	<b>Milestone.</b> An effective system to define the level of risk in the community will be in place and reviewed annually.	Q4 2021/2022	GCP PM SCP	

## Objective 2:

To develop and deliver a prevention strategy that prioritises the people most at risk of fire and ensures that work to reduce risk is proportionate.

### Key:

AD	Assistant Director: Prevention
GCP	Group Commander: Prevention
SCP	Station Commander: Prevention
SCH	Station Commander: HMICFRS
PM	Prevention Manager
SCM	Station Commander Malvern
GCN	Group Commander North District
DCFO	Deputy Chief Fire Officer
CFO	Chief Fire Officer

		Completion Date	Lead	Signed Off By/Date
2.1	Communicate the Cause for Concern with Prevention Team	12.07.21	AD GCP	AD 12.07.21
2.2	Progress to date, following the cause of concern issued for prevention activity, reported to SMB	13.07.21	AD	DCFO 13.07.21
2.3	Prevention Improvement Panel established and Terms of Reference confirmed	14.07.21	AD	AD 14.07.21
2.4	Review Prevention Fire Standard and perform gap analysis against Prevention Strategy	21.07.21	AD PM	AD 21.07.21
2.5	Finalise, publish and promote Prevention Strategy, including KPI's for monitoring to assess the impact of prevention activity	30.07.21	AD DCFO CFO	CFO 30.07.21
2.6	Finalise the Prevention Strategy Action Plan and communicate to all staff, as well as agreeing with Station based managers	30.09.21	GCP	
2.7	In line with the new NFCC guidance on HFSVs. Collate and map quarterly KPI's for monitoring via P&I department to evaluate prevention activity and assess its impact	31.10.21	GCP PM SCP	
2.8	Create and publish a communication plan to articulate and share prevention aims across the service	30.11.21	GCP	
2.9	In line with the new NFCC guidance on Home Fire Safety Visits (HFSV), formalise the plan for how we establish and maintain a competent and professional workforce to deliver prevention activities, to include the provision of safeguarding training, in a paper /statement of intent	31.12.21	PM	
2.10	We will apply an agile and proportionate approach to assessing risk based on need, which will range from telephone advice, to a short HFSV, then up to a full 3 hr Safe and Well check with referrals and partners. Applying an efficient and risk based approach will ensure volume and quality in the delivery of our services.	31.12.21	PM	
2.11	In line with the Prevention Fire Standard, establish a process to identify and capture feedback from a range of sources; to drive innovation and continuous improvement and enhance future performance. Review and publish the customer feedback and compile an annual report of recommendations.	31.03.22	PM	
2.12	Develop a means of evaluating prevention activity to assess its impact of on the local community	30.04.22	PM GCP	
2.13	Undertake efficiency based value review, measuring resources in versus outputs, and continue to monitor efficiency.	30.04.22	PM GCP	
2.14	Investigate a body to undertake a peer review or external assessment of delivery against our strategy	30.04.22	GCP	

## Objective 3:

To review the systems and processes for dealing with referrals from partner agencies. This is to make sure they are managed effectively and the backlog of safe and well visits is reduced and resourced in accordance with risk.

### Key:

AD	Assistant Director: Prevention
GCP	Group Commander: Prevention
SCP	Station Commander: Prevention
SCH	Station Commander: HMICFRS
PM	Prevention Manager
SCM	Station Commander Malvern
GCN	Group Commander North District
DCFO	Deputy Chief Fire Officer
CFO	Chief Fire Officer

