



HEREFORD & WORCESTER Fire Authority

Audit and Standards Committee

AGENDA

Wednesday, 18 January 2023

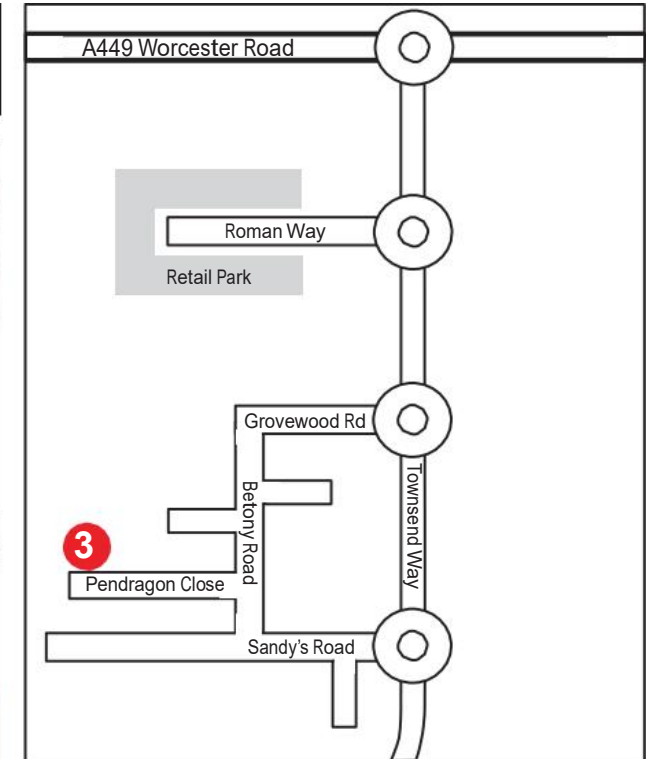
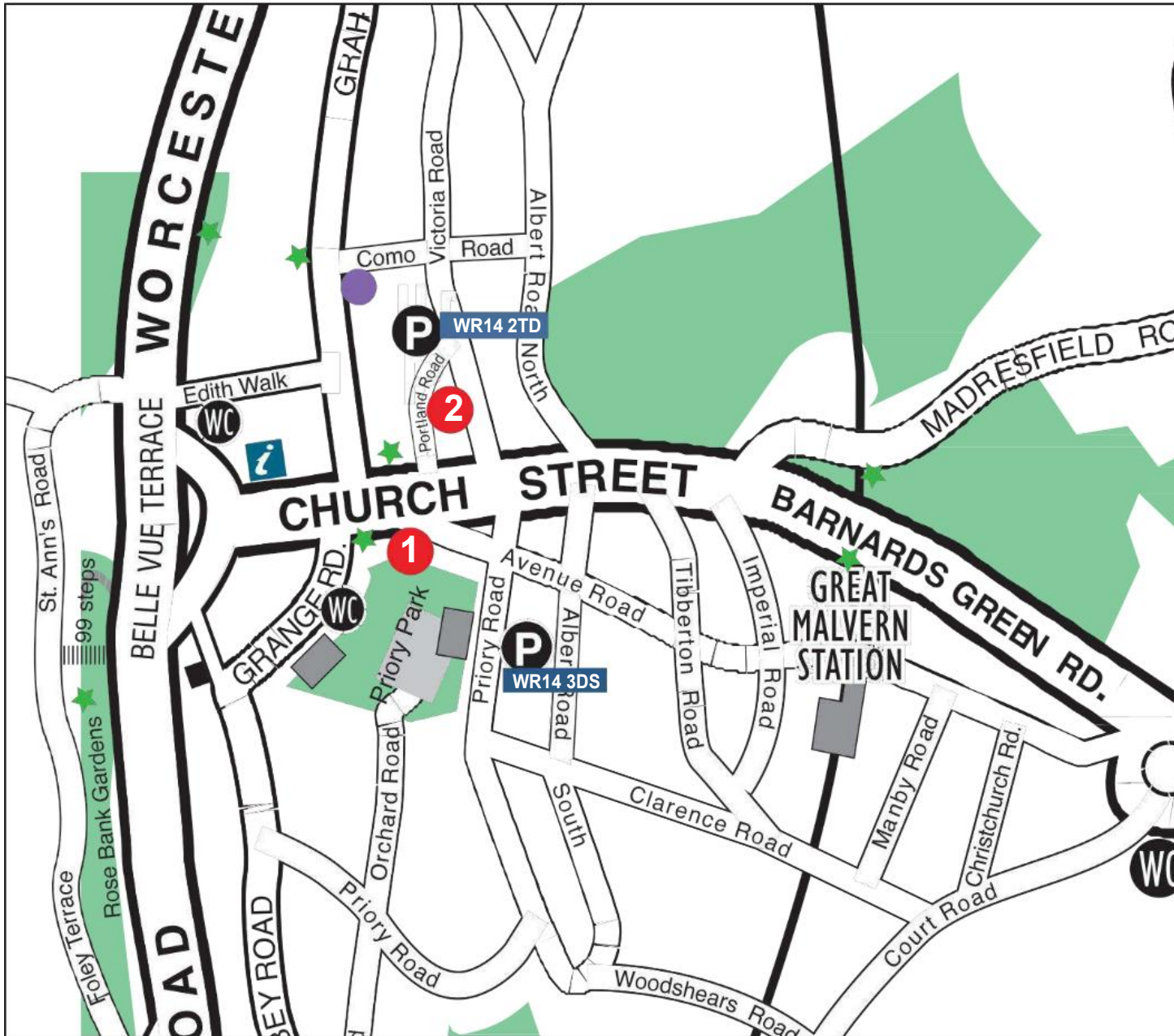
10:30

**Malvern DC Council Chamber
Malvern District Council, Avenue Road, Great Malvern,
Worcestershire, WR14 3AF**

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Malvern Hills District Council - How to find us

Malvern Hills District Council, Council House, Avenue Road, Malvern, WR14 3AF



Key

- 1** The Council House and The Council Chamber
The Council House, Avenue Road, Malvern WR14 3AF
- 2** Brunel House
Brunel House, Portland Road, Malvern WR14 2TB
- 3** The Depot
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- the right to inspect agenda and public reports at least five days before the date of the meeting (available on our website: <http://www.hwfire.org.uk>);
- the right to inspect minutes of the Authority and Committees for up to six years following the meeting (available on our website: <http://www.hwfire.org.uk>); and
- the right to inspect background papers on which reports are based for a period of up to four years from the date of the meeting.

Please note that when taking part in public participation, your name and a summary of what you say at the meeting may be included in the minutes.

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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

Wednesday, 18 January 2023, 10:30

Agenda

Councillors

Mr M Hart (Chairman), Mr A Amos (Vice Chairman), Mr D Boatright, 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, Mrs D Toynbee

No.	Item	Pages
1	Apologies for Absence To receive any apologies for absence.	
2	Named Substitutes To receive details of any Member of the Authority nominated to attend the meeting in place of a Member of the Committee.	
3	Declarations of Interest (if any) This item allows the Chairman to invite any Councillor to declare an interest in any of the items on this Agenda.	
4	Confirmation of Minutes To confirm the minutes of the meeting held on 20 July 2022.	1 - 4
5	External Audit Findings Report 2021/22 To put forward the Audit Findings Report for consideration and to recommend approval of the Letter of Representation.	5 - 43
6	Statement Of Accounts 2021/22 To present the 2021/22 Statement of Accounts for approval.	44 - 47
7	External Auditors' Annual Report 2021/22 To present the Auditors Annual Report 2021/22 from the External Auditors, Grant Thornton UK LLP.	48 - 78

8	Internal Audit Draft Audit Plan 2023/24	79 - 90
	To provide the Draft Audit Plan for 2023/24.	
9	Internal Audit Progress Report	91 - 102
	To provide an update in regard to the delivery of the Internal Audit plan 2022/23.	
10	Contract Standing Orders	103 - 115
	To review the Authority's contract standing orders, ensure that procurement thresholds are appropriate and make other minor amendments.	
11	Equality & Gender Pay Gap Report 2021-2022 and Equality Objectives Progress Update	116 - 161
	To present the Equality & Gender Pay Gap Report – 2021-2022.	
	To provide a summary of progress against the Service's Equality Objectives 2021-2025 for Q1-Q2 2022-2023.	
12	Update on the Prevention Cause of Concern	162 - 164
	To provide an update on the Service's progress against the Cause of Concern issued by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in relation to Prevention Activity.	
13	Update On Activities Of Women @HWfire group	165 - 168
	To provide an update on the work of Women@HWFire.	
14	Health and Safety Committee Update: April to June 2022 (Quarter 1)	169 - 187
	To provide a Health & Safety update on activities and items of significance.	
15	Health and Safety Committee Update: July to September 2022 (Quarter 2)	188 - 205
	To provide a Health & Safety update on activities and items of significance.	



Hereford & Worcester Fire Authority

Audit and Standards Committee

Wednesday, 20 July 2022, 14:00

Chairman: Mr M Hart

Vice-Chairman: Mr A Amos

Minutes

Members Present: Mr D Boatright, Mr S Bowen, Mr M Hart, Mrs E Marshall, Ms N McVey, Mr R J Morris

244 Apologies for Absence

Apologies were received from Cllr A Amos, Cllr B Brookes, Cllr B Clayton, Cllr I Hardiman, Cllr A Hardman and Cllr D Toynbee.

245 Named Substitutes

There were no named substitutes.

246 Declarations of Interest (if any)

There were no interests declared.

247 Confirmation of Minutes

RESOLVED that the minutes of the meeting held on 20 April 2022 be confirmed as a correct record and signed by the Chairman.

248 External Audit Plan (2020/21 Accounts)

The External Auditor, Grant Thornton UK LLP presented the Audit Plan which set out the work to be undertaken in 2022/23 in respect of the 2021/22 Audit.

Members noted that the Accounts would be signed off by the end of November as per the statutory deadlines for this year.

RESOLVED that the External Audit Plan 2022/23 (2021/22 Accounts

(including proposed Audit Fee) be noted.

249 Informing the Audit Risk Assessment 2021/22

The External Auditor, Grant Thornton UK LLP presented Members with the Audit Risk Assessment report.

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.

250 Internal Audit Annual Report 2021/22

The Head of Internal Audit Shared Service presented Members with the Internal Audit Annual Report 2021/22 which provided the overall results in terms of meeting Internal Audit's objectives as set out in the internal audit plan for 2021/2022, an audit opinion and commentary on the overall adequacy and effectiveness of the internal control environment and a copy of the current internal audit charter.

Members noted the Annual Report 2021/22, that the audit plan had provided an assurance level of "full" for three core financial areas, no limited or below assurance areas had been reported or any high priority recommendations had been made.

[Cllr D Boatright entered the meeting at 2.16pm].

RESOLVED that the Committee note the Internal Audit Charter, that the audit plan delivered in 2021/22 had provided an assurance level of "full" for three core financial areas and that no limited or below assurance areas had been reported or any high priority recommendations made.

251 Internal Audit Progress Report

The Head of Internal Audit Shared Service presented Members with an update in regards to the delivery of the Internal Audit plan 2021/22 and 2022/23.

Members noted the completion of the 2021/22 Audit plan and that there were no high priority recommendations to report.

RESOLVED that the report is noted.

252 Equality Objectives 2021-2025 – Update for Quarter 3 and Quarter 4 2021-2022

The Assistant Chief Fire Officer Ade Elliott presented Members with a summary of progress against the Service's Equality Objectives 2021 - 2025 for Quarter 3 and Quarter 4 2021-2022.

Members noted the priorities for 2022-23 and were pleased with the progress the Service continued to make in furthering the equality, diversity and inclusion agenda for the benefit of employees and the local community.

RESOLVED that Members note the progress made against the Equality Objectives 2021-2025 for Quarter 3 and Quarter 4 2021-2022.

253 Risk Management and Strategic Risk Register – Annual Update

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

Members noted the annual update and that any significant changes would be reported to the Committee in a risk update.

RESOLVED that the contents of the report be noted.

254 Prevention Cause of Concern – Action Plan Update

The Assistant Chief Fire Officer Ade Elliott presented Members with an update on the action plan created to discharge the Cause of Concern issued by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in relation to Prevention Activity.

Members were pleased with the work to date and noted that the key work streams on the Action Plan had been completed.

RESOLVED that the update on the action plan created to discharge the cause of concern in relation to Prevention activity is noted.

255 Health and Safety Committee Update: January to March 2022 (Quarter 4)

The Assistant Chief Fire Officer Guy Palmer presented Members with a Health & Safety update on activities and items of significance.

Members noted the contents of the report and that the next audit was

anticipated to be delivered during Quarter 2 of 2022-23.

[Cllr R Morris left the meeting at 15.02pm and returned at 15:04pm].

RESOLVED 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 January to March 2022 (Quarter 4)

iii) Workforce Health & Well being performance (Quarter 4)

The meeting concluded with the Chairman of the Audit and Standards Committee thanking Keith Chance for his service and assistance to the Committee and wished him a very happy retirement.

The Meeting ended at: 15:14

Signed:.....

Date:.....

Chairman

Report of the Treasurer

External Audit Findings Report 2021/22

Purpose of Report

1. To put forward the Audit Findings Report for consideration and to recommend approval of the Letter of Representation.
-

Recommendation

The Treasurer recommends that:

- i) **the Audit Findings Report is considered before approving the Statement of Accounts; and**
- ii) **the Letter of Representation is approved.**

Audit Findings Report 2021/22

2. The Audit Findings Report, which is attached as Appendix 1, and will be presented by the External Auditor, sets out any issues that the Committee should consider before approving the accounts. It provides the draft audit opinion and Value For Money conclusion and it is pleasing to note that once again these are clear.
3. Appendix 2 is the Letter of Representation which the Committee will need to approve before it can be signed by the Chairman and the Treasurer, and the Audit can be formally concluded.

Conclusion

4. The Treasurer recommends that:
 - i) the External Audit Findings Report 2021/22 including an opinion on the 2021/22 accounts be noted; and
 - ii) the letter of representation be approved on behalf of the Authority.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	No
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	No
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	No
Consultation (identify any public or other consultation that has been carried out on this matter)	No
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	N/A

Supporting Information

Appendix 1 – Audit Findings Report 2021/22

Appendix 2 – Letter of Representation 2021/22

The Audit Findings for Hereford & Worcester Fire Authority

Year ended 31 March 2022

18 January 2023



Contents



Your key Grant Thornton team members are:

Avtar Sohal

Key Audit Partner

T 0121 232 5420

E Avtar.S.Sohal@uk.gt.com

Neil Preece

Manager

T 0121 232 5292

E Neil.A.Preece@uk.gt.com

Harvinder Panesar

Associate

T 0121 232 5442

E Harvinder.K.Panesar@uk.gt.com

Section

1. Headlines
2. Financial statements
3. Value for money arrangements
4. Independence and ethics

Appendices

- A. Follow up of prior year recommendations
- B. Audit adjustments
- C. Fees
- D. Audit Opinion

Page

- 3
- 5
- 18
- 20

- 22
- 24
- 26
- 27

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.

This Audit Findings presents the observations arising from the audit that are significant to the responsibility of those charged with governance to oversee the financial reporting process, as required by International Standard on Auditing (UK) 260. Its contents have been discussed with management.

Avtar Sohal

Avtar Sohal
For Grant Thornton UK LLP
Date : 16 December 2022

Grant Thornton UK LLP is a limited liability partnership registered in England and Wales: No.OC307742. Registered office: 30 Finsbury Square, London, EC2A 1AG. A list of members is available from our registered office. Grant Thornton UK LLP is authorised and regulated by the Financial Conduct Authority. Grant Thornton UK LLP is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. Services are delivered by the member firms. GTIL and its member firms are not agents of, and do not obligate, one another and are not liable for one another's acts or omissions.

1. Headlines

This table summarises the key findings and other matters arising from the statutory audit of Hereford & Worcester Fire Authority ('the Authority') and the preparation of the Authority's financial statements for the year ended 31 March 2022 for those charged with governance.

Financial Statements

Under International Standards of Audit (UK) (ISAs) and the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to report whether, in our opinion:

- the Authority's financial statements give a true and fair view of the financial position of the Authority and its income and expenditure for the year; and
- have been properly prepared in accordance with the CIPFA/LASAAC code of practice on local authority accounting and prepared in accordance with the Local Audit and Accountability Act 2014.

We are also required to report whether other information published together with the audited financial statements (including the Annual Governance Statement (AGS) and Narrative Report), is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

Our audit work was completed on site and remotely during September-December. Our findings are summarised on pages 5 to 17. There is one adjustment to the financial statements that has resulted in adjustments to the Authority's Comprehensive Income and Expenditure Statement. This is set out below. Audit adjustments are detailed in Appendix B. Our follow up of recommendations from the prior year's audit are detailed in Appendix A.

A number of figures in the financial statements have been amended owing to an error in the pension figures associated with Place Partnership Limited (PPL) which Officers identified during the audit. This relates to a £237k change in employer contributions related to a change in ownership percentages of PPL. The main impact is that Net Employee Costs in the Comprehensive Income and Expenditure Account (CIES) have decreased by £237k from £28,001k to £27,764k. The Deficit on the Provision of Services has decreased by the same amount. The net pension liability shown on the Balance Sheet has decreased by £237k from £411,652k to £411,415k.

The audit of Worcestershire Pension Fund has identified that the year end Fund Manager confirmations for asset values are £19.6m higher than the values shown in the accounts. This is because the final values were not available at the time of producing the actuarial reports and financial statements. For Hereford & Worcester Fire Authority this means that the value of investments is understated by £0.184m. Were management to adjust for this the net LGPS liability would be reduced by the same amount, to £17.8m. However, management have declined to amend on the basis that it is immaterial and will be corrected in the next valuation. Members are asked to agree Officers' approach, and this is included in the Letter of Representation requested.

Our work is substantially complete and there are no matters of which we are aware that would require modification of our audit opinion [Appendix D] or material changes to the financial statements], subject to the following outstanding matters:

- completion of our work on property valuations;
- testing of Member data for the Fire Fighters' Pension Fund;
- receipt of management representation letter; and
- review of the final set of financial statements.

We have concluded that the other information to be published with the financial statements, is consistent with our knowledge of your organisation and the financial statements we have audited.

Our anticipated audit report opinion will be unqualified.

1. Headlines

Value for Money (VFM) arrangements

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Authority has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Auditors are now required to report in more detail on the Authority's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

Auditors are required to report their commentary on the Authority's arrangements under the following specified criteria:

- Improving economy, efficiency and effectiveness;
- Financial sustainability; and
- Governance

We have completed our VFM work, which is summarised on page 19, and our detailed commentary is set out in the separate Auditor's Annual Report, which is presented alongside this report. We are satisfied that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Statutory duties

The Local Audit and Accountability Act 2014 ('the Act') also requires us to:

- report to you if we have applied any of the additional powers and duties ascribed to us under the Act; and
- to certify the closure of the audit.

We have not exercised any of our additional statutory powers or duties.

We have completed the majority of work under the Code and would normally expect to be able to certify the completion of the audit when we give our audit opinion. However, we expect to certify the completion of the audit upon the completion of our work on the Authority's Whole of Government Accounts submission, the guidance for which has not yet been issued.