		Completion Date	Lead	Signed Off By/Date
3.1	Extend x4 Fixed Term Prevention Technician contracts until 31.12.21 to increase capacity pending a review of resources	30.06.21	PM	AD 30.06.21
3.2	Confirmation to Response to confirm they will complete home fire safety check as of 19.07.21 pending a full review of prevention work streams by the Prevention Department	16.07.21	AD PM	AD 16.07.21
3.3	Response and Prevention managers to meet to determine our classification of checks	04.08.21	PM SCP GCP	GCP 04.08.21
3.4	Reduce the backlog of checks from 500 to 250	03.08.21	PM SCP	AD 03.08.21
3.5	Eliminate historical backlog of remaining checks, and ensure future campaigns and processes keep a check and balance on any future backlogs. Develop processes to be more agile and ensure if backlogs accrue they are identified and quickly discharged.	30.10.21	PM	
3.6	Obtain feedback from Response Managers on their time and motion study to inform the time available for crews to undertake prevention activity on a weekly basis	03.09.21	GCN	
3.7	Undertake a resource mapping exercise, measured against the Prevention Strategy, to determine a long term sustainable prevention resource, and total service resources required to deliver a sustainable programme of prevention activity in line with the Strategy to include referrals, post fire prevention activity and campaigns	30.09.21	GCP PM SCP	
3.8	Paper to SMB to define what the Prevention department and Response teams deliver, what resource there is currently, how we will apply it and finally what we expect to deliver annually with that resource. If additional resources or structural changes are required this will be clearly recommended in this paper	26.10.21	AD GCP	
3.9	Allocate clear workloads and targets (with regular KPI management) to Response crews	27.10.21	GCP	
3.10	Establish quality assurance process for Home Fire Safety Visits	30.11.21	PM	
3.11	Review systems and processes for dealing with referrals from partner agencies, including development of on-line referral form for partner agencies and members of the public to ensure referrals are managed effectively	30.11.21	PM	
3.12	Define clearly the systems and processes for working with other agencies and formalise the partnership working approach and process for feeding back to partner agencies via a paper / statement of intent and include in the Prevention Action Plan. Consider the need to rationalise in some areas the ways we work with multiple partners and manage referral more efficiently.	31.10.21	PM SCP	
3.13	Working with Corporate Communications develop and publish a Prevention communications plan	31.10.21	PM SCP	
3.14	Work with relevant partners to plan, promote, support and deliver prevention activities in line with the risks outlined in our CRMP, formalise into an annual plan	30.01.22	PM SCP	

## **Report of Assistant Chief Fire Officer (Response & Protection)**

### **Health and Safety Committee Update: April – June 2021 (Quarter 1)**

#### **Purpose of report**

1. To provide a Health & Safety update on activities and items of significance.
- 

#### **Recommendation**

***It is recommended that the following issues, in particular, be noted:***

- (i) The involvement of the Service in Health and Safety initiatives;***
- (ii) Health and Safety performance information recorded during April to June 2021 (Quarter 1)***

#### **Introduction and Background**

2. Hereford & Worcester Fire and Rescue Service (HWFRS) aims to ensure the safety and well-being of its employees and reduce and prevent accidents and injuries at work, as outlined in the People Strategy 2020-2022.
3. The Health and Safety Committee is established to provide effective arrangements for the liaison and review of matters of common interest concerning Health and Safety (H&S). The Committee provides the opportunity for the Service to discuss general H&S issues and consult with the workforce via employee representatives. The Committee is chaired by the Assistant Chief Fire Officer and last met on 8<sup>th</sup> September 2021.
4. The Committee has the facility to task work to the H&S Working Group, which sits beneath it and is chaired by the Group Commander responsible for Health and Safety. The group meets as and when required. At the Committee meeting held on 16<sup>th</sup> June 2021, the Working Group was formally tasked with the following:
  - To implement the findings from the NFCC's Death in the Workplace report.
  - To promote and improve fitness across the Service.

## Health & Safety Initiatives Update

### National Activities

5. Updated COVID guidance has been issued by HM Government and the National Fire Chiefs Council (NFCC). This guidance provides advice and support to organisations in managing COVID restrictions, including the updated recommendations regarding self-isolation. HWFRS has implemented and managed this guidance through the COVID Response and Recovery Groups.

### Regional Activities

6. The regional audit programme, a partnership between Fire and Rescue Services (FRS) from across the West Midlands region, will be reintroduced during Quarter 2. It utilises H&S Subject Matter Experts (SME) from each FRS, with findings and learning outcomes shared across the partnership to enhance health and safety. A GAP analysis is completed following each peer assessment to ensure that HWFRS adopts any learning and maintains compliance against H&S legislation. As part of this programme, HWFRS's Health and Safety Advisor will support Shropshire FRS's audit in September.

The themes of the audit are:

- Water rescue
- Transport procurement
- Provision & Use of Work Equipment Regulations (PUWER)
- Equipment checks and safety files.

### HWFRS Local Activities

7. Following on from the last update provided in the Quarter 4 report, HWFRS have continued to monitor and implement safe systems of work via the COVID Response and Recovery Groups. Following changes to the COVID guidance on 19<sup>th</sup> July 2021, best practice guidance has been shared with departmental managers to ensure the 'Covid Secure' assessments are in place. These assessments are regularly reviewed along with other premises risk assessments, such as 'Fire Risk Assessments'. Furthermore, the changes to self-isolation procedures, implemented from 16<sup>th</sup> August 2021, have also been issued.
8. The risk assessment database (Figure 1) is owned and maintained by local managers and reviewed by the H&S Advisor. Each risk assessment has a review period, and managers are prompted to carry out reviews. Where risk assessments are no longer applicable, they are archived from the database. During Quarter 1, 396 risk assessments were reviewed, and 38 new risk assessments were created.



**Figure 1 – Risk Assessment Database**

Location	Quarter 2 (20/21)		Quarter 3 (20/21)		Quarter 4 (20/21)		Quarter 1 (21/22)	
	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	115	12	119	6	92	14	140	6
South District	99	15	75	20	102	18	105	12
West District	128	112	95	8	69	19	89	19
Training Centre	56	1	29	2	96	2	21	0
Others	8	20	1	11	30	4	41	1
<b>Total</b>	<b>406</b>	<b>160</b>	<b>319</b>	<b>47</b>	<b>389</b>	<b>57</b>	<b>396</b>	<b>38</b>

### H&S Working Group activity updates

9. Following the last H&S Committee, the working group has been tasked with reviewing the NFCC's Death in the Workplace report. A GAP analysis has been completed, this has been circulated to the group for comment, and a meeting arranged to recommend implementing the report's findings.
10. Furthermore, a subgroup has been formed and met in early September to promote and improve fitness across the Service. This group will develop an action plan that will be brought back to the H&S Committee for consideration.

### Quarter 1 Performance Report

11. Appendix 1 provides details relating to all safety events reported and investigated during Quarter 1 of the 2021-22 reporting year (April – June).
12. The total number of safety events reported in Quarter 1 decreased by ten compared to the previous quarter. The most significant decrease, and reason for the overall reduction, was in reporting of Near Hit / Cause for Concerns (-6). However, there has been a slight increase in personal injuries (+1) and vehicle collisions (+1). All other categories observed a slight decrease in occurrences.
13. During the period, there were two Violence and Aggression incidents. The first of these incidents was minor in nature and controlled by the local officer in charge with no requirement for police assistance. However, the second incident involved a threat from a member of the public who had a firearm. Crews withdrew and requested assistance from West Mercia Police.
14. During the period, there has been a slight increase in Vehicle Collisions. There have been a number of events involving emergency vehicles responding to incidents in congested/restricted access areas. As a result, local action has been taken in these areas to educate residents on the requirements of access for emergency vehicles.

15. Two injuries have been reported to the Health & Safety Executive (HSE) under the RIDDOR regulations. Both of these cases were reported because they involved injuries that were over seven days in duration. One basic specialist investigation occurred linked to RIDDOR due to a personal injury, where a hospital visit was required.
16. Finally, manual handling continues to account for the largest proportion of personal injury incidents. This trend is mirrored across the region. As a result, a regional action plan is currently being developed to address this situation. Internally, HWFRS's Operational Assurance team will be undertaking an audit of manual handling training to ensure competence is being maintained across the entire workforce.