Significant Matters

We did not encounter any significant difficulties or identify any significant matters arising during our audit.

2. Financial Statements

Overview of the scope of our audit

This Audit Findings Report presents the observations arising from the audit that are significant to the responsibility of those charged with governance to oversee the financial reporting process, as required by International Standard on Auditing (UK) 260 and the Code of Audit Practice ('the Code'). Its contents have been discussed with management.

As auditor we are responsible for performing the audit, in accordance with International Standards on Auditing (UK) and the Code, which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities for the preparation of the financial statements.

Audit approach

Our audit approach was based on a thorough understanding of the Authority's business and is risk based, and in particular included:

- An evaluation of the Authority's internal controls environment, including its IT systems and controls; and
- Substantive testing on significant transactions and material account balances, including the procedures outlined in this report in relation to the key audit risks.

We have not had to alter our audit plan, as communicated to you on 20 July 2022.

Conclusion

We have substantially completed our audit of your financial statements and subject to outstanding queries being resolved, we anticipate issuing an unqualified audit opinion following the Audit & Standards Committee meeting on 18 January 2023 as detailed in Appendix D. These outstanding items include:

- completion of our work on property valuations;
- testing of Member data for the Fire Fighters' Pension Fund;
- receipt of management representation letter; and
- review of the final set of financial statements.

Acknowledgements

We would like to take this opportunity to record our appreciation for the assistance provided by the finance team and other staff.

2. Financial Statements



Our approach to materiality

The concept of materiality is fundamental to the preparation of the financial statements and the audit process and applies not only to the monetary misstatements but also to disclosure requirements and adherence to acceptable accounting practice and applicable law.

Materiality levels remain the same as reported in our audit plan. We detail in the table below our determination of materiality for Hereford & Worcester Fire Authority.

	Authority Amount (£)	Qualitative factors considered
Materiality for the financial statements	800,000	We have determined financial statement materiality based on 2% of the gross expenditure of the Authority for the prior financial year. In the prior year we used the same benchmark and %.
Performance materiality	600,000	<p>We have determined performance materiality at 75% of the materiality. Our rationale is as follows:</p> <ul style="list-style-type: none"> • We are not aware of a history of significant deficiencies or a high number of deficiencies in the control environment and therefore have not reduced performance materiality • There has not historically been a large number or significant misstatements arising as a result of the financial statements audits, therefore we have not reduced performance materiality • Senior management and key reporting personnel in the finance function has remained stable from the prior year audit. • There is not a significantly increased number of accounting issues that require significant judgment compared to prior years and so it is not considered necessary to reduce performance materiality.
Trivial matters	40,000	In the context of the Authority, we concluded that an individual difference could normally be considered to be clearly trivial if it is less than £40k (5% of materiality).
Materiality for senior officers' remuneration	13,000	We have set a separate lower materiality level for the disclosure note on remuneration of individual senior managers. In view of the sensitivity of this note to the reader of the accounts, we have set a materiality level of 2% of the senior officers note. In the prior year the total of this note was £0.647m. Applying 2% gives £0.013m.

2. Financial Statements – key messages

Key messages arising from our financial statements work

- Cashflow Statement – Operating Activities – Note 131 - We identified a difference in the opening balance of Creditors as per the Cash Flow Statement working provided when compared to the Financial Statements. The figure for the Increase / Decrease in Creditors has been amended to £699k from £235k.
- Cashflow Statement – Operating Activities – Note 131 - We identified a difference in the opening balance of Debtors as per the Cash Flow Statement working provided when compared to the Financial Statements. The figure for the Increase / Decrease in Debtors has been amended to £992k from £1,456k. The debtor and creditor items net off, so that there is no change to the Cash Flow Statement itself.
- Accounting policies - Note 13 - Property, Plant and Equipment was updated to refer to 2022 and the correct RICS valuer.
- A number of figures in the financial statements have been amended owing to an error in the pension figures associated with Place Partnership Limited (PPL) which Officers identified during the audit. This relates to a £237k change in employer contributions related to a change in ownership percentages of PPL. The main impact is that Net Employee Costs in the Comprehensive Income and Expenditure Account (CIES) have decreased by £237k from £28,001k to £27,764k. The Deficit on the Provision of Services has decreased by the same amount. The net pension liability shown on the Balance Sheet has decreased by £237k from £411,652k to £411,415k.
- Audit fees - Note 20 was amended to reflect the audit fees which have been agreed with the Authority for each year. The amount for 2019/20 was reduced for £10k to £0k, 2020/21 reduced from £6k to £4k and 2021/22 from £48k to £43k.
- Note 47 - Financial Instruments - the "Total Current Assets" figure was incorrectly included at the prior year value. It was updated from £16,177k to £17,313k so that it adds correctly. This is a disclosure change only, with no impact on the asset values themselves.
- Officers made a number of minor amendments to correct typos.

2. Financial Statements - Significant risks

Significant risks are defined by ISAs (UK) as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, audit teams consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement.

This section provides commentary on the significant audit risks communicated in the Audit Plan.

Risks identified in our Audit Plan

Commentary

Management override of controls

Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities.

We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk, which was one of the most significant assessed risks of material misstatement.

To address this risk we:

- evaluated the design effectiveness of management controls over journals
- analysed the journals listing and determined the criteria for selecting high risk unusual journals
- tested unusual journals recorded during the year and after the draft accounts stage for appropriateness and corroboration
- gained an understanding of the accounting estimates and critical judgements applied made by management and considered their reasonableness with regard to corroborative evidence
- evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions.

Findings

The journals we tested were appropriate and we found no evidence of management override of controls. Accounting estimates and critical judgements applied made by management are reasonable and not materially misstated.

2. Financial Statements - Significant risks

Risks identified in our Audit Plan

Commentary

Improper revenue recognition – the revenue cycle includes fraudulent transactions (rebutted)

Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.

Having considered the risk factors set out in ISA240 and the nature of the revenue streams at the Authority, we determined that the risk of fraud arising from revenue recognition could be rebutted, because:

- there is little incentive to manipulate revenue recognition
- opportunities to manipulate revenue recognition are very limited
- the culture and ethical frameworks of local authorities, including Hereford & Worcester Fire Authority, mean that all forms of fraud are seen as unacceptable.

Therefore we did not consider this to be a significant risk for Hereford & Worcester Fire Authority.

Findings

Our work in this area has not identified any issues that cause us to revisit our initial rebuttal.

Fraudulent expenditure recognition (rebutted)

In line with the Public Audit Forum Practice Note 10, in the public sector, auditors must also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period).

We rebutted this risk for Hereford & Worcester Fire Authority because:

- expenditure is primarily related to employee costs
- opportunity to manipulate contract variations is low.

We therefore did not consider this to be a significant risk for Hereford & Worcester Fire Authority.

We continued to review material expenditure transactions as part of our audit ensuring that it remains appropriate to rebut the risk of expenditure recognition for Hereford & Worcester Fire Authority.

Findings

Our work in this area has not identified any issues that cause us to revisit our initial rebuttal.

2. Financial Statements - Significant risks

Risks identified in our Audit Plan

Commentary

Valuation of land and buildings

The Authority revalues its land and buildings on an annual basis. This valuation represents a significant estimate by management in the financial statements due to the size of the numbers involved and the sensitivity of this estimate to changes in key assumptions. Additionally, management will need to ensure the carrying value in the financial statements is not materially different from the current value or the fair value (for surplus assets) at the financial statements date, where a rolling programme is used.

Our work in this area in 2020/21 took longer than we had anticipated. This is because the valuations were completed by Place Partnership Limited, and then revisited by West Mercia Police and Crime Commissioner valuers, with some being amended. The supporting evidence for some of the valuations was not readily available and took time to obtain. When the evidence and supporting information was received we found that, for several properties, it was inconsistent with our expectations. Further challenge of the valuer work resulted in all of the property valuations being revisited. The value of operational property assets reduced in value by £5.055m and surplus assets increased by £0.645m. The net effect is a decrease in property valuations of £4.410m. Of this, £1.835m was taken to the Cost of Services in the CIES, and £2.575m was taken to the revaluation reserve.

While we understand that arrangements for the valuation of land and buildings have been strengthened for 2021/22, in light of the challenges noted in the first paragraph above, we have therefore identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk, which was one of the most significant assessed risks of material misstatement.

To address this risk we:

- evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work
- evaluated the competence, capabilities and objectivity of the valuation expert
- wrote to the valuer to confirm the basis on which the valuation was carried out
- challenged the information and assumptions used by the valuer to assess completeness and consistency with our understanding
- tested revaluations made during the year to see if they have been input correctly into the Authority's asset register
- evaluated the assumptions made by management for those assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value at year end.

Findings

At the time of drafting this report (mid December) our work in this area is ongoing. The valuation reports provided to audit show a significant decrease in the value of land associated with fire stations. This is outside of our expectations, and we are working with the valuer to understand why this is the case, and whether there are any implications for the prior year values, as reflected in the opening balances. This has delayed us picking a sample of assets to test in detail.

2. Financial Statements - Significant risks

Risks identified in our Audit Plan

Commentary

Valuation of pension fund net liability

The Authority's pension fund net liability, as reflected in its balance sheet as the net defined benefit liability, represents a significant estimate in the financial statements.

The pension fund net liability is considered a significant estimate due to the size of the numbers involved (£408m in the Authority's prior year balance sheet) and the sensitivity of the estimate to changes in key assumptions.

The methods applied in the calculation of the IAS 19 estimates are routine and commonly applied by all actuarial firms in line with the requirements set out in the Code of practice for local government accounting (the applicable financial reporting framework). We have therefore concluded that there is not a significant risk of material misstatement in the IAS 19 estimate due to the methods and models used in their calculation.

The source data used by the actuaries to produce the IAS 19 estimates is provided by administering authorities and employers. We do not consider this to be a significant risk as this is easily verifiable.

The actuarial assumptions used are the responsibility of the entity but should be set on the advice given by the actuary. A small change in the key assumptions (discount rate, inflation rate, salary increase and life expectancy) can have a significant impact on the estimated IAS 19 liability. In particular the discount and inflation rates where, in the prior year, the actuary indicated that a 0.5% change in the discount rate assumption would have approximately £40m effect on the liability and a 0.5% change in the inflation rate (salary increase) assumption would have approximately £6.5m. We have therefore concluded that there is a significant risk of material misstatement in the IAS 19 estimate due to the assumptions used in their calculation. With regard to these assumptions we have therefore identified valuation of the Authority's pension fund net liability as a significant risk.

To address this risk we:

- updated our understanding of the processes and controls put in place by management to ensure that the Authority's pension fund net liability is not materially misstated and evaluated the design of the associated controls
- evaluated the instructions issued by management to their management expert (an actuary) for this estimate and the scope of the actuary's work
- assessed the competence, capabilities and objectivity of the actuary who carried out the Authority's pension fund valuation
- assessed the accuracy and completeness of the information provided by the Authority to the actuary to estimate the liability
- tested the consistency of the pension fund asset and liability and disclosures in the notes to the core financial statements with the actuarial report from the actuary
- undertook procedures to confirm the reasonableness of the actuarial assumptions made by reviewing the report of the consulting actuary (as auditor's expert) and performing any additional procedures suggested within the report
- obtained assurances from the auditor of Worcestershire Pension Fund as to the controls surrounding the validity and accuracy of membership data; contributions data and benefits data sent to the actuary by the pension fund and the fund assets valuation in the pension fund financial statements.

Findings

Our work in this area is substantially complete. There is one issue to report.

The audit of Worcestershire Pension Fund has identified that the year end Fund Manager confirmations for asset values are £19.6m higher than the values shown in the accounts. This is because the final values were not available at the time of producing the actuarial reports and financial statements. For Hereford & Worcester Fire Authority this means that the value of investments is understated by £0.184m. Were management to adjust for this the net LGPS liability would be reduced by the same amount, to £17.8m.

2. Financial Statements – key judgements and estimates

This section provides commentary on key estimates and judgements inline with the enhanced requirements for auditors.

Significant judgement or estimate	Summary of management's approach	Audit Comments	Assessment
Land and Building valuations - £33.5m	The Authority revalues its land and buildings annually. In 2021/22 the valuation resulted in an increase in the value of land and buildings of £0.038m. The valuations were completed by West Mercia Police and Crime Commissioner valuers.	<p>We have set out our findings in relation to the valuation of other land and buildings on page 10.</p> <p>Our work in this area is ongoing and we can not yet conclude whether the judgements and estimates used by management in determining the value of other land and buildings are appropriate for the Authority.</p>	TBC

Assessment

- [Purple] We disagree with the estimation process or judgements that underpin the estimate and consider the estimate to be potentially materially misstated
- [Blue] We consider the estimate is unlikely to be materially misstated however management's estimation process contains assumptions we consider optimistic
- [Grey] We consider the estimate is unlikely to be materially misstated however management's estimation process contains assumptions we consider cautious
- [Light Purple] We consider management's process is appropriate and key assumptions are neither optimistic or cautious

2. Financial Statements - key judgements and estimates

Significant judgement or estimate	Summary of management's approach	Audit Comments	Assessment																								
LGPS Net pension liability – £17.8m	<p>A full actuarial valuation is required every three years. The latest full actuarial valuation was completed in 2019. A roll forward approach is used in intervening periods, which utilises key assumptions such as life expectancy, discount rates, salary growth and investment returns. Given the significant value of the net pension fund liability, small changes in assumptions can result in significant valuation movements.</p> <p>In 2021/22 the net LGPS pension liability has decreased from £19.0m to £17.8m.</p>	<p>We have set out our findings in relation to the net pension liability on page 11. We are satisfied that the judgements and estimates used by management in determining the pension fund asset and liability are consistent with those used by the actuary and appropriate for the Authority.</p> <table border="1"> <thead> <tr> <th>Assumption - LGPS</th> <th>Actuary Value</th> <th>PwC range</th> <th>Assessment</th> </tr> </thead> <tbody> <tr> <td>Discount rate</td> <td>2.8%</td> <td>2.7-2.8%</td> <td>●</td> </tr> <tr> <td>Pension increase rate</td> <td>3.4%</td> <td>3.0-3.5%</td> <td>●</td> </tr> <tr> <td>Salary growth</td> <td>4.8%</td> <td>4.25-5.0%</td> <td>●</td> </tr> <tr> <td>Life expectancy – Males currently aged 45 / 65</td> <td>24.1 / 22.6</td> <td>22.2 – 24.8 / 20.7 – 23.3</td> <td>●</td> </tr> <tr> <td>Life expectancy – Females currently aged 45 / 65</td> <td>27.0 / 25.0</td> <td>25.7 – 27.5 / 23.8 – 25.5</td> <td>●</td> </tr> </tbody> </table>	Assumption - LGPS	Actuary Value	PwC range	Assessment	Discount rate	2.8%	2.7-2.8%	●	Pension increase rate	3.4%	3.0-3.5%	●	Salary growth	4.8%	4.25-5.0%	●	Life expectancy – Males currently aged 45 / 65	24.1 / 22.6	22.2 – 24.8 / 20.7 – 23.3	●	Life expectancy – Females currently aged 45 / 65	27.0 / 25.0	25.7 – 27.5 / 23.8 – 25.5	●	Light Purple
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2. Financial Statements - key judgements and estimates

Significant judgement or estimate	Summary of management's approach	Audit Comments	Assessment																								
FFPS Net pension liability – £393.6m	<p>A full actuarial valuation is required every three years. The latest full actuarial valuation was completed in 2020. A roll forward approach is used in intervening periods, which utilises key assumptions such as life expectancy, discount rates, salary growth and investment returns. Given the significant value of the net pension fund liability, small changes in assumptions can result in significant valuation movements.</p> <p>In 2021/22 the net pension liability has increased from £389.1m to £393.6m.</p>	<p>We have set out our findings in relation to the net pension liability on page 11. We are satisfied that the judgements and estimates used by management in determining the pension fund asset and liability are consistent with those used by the actuary and appropriate for the Authority.</p> <table border="1"> <thead> <tr> <th>Assumption - FFPS</th> <th>Actuary Value</th> <th>PwC range</th> <th>Assessment</th> </tr> </thead> <tbody> <tr> <td>Discount rate</td> <td>2.65%</td> <td>2.65%</td> <td>●</td> </tr> <tr> <td>Pension increase rate</td> <td>3.0%</td> <td>3.0%</td> <td>●</td> </tr> <tr> <td>Salary growth</td> <td>4.75%</td> <td>4.75%</td> <td>●</td> </tr> <tr> <td>Life expectancy – Males currently aged 45 / 65</td> <td>23.2 / 21.5</td> <td>23.2 – 23.8 / 21.5 – 22.1</td> <td>●</td> </tr> <tr> <td>Life expectancy – Females currently aged 45 / 65</td> <td>23.2 / 21.5</td> <td>23.2 – 25.4 / 21.5 – 23.8</td> <td>●</td> </tr> </tbody> </table>	Assumption - FFPS	Actuary Value	PwC range	Assessment	Discount rate	2.65%	2.65%	●	Pension increase rate	3.0%	3.0%	●	Salary growth	4.75%	4.75%	●	Life expectancy – Males currently aged 45 / 65	23.2 / 21.5	23.2 – 23.8 / 21.5 – 22.1	●	Life expectancy – Females currently aged 45 / 65	23.2 / 21.5	23.2 – 25.4 / 21.5 – 23.8	●	Light Purple
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2. Financial Statements - other communication requirements

We set out below details of other matters which we, as auditors, are required by auditing standards and the Code to communicate to those charged with governance.

Issue	Commentary
Matters in relation to fraud	<ul style="list-style-type: none"> We have previously discussed the risk of fraud with the Audit & Standards Committee. We have not been made aware of any incidents in the period and no issues have been identified during the course of our audit procedures.
Matters in relation to related parties	<ul style="list-style-type: none"> We are not aware of any related parties or related party transactions which have not been disclosed.
Matters in relation to laws and regulations	<ul style="list-style-type: none"> You have not made us aware of any significant incidences of non-compliance with relevant laws and regulations and we have not identified any incidences from our audit work.
Written representations	<ul style="list-style-type: none"> A letter of representation has been requested from the Authority. This includes the unadjusted misstatement in relation to the timing of the LGPS asset values of £0.184m.
Confirmation requests from third parties	<ul style="list-style-type: none"> We obtained direct confirmations from the PWLB for loans and from Worcestershire County Council for short term deposits which they manage on behalf of the Authority. We also obtained direct confirmation of the year end bank balance from Barclays Bank.
Accounting practices	<ul style="list-style-type: none"> Our review found no material omissions in the financial statements.
Audit evidence and explanations/ significant difficulties	<ul style="list-style-type: none"> All information and explanations requested from management was provided. We have not encountered any significant difficulties with accounts closedown, production of draft accounts and working papers.

2. Financial Statements - other communication requirements



Our responsibility

As auditors, we are required to “obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity's ability to continue as a going concern” (ISA (UK) 570).