### Corporate Considerations

<b>Resource Implications</b> (identify any financial, legal, property or human resources issues)	Contained within H&S budgets and departmental capacity.
<b>Strategic Policy Links</b> (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	Corporate Strategy: ensuring firefighter safety.
<b>Risk Management / Health &amp; Safety</b> (identify any risks, the proposed control measures and risk evaluation scores).	Reduces the overall impact for H&S management in the areas identified and safeguards the Services legal requirements.
<b>Consultation</b> (identify any public or other consultation that has been carried out on this matter)	Representative bodies attend H&S Committee and are fully consulted on H&S matters.
<b>Equalities</b> (has an Equalities Impact Assessment been completed? If not, why not?)	N/A
<b>Data Protection Impact Assessment</b> (where personal data is processed a DPIA must be completed to ensure compliant handling)	N/A

### Supporting Information

Appendix 1: Quarter 1 (April to June 2021) Event Reporting and Summary

## Health and Safety Quarterly Report Quarter 1 (April – June 21) Event Reporting and Summary

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### 1. Overview

In the period April to June 2021 a total of **46** Health and Safety (H&S) events were reported. They fall into the categories of:

- 18 Personal Injury
- 14 Vehicle Collisions
- 2 Property or Equipment
- 9 Near Hits or Causes for Concern
- 2 Violence or Aggression
- 1 Exposure or Contamination

Individual detailed summaries of reporting in the key areas above are outlined in Appendix A.

### 2. Breakdown of Events

#### By Activity

Table 1 shows that during Q1, personal injuries and vehicle collisions were the most frequently reported incidents. Personal injuries occurred mostly during training activities. The majority of vehicle collisions occurred during operational activities, however only 3 were during emergency response phase.

	<b>Total</b>	<b>Training</b>	<b>Operational Activities</b>	<b>Routine Activities</b>	<b>Non-Service Related Activities</b>
<b>Total H&amp;S Events Q1</b>	<b>46</b>	<b>13</b>	<b>16</b>	<b>13</b>	<b>4</b>
Personal Injury	18	10	3	3	2
Vehicle Collision	14	0	7	5	2
Property or Equipment Failure	2	0	1	1	0
Near Hit or Cause for Concern	9	3	3	3	0
Exposure or Contamination	1	0	1	0	0
Violence or Aggression	2	0	1	1	0

*Table 1: Safety Event Breakdown Q1 2021-2022*

### By Injury Type

Table 2 identifies manual handling as being the main cause of personal injuries. The incidents classified as 'other' related to a firefighter trapping their finger in a piece of equipment, and another suffering from a muscle strain.

<b>Total Personal Injuries</b>	<b>18</b>
Manual Handling	7
Slips, Trips & Falls	3
Hit by Moving Object	2
Hit Stationary Object	3
Burns – Operational	0
Burns – Training	1
Other	2

*Table 2: Personal Injury Breakdown Q1 2021-2022*

### By Vehicle Type

Table 3 highlights that vehicle collisions during this quarter have mostly involved cars or vans whilst off blue lights.

<b>Vehicle Collisions</b>	<b>Fire Engines</b>		<b>Cars and Vans</b>		<b>Non-Service related</b>
	On blue lights	Off blue lights	On blue lights	Off blue lights	
<b>Total Collisions</b>	3	3	0	7	1

*Table 3: Vehicle Breakdown Q1 2021-2022*

### Vehicle Mileage Statistics

Vehicle mileage statistics for the year 2020-2021 were provided by the Operational Logistics Fleet Department and have been used to predict vehicle mileage for 2021-22. These are summarised in Table 3A below. It can be seen that there were seven white fleet safety events out of approximately 74,095 miles driven, which equates to one event for every 10,585 miles driven.