Issue	Commentary
Going concern	<p>In performing our work on going concern, we have had reference to Statement of Recommended Practice – Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom (Revised 2020). The Financial Reporting Council recognises that for particular sectors, it may be necessary to clarify how auditing standards are applied to an entity in a manner that is relevant and provides useful information to the users of financial statements in that sector. Practice Note 10 provides that clarification for audits of public sector bodies. Practice Note 10 sets out the following key principles for the consideration of going concern for public sector entities:</p> <ul style="list-style-type: none"> the use of the going concern basis of accounting is not a matter of significant focus of the auditor's time and resources because the applicable financial reporting frameworks envisage that the going concern basis for accounting will apply where the entity's services will continue to be delivered by the public sector. In such cases, a material uncertainty related to going concern is unlikely to exist, and so a straightforward and standardised approach for the consideration of going concern will often be appropriate for public sector entities for many public sector entities, the financial sustainability of the reporting entity and the services it provides is more likely to be of significant public interest than the application of the going concern basis of accounting. Our consideration of the Authority's financial sustainability is addressed by our value for money work, which is covered elsewhere in this report. <p>Practice Note 10 states that if the financial reporting framework provides for the adoption of the going concern basis of accounting on the basis of the anticipated continuation of the provision of a service in the future, the auditor applies the continued provision of service approach set out in Practice Note 10. The financial reporting framework adopted by the Authority meets this criteria, and so we have applied the continued provision of service approach. In doing so, we have considered and evaluated:</p> <ul style="list-style-type: none"> the nature of the Authority and the environment in which it operates the Authority's financial reporting framework the Authority's system of internal control for identifying events or conditions relevant to going concern management's going concern assessment. <p>On the basis of this work, we have obtained sufficient appropriate audit evidence to enable us to conclude that:</p> <ul style="list-style-type: none"> a material uncertainty related to going concern has not been identified management's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

2. Financial Statements - other responsibilities under the Code

Issue	Commentary
Other information	<p>We are required to give an opinion on whether the other information published together with the audited financial statements (including the Annual Governance Statement and Narrative Report), is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.</p> <p>No inconsistencies have been identified, but there were two minor disclosure changes to the Narrative Report which officers have made. We plan to issue an unmodified opinion in this respect – please refer to Appendix D.</p>
Matters on which we report by exception	<p>We are required to report on a number of matters by exception in a number of areas:</p> <ul style="list-style-type: none"> • if the Annual Governance Statement does not comply with disclosure requirements set out in CIPFA/SOLACE guidance or is misleading or inconsistent with the information of which we are aware from our audit, • if we have applied any of our statutory powers or duties. • where we are not satisfied in respect of arrangements to secure value for money and have reported [a] significant weakness/es. <p>We have nothing to report on these matters.</p>
Specified procedures for Whole of Government Accounts	<p>We are required to carry out specified procedures (on behalf of the NAO) on the Whole of Government Accounts (WGA) consolidation pack under WGA group audit instructions.</p> <p>Detailed extensive work is not required as the Authority does not exceed the reporting threshold. However, the template form and associated guidance have not yet been released by the government department therefore we have been unable to complete the audit work required.</p>
Certification of the closure of the audit	<p>We intend to delay the certification of the closure of the 2021/22 audit of Hereford & Worcester Fire Authority in the audit report, as detailed in Appendix D, due to the WGA guidance not being issued.</p>



3. Value for Money arrangements

Approach to Value for Money work for 2021/22

The National Audit Office issued its guidance for auditors in April 2020. The Code requires auditors to consider whether the body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

When reporting on these arrangements, the Code requires auditors to structure their commentary on arrangements under the three specified reporting criteria.



Improving economy, efficiency and effectiveness

Arrangements for improving the way the body delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.



Financial Sustainability

Arrangements for ensuring the body can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years)



Governance

Arrangements for ensuring that the body makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the body makes decisions based on appropriate information

Potential types of recommendations

A range of different recommendations could be made following the completion of work on the body's arrangements to secure economy, efficiency and effectiveness in its use of resources, which are as follows:



Statutory recommendation

Written recommendations to the body under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014. A recommendation under schedule 7 requires the body to discuss and respond publicly to the report.



Key recommendation

The Code of Audit Practice requires that where auditors identify significant weaknesses in arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the body. We have defined these recommendations as 'key recommendations'.



Improvement recommendation

These recommendations, if implemented should improve the arrangements in place at the body, but are not made as a result of identifying significant weaknesses in the body's arrangements

3. VFM - our procedures and conclusions

We have completed our VFM work and our detailed commentary is set out in the separate Auditor's Annual Report, which is presented alongside this report.

As part of our work, we considered whether there were any risks of significant weakness in the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources. The risks we identified are detailed in the table below, along with the further procedures we performed and our conclusions. We are satisfied that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Risk of significant weakness	Procedures undertaken	Conclusion	Outcome
<p>The Fire Authority Medium Term Financial Plan, approved in February 2022, showed "Structural Budget Gaps" of £0.238m (2022/23); £0.133m (23/24) and £0.402m (24/25) - all to be funded from reserves, primarily the Budget Reduction Reserve. This reserve will then have decreased from £1.428m to £0.779m. This is around two years at the rate of £0.400m a year. This represents a significant risk as the Authority needs to be able to balance its budget without the ongoing use of reserves.</p>	<p>To address this risk we reviewed the long term plans to ensure a balanced budget can be achieved without the need to use reserves.</p>	<p>Our work did not identify a significant weakness. We did, however, raise an Improvement Recommendation – "The Authority needs to bring forward further savings plans to address the structural budget gap and future budgetary pressures, for example, pay costs and inflation."</p>	<p>While there is still significant uncertainty around future funding from central government, the Authority needs to ensure that it is in a position where viable, worked up savings plans are in place to ensure long term financial sustainability, irrespective of government funding.</p>

4. Independence and ethics

Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant matters that may bear upon the integrity, objectivity and independence of the firm or covered persons (including its partners, senior managers and managers). In this context, we disclose the following to you:

The Audit Manager, Neil Preece, has been Manager for seven years. If the Authority was not a public sector client, the firm's policy rotation for this role is 10 years. However, in the public sector the firm requires permission for extensions to be sought after seven years. The firm's internal Ethics Function and Public Sector Audit Appointments (PSAA) have approved the extension for one year.

We confirm that we have implemented policies and procedures to meet the requirements of the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements.

Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in May 2020 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

Details of fees charged are detailed in Appendix D.

Transparency

Grant Thornton publishes an annual Transparency Report, which sets out details of the action we have taken over the past year to improve audit quality as well as the results of internal and external quality inspections. For more details see [Transparency report 2020 \(grantthornton.co.uk\)](https://www.grantthornton.co.uk/transparency-report-2020)

Other services

No other services provided by Grant Thornton were identified.

Appendices

A. Follow up of prior year recommendations

We identified the following issues in the audit of Hereford & Worcester Fire Authority's 2020/21 financial statements, which resulted in four recommendations being reported in our 2020/21 Audit Findings report. We are pleased to report that management have implemented three of our recommendations. In one area our work is ongoing, so we are unable to conclude.

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue
?	<p>Property valuations</p> <p>Our audit work took significantly longer than planned. This was partly due to the changeover in valuers, but also because supporting information was not readily available.</p> <p>There is a risk that property valuations cannot be supported.</p> <p>Recommendation</p> <p>The Authority needs to ensure that the external valuer obtains sufficient appropriate evidence and documentation of thought processes, readily available, to support to valuations and provide evidence to audit in a timely manner.</p>	<p>Our work in this area is ongoing. We are therefore not able to conclude whether the recommendation has been fully addressed.</p>
✓	<p>Member Data</p> <p>The Member Data provided to the Government Actuary Department (GAD) for them to prepare the Fire Fighters' Pension Scheme liability estimate was out of date. Officers spent a very considerable amount of time in reconciling figures which audit then used to sample test pension deductions for new joiners.</p> <p>There is a risk that the pension scheme liability is misstated.</p> <p>Recommendation</p> <p>The Authority needs to ensure that information provided to the Government Actuary Department (GAD) is up to date, complete and accurate</p>	<p>The Member data provided for audit in 2021/22 was up to February 2022, which we consider to be sufficiently up to date for audit purposes.</p>

Assessment

- ✓ Action completed
- X Not yet addressed

A. Follow up of prior year recommendations

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue
✓	<p>Fair Value of Public Work Loan Board borrowing</p> <p>Our audit work identified that the Fair Value calculations for Public Works Loan Board (PWLB) borrowing did not use an approach recognized by the CIPFA Code.</p> <p>While this does not impact on the amount actually borrowed, it does indicate the impact that new loans would have if taken out on 31 March.</p> <p>Recommendation</p> <p>The Authority needs to ensure that the Fair Value of PWLB borrowing is correctly calculated. Many authorities use expert advisers to provide this information for them.</p>	<p>Officers have obtained appropriate valuation reports, and these have been reflected in the financial statements.</p>
✓	<p>Expenditure recognition</p> <p>Our audit work identified that the Authority was not consistently applying its accounting policies in terms of recognising expenditure where invoices spanned more than one financial year.</p> <p>While the impact in 2020/21 is immaterial, it took more audit and officer time to quantify the impact. The risk that, in future years, the impact could be material, remains.</p> <p>Recommendation</p> <p>The Authority needs to ensure that it consistency applies its accounting policies.</p>	<p>Our testing this year has not identified any invoices which are incorrectly accounted for.</p>

Assessment

- ✓ Action completed
- X Not yet addressed

B. Audit Adjustments

We are required to report all non trivial misstatements to those charged with governance, whether or not the accounts have been adjusted by management.

Impact of adjusted misstatements

All adjusted misstatements are set out in detail below along with the impact on the key statements and the reported net expenditure for the year ending 31 March 2022.

Detail	Comprehensive Income and Expenditure Statement £'000	Statement of Financial Position £' 000	Impact on total net expenditure £'000
Amendment to employer contributions in respect of Place Partnership Limited	(237)	(237)	(237)

Misclassification and disclosure changes

We have set out on page 7 details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

B. Audit Adjustments



Impact of unadjusted misstatements

The table below provides details of adjustments identified during the 2021/22 audit which have not been made within the final set of financial statements. The Audit & Standards Committee is required to approve management's proposed treatment of all items recorded within the table below. The audit of Worcestershire Pension Fund has identified that the year end Fund Manager confirmations for asset values are £19.6m higher than the values shown in the accounts. This is because the final values were not available at the time of producing the actuarial reports and financial statements. For Hereford & Worcester Fire Authority this means that the value of investments is understated by £0.184m. Were management to adjust for this the net LGPS liability would be reduced by the same amount, from £17.8m. However, management have declined to amend on the basis that it is immaterial and will be corrected in the next valuation. Members are asked to agree Officers' approach, and this is included in the Letter of Representation requested.

Detail	Comprehensive Income and Expenditure Statement £'000	Statement of Financial Position £' 000	Impact on total net expenditure £'000	Reason for not adjusting
LGPS assets understated	0	184	0	Immaterial
Overall impact	£0	£184	£0	

Impact of prior year unadjusted misstatements

There were no adjustments identified during the prior year audit which had not been made within the final set of 2020/21 financial statements.

C. Fees

We confirm below our final fees charged for the audit and confirm there were no fees for the provision of non audit services.

Audit fees	Proposed fee	Final fee
Authority Audit	£43,361	TBC*
Total audit fees (excluding VAT)	£43,361	TBC

* We will confirm our final audit fee after the completion of our audit.

D. Audit opinion

Our audit opinion is included below.

We anticipate we will provide the Authority with an unmodified audit report.

Independent auditor's report to the members of Hereford and Worcester Fire Authority

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of Hereford and Worcester Fire Authority (the 'Authority') for the year ended 31 March 2022, which comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement, the Balance Sheet, the Cash Flow Statement, and notes to the financial statements, including a summary of significant accounting policies and include the Firefighters' Pension Fund financial statements comprising the Fund Account, the Statement of Net Assets Statement. The financial reporting framework that has been applied in their preparation is applicable law and the CIPFA/LASAAC Code of practice on local authority accounting in the United Kingdom 2021/22.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Authority as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with the CIPFA/LASAAC Code of practice on local authority accounting in the United Kingdom 2021/22; and
- have been prepared in accordance with the requirements of the Local Audit and Accountability Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Treasurer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Authority to cease to continue as a going concern.

D. Audit opinion

In our evaluation of the Treasurer's conclusions, and in accordance with the expectation set out within the CIPFA/LASAAC Code of practice on local authority accounting in the United Kingdom 2021/22 that the Authority's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Authority. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Authority and the Authority's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Authority's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Treasurer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Treasurer with respect to going concern are described in the 'Responsibilities of the Authority, Treasurer and Those Charged with Governance for the financial statements' section of this report.

Other information

The Treasurer is responsible for the other information. The other information comprises the information included in the Statement of Accounts, other than the financial statements, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with 'delivering good governance in Local Government Framework 2016 Edition' published by CIPFA and SOLACE or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

D. Audit opinion

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Authority, the other information published together with the financial statements in the Statement of Accounts for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make a written recommendation to the Authority under section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make an application to the court for a declaration that an item of account is contrary to law under Section 28 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we issue an advisory notice under Section 29 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make an application for judicial review under Section 31 of the Local Audit and Accountability Act 2014, in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Authority, the Treasurer and Those Charged with Governance for the financial statements

As explained in the Statement of Responsibilities [set out on page 13], the Authority is required to make arrangements for the proper administration of its financial affairs and to secure that one of its officers has the responsibility for the administration of those affairs. In this authority, that officer is the Treasurer. The Treasurer is responsible for the preparation of the Statement of Accounts, which includes the financial statements, in accordance with proper practices as set out in the CIPFA/LASAAC Code of practice on local authority accounting in the United Kingdom 2021/22, for being satisfied that they give a true and fair view, and for such internal control as the Treasurer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Treasurer is responsible for assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention by government that the services provided by the Authority will no longer be provided.

The Audit and Standards Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Authority's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

D. Audit opinion

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Authority and determined that the most significant, which are directly relevant to specific assertions in the financial statements, are those related to the reporting frameworks (international accounting standards as interpreted and adapted by the CIPFA/LASAAC Code of practice on local authority accounting in the United Kingdom 2021/22, The Local Audit and Accountability Act 2014, the Accounts and Audit Regulations 2015 and the Local Government Act 2003. We also identified the following additional regulatory frameworks in respect of the firefighters' pension fund – Fire and Rescue Services Act 2004, The Firefighters' Pension Scheme (England) Regulations 2014 and The Firefighters' Pension Scheme (England) Order 2006.
- We enquired of senior officers and the Audit and Standards Committee, concerning the Authority's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of senior officers, internal audit and the Audit and Standards Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Authority's financial statements to material misstatement, including how fraud might occur, by evaluating officers' incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, including the use of accounting estimates, assumptions and judgements, the risk of fraudulent expenditure recognition and the risk of improper revenue recognition. We determined that the principal risks were in relation to large and unusual journals which were designed to change financial performance, for example, moving amounts between the Balance Sheet and Comprehensive Income and Expenditure Statement.

Our audit procedures involved:

- evaluation of the design effectiveness of controls that the Treasurer has in place to prevent and detect fraud
- journal entry testing, with a focus on unusual journals with specific risk characteristics and large value journals
- challenging assumptions and judgements made by management in its significant accounting estimates in respect of the valuation of land and buildings and defined benefit pensions liability valuations; and
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

D. Audit opinion

- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to the valuation of land and buildings and defined benefit pensions liability valuations.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the local government sector
 - understanding of the legal and regulatory requirements specific to the Authority including:
 - the provisions of the applicable legislation
 - guidance issued by CIPFA, LASAAC and SOLACE
 - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - the Authority's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - the Authority's control environment, including the policies and procedures implemented by the Authority to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have nothing to report in respect of the above matter.

Responsibilities of the Authority

The Authority is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 20(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

D. Audit opinion

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Authority plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Authority ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Authority uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Authority has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Hereford and Worcester Fire Authority for the year ended 31 March 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the Authority for the year ended 31 March 2022.

We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2022.

Use of our report

This report is made solely to the members of the Authority, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited. Our audit work has been undertaken so that we might state to the Authority's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Authority and the Authority's members as a body, for our audit work, for this report, or for the opinions we have formed.

Signature:

Avtar Sohal, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

Date:



Grant Thornton UK LLP
17th Floor, 103 Colmore Row
Birmingham
B3 3AG

Tel: 01905 368205
Email: mreohorn@hwfire.org.uk
Date:

Dear Sirs

Hereford & Worcester Fire Authority Financial Statements for the year ended 31 March 2022

This representation letter is provided in connection with the audit of the financial statements of Hereford & Worcester Fire Authority for the year ended 31 March 2022 for the purpose of expressing an opinion as to whether the Authority financial statements are presented fairly, in all material respects in accordance with International Financial Reporting Standards, and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

- i. We have fulfilled our responsibilities for the preparation of the Authority's financial statements in accordance with International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 ("the Code"); in particular the financial statements are fairly presented in accordance therewith.
- ii. We have complied with the requirements of all statutory directions affecting the Authority and these matters have been appropriately reflected and disclosed in the financial statements.
- iii. The Authority has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.
- iv. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.
- v. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include surplus assets. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the Code and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these

alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the Code and adequately disclosed in the financial statements.

- vi. We confirm that we are satisfied that the actuarial assumptions underlying the valuation of pension scheme assets and liabilities for IAS19 Employee Benefits disclosures are consistent with our knowledge. We confirm that all settlements and curtailments have been identified and properly accounted for. We also confirm that all significant post-employment benefits have been identified and properly accounted for.
- vii. Except as disclosed in the financial statements:
 - a. there are no unrecorded liabilities, actual or contingent
 - b. none of the assets of the Authority has been assigned, pledged or mortgaged
 - c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.
- viii. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the Code.
- ix. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the Code require adjustment or disclosure have been adjusted or disclosed.
- x. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The Authority's financial statements have been amended for these misstatements, misclassifications and disclosure changes and are free of material misstatements, including omissions.
- xi. We have considered the unadjusted misstatements schedule included in your Audit Findings Report. We have not adjusted the financial statements for these misstatements brought to our attention as they are immaterial to the results of the Authority and its financial position at the year-end and will be reflected in the next IAS 19 asset valuation as at 31 March 2023. The financial statements are free of material misstatements, including omissions.
- xii. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.
- xiii. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
- xiv. We have updated our going concern assessment. We continue to believe that the Authority's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that :
 - a. the nature of the Authority means that, notwithstanding any intention to cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements
 - b. the financial reporting framework permits the entry to prepare its financial statements on the basis of the presumption set out under a) above; and

- c. the Authority's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the Authority's ability to continue as a going concern need to be made in the financial statements.

- xv. The Authority has complied with all aspects of ring-fenced grants that could have a material effect on the Authority's financial statements in the event of non-compliance.

Information Provided

- xvi. We have provided you with:
 - a. access to all information of which we are aware that is relevant to the preparation of the Authority's financial statements such as records, documentation and other matters;
 - b. additional information that you have requested from us for the purpose of your audit; and
 - c. access to persons within the Authority via remote arrangements from whom you determined it necessary to obtain audit evidence.
- xvii. We have communicated to you all deficiencies in internal control of which management is aware.
- xviii. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- xix. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xx. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the Authority and involves:
 - a. management;
 - b. employees who have significant roles in internal control; or
 - c. others where the fraud could have a material effect on the financial statements.
- xxi. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.
- xxii. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xxiii. We have disclosed to you the identity of the Authority's related parties and all the related party relationships and transactions of which we are aware.
- xxiv. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Annual Governance Statement

- xxv. We are satisfied that the Annual Governance Statement (AGS) fairly reflects the Authority's risk assurance and governance framework and we confirm that we are not aware of any significant risks that are not disclosed within the AGS.