The six safety events involving red fleet vehicles were out of approximately 52,933 miles driven, which equates to one event for every 8,822 miles driven.

<b>Fleet</b>	<b>Total Mileage 2020-2021</b>	<b>Predicted Mileage Q1 2021-2022</b>
White Fleet	296,381	74,095
Red Fleet	211,732	52,933
	<b>Totalling 508,113 miles</b>	<b>Totalling 127,028 miles</b>

*Table 3A: Vehicle Mileage Statistics Q1 2021-2022*

### **3. Events Requiring Investigation during Quarter 1 (April – June 21)**

#### **Tier One Investigations**

A Tier One standard investigation is required for all safety events and is usually conducted by the on-duty / line manager present at the time of the event. Events that are minor in nature usually remain at this tier.

#### **Tier Two Basic Specialist Investigations**

In addition to the standard investigation required for Tier One, a Basic Specialist Investigation (SI) is required for:

- Rare, unusual or unlikely events resulting in either serious injuries or losses, or with the potential to incur such injuries or losses.
- Events involving Breathing Apparatus (BA).
- Near Hits resulting from unusual conditions or with the potential to cause serious injury or loss that are rare or unlikely to reoccur.

One safety event reported during Q1 required a Tier Two Basic Specialist Investigation:

- 1313 - 1 relates to a personal injury. Whilst tightening a suction hose onto the pump the firefighter trapped their finger between the collar and the equipment underneath. Trip to A&E required. BASIC SI. Over 7 day injury.

#### **Tier Two Full Specialist Investigations**

A full SI may be assigned immediately or following a Basic SI and is required for:

- Possible or likely events resulting in serious injuries or losses.
- All significant events involving Breathing Apparatus (BA).
- Near Hits resulting from unusual conditions or with the potential to cause serious injury or loss that are possible or likely to reoccur.

No safety events were reported during Q1 that required a full Specialist Investigation.

#### **Tier Three MERP Specialist Investigations**

A Tier Three Specialist Investigation is conducted as required by the Major Event Response Protocol (MERP) SPI. These are for the most serious events such as death or potentially life-threatening injury to a member of HWFRS whilst on duty, or a third party either occurring on Service property or as a result of an act or omission by HWFRS.

No safety events during Q1 required a Tier Three Specialist Investigation.

#### **RIDDOR Events for Quarter 1 (April – June 21)**

During Q1, two RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reports were submitted to the Health and Safety Executive (HSE). Both were over seven day injuries. One related to a trapped finger, with the second being a twisted ankle.

### **4. Comparison between Quarters and Trend Analysis**

## **Comparison of Events Reported Showing Differences: Q1 2020-21 & Q1 2021-22**

Table 4 below compares the number of events reported in Q1 2020-21 and Q1 2021-22 for the different categories. For events over the last 12 months, three of the categories experienced a decrease, while two reported an increase, one quite significantly.

Overall, event reporting as a whole increased by three over the period, with 46 reports in Q1 2021-22 compared to 43 in Q1 2020-21. The increase was driven by a significant rise in Vehicle Collisions.

<b>Event Type</b>	<b>Q1 2020-21</b>	<b>Q1 2021-22</b>	<b>Increase/Decrease</b>
<b>Personal Injuries</b>	15	18	+3
<b>Vehicle Collisions</b>	5	14	+9
<b>Property or equipment</b>	4	2	-2
<b>Violence &amp; Aggression</b>	2	2	-/+
<b>Near Hits</b>	11	9	-2
<b>Exposure / contamination</b>	6	1	-5
<b>Overall</b>	<b>43</b>	<b>46</b>	<b>+3</b>

*Table 4: Quarterly Events Reported Q1 2020-21 and Q1 2021-22*

### **Trend Analysis**

In summary, compared with the previous year, there was an increase in the number of events reported during Q1 (+3).