Narrative Report

xxvi. The disclosures within the Narrative Report fairly reflect our understanding of the Authority's financial and operating performance over the period covered by the Authority's financial statements.

Approval

The approval of this letter of representation was minuted by the Authority's Audit & Standards Committee at its meeting on 18 January 2023.

Yours faithfully

Name.....

Position.....

Date.....

Name.....

Position.....

Date.....

Signed on behalf of the Authority



Martin Reohorn
Director of Finance/Treasurer

Report of the Treasurer

Statement of Accounts 2021/22

Purpose of report

1. To present the 2021/22 Statement of Accounts for approval.
-

Recommendation

It is recommended that the Statement of Accounts 2020/21 is approved.

Introduction and Background

2. The Accounts and Audit Regulations 2015 set out the dates by which an Authority must approve and publish the Statement of Accounts. As a part of the government's response to the restrictions of Covid-19 working these dates are relaxed for this year only.
3. The dates with which an Authority must comply are shown below, with the normal date shown in brackets for information.
4. For the 2021/22 Accounts an Authority must ensure that the Statements are:
 - a. Signed off by the Treasurer by 31 July 2022
 - b. Approved by the Authority by 30 November 2022
 - c. Published by 30 November 2022
5. The Accounts were signed off by the Treasurer on 29 July in line with the Regulations. As the audit was not completed by the 30 November the Accounts were not ready for approval by the statutory deadline, and this was recognized by publication of the relevant statutory notice to notify of the delay.
6. For several reasons, which the External Auditor may reference in relation to the Audit Findings Report, the audit was not completed by the 30th November, but at the time of writing (20 December) the work is virtually complete. The attached Statement takes account of all identified and agreed changes.
7. To put these 6 weeks in to context at the end of November, nationally there were 160 local authorities which had not had sign of their 2020/21 accounts, and some locally that are not expecting their 2021/22 audit to commence until summer 2023.
8. The Fire Authority has delegated responsibility for approval of the Accounts to this Committee.

9. It is theoretically possible that between now and the date of the Committee other issues may emerge that require adjustment. If these are minor they will be identified at the meeting prior to requesting approval. In the unlikely event that they are major an amended set of Accounts will be taken for approval to the Fire Authority meeting in February.

Statement of Accounts

10. As Members will now be well aware, the Code of Practice on Local Authority Accounting – Statement of Recommended Practice (SORP) requires that the Accounts are prepared on the basis of International Financial Reporting Standards (IFRS). In a number of fundamental ways these differ from the Statutory Accounting framework used for Council Tax and grant purposes, and under which the Authority is charged with governance.
11. There are charges e.g. depreciation and the liability on pension funds which are required by IFRS but not chargeable on a Statutory basis and others which are required by Statute but not permitted under IFRS (e.g. provision to repay borrowing). Government does not recognise IFRS for grant allocations or the statutory budget setting process.
12. As a consequence of these differences there is a moderate net surplus (large deficit in prior year) on the Comprehensive Income & Expenditure Statement (CIES) and an extremely large negative balance on the Balance Sheet.
13. In the case of the CIES this arises from differences in between IFRS and statutory accounting and these are reconciled in the Movement in Reserves Statement (MiRS).
14. In the case of the Balance Sheet the position arises due to the liability on the Pension schemes, in particular the un-funded Fire-fighter schemes (FFPS).
15. The Authority is not, however, required or empowered to fund these deficits immediately as under the statutory arrangements they will be funded by future employer/employee contributions and, in the case of the FFPS, by direct government grant.
16. None of these accounting differences effect the underlying financial position or impact on the resources available to the Authority to deliver services.

Amendments to the Statements

17. Since the sign off of the Accounts by the Treasurer they have been subject to Audit with the result that a number of changes have been made.
18. Some of these have been of a minor nature, mainly typographical, or updating of the Notes to the Accounts to improve the disclosure. Where relevant this are included in the Audit Findings Report.

19. The one area to which your attention is drawn is in relation to the pensions liability and Place Partnership (PPL)
 - a. As a joint arrangement it is required that a proportion of the PPL liability is brought into the Accounts. But as a balance a proportion of the pension assets are also brought into the accounts.
 - b. As PPL pension valuation was fully funded, the assets and liability match and have no overall impact on the Statements.
 - c. With the withdrawal of Worcester City and Redditch from the PPL arrangements the Fire proportion altered slightly. This alteration was missed and the wrong asset and liability adjustment was made. But, as stated above it had no net impact.
 - d. Technically this was incorrect and as the figure is material the Auditors have quite rightly identified that this should be amended, however it has no practical impact.

Conclusion/Summary

20. The Statement of Accounts is ready for approval, subject to final completion of the Audit
21. As there are no matters arising from the public inspection period, the External Auditor should be able to issue an Audit Opinion as soon as it is ready.
22. On publication, the approved Statements will include the Audit Opinion and the approved Annual Governance Statement.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	N/A
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	N/A
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	N/A
Consultation (identify any public or other consultation that has been carried out on this matter)	N/A
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A

Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	N/A
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Supporting Information

Appendix 1 – Statement of Accounts 2021-22 (separate enclosure)

Report of the Treasurer

External Auditors' Annual Report 2021/22

Purpose of report

1. To present the Auditors Annual Report 2021/22 from the External Auditors, Grant Thornton UK LLP.
-

Recommendation

The Treasurer recommends that the Auditors Annual Report 2021/22 from the External Auditors, Grant Thornton UK LLP, be noted.

Background

2. Under the Local Audit and Accountability Act 2014, the Auditor's key responsibilities are to:
 - give an opinion on the Authority's financial statements;
 - assess the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion).
3. The Auditors undertake a risk assessment to identify any significant risks which need to be addressed before the value for money conclusion is reached.
4. The Auditors assess the Authority's financial resilience as part of their work on the value for money conclusion.
5. The Annual Audit Letter summarises the findings from the 2021/22 audit, and the External Auditor will take you through the report attached at Appendix 1.

Conclusion

6. The Auditors Annual Report 2021/22 from the External Auditors, Grant Thornton UK LLP be noted.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	None
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Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	None
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	None
Consultation (identify any public or other consultation that has been carried out on this matter)	None
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	N/A

Supporting Information

Appendix 1 – Auditors Annual Report 2021/22 - Grant Thornton UK LLP

Auditor's Annual Report on Hereford & Worcester Fire Authority

2021/22

18 January 2023



Contents



We are required under Section 20(1)(c) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the National Audit Office (NAO) requires us to report to you our commentary relating to proper arrangements.

We report if significant matters have come to our attention. We are not required to consider, nor have we considered, whether all aspects of the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.



Section	Page
Executive summary	03
Opinion on the financial statements and use of auditor's powers	04
Commentary on the Authority's arrangements to secure economy, efficiency and effectiveness in its use of resources	05
Financial sustainability	06
Improvement recommendations	10
Governance	13
Improving economy, efficiency and effectiveness	15
Improvement recommendations	18
Climate change	19
Follow-up of previous recommendations	20
Opinion on the financial statements	21
Appendices	
Appendix A – Responsibilities of the Authority	23
Appendix B – Risks of significant weaknesses, our procedures and findings	24
Appendix C – An explanatory note on recommendations	25
Appendix D – Overview on progress reported against HMICFRS recommendations	26

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of completing our work under the NAO Code and related guidance. Our audit is not designed to test all arrangements in respect of value for money. However, where, as part of our testing, we identify significant weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all irregularities, or to include all possible improvements in arrangements that a more extensive special examination might identify. 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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Executive summary






Value for money arrangements and key recommendation(s)

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Authority has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors are required to report their commentary on the Authority's arrangements under specified criteria and 2021/22 is the second year that we have reported our findings in this way. As part of our work, we considered whether there were any risks of significant weakness in the Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources. Our conclusions are summarised in the table below.

Criteria	Risk assessment	2020/21 Auditor Judgment	2021/22 Auditor Judgment	Direction of travel
Financial sustainability	Risk identified because of the Authority's planned use of reserves to bridge the Medium Term Financial Plan gap.	 No significant weaknesses in arrangements identified.	 No significant weaknesses identified, but three improvement recommendations have been made.	
Governance	No risks of significant weakness identified.	 No significant weaknesses in arrangements identified.	 No significant weaknesses in arrangements identified.	
Improving economy, efficiency and effectiveness	No risks of significant weakness identified.	 No significant weaknesses in arrangements identified, but two improvement recommendations made.	 No significant weaknesses identified, but one improvement recommendation has been made.	

-  No significant weaknesses in arrangements identified or improvement recommendation made.
-  No significant weaknesses in arrangements identified, but improvement recommendations made.
-  Significant weaknesses in arrangements identified and key recommendations made.

Opinion on the financial statements and use of auditor's powers

We bring the following matters to your attention:

Opinion on the financial statements

Auditors are required to express an opinion on the financial statements that states whether they : (i) present a true and fair view of the Authority's financial position, and (ii) have been prepared in accordance with the CIPFA/LASAAC Code of practice on local authority accounting in the United Kingdom 2021/22

Our audit of your financial statements is ongoing. Subject to satisfactory completion of the remaining work we plan to issue an unqualified audit opinion shortly after the Audit & Standards Committee meeting on 18 January 2022. Our findings are set out in further detail on page 21.

Statutory recommendations

Under Schedule 7 of the Local Audit and Accountability Act 2014, auditors can make written recommendations to the audited body which need to be considered by the body and responded to publicly

We did not issue any Statutory Recommendations.

Public Interest Report

Under Schedule 7 of the Local Audit and Accountability Act 2014, auditors have the power to make a report if they consider a matter is sufficiently important to be brought to the attention of the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not issue a Public Interest Report.

Application to the Court

Under Section 28 of the Local Audit and Accountability Act 2014, if auditors think that an item of account is contrary to law, they may apply to the court for a declaration to that effect.

We did not apply to the Court.

Advisory notice

Under Section 29 of the Local Audit and Accountability Act 2014, auditors may issue an advisory notice if the auditor thinks that the authority or an officer of the authority:

- is about to make or has made a decision which involves or would involve the authority incurring unlawful expenditure,
- is about to take or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency, or
- is about to enter an item of account, the entry of which is unlawful.

We did not issue an Advisory notice.

Judicial review

Under Section 31 of the Local Audit and Accountability Act 2014, auditors may make an application for judicial review of a decision of an authority, or of a failure by an authority to act, which it is reasonable to believe would have an effect on the accounts of that body.

We did not apply for a Judicial review.

Securing economy, efficiency and effectiveness in the Authority's use of resources

All Fire and Rescue Authorities are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. The Authority's responsibilities are set out in Appendix A.

Fire and Rescue Authorities report on their arrangements, and the effectiveness of these arrangements as part of their annual governance statement.

Under the Local Audit and Accountability Act 2014, we are required to be satisfied whether the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The National Audit Office's Auditor Guidance Note (AGN) 03, requires us to assess arrangements under three areas:



Financial Sustainability

Arrangements for ensuring the Authority can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years).



Governance

Arrangements for ensuring that the Authority makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the Authority makes decisions based on appropriate information.



Improving economy, efficiency and effectiveness

Arrangements for improving the way the Authority delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.



Our commentary on the Authority's arrangements in each of these three areas, is set out on pages 6 to 17. Further detail on how we approached our work is included in Appendix B.

Financial sustainability



We considered how the Authority:

- identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds them into its plans
- plans to bridge its funding gaps and identify achievable savings
- plans its finances to support the sustainable delivery of services in accordance with strategic and statutory priorities
- ensures its financial plan is consistent with other plans such as workforce, capital, investment and other operational planning which may include working with other local public bodies as part of a wider system
- identifies and manages risk to financial resilience, such as unplanned changes in demand and assumptions underlying its plans.

Identifying significant financial pressure

The Authority's financial planning appropriately considers the impact of government funding. The Budget and Precept 2022/23 and Medium-Term Financial Plan" presented to Full Authority on 15 February 2022 clearly sets out the impact of the annual funding settlement, in particular noting that a one year settlement has been made, making longer term planning challenging. The MTFP and budget has therefore been prepared on the same basis as previous years, with similar assumptions. The assumptions around council tax precept increases and changes to the council tax base are reasonable. At the time the assumption of 2% pay growth was reasonable, but now looks to be significantly understated.

The Authority also includes the impact of in-year changes in government funding. For example, the Budget Monitoring 2021/22 – Quarter 4 report to Policy & Resources Committee on 4 May 2022 sets out the additional government funding of £1.171m received in respect of the collection fund loss arising from business rate reliefs for retail businesses. The Treasurer recommended that this windfall gain be earmarked to cover the inflationary pressures on the major building schemes programme to ensure these can be completed to meet the operational needs of the Service.

While a significant majority of the Authority funding (£25.6m out of £36.6m) is from council tax this is a very stable source of income, derived from household across Herefordshire Council and Worcestershire County Council. Further significant income streams include government grants and business rates - all considered to be long term and stable.

There are no plans to use capital resources to bridge any shortfall.

We can see that there are plans to use the Budget Reduction Reserve to balance the MTFP. This is a long term strategy to use a specific reserve to smooth relatively low value annual shortfalls until such time as some of the structural issues, such as the Comprehensive Spending Review, are completed. This avoids the Fire Authority taking highly controversial steps such as closing fire stations or reducing service provision unnecessarily. In February 2022, the planned use of the Budget Reduction Reserve across all three years totalled £675k. At this point the balance was expected to be around £800k. The MTFP showed anticipated recurrent annual savings of £50k in respect of the Wyre Forest Hub and £40k in respect of "Ill Health Pension Changes".

However, changes at a national level, outside the control of the Fire Authority, have meant that the MTFP has been updated in October 2022, and now shows potential budget deficits of £309k in 22/23; £729k in 23/24; £1,344k in 24/25; £1,168k in 25/26 and £1,081k in 26/27.

These changes include the proposed increase in pay, as set by government, is likely to lead to a £600k shortfall. The Authority budgeted for 2%, the actual is 6%. The Authority also expects to lose funding for Urban Search & Rescue, on which it makes a surplus of around £300k. However, this has not yet been formally notified. Having made around £7-8m savings already since 2012, the Authority is heading towards a position where making relatively small savings will be insufficient and larger scale schemes will need to be developed

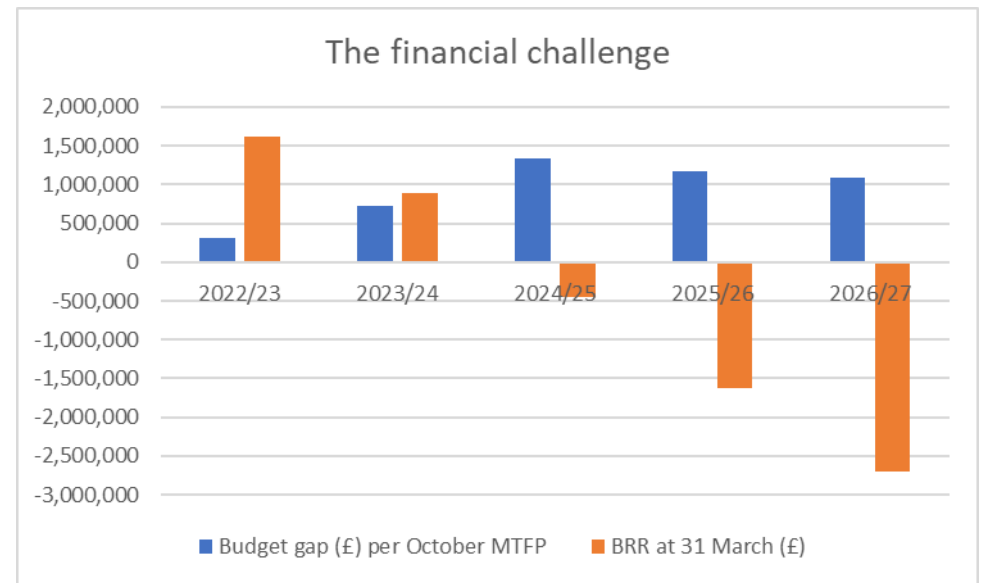
The Authority plans to use the Budget Reduction Reserve of £2,056k to address the short term deficit, but has two years to achieve £1m a year recurring savings. This is a reasonable approach, recognising the changing picture. For example, the Council Tax referendum threshold has been increased by 1%, giving the Authority the potential for an additional £250k per annum, with the possibility that it could be raised still further. However, this represents a weakness in arrangements and we have made an Improvement Recommendation. See page 10.

While the Authority is not particularly affected by demand driven costs, the MTFP and budget did reflect the impact of increased costs in relation to pay, road fuel and energy costs at the time.

Bridging funding gaps

The Budget and Precept 2022/23 and Medium-Term Financial Plan presented to Full Authority on 15 February 2022 showed planned use of the Budget Reduction Reserve across all three years, to 2024/25, totalling £675k. At this point the balance was expected to be around £800k. This included an estimated £400k in 2024/25 arising from the estimate of increased employer contribution rates for fire-fighter pensions. The MTFP explains that, at the last revision government provided additional funding, none is yet assumed although closer to 2024/25 there will be a better indication of this cost, and any funding. Without this the budget would be balanced. The Authority has therefore been waiting for clarity on the long term funding package, including the Comprehensive Spending Review, before identifying further savings. However, planned use of reserves to invest to improve services means that, in the event that further costs are not funded by government, the Authority will only have sufficient earmarked reserves for a couple of years. The MTFP presented in February 2022 showed planned use of expenditure reserves through to March 2023 of around £11m, reducing reserves from £11.5m to £0.8m. Total Earmarked Reserves were planned to reduce from £13.26m to £2.9m over the same period. As noted on the previous page, use of reserves to balance the budget is now expected to be much higher and urgent action is now needed to ensure a balanced budget.

The HMICFRS report from December 2021 stated that, although not an "Area for improvement", "the service could take more action to develop and consult on the range of potential savings and investment opportunities to deal with financial uncertainties. The service makes limited use of scenario planning for future spending reductions." As we have reported, the Authority needs to develop further savings schemes that could be used to offset unexpected costs or if future government funding does not meet needs.



The chart above shows the probable financial position based on the MTFP from October 2022.

The chart illustrates the need for the Authority to bring forward new savings plans urgently.

Bridging funding gaps (continued)

The Authority consults appropriately with stakeholders. For example, at Full Authority, on 15 February 2022 the "Attendance Performance Measure" report is seeking permission from the Fire Authority to undertake public consultation on a new Service Attendance Performance Measure as outlined in the 2021-25 Community Risk Management Plan (CRMP). The Policy & Resources Committee, on 26 January 2022 received a paper "Update on progress with the Invest to Improve programme" which included consultation with staff.

Policy & Resources Committee receives quarterly financial monitoring reports. While these reports do not report savings specifically against individual schemes, we have reported previously, for example in our 8 October 2020 Audit Findings Report, that there are currently no new schemes in place. Full Authority meetings are updated on progress in delivering priority projects developed by the Strategic Fire Alliance between Hereford & Worcester and Shropshire Fire and Rescue Services. While budget monitoring and reporting process is appropriate at this stage, the Authority should consider reporting separately on progress against significant saving schemes if and when these are developed. This is an area for improvement. See page 11.

Sustainable service delivery

The Fire & Rescue Service carries out its duties under the Fire and Rescue Services Act 2004 in relation to fire prevention, fire safety, firefighting and rescues, including emergencies such as road traffic collisions and flooding events. Unlike local councils, there aren't any discretionary services that have a net negative financial impact - the additional services provided are designed to be revenue generating - such as working with other blue light services.

The Community Risk Management Plan for 2021-25 sets out six key areas for focus, and underlying activities. The HMICFRS report from December 2021 identifies an "Area for Improvement" that *"The service needs to show a clear rationale for the resources allocated between prevention, protection, and response activities. This should reflect, and be consistent with, the risk and priorities set out in its CRMP". The report states "The service doesn't have a workforce plan that is designed to make sure it has the staff to meet the risks identified in the CRMP. Also, there is no linkage between the budget and medium-term financial plan (MTFP) to provide the CRMP.*

The way the service allocates resources to prevention, protection and response functions is mainly based on previous funding allocations. This is affecting the service's ability to deliver its responsibilities in these areas, as reflected in the section on effectiveness (page 7) in this report. There is limited performance management oversight of important functions. So the service isn't evaluating activity to make sure it is sufficiently staffed to deal with the priorities in the CRMP."

'In the "Improvement Plan 2021-22 Updated: May 2022", presented to Full Authority on 22 June 2022, the response to this area for improvement includes nine actions to be completed at various stages during 2022/23. Ensuring there is a coherent link between stated corporate strategic priorities and the design of the budget is an area for improvement. See page 12.

Use of capital resources supports corporate strategic priorities, for example, including new fire stations at Hereford, Redditch, and Broadway. These developments have been planned for several years and the Authority has had to overcome a number of obstacles and liaise with a number of different partners to ensure they will eventually come to fruition.

Consistency with other plans

The People Strategy 2022 – 2025 sets out five aims which are intended to support the delivery of the Authority's overall strategic priorities. However, the HMICFRS report from December 2021 reports *"The service doesn't have a workforce plan that is designed to make sure it has the staff to meet the risks identified in the CRMP. Also, there is no linkage between the budget and medium-term financial plan (MTFP) to provide the CRMP."* To address this "Area for Improvement", the Authority's Improvement Plan, identifies three actions, all of which are expected to be completed in the second half of 2022/23.

The Authority has put in place actions to address the HMICFRS "Area for Improvement", and the budget includes appropriate staff costs.

The Authority has clear policies for the contribution of treasury management as part of its financial plan, which are clearly set out in the annual budget setting report. The approach prioritises security rather than return. There is no short term borrowing. Funds are invested through Worcestershire County Council.

Managing risk to financial resilience

The main way that the Authority mitigates financial uncertainty is through the reserves it holds. There are around £13.7m of earmarked reserves as at 31 March 2022, with a plan as at February 2022 to reduce these to around £3m by 31 March 2025. Of this usage, around was £0.7m is through the Budget Reduction Reserve, and the rest is investments to services in accordance with the purpose of the individual reserves. The Budget Reduction Reserve is used to smooth the revenue impact of uncertainty. As noted on page 6, the BRR is now forecast to be used much more quickly, and this represents an area for the authority to focus on.

The Authority updates financial plans to reflect changes in government policy, for example funding the Employers National Insurance increases.

Conclusion

The Fire Authority has a long track record of setting prudent budgets, which have been delivered, usually with an in-year surplus. This has allowed significant reserves to be built up, some of which have been earmarked to smooth short term financial pressures. Since February 2022 however, significant macro economic events and changes have meant that the previous financial plan has had to be revisited. This has resulted in significantly deeper and earlier use of reserves in order to prepare a balanced budget. As a result, the Fire Authority needs to identify and deliver around £1m of recurrent savings within the next two years. It cannot rely on additional government funding, or significant increases in council tax, although the threshold for increasing council tax at which a local referendum would be required has recently increased. Hard decisions will be needed, and the resulting actions will undoubtedly take a long time to implement. As a result urgent action is needed, and we have identified this as an improvement area.

Improvement recommendations



Financial sustainability

Recommendation 1 The Authority needs to bring forward further savings plans to address the structural budget gap and future budgetary pressures, for example, pay costs and inflation.

Why/impact

In February 2022 the planned use of the Budget Reduction Reserve across all three years of the Medium Term Financial Plan totals £675k. At this point the balance was expected to be around £800k. However, changes at a national level, outside the control of the Fire Authority, have meant that the MTFP has been updated in October 2022, and now shows potential budget deficits of £309k in 22/23; £729k in 23/24; £1,344k in 24/25; £1,168k in 25/26 and £1,081k in 26/27. The Authority plans to use the Budget Reduction Reserve of £2,056k to address the short term deficit, but has two years to achieve £1m a year recurring savings.

Auditor judgement

While there is still significant uncertainty around future funding from central government, the Authority needs to ensure that it is in a position where viable, worked up savings plans are in place to ensure long term financial sustainability, irrespective of government funding.

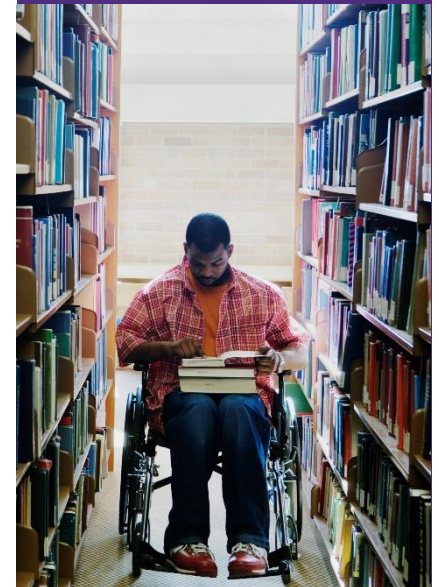
Summary findings

The Authority has a long track record of delivering against budget and building up reserves. However, this alone will not now ensure long term financial viability.

Management comments

The financial position is always under review. The Authority will develop plans that balance the financial resources against the needs of the communities. The recent changes to potential financing have improved the financial position considerably and the MTFP to be approved in Feb 2023 may look significantly different. Areas of saving that had been considered may now, potentially, be used for service improvements rather than as pure savings.

The range of recommendations that external auditors can make is explained in Appendix C.



Improvement recommendations



Financial sustainability

Recommendation 2

The Authority should consider reporting separately on progress against significant saving schemes when these are developed.

Why/impact

We have made a key recommendation around the Authority developing new savings schemes. While budget monitoring and reporting process is appropriate at this stage, the Authority should consider reporting separately on progress against significant saving schemes so that Members are fully sighted on progress.

Auditor judgement

Reporting separately on savings delivery, particularly for significant schemes, allows Members to be fully sighted on progress and work with Officers to address any delays. Timely delivery of agreed savings schemes will be essential to avoid excess use of reserves to support ongoing expenditure.

Summary findings

Current reporting to Members is appropriate, but should be enhanced to include progress against major savings schemes once these are agreed and incorporated into the budget.

Management Comments

This is very much linked to the response to recommendation 1. The approach has been used successfully for monitoring of HMICFRS recommendations Areas for Improvement (AFI) and it is highly probable it will be used in the circumstances outlined.



The range of recommendations that external auditors can make is explained in Appendix C

Improvement recommendations



Financial sustainability

Recommendation 3

The Authority should ensure there is a coherent link between stated corporate strategic priorities and the design of the budget.

Why/impact

The Community Risk Management Plan (CRMP) for 2021-25 sets out six key areas for focus, and underlying activities. However, when setting the annual budget, or agreeing the Medium Term Financial Plan, the links to the CRMP are unclear. This means that it is difficult for Members and the public to see how resources are being spent in order to deliver strategic priorities.

Auditor judgement

Improving linkages between these three key documents will increase clarity and transparency around how public money is being spent to deliver corporate priorities.

Summary findings

As resources become increasingly tight it is essential that the Authority is able to clearly demonstrate how they are being allocated to deliver corporate objectives as effectively and efficiently as possible.

Management Comments

Since the production of the current CRMP the Service has adopted the three key Strategies: Prevention, Protection & Response, and HMICFRS have already identified that there should be a more overt link between the allocation of resources between these areas as an Area for Improvement. The service has added to this the fourth area of Support. The treasurer is jointly leading an NFCC-FCC/FFN project to standardise a methodology to allocate and apportion resources and an initial resource allocation model has been produced. This will be refined with partners in the group before being rolled out further.



The range of recommendations that external auditors can make is explained in Appendix C

Governance



We considered how the Authority:

- monitors and assesses risk and gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud
- approaches and carries out its annual budget setting process
- ensures effective processes and systems are in place to ensure budgetary control; communicate relevant, accurate and timely management information (including non-financial information); supports its statutory financial reporting; and ensures corrective action is taken where needed, including in relation to significant partnerships
- ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee
- monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of staff and board member behaviour (such as gifts and hospitality or declaration/conflicts of interests) and where it procures and commissions services.

Risk management and internal control

Because of the nature of the services the Fire Authority provides, it takes risk management extremely seriously, both in operational and non-operational aspects. Department Heads are responsible for the completion of a quarterly risk register review, with support from the Emergency Planning and Resilience Officer (EPRO). The Strategic Risk Register (SRR) is reviewed at a Senior Management Board (SMB) meeting at the end of each quarter and is collectively owned by SMB. There is an annual risk management report to Audit & Standards Committee. We have reviewed the scoring mechanism, and the score assigned to each risk, and are satisfied that the approach is reasonable.

Internal Audit is provided by Worcestershire Internal Audit Shared Service (WAISS). From review of internal audit work, and attendance at Audit & Standards Committee, we can confirm that internal audit is adequate and effective. The Audit & Standards Committee receives update reports at each meeting, and these summarise the key messages and conclusions, providing sufficient assurance to enable it to assess whether internal controls have operated as expected.

Annual budget setting process

The annual budget is based on expenditure plans, for example training and investment to improve services. Demand is largely driven by circumstances outside the Authority's control, for example flooding or dry summers, which drives activity and therefore cost. The Authority does look at the longer term when developing the CRMP, for example, the number of appliances at certain fire stations, and the longer term trajectory of incidents, such as house fires.

The HMICFRS report made an "Area for Improvement" - "The service needs to show a clear rationale for the resources allocated between prevention, protection, and response activities. This should reflect, and be consistent with, the risk and priorities set out in its CRMP." The Authority response highlights nine actions to address this point, which will be implemented throughout 2022/23.

Budgetary control and financial reporting

Budget-holders have access to real time financial management information. The nature of the budgets means that there are few for which profiling is relevant and whilst this is done and used to an extent most of the spending decisions are based on the remaining availability of funding. Budget holders are able to meet with finance colleagues to discuss any issues.

Quarterly financial monitoring reports to Policy & Resources Committee demonstrate that in year forecast variances are being picked up promptly, and budget holders are being held to account for delivering to budget and/or developing adequate mitigating action. These are clearly reported to the Committee, with the larger variances explained in the main report, and each variance shown in the detailed appendix. Where changes to the budget are required these are clearly reported, and changes shown and tracked through.

Costs are largely fixed - for example, staff, fire stations and appliances - the level of activity - attending fires or road traffic accidents for example - has little impact on costs. Quarterly performance reports include appropriate non financial, including workforce, information.

Treasury management activity is reported quarterly to Policy & Resources Committee. Reporting covers investments and borrowing, clearly explaining that the approach is focuses on security rather than returns, and that funds are invested via Worcestershire County Council.

Making properly informed decisions

Key decisions are made by the Full Authority or Policy & Resources Committee, with all relevant documentation being made available. For example, the Full Authority meeting on 15 February 2022 when the revised Attendance Performance Measures were discussed. There are also frequent property service updates covering the sale of former fire stations and the building / redevelopment of new ones.

Service user (public) feedback is obtained and taken into account as appropriate. For example, in relation to proposed changes regarding the staffing of fire stations, and the CRMP is subject to public consultation. More recently, the Policy & Resources Committee on 26 January 2022 received an update on progress with the Invest to Improve programme, highlighting the extent of consultation with staff, and Full Authority on 15 February 2022 received a report setting out public consultation on the proposed Attendance Performance Measure changes.

Decision making is designed to ensure that appropriate levels of service provision can be maintained, while recognising the changing workload (fewer house fires for example). In recent years there have been some changes to the crewing arrangements at a number of fire stations to reflect demand, and also to free up resources which can be used elsewhere or saved.

From attendance at Audit & Standards Committee we have seen that Members are well informed and ask appropriate questions of officers. Members are supportive of officers, but also challenging. The Committee is comprised a number of portfolio holders from Worcestershire County Council, and is of high quality.

Ensuring appropriate standards

The Authority has an experienced Monitoring Officer who oversees compliance with legislation and regulatory standards. The Service has a very clear set of values, which were wholly derived from staff input, they are widely understood through the organization. These are available on the Authority webpage. In addition the Service has a clear Code of Ethics which applies to everyone and a track record of identifying and dealing with any aberrations.

On 20 April 2022 the Audit & Standards Committee received a paper setting out proposals to adopt the national fire authority code of ethics. The proposals were supported, which means that the Authority is ensuring best practice is adopted.

Compliance with legislative / regulatory requirements is embedded within the Authority - driven by the nature of the core services provided. The culture within the Authority is one of compliance, and there is an excellent culture.

However, the HMICFRS report noted *"During our inspection many members of staff told us of a continued lack of visibility of senior managers. This was particularly evident during the service's management of change processes. We found that there had been limited progress on the area for improvement from our last inspection in 2018, in relation to effective two-way communication between senior leaders and staff. Senior managers in the service recognise that there is a lot more to do in terms of improving organisational culture. However, we did find staff were optimistic that the newly appointed chief fire officer (in post from 1 April 2021) will improve the culture of the service."* The report made an "Area for Improvement" - *"The service should assure itself that senior managers are visible and demonstrate service values through their behaviours."* The Authority has responded with seven proposed actions, to be implemented over the period to Q2 2023/24.

The Authority has appropriate policies and arrangements in place around gifts and hospitality and for officers and members to make declarations of interest.

Improving economy, efficiency and effectiveness



We considered how the Authority:

- uses financial and performance information to assess performance to identify areas for improvement
- evaluates the services it provides to assess performance and identify areas for improvement
- ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives
- where it commissions or procures services assesses whether it is realising the expected benefits.

Use of financial and performance information

Policy & Resources Committee receives quarterly performance reports which clearly set out performance in key areas and the direction of travel. In September 2021 these reports were revamped - "Future quarterly performance reporting will be aligned to the new Service core and enabling strategies and key performance indicators". There was recognition that existing reports "shows the Service performance against a wide range of performance output indicators, which are largely historical and the definitions relate to performance indicators from several decades ago. There is no defined link to the Community Risk Management Plan (CRMP), Medium Term Financial Plan (MTFP) or Service Strategy. Whilst this provides a large amount of data, it is not necessarily as helpful as it might be in assisting Members to focus on the Authority's key priorities and hold Officers to account." However, the report doesn't include targets, which would be helpful. This is an area for improvement. See page 18.

Assurance over the accuracy of the performance data is provided by the Performance & Information department. The Authority has robust arrangements in place to ensure that performance reporting to Members is accurate and underpinned by reliable information. The Authority works with others to learn from them and identify areas where it can improve its own performance. For example, the West Midlands Fire Service Peer Review Report of the Cause of Concern Action Plan.

The Authority has appropriate arrangements in place to follow up on improvement recommendations made by HMICFRS and to report progress quarterly to Members.

Progress reports include an explanation that "The delivery of the Improvement Plan is overseen by members of the Performance and Information (P&I) team, who meet regularly with senior managers responsible for each Area for Improvement to prepare updates on actions proposed and completed. The P&I team also ensure that actions carried out are fully evidenced and available for evaluation and audit." This means that Members are able to rely on the progress being reported.

Evaluating services

There are no national response standards against which the Authority can benchmark its performance for the public, but it has set out its own response standards in its CRMP. These standards are outdated, and the Authority is to consult with the public over new ones.

The Fire has a history of tackling areas where it believes savings can be made, without comprising service delivery - for example - review of the number of fire appliances at stations, review of the number of fire fighters required on appliances, review of crewing patterns. Strategic priorities are reviewed and refreshed through the CRMP.

The HMICFRS report states "The service has made savings and efficiencies, which haven't affected its operational performance and the service it provides to the public. The service is taking steps to make sure that important areas, including estates and procurement, are well placed to achieve efficiency gains through sound financial management and best working practices. For fleet procurement, the preferred method is using frameworks to make sure that the service gets best value for money. It is investing in future innovation in the form of smaller fire engines to improve efficiency and effectiveness."

Partnership working

The Authority works effectively with partners. The HMICFRS report states "The service works closely with other enforcement agencies to regulate fire safety and routinely exchanges risk information with them. For instance, the service:

- works as a main partner in the MATES (Multi-Agency Targeted Enforcement Scheme) partnership. This partnership aims to improve community safety and brings together a wide range of different enforcement agencies such as Herefordshire Council Trading Standards and the Gangmasters and Labour Abuse Authority;
- carries out joint fire safety inspection and enforcement activity with local authority property enforcement officers; and
- is an active and valued member of the Herefordshire and Worcestershire safety advisory groups, working together to make sure members of the public are safe at sporting and community events."

The Authority works in close partnership with West Mercia Police and Shropshire Fire and Rescue. The "Strategic Fire Alliance Board Update" report to Full Authority on 13 October 2021 sets out progress against the four priority projects developed with Shropshire Fire & Rescue Services. For each project a working group has been set up. The report provides an appropriate level of detail for Members.

While there is no evidence of significant loss or failure to deliver the expected benefits of partnership working, the HMICFRS report states "We are pleased to see the service meets its statutory duty to collaborate, and routinely considers opportunities to collaborate with other emergency responders. The service now shares a headquarters with West Mercia Police, and a joint police and fire station at the Wyre Forest Hub. However, the service couldn't fully quantify the financial benefits of this collaboration work...The service has also committed to a strategic alliance with Shropshire Fire and Rescue Service. They are working together on the four main aims: procurement, fire control, information and communications technology (ICT) and joint development of the services' separate CRMPs.

The alliance has made some progress in the joint procurement of vehicles and equipment. But, again, there has been limited evaluation of the financial benefits of this collaboration. Both services worked closely together in the formulation of their new CRMPs, which were published on 1 April 2021. There has been limited improvement regarding ICT and fire control.

During our 2018 inspection, we found that the service didn't comprehensively monitor, review and evaluate the benefits and outcomes of its collaborations. Disappointingly, this is still the case."

The report made an "Area for Improvement" - "The service should ensure it effectively monitors, reviews and evaluates the benefits and outcomes of any future collaboration." The Authority response includes five actions, to be completed by the end of 2022/23.

Commissioning services

In line with the National Framework, the Authority uses a hierarchy of procurement approaches, looking to national contracts where they exist and then to regional contracts down to collaboration under the Fire Alliance before seeking to procure alone. The Authority has a Procurement Specialist who ensures that processes are run in accordance with Public Procurement Regulations.