The main decrease was Exposure/Contamination (-5). The main increase was Vehicle Collisions (+9).

All events that occurred during the quarter were investigated at a minimum of Tier One local level investigation to identify preventative control measures and help to reduce the likelihood of similar occurrences.

### **12 Month Trend Analysis**

Table 5 below breaks down the latest 4 quarters by reported accident type. Q1 figures for 2-21-22 are above Q2 and Q3 figures for 2020-21 and below Q4 figures for 2020-21.

Near hits/cause for concerns have significantly decreased over the last quarter, while personal injuries and vehicle collisions have risen by just one. All others have seen a decrease.

	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22
<b>Total H&amp;S Events</b>	<b>44</b>	<b>34</b>	<b>55</b>	<b>46</b>
Personal Injury	14	4	17	18
Vehicle Collision	12	12	13	14
Property or Equipment Failure	0	2	4	2
Near Hit or Cause for Concern	17	12	15	9
Exposure or contamination	1	1	3	1
Violence or Aggression	0	3	3	2

*Table 5: 12 Month Trend Analysis Q2 2020 – 2021 to Q1 2021 – 2022*

**Brief Description of all Safety Events**

**A1. Personal Injury**

Of the **46** H&S events reported, **18** relate to the category of Personal Injury. These are described in Table A1 below:

<b>Sub-Categories</b>	<b>Break-down of Injuries in Each Sub-Category</b>
3 events were during routine activities	1309 - 1 relates to a personal injury. At the end of an incident the firefighter was removing the hose from the hydrant. They hit the bar to loosen the hose and it came off quickly, hitting them in the eye and causing a cut.
	1313 - 1 relates to a personal injury. Whilst tightening a suction hose onto the pump the firefighter trapped their finger between the collar and the equipment underneath. Trip to A&E required. <b>BASIC SI. Over 7 day injury</b>
	1330 - 1 relates to a personal injury. Whilst opening the BA cylinder the firefighter experienced severe cramping of their right forearm.
10 events were during training activities	1306 - 1 relates to a Personal Injury. Whilst making up a length of hose the firefighter bent down and pulled a muscle in their lower back.
	1316 - 1 relates to a personal injury. A firefighter's foot slipped off a ladder and aggravated an old ankle injury.
	1319 - 1 relates to a personal injury. A piece of glass went into the firefighter's eye. Full PPE was being worn.
	1320 - 1 relates to a personal injury. The firefighter felt lower back pain whilst carrying out an RTC technique.
	1329 - 1 relates to a personal injury. Whilst carrying out CPR training a shard of glass penetrated the palm of the firefighter's hand.
	1339 - 1 relates to a personal injury. Whilst defensive swimming during training a firefighter struck a rock with their hand resulting in an injury to their hand.
	1342 - 1 relates to a personal injury. During water training a firefighter sustained an injury to their upper leg/groin area.
	1349 - 1 relates to a personal injury. Whilst wearing BA equipment the firefighter experienced back pain.
	1352 - 1 relates to a personal injury. Whilst undertaking RTC training and cutting a car, the firefighter got their finger trapped between the cutting tool and the car resulting in a bruised finger.
	1354 - 1 relates to a personal injury. Whilst extinguishing a fire during BA training, the firefighter knelt on the ground and sustained reddening and blistering to their lower leg.
3 events were during operational activities	1321 - 1 relates to a personal injury. Whilst shovelling debris at an incident the firefighter banged their hand against the handle of another folk being held by another firefighter.
	1333 - 1 relates to a personal injury. A firefighter damaged their right ankle whilst climbing on the appliance to check a locker was secured. <b>Over 7 day injury</b>
	1353 - 1 relates to a personal injury. Whilst carrying the boat during an incident the firefighter experienced pressure on their left shoulder, resulting in muscle strain.
2 events were non service related	1305 - 1 relates to a personal injury. A firefighter fell over and landed on their hands, bending their thumb backwards.
	1322 - 1 relates to a personal injury. Staff member cut their thumb on a Perspex sheet whilst installing CV19 protection screens.
	Totalling <b>18</b> personal injuries
	69 Calendar Days / 42 Working days lost.