The HMICFRS report states "The service has made savings and efficiencies, which haven't affected its operational performance and the service it provides to the public. The service is taking steps to make sure that important areas, including estates and procurement, are well placed to achieve efficiency gains through sound financial management and best working practices. For fleet procurement, the preferred method is using frameworks to make sure that the service gets best value for money. It is investing in future innovation in the form of smaller fire engines to improve efficiency and effectiveness."

Key services are provided in-house, with little outsourcing. This is as expected given the nature of the services provided.

Our 2020/21 Audit Findings Report on the financial statements audit included a recommendation regarding the process for obtaining property valuations from the external valuer at West Mercia Police. While the issues were resolved, the audit completion was delayed.

The HMICFRS report notes that arrangements with the new valuer could be tighter -
"Following the end of the service's participation in the Place Partnership Project, it is to procure the services of the West Mercia police and crime commissioner for the provision of property management. The agreement was due to start on 1 April 2021. However, when we reviewed the agreement, it didn't contain key performance indicators or standards of service. The service should assure itself that it is getting best value for money and service levels from this service agreement."

The Authority has appropriate arrangements in place to monitor, control and report on costs for major capital projects, ensuring that it does not suffer significant cost overruns or negative impact on current performance

Improvement recommendations



Improving economy, efficiency and effectiveness

Recommendation 4

The Authority should consider including targets for key performance indicators in the quarterly performance reports.

Why/impact

The Authority has taken steps over the last year to improve performance reporting to Members, but there is still scope to further enhance this by including agreed targets. This will allow Members to see whether targets are being achieved, and whether any corrective action is required. Having performance indicators without targets does not provide a full picture.

Auditor judgement

Having performance indicators without targets does not provide a full picture.

Summary findings

The Authority has recognised that performance reporting needed to be improved, and has taken steps in the right direction. However, reporting could be further enhanced with the use of agreed targets and a narrative explanation of action being taken where they are being missed.

Management Comments

The Authority values the importance of data and performance reporting. The core Strategies, founded to support delivery of the Community Risk Management Plan, have been developed to include key performance indicators. To further enhance quarterly performance reporting, targets for key performance indicators will be included and progress reported as necessary.



The range of recommendations that external auditors can make is explained in Appendix C.

Climate change

Responding to the challenge

The Fire Authority has not declared a climate change emergency, but the CRMP 2021-2025 includes a number of references to "environmental sustainability". Officers are aware of the challenges around old fire stations, which are not well insulated, and the need to ensure the vehicle fleet is updated to support the environmental sustainability agenda. The Environmental Sustainability Plan, published in February 2021, sets out the challenge and planned response.

The Fire Authority has received a government grant in order to undertake surveys of all buildings. The fire stations present particular problems as many of them are not used for more than a few hours a day, so installing LED lighting, for example, is not cost effective. Indications from the surveys are the best approach is to improve insulation first, and then lower the temperature to which the fire stations are heated. There are no electric fire engines currently produced - there are significant challenges around battery capacity and the resilience of fuel supply. The Fire Authority is purchasing other electric vehicles where this is appropriate and cost effective.

Follow-up of previous recommendations

	Recommendation	Type of recommendation	Date raised	Progress to date	Addressed?	Further action?
1	Management ensures that it robustly challenges and checks the data provided by external valuers to ensure the right information is presented in the financial statements.	Improvement	January 2022	Our work in this area of the financial statements is ongoing. However, we have seen evidence that officers have challenged the initial values provided to them by the valuer, and they were amended as a result, before inclusion in the financial statements.	Yes	No
2	Management ensures that it develops an action plan to respond to the recommendations raised in the Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) 2021/22, Effectiveness, Efficiency and People report, and monitors and reports its progress made on the recommendations to members.	Improvement	January 2022	The Authority has developed a comprehensive improvement plan for each area of improvement reported by HMICFRS. Progress is reported to Full Authority.	Yes	No

Opinion on the financial statements



Audit opinion on the financial statements

Subject to the satisfactory completion of our work on your financial statements, we intend to provide an unqualified opinion on the Authority's financial statements shortly after the Audit & Standards Committee on 18 January 2022.

Audit Findings Report

More detailed findings can be found in our AFR, which is published and reported to the Authority's Audit & Standards Committee alongside this report on 18 January 2022.

Whole of Government Accounts

To support the audit of the Whole of Government Accounts (WGA), we are required to review and report on the WGA return prepared by the Authority. This work includes performing specified procedures under group audit instructions issued by the National Audit Office.

The detailed guidance has not yet been released, but we anticipate that the Authority will once again be below the audit threshold (£2bn in 2020/21).

Preparation of the accounts

The Authority provided draft accounts in line with the national deadline and provided a good set of working papers to support it.

Issues arising from the accounts

The key issues arising to early December were around understanding the approach taken by the valuer to property and land valuations. This is the first year that the West Mercia Police and Crime Commissioner has undertaken the valuations in their entirety, hence there were some changes in approach.

Grant Thornton provides an independent opinion on whether the accounts are:

- True and fair
- Prepared in accordance with relevant accounting standards
- Prepared in accordance with relevant UK legislation



Appendices

Appendix A – Responsibilities of the Authority

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

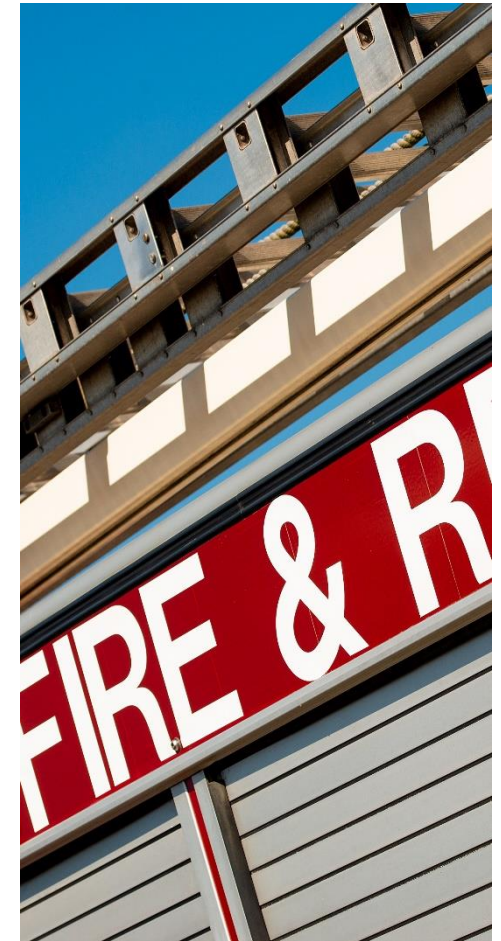
Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement

The Chief Financial Officer (or equivalent) is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Chief Financial Officer (or equivalent) determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Chief Financial Officer (or equivalent) or equivalent is required to prepare the financial statements in accordance with proper practices as set out in the CIPFA/LASAAC code of practice on local authority accounting in the United Kingdom. In preparing the financial statements, the Chief Financial Officer (or equivalent) is responsible for assessing the Authority's ability to continue as a going concern and use the going concern basis of accounting unless there is an intention by government that the services provided by the Authority will no longer be provided.

The Authority is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.



Appendix B – Risks of significant weaknesses, our procedures and findings

As part of our planning and assessment work, we considered whether there were any risks of significant weakness in the Authority’s arrangements for securing economy, efficiency and effectiveness in its use of resources that we needed to perform further procedures on. The risks we identified are detailed in the table below, along with the further procedures we performed, our findings and the final outcome of our work:

Risk of significant weakness	Procedures undertaken	Findings	Outcome
Financial sustainability was identified as a potential significant weakness, see pages 6 to 9 for more details.	We reviewed the long term plans to ensure a balanced budget can be achieved without the need to use reserves.	The Authority has not developed any new, significant savings schemes for a number of years. Increasing cost pressures have now increased the urgency required to ensure that a balanced budget can be achieved without the need to use unsustainable levels of reserves. If these require changes to services it is likely to result in a considerable “lead in” time with appropriate consultation being undertaken. Given recent macro economic changes, action is now needed, although that is challenging owing to changes and developments at a national level.	Appropriate arrangements are in place, but three improvement recommendations raised.

Appendix C – An explanatory note on recommendations

A range of different recommendations can be raised by the Authority’s auditors as follows:

Type of recommendation	Background	Raised within this report	Page reference
Statutory	Written recommendations to the Authority under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014.	No	N/A
Key	The NAO Code of Audit Practice requires that where auditors identify significant weaknesses as part of their arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the Authority. We have defined these recommendations as ‘key recommendations’.	No	N/A
Improvement	These recommendations, if implemented should improve the arrangements in place at the Authority, but are not a result of identifying significant weaknesses in the Authority’s arrangements.	Yes	10,11, 12 & 18

Appendix D – Overview on progress reported against HMICFRS recommendations

The tables below summarise progress against the improvement recommendations raised by HMICFRS in their report on the Authority from December 2021. Information is taken from the update report to Full Authority in June 2022.

Area for Improvement - Effectiveness	Number of actions	Complete	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	23/24
The service should ensure that the aims and objectives of prevention, protection and response activity are clearly defined in its Community Risk Management Plan (CRMP).	5	3	0	0	2	0	0
The service should ensure its firefighters have good access to relevant and up-to-date temporary risk information.	4	0	0	2	1	1	0
The service should evaluate its prevention work so that it understands what works.	7	5	0	0	1	1	0
The service should ensure that it has an effective quality assurance process in place, so that staff carry out audits to an appropriate standard.	5	1	1	1	0	1	1
The service should assure itself that its use of enforcement powers prioritises the highest risks and includes proportionate activity to reduce the risk.	4	1	0	1	1	1	0
The service should ensure it effectively addresses the burden of false alarms.	1	0	0	0	1	0	0
The service should ensure its Response Strategy provides the most appropriate response for the public in line with its Community Risk Management Plan (CRMP).	7	3	1	1	0	1	1 Unknown
The service should ensure it has an effective system for staff to use learning and debriefs to improve operational response and incident command.	7	0	0	3	3	1	0
The service should ensure it understands what it needs to do to adopt national operational guidance, including joint and national learning, and put in place a plan to do so.	4	0	0	1	2	0	1 Q3 24/25
The service should ensure it is well-prepared to form part of a multi-agency response to a terrorist incident, and its procedures for responding are understood by all staff and are well tested.	5	0	1	1	3	0	0

Appendix D – Overview on progress reported against HMICFRS recommendations

Area for Improvement - Efficiency	Number of actions	Complete	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	23/24
The service needs to show a clear rationale for the resources allocated between prevention, protection, and response activities. This should reflect, and be consistent with, the risk and priorities set out in its CRMP.	9	0	3	2	1	3	0
The service should ensure there is a testing programme for its business continuity plans, particularly in high-risk areas of service.	3	1	1	1	0	0	0
The service should ensure it effectively monitors, reviews and evaluates the benefits and outcomes of any future collaboration.	5	0	0	1	1	2	1 Ongoing
The service should ensure that its fleet and estate strategies are regularly reviewed and evaluated to maximise potential efficiencies	2	0	0	2	0	0	0

Appendix D – Overview on progress reported against HMICFRS recommendations

Area for Improvement - People	Number of actions	Complete	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	23/24
The service should assure itself that senior managers are visible and demonstrate service values through their behaviours.	7	2	1	1	1	2	0
The service should monitor secondary contracts to make sure working hours are not exceeded.	3	0	0	2	0	1	0
The service should make sure it has a robust system in place to update and review its operational incident (analytical) risk assessments.	3	0	0	2	1	0	0
The service should ensure itself that records for risk critical competencies, such as breathing apparatus, driving fire engines and incident command are accurate and up to date.	3	0	0	2	1	0	0
The service should ensure its workforce plan takes full account of the necessary skills and capabilities to carry out the Community Risk Management Plan.	3	0	0	0	2	1	0
The service should make sure it has appropriate ways to engage with and seek feedback from all staff, including those from under-represented groups.	1	0	0	1	0	0	0
The service should improve all staff understanding and application of the appraisal review process.	5	0	2	2	1	0	0
The service should make sure it has mechanisms in place to manage and develop talent within the organisation.	7	0	0	5	1	1	0



Report of the Head of Internal Audit Shared Service

Internal Audit Draft Audit Plan 2023/24

Purpose of report

1. To provide the Draft Audit Plan for 2023/24.
-

Recommendation

The Treasurer recommends that the 2023/24 Draft Internal Audit Plan is approved.

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. Internal Audit is provided by Worcestershire Internal Audit Shared Service (WIASS) in which Hereford and Worcester Fire and Rescue Authority is a Partner. Management is responsible for the system of internal control and should set in place policies and procedures to ensure that systems function correctly.

Objectives of Internal Audit

3. The CIPFA Code of Practice for Internal Audit in Local Government in the United Kingdom defines internal audit as: “an assurance function that primarily provides an independent and objective opinion to the organisation on the control environment comprising risk management, control and governance by evaluating its effectiveness to achieving the organisation’s objectives. It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic and effective use of resource”. WIASS is committed to satisfying/achieving the requirement of the CIPFA Code of Practice for Internal Audit and conforms to the Public Sector Internal Audit Standards.

Aims of Internal Audit

4. The objectives of WIASS are to:

- Examine, evaluate and report on the adequacy and effectiveness of internal control and risk management across the Fire Service and recommend arrangements to address weaknesses as appropriate;
 - Examine, evaluate and report on arrangements to ensure compliance with legislation and the Fire Service's objectives, policies and procedures;
 - Examine, evaluate and report on procedures that the Fire Service's assets and interests are adequately protected and effectively managed;
 - Undertake independent investigations into allegations of fraud and irregularity in accordance with Fire Service's policies and procedures and relevant legislation; and,
 - Advise upon the control and risk implications of new systems or other organisational changes.
5. Internal audit will work with external audit to avoid duplication of effort, provide adequate coverage for the 2023/24 financial year so that an internal audit opinion can be reached, and support External Audit by carrying out reviews in support of the accounts opinion work.

Audit Planning

6. To provide audit coverage for 2023/24 an audit operational programme to be delivered by WIASS was discussed and agreed with the Treasurer and the Senior Leadership Board on the 13th December 2022 and will be shared with External Audit. The audit programme provides a total audit provision of 111 audit days; 100 operational and 11 management days. As the audits and follow up reviews are completed summary update reports will be brought before Committee along with an extract of the 'high' priority recommendations. Full reports will be provided to the Chairperson of the Committee for perusal on request.
7. WIASS operates an Internal Audit Charter which sets out the standards to which it operates for this Authority. The Internal Audit Plan for 2023/24, which is included at Appendix 1, is a risk-based plan which considers the adequacy of the Authority's risk management, performance management, challenges, other assurance processes as well as organisational strategic objectives and priorities. It has been based upon the risk priorities per the strategic risk register and emerging risks identified by the Senior Leadership Board. Large spend budget areas have also been considered, and direct association has been made to the Community Risk Management Plan 2021 - 2025. It has been formulated with the aim to ensure Hereford and Worcester Fire and Rescue Service meets its strategic purposes and delivers the Community Risk Management Plan and has directly linked the various aspects to identify the 'golden thread' regarding the Plan and risk identification to Service delivery. It is brought before the Audit and Standards Committee in draft format as the involvement of the Committee is considered an important facet of good corporate governance and contributing to the internal control assurance given in the Annual Governance Statement.

8. The Internal Audit Plan for 2023/24 has been based upon a resource allocation of 111 productive audit delivery days, a resource allocation which has been agreed with the Authority's Treasurer and section 151 Officer. A detailed plan provision has been included within the Internal Audit Plan for 2023/24 at Appendix 1. Those areas that are considered to have a 'higher' priority have been discussed with the Senior Leadership Board. Other areas which are identified as 'medium' priority have been considered and an assessment has been made whether to include in the plan based on the overall risk and governance profile. Full audits were undertaken on the financial systems in 2020/21 so a full system review is planned for 2023/24. As part of good governance assurance is to be given to show embedded process, control and anti-fraud measures remain in place. A combination of full audit reviews and light touch reviews will continue in the future. Operational support days are included to give a little flexibility and contingency in the plan e.g. consultancy. They are also necessary to support the delivery of the plan.
9. Due to the continuing changing environment the plan must be a framework for Internal Audit work for the forthcoming year. There is a need for improved flexibility in the plan due to a changing risk profile and emerging risks. To ensure flexibility there is the possibility that the plan will be updated during the year to address such challenges and to complement national initiatives.
10. We recognise there are other review functions providing other sources of assurance, both internally and externally, (e.g. ICT, Public Service Network, Cyber Essentials assurance testing) over aspects of the Authority's operations. Where possible WIASS will seek to place reliance on such work thus increasing the internal audit coverage. System security will also be considered as part of the reviews.
11. To try to reduce duplication of effort we understand the importance of working with the External Auditors. The audit plan is shared with the external auditors for information.
12. Appendix 1 provides the Committee with a breakdown of the draft 2023/24 internal audit plan.
13. Appendix 2 provides the Committee with an overview and comparison of the audits delivered during previous years.

Conclusion/Summary

14. Operational progress against the Internal Audit Plan for 2023/24 will be closely monitored and the Head of Internal Audit Shared Service will report the position to the Audit and Standards Committee along with any exceptions identified during follow up work. For information, all 'high' priority recommendations will be reported.