Table A1: Personal Injuries Reported during Q1 2021 – 2022



## A2. Vehicle Collisions

Of the **46** H&S events, **14** relate to the category of Vehicle Collisions, which are further described in Table A2 below. **11** of these events could be attributed to the FRS driver; these events are highlighted in grey. If these collisions occurred whilst on response to an operational incident the category of response has been provided in bold. The majority of the events involved slow manoeuvring contact with objects. Driver training have sent out a Service Bulletin item for crews to familiarise themselves with the 'Bankperson' CTR technical knowledge package and requesting that when contact is made with tree branches, crews should contact the local highways team to get the hazard removed.

Sub-Categories	Breakdown of Vehicle Collisions in Each Sub-Category
5 events were during routine activities	1312 - 1 relates to a vehicle accident. Whilst driving around a sharp bend at low speeds the back of the appliance clipped the oncoming cars wing mirror.
	1328 - 1 relates to a vehicle accident. Whilst routine driving the appliance caught a protruding branch resulting in a broken wing mirror.
	1340 - 1 relates to a vehicle accident. A vehicle rolled forwards and dented another cars rear passenger wing.
	1350 - 1 relates to a vehicle accident. An officer's car sustained some minor scratches whilst driving through a partially opened gate.
	1356 - 1 relates to a vehicle accident. Whilst waiting at a junction the van was struck from behind by a third party. Damage to the bumper and rear door.
7 events were during operational activities	1307 - 1 relates to a vehicle accident. Whilst reversing the appliance made contact with a stand pipe and bar.
	1310 - 1 relates to a vehicle accident. Whilst manoeuvring a trailer it hit a concrete gate post.
	1318 - 1 relates to a vehicle accident. Whilst driving to an incident there was a collision of wing mirrors, with no damage.
	1324 - 1 relates to a vehicle accident. Whilst attending a house fire in a congested area the hose had to be deployed over a car bonnet, resulting in minor scratches. <b>EMERGENCY RESPONSE</b>
	1335 - 1 relates to a vehicle accident. Whilst driving down a narrow lane, the tarmac at the edge of the road gave way resulting in the appliance getting stuck in a ditch. <b>EMERGENCY RESPONSE</b>
	1343 - 1 relates to a vehicle accident. Damage was sustained to the appliance whilst driving down a very narrow lane. <b>EMERGENCY RESPONSE</b>
	1347 - 1 relates to a vehicle accident. Whilst attending an incident the appliance made contact with some parked cars on a narrow lane and then got wedged between a wall and a car. <b>EMERGENCY RESPONSE</b>
2 events were non service related	1314 - 1 relates to a vehicle accident. During the night the rear window of a service vehicle was smashed in an act of vandalism.
	1336 - 1 relates to a vehicle accident. Whilst parked at their home address an officer noticed that their rear light cluster and bumper had been damaged.
	Totalling <b>14</b> vehicle collisions

Table A2: Vehicle Collisions Reported during Q1 2021 – 2022

### A3. Property or Equipment Damage

Of the **46** H&S events, **2** relate to the category of Damage to Property or Equipment.

Sub-Categories	Break-down of Property or Equipment Damage in Each Sub-Category
1 event was during operational activities	1337 - 1 relates to a property or equipment failure. The hose became detached from the connector underneath the appliance resulting in a loss of water onto the floor.
1 event was during routine activities	1351 - 1 relates to property/equipment damage. The boom on the ALP sustained damage whilst in use.
	Totalling 2 property or equipment damage events

Table A3: Property or Equipment Damage Reported during Q1 2021 - 2022

### A4. Near Hits or Causes for Concern

Of the **46** H&S events, **9** relate to the category of Near Hits or Causes for Concern - these are further described in Table A4 below.