Corporate Considerations

<p>Resource Implications (identify any financial, legal, property or human resources issues)</p>	<p>There are financial implications that require consideration as the Authority is a partner in the Internal Audit Shared Service however these are not fully detailed in this report as the Treasurer is appraised of the position on a regular basis during the Partner Board meetings.</p>
<p>Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).</p>	<p>None.</p> <p>There are legal issues e.g. Collaborative Agreement that require consideration but are not fully detailed in this report as they are contained within the Agreement. The outline plan is formulated to link to potential risks associated with the Community Risk Management Plan 2021 – 2025.</p>
<p>Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).</p>	<p>The whole report is associated with potential risk.</p>
<p>Consultation (identify any public or other consultation that has been carried out on this matter)</p>	<p>N/A – no policy change is recommended</p>
<p>Equalities (has an Equalities Impact Assessment been completed? If not, why not?)</p>	<p>N/A</p>
<p>Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)</p>	<p>N/A</p>

Supporting Information

Appendix 1 - 2023/24 Draft Internal Audit Plan

Appendix 2 - Summary overview of audit coverage

FIRE & RESCUE SERVICE
DRAFT INTERNAL AUDIT PLAN FOR 2023/24

Audit Area	Source	Planned days 2023/24	Service	Comment/Outline Scoping	Strategy link	Indicative Quarter
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**Accountancy & Finance
Systems**

Main Ledger (inc. Budgetary Control & Bank Rec)	Fundamental to HWFRS CRMP delivery	7	Finance	Full Audit	Resourcing for the Future	Q3
Creditors (a/c's payable)	Fundamental to HWFRS CRMP delivery	8	Finance	Full Audit	Resourcing for the Future	Q3
Debtors (a/c's receivable)	Fundamental to HWFRS CRMP	5	Finance	Full Audit	Resourcing for the Future	Q3

	delivery						
Payroll & Pensions inc. GARTAN	Fundament al to HWFRS CRMP delivery	12		Service Support	Full Audit	Resourcin g for the Future	Q3
SUB TOTAL							
		32					
Corporate Governance							
New training system - LEO	Fundament al to HWFRS CRMP delivery	7		Preventio n	Implementation of recommendation s of the 2022/23 audit -hybrid review	Fire & Rescue Authority	Q2 / 3
Business Continuity Plans	Fundament al to HWFRS CRMP	11		Service Support	Linked to those relevant areas of the risk register (including	Fire & Rescue Authority	Q2

	delivery				emerging industrial action)		
SUB TOTAL		18					
System / Management Arrangements							
Performance and Information Plan	Fundamental to HWFRS CRMP delivery	9		Service Support	Progress against the aims and objectives	Fire & Rescue Authority	Critical Friend Q1
His Majesty Inspectorate - Plan	Fundamental to HWFRS CRMP delivery	11		Protection	Areas of improvement	Fire & Rescue Authority	Q4
Declaration of Interests & Hospitality	Good governance	9		Service Support	Process and registration transparency	Fire & Rescue Authority	Q1
Procurement	Fundamental to HWFRS CRMP delivery	9		Service Support	Contract Management to ensure value for Money	Fire & Rescue Authority	Q4
Follow up Reviews	Good governance	7					Q1 to Q4

SUB TOTAL		45				
Advice, Guidance, Consultation, Investigations	Support	5				Q1 to Q4
Audit Cttee support, reports and meetings	Support	11				Q1 to Q4
SUB TOTAL		16				
TOTAL CHARGEABLE		111				

Summary of audit coverage since 2011/12:

Audit Review		Year Undertaken										
		Handover year from County	Contractual delivery to H&WFRS by WIASS				WIASS Partnership Delivery					
Payroll & Pensions	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Debtors	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Creditors	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Petty Cash Imprest / Floats		2012/13			2015/16							
Main Ledger incl. Budgets & Budgetary Control	2011/12 (Not Main Ledger)	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23

)											
Property & Asset Management		2012/ 13				2016/ 17 (Client Side)				2020/ 21		2022/ 23 OPC C
Capital Programme			2013/ 14				2017/ 18			2020/ 21		
Follow up	2011/1 2	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21	2021/ 22	2022/ 23
Risk Management Arrangements		2012/ 13	2013/ 14	2014/ 15	2015/ 16		2017/ 18	2018/ 19				
Business Continuity & Resilience		2012/ 13					2017/ 18		2019/ 20		2021/ 22	
Corporate Management (different areas each year)		2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19 (GDP R & KPIs)	2019/ 20			
Procurement / Contracts		2012/ 13					2017/ 18				2021/ 22	
Members Allowances (incl. in Payroll)		2012/ 13										
Computer Audit		2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	(2019 /20)	2019/ 20			2022/ 23

Community Safety			2013/ 14					2018/ 19				
Urban Search and Rescue			2013/ 14					2018/ 19				
Operational Logistics incl. Fleet			2013/ 14				2017/ 18	2018/ 19				2022/ 23
Stores					2015/ 16							2022/ 23
Transformational Planning (20/20 Plan)				2014/ 15			2017/ 18					
Building Maintenance				2014/ 15								
Equality and Diversity				2014/ 15				(2019 /20)	2019/ 20			
Operations				2014/ 15								
Human Resources					2015/ 16				2019/ 20			
Training Centre (Droitwich)						2016/ 17	2017/ 18					2022/ 23
Technical Fire Safety						2016/ 17						
Fees and Charges						2016/ 17						

VAT						2016/ 17						
Safeguarding						2016/ 17					2021/ 22	
Partnership Working							2017/ 18					
Embedding National Operation Guidance									2019/ 20			
Communications (Social Media)									2019/ 20			
Charge Cards										2020/ 21		
Performance Indicators										2020/ 21		
Young Fire Fighters Association and Volunteering											2021/ 22	
Review of Financial Processes Tech 1											2021/ 22	

Report of the Head of Internal Audit Shared Service

Internal Audit Progress Report

Purpose of report

1. To provide an update in regard to the delivery of the Internal Audit plan 2022/23.
-

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 systems function 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 2022/23 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 2022/23, an audit operational programme delivered by WIASS was discussed and agreed with the Authority's Senior Management Board and the Section 151 Officer and Treasurer. It was brought before Committee on 19th January 2022 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.

2022/2023 Audit Position

11. Audit areas completed regarding the 2022/23 audit plan include:
 - Training Centre Droitwich – Training Records for Front Line Officers
12. Several reviews are currently in progress including:
 - OPCC estates
 - Debtors
 - Creditors
 - Main ledger
 - Transfer of Tech One System
13. These are progressing through the testing and clearance stages and will be reported on completion.
14. The outcome to the reviews listed in paragraph 11 above is reported in summary below.

Training Centre Droitwich – Front Line Officer Training Records

15. The review found the following areas of the system were working well:
 - Training Centre are updating the records where they have been advised that the training has taken place.
 - Looking at ways to improve the timing of the training to ensure the training doesn't become out of date and that the training remains effective.
 - Controls in place to minimise/mitigate the risk of front-line officers attending an incident without the relevant training.
 - Central inbox within the administration team to receive and allocate work.
16. The review found the following areas of the system where controls could be strengthened:

- Accuracy of the Record Keeping on the Course Management System (CMS)
- Operational Assurance Report (OpA)
- Internal Trainers - assessment

There were three medium priority recommendations reported.

Final report was issued: 14th September 2022
Assurance: Moderate

Follow Up Reviews

17. Follow up takes place regarding previously completed audits e.g. Safeguarding, Young Fire Fighter Association, Covid19 lessons learnt, 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. The Key Performance Indicator follow up found a positive direction of travel with all reported points either implemented or in progress of implementation. The Computer follow up review is in the process of being arranged and will be reported before Committee on completion. For the follow ups undertaken to date there are no material exceptions to report.

Conclusion/Summary

18. The Internal Audit Plan for 2022/23 continues to see progress. For the 2022/23 finalised report there were no high priority recommendations to report, and, robust management actions plans have been agreed and are in place to address the findings from the review. Follow ups completed to date have not identified any material exceptions to report before Committee. All finalised reviews will be reported to Committee on completion.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	There are no financial issues that require consideration.
Strategic Policy Links (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.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	Yes, whole report.
Consultation (identify any public or other consultation that has been carried out on this matter)	N/A – no policy change is recommended
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A

Supporting Information

Appendix 1 – 2022/23 Audit Plan summary.

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

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

Appendix 4 – ‘Follow Up’ reporting

DRAFT INTERNAL AUDIT PLAN FOR 2022/23

Audit Area	Source	Planned days 2022/23	Service	Comment/ Potential Outline Scoping	Strategy link	Indicative Quarter & Progress
Accountancy & Finance Systems						
Main Ledger (inc Budgetary Control & Bank Rec)	Fundamental to HWFRS CRMP delivery	6	Finance	Reduction in days for a light touch system audit. Standard scoping for core financial.	Resourcing for the Future	Q3 Clearance
Creditors (a/c's payable)	Fundamental to HWFRS CRMP delivery	7	Finance	Reduction in days for a light touch system audit. Standard scoping for core financial.	Resourcing for the Future	Q3 Clearance
Debtors (a/c's receivable)	Fundamental to HWFRS CRMP delivery	5	Finance	Reduction in days for a light touch system audit. Standard scoping for core financial.	Resourcing for the Future	Q3 Clearance
Payroll & Pensions inc GARTAN	Fundamental to HWFRS CRMP delivery	11	Service Support	Reduction in days for a light touch system audit. Standard scoping for core financial.	Resourcing for the Future	Q3
SUB TOTAL		29				

Corporate Governance

Training Centre Droitwich	Fundamental to HWFRS CRMP delivery	10	Finance	Management of content and system changes are working.	Fire & Rescue Authority	Q1 Finalised September 2022
OPCC Estates	Fundamental to HWFRS CRMP delivery	12	Service Support	Arrangements in place working, processes, reactive & planned maintenance acceptable.	Fire & Rescue Authority	Q1 Testing continuing
ICT	Fundamental to HWFRS CRMP delivery	15	Service Support	Cyber security, business continuity and back ups	Fire & Rescue Authority	Q4
SUB TOTAL		37				

System / Management Arrangements

Stores & Equipment	Fundamental to HWFRS CRMP delivery	12	Service Support	Effective management, accountability of stock, systems are competent, equipment replenishment/ maintenance	Fire & Rescue Authority	Q3 / 4
Fleet	Fundamental to HWFRS CRMP delivery	10	Service Delivery	Links to 2021-2025 CRMP promises and deliverables.	Fire & Rescue Authority	Q3 / 4
SUB TOTAL		22				

Follow up Reviews	Good governance	7				
Advice, Guidance, Consultation, Investigations	Support	5				
Audit Cttee support, reports and meetings	Support	11				
SUB TOTAL		23				
TOTAL CHARGEABLE		111				

'High' Priority Recommendations Reported for 2022/23 Finalised Reviews.

There have been no 'high' priority recommendations reported to date within finalised reviews.

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

Definition of Priority of Recommendations

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

Definition of Audit Opinion Levels of Assurance

Opinion	Definition
Full Assurance	<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>
Significant Assurance	<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>
Moderate Assurance	<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 its 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>
Limited Assurance	<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>
No Assurance	<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. Direction of travel is positive with all the findings either implemented or in progress and working towards implementation.

Report of Head of Legal Services

Contract Standing Orders

Purpose of report

1. To review the Authority's contract standing orders, ensure that procurement thresholds are appropriate and make other minor amendments.
-

Recommendation

It is recommended that the Fire Authority be recommended to approve the amended Contract Standing Orders set out in Appendix A.

Introduction and Background

2. Contract standing orders are an important element within the Authority's overall constitution and governance arrangements. The Authority spends in the region of £8.1m pa on procurement overall. Contract standing orders are intended to ensure that:
 - the Authority achieves best value for money;
 - procurement practices are consistent with the highest standards of integrity;
 - processes are fair and transparent;
 - we comply with our legal obligations in respect of procurement; and
 - procurement supports the Authority's corporate aims and policies
3. The terms of reference for this committee include considering and making recommendations to the Authority on contract standing orders.

Review

4. Contract standing orders were last reviewed in 2018. Generally, they have worked well and no major changes are considered necessary except to update some of the tendering thresholds in relation to low value contracts, to ensure the requirements are proportionate to the risks involved.
5. Procurement thresholds have been reviewed and simplified in conjunction with the Director of Finance. The key change is to increase the limit above which competitive quotations are required from £5,000 to £15,000, as follows:

Requirements	Contract value	
	Existing	Proposed
Full Public Contracts Regs. compliant tender or Framework agreement	Above public Contract Regulations 2015 threshold (£177,897)	No change
Open tenders or Minimum 3 select tenders provided CFO satisfied that restricting tenderers will not disadvantage the Authority	£100,000 – [£177,897]	£50,000 – [£177,897]
Minimum 3 select tenders	£50,000 - £99,999	Included above
Minimum 3 written competitive quotations	£5,000 - £49,999	£15,000 - £49,999
One written quotation	Below £5,000	Below £15,000

6. Other changes within the body of Contract Standing Orders have been to:
- delete references to the former EU procurement rules and refer instead to the Public Contracts Regulations 2015
 - require that Officer Delegated decision forms need to be completed for all contracts where:
 - there is reliance on one of the exemptions to standing orders; and
 - for all contracts over £25,000 (previously £100,000) – this will improve transparency of the procurement process
 - reflect the changes in relation to property services, with the PCC having replaced Place Partnership

Summary

7. Having reviewed Contract Standing Orders it is considered appropriate to increase the threshold at which the Authority requires three competitive quotations to be obtained from £5,000 to £15,000. This will ensure that the requirements in relation to low value contracts are proportionate the risks involved.
8. The revised contract standing orders, as proposed, are set out in the appendix for recommendation to the full Authority.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Updating contract standing orders will avoid disproportionate officer time dealing with low value contracts
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	Effective procurement underpins the delivery of the Authority's core strategies
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	Contract standing orders are a key mitigator of risk in relation to the procurement process
Consultation (identify any public or other consultation that has been carried out on this matter)	None
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	None
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	N/A

Supporting Information

Appendix 1 – Contract standing orders (as revised)

Background papers – Public Contracts Regulations 2015

Contract Standing Orders

1. Scope & Purpose / Introduction

- 1.1. These Contract Standing Orders (CSOs) are part of the Fire Authority's Constitution and must be applied in the procurement and disposal of goods, materials and services and in the execution of works.
- 1.2. The objective of these CSOs is to ensure that contracts are obtained on the most favourable terms, having due regard to quality, service and fitness for purpose. All procurement and disposal procedures must:
 - Achieve best value for money
 - Be consistent with the highest standards of integrity
 - Ensure fairness and transparency
 - Comply with all legal requirements
 - Support the Fire Authority's corporate aims and policies.

2. Value of Contracts

- 2.1. The value of the contract will determine the route to procurement. The Responsible Manager for the proposed contract must agree a procurement plan and process with the Procurement & Contracts Manager (and Head of Legal Services where the contract value exceeds £25,000).
- 2.2. The value of the contract is the total estimated value of the goods/services to be procured during the life of the contract. This must take into consideration the acquisition price (net of VAT) plus any other costs we will incur as part of the same contract e.g. on-going maintenance if this is included in the contract.
- 2.3. Where the duration of the contract is indeterminate the value should be taken to be the estimated value of the contract over a period of four years.
- 2.4. In some cases a contract may be legitimately divided into separate lots, e.g. goods and services offered as two separate contracts or contracts split geographically where this will aid service delivery or facilitate tendering by local contractors. However, contracts must not be artificially split to avoid the relevant threshold and in assessing the value of a contract all lots should be aggregated.
- 2.5. Where the total value for a purchase or disposal is within the values in the first column below, the award procedure in the second column must be followed as a minimum. Regard should always be had as to whether the chosen procurement route is likely to secure best value for the Authority proportionate to the sums involved.

Total Contract Value Exceeding	Award Procedure	Minimum Advertising Requirements
<p>Above Public Contract Regulations 2015 threshold*</p> <p>*Currently £177,897 (exc.VAT)</p>	<p>Either:</p> <p>(a) Full Public Contract Regulation compliant tender process</p> <p>or</p> <p>(b) Public Contract compliant Framework</p>	<p>Publish on UK e-notification service AND Publish on Authority website as required by the Transparency Code but not prior to publication UK r-notification service;</p>
<p>£50,000 to Public Contract Regulations threshold</p>	<p>Either:</p> <p>(a) formal <u>open</u> tenders, or</p> <p>(b) invite tenders from a minimum 3 <u>select</u> tenderers where the CFO is satisfied, having regard to the nature of the contract, that restricting the number of tenderers will not disadvantage the Authority</p>	<p>Open tenders over £25,000 must be published on Contracts Finder and on Authority website as required by the Transparency Code</p>
<p>£15,000 to £49,999</p>	<p>Either:</p> <p>(a) Minimum 3 written quotations; or</p> <p>(b) tender (as above)</p>	
<p>Below £15,000</p>	<p>One or more written quotations to be obtained.</p>	

2.6. **The terms and conditions of all contracts over £25,000 must first be approved by Legal Services). It will therefore be necessary for the documentation to be**

approved by Legal Services before the invitation to tender or request for quotes is sent out.

3. Exceptions to the Award Procedures

- 3.1. A contract that is below the Public Contracts Regulations 2015 threshold may be entered into on behalf of the Authority other than in accordance with Standing Order 2 (above) in the following circumstances and only with the prior approval of the Chief Fire Officer/Chief Executive or nominated responsible officer:
- (a) Where the works, supplies or services can be supplied only by a particular supplier for any of the following reasons:—
 - (i) goods, materials or services are of a unique or specialised nature;
 - (ii) competition is absent for technical reasons;
 - (iii) the protection of exclusive rights, including intellectual property rights;

but only, where no reasonable alternative or substitute exists and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement;
 - (b) Where the supply of goods, materials or services are similar to or compatible with an existing provision so as to render only one source of supply appropriate. Special care must be taken and the Head of Legal Services must be consulted where the aggregate of the original contract value and any subsequent contracts exceeds the Public Contract Regulations threshold.
 - (c) Where the Chief Fire Officer/Chief Executive is satisfied that for reasons of extreme urgency brought about by events unforeseeable by the authority, the time limits for the relevant procurement procedures cannot be complied with. The circumstances invoked to justify extreme urgency must not in any event be attributable to the contracting authority
 - (d) For the supply of used or second-hand goods or materials where the Chief Fire Officer/Chief Executive is satisfied that the market for such goods or materials demonstrate good value and is such that it would be unreasonable to tender or where the time required to tender would lead to loss of opportunity to purchase a used or second-hand item.
 - (e) For the supply of goods, materials or services in any other circumstances where the Chief Fire Officer/Chief Executive is satisfied that there are proper service reasons for not tendering and that there would be no financial disadvantage to the Fire Authority as a result.
 - (g) Where the Fire Authority considers that there are special circumstances justifying the waiving of Standing Orders and authorises such waiver by resolution.
 - (h) Where procurement is undertaken through a Framework Agreement negotiated by another organisation and approved by the Head of Legal Services
 - (i) For purchase or sale of goods by public auction.
 - (j) Where, despite observing the procurement process as laid out in this document, due to market or other conditions, no tenders or no suitable tenders have been

submitted and provided that the initial conditions of the contract are not substantially altered. [Where the contract is above the threshold in the Public Contract Regulations additional restrictions apply]

- (k) Where procurement is carried out in collaboration with another organisation and the procurement rules of that other organisation have been followed, subject to approval of the Head of Legal Services
- (l) Where the Police & Crime Commissioner procures property related services or works on behalf of the Authority and has complied with procurement procedures approved by the Head of Legal Services

3.2. The responsible officer shall complete an 'Officer Delegated Decision' record with reasons and explanations in respect of all contracts made in accordance with Standing Order No. 3. This shall be recorded in the Contracts Register and published on the Authority's website.

4. Framework Agreements

- 4.1. A Framework Agreement is an arrangement whereby the Fire Authority can enter into a contract known as a "call-off contract" direct with a supplier but under the auspices of an agreement that has been entered into by another organisation and which has already complied with the EU procurement requirements.
- 4.2. The specification of the contract must be determined prior to identification of a framework or supplier(s) who are part of a framework agreement.
- 4.3. A call-off contract from a framework agreement can be obtained either by direct award or mini-competition depending on the terms of the Framework Agreement. In order to use a direct award under a framework the ordering officer must be able to justify how this gives the best outcome for the Fire Authority. Where a mini-competition is conducted in accordance with the tender procedure it will be subject to the terms of the Framework.