Sub-Categories	Breakdown of Near Hits or Causes for Concern in Each Sub-Category
3 events were during training activities	1325 - 1 relates to a near hit / cause for concern. A firefighter fell over whilst wearing full BA kit.
	1327 - 1 relates to a near hit / cause for concern. Whilst travelling across a mini roundabout another car entered the roundabout and did not reduce their speed or acknowledge the fire appliance, causing the driver to carry out an emergency stop.
	1332 - 1 relates to a near hit / cause for concern. Whilst practising with a BA set, there was a loss of air to the hose connector.
3 events were during operational activities	1326 - 1 relates to a near hit / cause for concern. Whilst exiting the station on blue lights a car approached from the right causing the appliance driver to brake suddenly. <b>EMERGENCY RESPONSE</b>
	1344 - 1 relates to a near hit / cause for concern. Whilst at an incident the carabiner clip, used to attached the TIC to the firefighter, did not close fully resulting in the TIC falling on the floor.
	1346 - 1 relates to a near hit / cause for concern. Whilst fighting a fire the nebula hose failed due to a lack of pressure.
3 events were during routine activities	1308 - 1 relates to a Near hit/cause for concern. An appliance room door roller had fallen out which could have fallen on someone walking underneath.
	1323 - 1 relates to a near hit / cause for concern. The pump doors on both sides of the appliance came open whilst in transit. No equipment was lost.
	1338 - 1 relates to a near hit / cause for concern. Some new equipment was delivered and was found to have sharp metal burs externally and internally. A member of staff noticed when they cut their glove whilst manoeuvring the equipment.
	Totalling <b>9</b> near hits or causes for concern

Table A4: Near Hits or Causes for Concern Reported during Q1 2021 - 22

## A5. Violence or Aggression

Of the **46** H&S events, **2** relate to the category of Violence or Aggression.

Sub-Categories	Breakdown of Violence or Aggression in Each Sub-Category
1 event was during operational activities	1341 - 1 relates to an act of violence/aggression. Whilst attending an incident the crew were verbally abused and threatened with a firearm. They withdrew from the scene immediately.
1 event was during routine activities	1311 - 1 relates to an act of violence/aggression. An intoxicated male entered the RTC compound on station and refused to leave, becoming aggressive and hostile to crew staff.
	Totalling <b>2</b> violence or aggression events.

Table A5: Violence or Aggression Reported during Q1 2021 - 22

## A6. Exposure or Contamination

Of the **46** H&S events, 1 relates to the category of Exposure or Contamination.

An exposure event will be investigated where a harmful substance has entered the body through a route e.g. by inhalation, ingestion, absorption, by injection or when the body is irradiated. Where there is uncertainty as to whether any exposure has taken place, or this is negligible, then this would be recorded as a potential exposure and an investigation would not normally be instigated, unless related symptoms develop.

A contamination event occurs where a substance has adhered to or is deposited on people, equipment or the environment, creating a risk of exposure and possible injury or harm.

Sub-Categories	Breakdown of Exposure or Contamination in Each Sub-Category
1 event was during operational activities	1345 - 1 relates to an exposure. Firefighting in a building containing Asbestos.
	Totalling <b>1</b> exposure or contamination event

Table A6: Exposure or Contamination Reported during Q1 2021 - 22

There were two reports of skin reddening during Q1. Skin reddening is recorded following training or incidents where immediately following exposure to high temperatures there is some skin discolouration which may be a result of this exposure. These occurrences are recorded and if they continue past 24 hours these are reported as a Personal Injury Safety Event.

38 potential exposure or contamination incidents were recorded during Q1, involving firefighters. Potential exposure or contamination is where personnel have been exposed (during training or incidents) to hazardous environments but where appropriate control measures were implemented.