5. Responsibilities

- 5.1. Before seeking any quotes, tenders or awarding a contract, the Responsible Manager must:
 - ensure they have all appropriate authorisations and approvals on file (see Scheme of Delegations);
 - ensure there is sufficient budgetary provision;
 - seek all necessary legal, procurement, financial, risk management and technical advice;
 - provide a full specification before entering any procurement process;
 - agree a procurement plan and process with the Procurement & Contracts Manager (and Head of Legal Services where the contract value exceeds £25,000);
 - ensure that appropriate maintenance regimes for equipment purchased are put in place. When evaluating tenders or bids received, consideration must be given the

whole life costs of the contract e.g. maintenance arrangements and any residual valuations;

- complete any investigations and/or risk assessments necessary to discharge the Service's duties under the Health and Safety at Work Act 1974 and subsequent regulations or approved codes of practice;
- Complete all appropriate data impact assessments and/or equalities impact assessments in respect of the services to be provided or works to be procured.
- confirm the appropriateness of the suppliers asked to quote or to tender. Responsible Managers should take reasonable care in supplier selection and should ask for reasonable supporting information commensurate with the value/risk of the procurement. Appendix A contains a list of example information that the ordering officer may consider in assessing suppliers. Where potential suppliers are picked from a select list or register, the ordering officer should confirm with the compiler that suppliers have submitted satisfactory supporting information commensurate with the value/risk of the procurement;
- ensure written records are kept in relation to any pre-tender or quotation enquiries, including notes of telephone conversations and/or meetings with potential suppliers to be filed in the central repository /contract file (SharePoint);
- avoid any suggestion of impropriety and ensure any offers of gifts or hospitality from potential suppliers are declined and any personal interests have been declared in accordance with as in SO 13 (Compliance/Probity). The Contract Manager should also ensure that they comply with SO13
- provide details of all contracts valued over £5,000 to the Procurement and Contracts Manager for inclusion in the Contracts Register
- where the contract value exceeds £25,000 ensure that an Officer Delegated Decision record is completed and sent to Committee Services for publication on the Authority's website
- monitor and review the performance of the contract following award.

6. Contracts Register

6.1. The Contracts Register shall be maintained by the Procurement & Contracts Manager or other nominated officer and shall contain a record of:

- All contracts entered into by the Authority valued over £5,000
- any action, statements of reasons and exceptions made under Sections 3 (Exceptions), 7 (Pre-tender / quotation enquiries), 9 (Submission, Receipt and Opening Tenders), 10 (Post Tender Negotiation), and 11 (Evaluation/Award of Contract) of these standing orders;
- any contracting decision and the reason for it;
- any information supplemental to the contract; and
- any conversations and meetings at any stage of the procurement process.

6.2. All contracts and relevant correspondence and records shall be retained in the Contracts Register for at least 6 years after the contract comes to an end. If made as a deed / under seal they must be kept for at least 12 years after the contract comes to an end.

7. Pre tender/quotation enquiries

7.1. Enquiries of potential contractors in advance of a procurement exercise may be undertaken to prepare the marketplace for a tender and/or to assist the Authority to better understand what the market is able to provide to meet the outcome the Authority is trying to achieve. Such consultation with potential suppliers may be made in general terms and:

- no information shall be disclosed to one contractor which is not then disclosed to all those of whom enquiries are made
- no contractor shall be led to believe that the information they offer will necessarily lead to them being invited to tender, submit a quotation or to be awarded the contract
- technical advice on the preparation of an invitation to tender or quotation must not be sought or accepted from anyone who may have a commercial interest in bidding for the contract as this may prejudice the equal treatment of all potential tenderers and distort competition
- a written record, including notes of telephone conversations and/or meetings held with potential suppliers and the responses and names of all individuals spoken to or present shall be kept in a central file maintained by the Procurement & Contracts Manager

8. Invitations to Tender

8.1. Contracts above the Public Contract Regulations threshold require specific information to be included with invitations to tender and such requirements must be followed.

When inviting tenders for below threshold contracts, the Contract Manager/Ordering Officer shall, as a minimum, supply the Tenderers with:

- An accurate specification or other description of the goods, materials works or services including copies of any relevant drawings or maps.
- All tenderers invited to tender or quote must be issued with the same information at the same time and subject to the same conditions. Any supplementary information must be given on the same basis
- The invitation to tender or to submit a quotation must state that the Authority is not bound to accept any quote or tender.
- Instructions as to the manner in which any tender or quotation is to be submitted, including dates and times by which the tender must be returned.
- All invitations to tender shall state that any tender received after the date and time stipulated in the invitation to tender may be rejected and not considered.
- An outline of how any arithmetical errors discovered in the submitted tenders are to be dealt with. In particular, whether the overall price prevails over the rates of the tender or vice versa.
- Details of the Authority's the terms and conditions of the contract that have been approved by the Head of Legal Services.
- The invitation to tender must include a form of tender and instructions to tenderers including the requirement to complete a certificate relating to non-collusion
- Details of any additional or supporting documents that are required such as those listed in Appendix A of this document (include Whistleblowing, Ethical Framework, etc.).

9. Submission, Receipt and Opening of Tenders

9.1. Potential tenderers must be given an adequate period to prepare depending on complexity / urgency. The Public Contract Regulations lay down specific time periods which must be followed in the case of procurements above the relevant threshold. For below threshold contracts the period should normally be a minimum of 4 weeks.

- 9.2. All tenders should normally be returned through the electronic tendering portal approved by the Head of Legal Services and which is designed to ensure the integrity and secrecy of tenders received. Emails and/or faxes cannot be accepted and must be rejected.
- 9.3. Once the deadline has passed the Procurement & Contracts Manager shall ensure there is a record of all tenders received and the amounts thereof and then provide the tender documents to the ordering officer / contract manager for assessment.
- 9.4. The Head of Legal Services may at his or her absolute discretion permit consideration of a tender submitted after the deadline has passed, provided:
 - (a) it is in the best financial interests of the Fire Authority to do so;
 - (b) they are satisfied that the tenderer has not secured an advantage over other tenderers; and
 - (c) the decision to admit the tender is taken before the remaining tenders are opened. A record of these tenders and the discretion exercised under this Standing Order must be kept in the Contracts Register.
- 9.5. If for technical reasons tenders are required to be returned by hard copy these— should be returned to the Head of Legal Services

10. Post Tender Negotiations

- 10.1. The Chief Fire Officer/Chief Executive or nominated officer (ordering officer/contract manager) shall be empowered to accept the most economically advantageous/favourable tender received.
- 10.2. Where no tender meets the Authority's exact requirements, whether because the value of the tender exceeds the approved budget, the goods are not as required or for any other reason,
- 10.3. the Chief Fire Officer/Chief Executive or nominated officer may negotiate with the tenderer submitting the most economically advantageous/favourable tender to obtain improvements in terms of price, delivery or content unless the Chief Fire Officer/Chief Executive considers in all the circumstances that all those persons who originally submitted a tender for the contract should all be given an opportunity to re-tender.. However, such negotiation is the exception rather than the rule and the Head of Legal Services must be consulted prior to any negotiation. Where post tender negotiation results in fundamental change to specification or contract terms the contract must not be awarded but re-tendered,
- 10.4. A written record shall be kept of all negotiations including notes of meetings and names of those present and file in the central contract file.

11. Evaluation /Award of Contract

- 11.1. Quotations and tenders must be evaluated and awarded in accordance with objective award criteria. The result must award the contract to the tender that achieves the highest score in the objective assessment.
- 11.2. Ordering officers / contract managers must ensure that:
 - submitted tender prices are compared with any pre-tender estimates and any discrepancies are examined and resolved;
 - arithmetic in compliant tenders is checked; and
 - a record is retained of the evaluation undertaken (for 6 years after expiration of contract)
- 11.3. All contracts must be in writing, either in terms of a formal legal agreement over £25,000 and/or a purchase order clearly indicating the nature and quantity of the work or service required, the price and any terms or conditions as to payment. Details of all orders must be entered and authorised on the Finance system.
- 11.4. The Head of Legal Services must sign all contracts over £25,000. Contracts below £25,000 may be signed by an Area Commander or Head of Service.

12. Following Award of Contract

- 12.1. The details of any contract awarded over £25,000 must be published on Contracts Finder no later than 90 calendar days after the contract award date. All contracts over £5000 must be published on the Authority's website on a quarterly basis.
- 12.2. Any decision to award a contract over the value of £100,000 must also be published on the Authority's website under the Openness of Local Government Bodies Regulations 2014, which requires the decision maker to set out the reasons for their decision and any alternative options that were considered but rejected. A record of Officer delegated decisions should be completed for this purpose.
- 12.3. Contracts above Public Contract Regulation thresholds cannot be awarded until after the mandatory standstill period. In these cases a standstill notice must be sent to all tenderers and any candidates.
- 12.4. Should an award of a contract be challenged, the contract must not be awarded and the Head of Legal Services must be notified.

13. Compliance / Probity

- 13.1. The CSOs aim to protect staff against allegations of impropriety and therefore, all staff and any agents or consultants acting on their behalf must fully comply with these CSOs. All staff must also comply with any guidance and instructions regarding contractual arrangements as issued by the Head of Legal Services, the Director of Finance or the Procurement & Contracts Manager. A failure to comply may result in disciplinary action being taken.
- 13.2. Staff must be transparent, objective and non-discriminatory in all procurement activities and must not deliberately mislead suppliers. Commercial information

obtained from suppliers, particularly pricing must be kept confidential and cannot be released to third parties without the prior approval of the supplier. However, there are various exceptions including requests under FOIA and publication of award notices.

- 13.3. The values and behaviours described in the Employee Code of Conduct and the Fire and Rescue Service Anti-Fraud, Bribery and Corruption Policy shall apply to all staff entering into and developing contracts. In addition, all staff must comply with the Register of Staff Interests Policy and register any interest they have in a contract or proposed contract with the Fire Authority, whether or not it is something they are dealing with personally. Staff must not invite any gift or reward in respect of the award or performance of a contract and must ensure that any offers of gifts and/or hospitality that are made by suppliers or potential suppliers are declined and registered in accordance with the Employee Code of Conduct and the Anti-Fraud, Bribery and Corruption Policy.

14. Consultants

- 14.1. The appointment of external consultants or architects must itself comply with Contract Procedure Rules. Subject to SO. 3.1(k) and (l) above, where external consultants or architects procure tenders on the Authority's behalf they must comply with Contract Procedure Rules as though it were being done in-house.

15. Fire Authority as a Supplier

- 15.1. The Director of Finance and Head of Legal Services must be consulted prior to contemplation of any contracts for the Authority to undertake work or provide services to other organisations.

16. Disposal of Assets

- 16.1. Any assets to be disposed of by the Authority to be shall be disposed of by whatever means is most likely to secure the best value for the Authority having regard to the nature and value of the assets concerned and shall first be approved by the Director of Finance and Head of Legal Services

Report of the Assistant Director: Prevention

Equality & Gender Pay Gap Report 2021-2022 and Equality Objectives Progress Update

Purpose of report

1. To present the Equality & Gender Pay Gap Report – 2021-2022.
2. To provide a summary of progress against the Service's Equality Objectives 2021-2025 for Q1-Q2 2022-2023.

Recommendation

It is recommended that the Authority:

- i) Notes the content of the Equality & Gender Pay Gap Report 2021-2022 and approves its publication.*
- ii) Notes the progress made against the Equality Objectives 2021-2025 for Q1–Q2 2022-2023.*

Introduction and Background

3. In line with the Equality Act 2010, the Authority is required to publish equality information annually to show how it has complied with the public sector equality duty. The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 also require employers with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.
4. The Equality & Gender Pay Gap report provides information on our workforce diversity and gender pay gap. The information informs our Equality, Diversity and Inclusion (EDI) Plan 2020–2025 delivery in support of our Equality Objectives, People Strategy 2022–2025 and core organisational strategies. A summary of progress made against the Equality Objectives in Q1-Q2 2022-2023 is provided later in this paper.
5. The report covers the period from the 1 April 2021 to 31 March 2022 and can be found in Appendix 1.

Workforce Diversity Summary

6. **Sex**
Male employees continue to make up the majority of the workforce. 18% of the workforce are female, which is unchanged from 2020-2021. Women continue to be particularly under-represented in operational roles (8%) – a decrease of 1% from last year. The percentage of women in the Wholetime workforce group has decreased

slightly from 12% to 10% which may be attributed to the proportion of female Wholetime staff leaving the Service being higher than those appointed. The actual number is low (6 out of 29 leavers¹ in the Wholetime workforce were women). The percentage of women in the On-Call workforce group has increased slightly from 6% to 7%.

7. **Gender reassignment**

Information in relation to transgender employees is highly sensitive and for data protection reasons this data is not currently published.

8. **Ethnicity**

6% of the workforce identify as belonging to an ethnic minority group; a decrease of 1% on the previous year. In comparison to our communities of Herefordshire and Worcestershire, 7% of the population identify as belonging to an ethnic minority.²

9. **Sexual Orientation**

3% of employees have declared their sexual orientation as Lesbian, Gay or Bisexual; a further 1% increase on the previous year. This protected group continues to have low levels of disclosure when compared to other groups, although our declaration rate of 67% is slightly higher than all FRS staff in England (66%).³

10. **Disability**

2% of the workforce have declared a disability which has been the case for the previous 2 years. Although conditions such as dyslexia may meet the definition of disability in the Equality Act 2010, individuals with dyslexia and other similar learning differences do not necessarily consider it a disability. This may go some way to explain why our workforce disability profile figures continue to be low.

11. **Religion or Belief**

34% of the workforce have declared their religion or belief as Christian followed by 31% with no religion or belief at all. The proportion of other faiths when combined account for 1% of the workforce.

12. **Age**

The largest proportion of our overall workforce is aged between 36 and 45 years (30%) which differs from last year (46-55 years). The average age of our workforce continues to be 43 years.

13. Data continues to be monitored relating to other protected characteristics such as pregnancy and maternity with 2% of female employees on maternity leave during 2021-22. No employees opted to take shared parental leave.

Gender Pay Gap Reporting

14. The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. The Service is required to make six calculations:

¹ Leavers may include resignations, retirements and the end of fixed term contracts

² Office of National Statistics (2011) Census

³ Home Office (2022) [Fire statistics data tables - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/fire-statistics-data-tables)

- 1) **Mean gender pay in hourly pay** – the percentage difference between the mean average hourly rates of men and women’s pay.
 - 2) **Median gender pay gap in hourly pay** – the percentage difference between the midpoints in the ranges of men and women’s pay.
 - 3) **Mean bonus gender pay gap**⁴
 - 4) **Median bonus gender pay gap**⁴
 - 5) **Proportion of men and women receiving a bonus payment**⁴
 - 6) **Proportion of men and women in each pay quartile** – calculated by dividing employees into four even groups according to their pay. The upper quartile with the highest level of pay and the lower quartile with the lowest levels of pay.
15. All employees who were deemed to be full-pay relevant employees at 31 March 2021 were included and the figures are based on established contracted posts within the Service.

The Gender Pay Gap

16. The mean gender pay gap shows the difference between male and female hourly earnings. On average, female employees earn 7% less than male employees in the Service (this was 6% in 2020-2021).
17. The median pay gap (the midpoint in the range of pay) for female employees is 3% lower than for male employees, which is unchanged from 2020-21.
18. The pay quartile data shows a higher proportion of male employees across all quartiles and reflects the Service’s current workforce profile. The quartile data shows there are small fluctuations in all but the upper middle quartile of pay. There has been an increase in the proportion of males within the lower quartile (up by 3%) and a 1% increase in the proportion of females falling within the upper quartile of pay.
19. The Service believes the gender pay gap does not arise from paying men and women differently for the same work but is as a result of the roles in which they work and the salaries these roles attract.

Priorities and Next Steps for 2023-24

20. The equality data helps the Service to identify potential key areas of focus including evidence of any pay gaps. The key findings from the data indicate a continued disparity in the diversity profile of our workforce primarily in relation to the representation of women in operational roles. The gender pay gap is also arising because there are essentially more men occupying higher-level salaried positions within the organisation than women.
21. The Service is striving to create a diverse workforce that is truly representative of the communities we serve; where people of all backgrounds can thrive. To do this we are creating an inclusive workplace, where we celebrate difference and value everyone’s contribution. In support of our People Strategy 2022-2025, our inclusion deliverables now, and over the next business year will include:

⁴ We do not pay bonuses to staff and therefore do not provide calculations relating to points 3, 4 and 5 above.

- Developing a new positive action plan for 2023-2025 to develop and support recruitment and career progression to our most under-represented groups; most notably women into operational roles and also into more senior level positions;
 - Continuing to demonstrate progress against our equality objectives through the EDI Plan 2021-2025;
 - Conducting a Service-wide staff engagement survey (provider identified);
 - Continuing to embed the Core Code of Ethics for FRSs in line with the Fire Standard;
 - Delivering a Service-wide inclusion training programme (provider identified) starting in April 2023.
22. The Service has recruited a new Inclusion & Organisational Development Manager to support delivery of the above priorities. This post will be key in designing and delivering strategies to address under-representation in various parts of the Service, and will work closely with departments and the Resourcing Manager to develop better diversity outcomes.

Equality Objectives Q1-Q2 2022-2023 Progress Update

23. Appendix 2 provides a summary of work against the Equality Objectives during Q1-Q2 2022-2023. Progress is RAG rated to demonstrate the areas where actions have been completed or are on-going. Progress continues to be made and there are no significant areas for concern.
24. Progress to increase our workforce diversity is being made, however, increasing the representation of women and minority groups within the operational workforce and in senior leadership positions, continues to be a challenge.
25. The Service continues to be committed to creating a more inclusive and diverse organisation by progressing against its Equality Objectives and the People Strategy 2022-2025.

Conclusion

26. Members are asked to note the contents of the Equality & Gender Pay Gap Report 2021-2022 and approve its publication on the Service website. In addition, the gender pay gap information will be submitted to the government reporting website as per the Regulations.

Corporate Considerations

<p>Resource Implications (identify any financial, legal, property or human resources issues)</p>	<ul style="list-style-type: none"> • There are no resource implications arising from publishing the report. • Implications of championing and embedding equality into mainstream business may incur financial and management support for implementation, dissemination of resources and consideration of different ways of working. • The report helps the Service meet its statutory duty under the Equality Act 2010 and the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.
<p>Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).</p>	<ul style="list-style-type: none"> • CRMP • Core organisational strategies • People Strategy • EDI Plan • Positive Action Plan
<p>Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).</p>	<ul style="list-style-type: none"> • Failure to demonstrate an ongoing commitment to EDI may damage our reputation as an employer of choice and attract public, media and political scrutiny. • Publishing equality information on at least an annual basis is a requirement of the PSED. • Publishing our gender pay gap calculations is a requirement of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.
<p>Consultation (identify any public or other consultation that has been carried out on this matter)</p>	<ul style="list-style-type: none"> • Ongoing engagement with Women@HWFire and Representative Bodies continues to take place.
<p>Equalities (has an Equalities Impact Assessment been completed? If not, why not?)</p>	<ul style="list-style-type: none"> • Yes, no adverse impacts. • This work focuses on the three general duties of the Equality Act 2010: Enhancing equal opportunities; fostering good community relations between groups and; eliminating discrimination, harassment and victimisation. • With a specific emphasis on the protected characteristic of Sex, the Gender Pay Gap 2017 Regulation of the Equality Act in itself is collecting data for equality analysis leading to activity to eliminate negative impacts and promote positive changes under the General Duty. • When published on the Service website the report should work well with Google Translate, enabling the content to be accessed in languages other than English. The report format can be made dyslexia friendly. Other formats can be made available upon request.

Data Protection Impact Assessment	N/A
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Supporting Information

Appendix 1 – Equality and Gender Pay Gap Report 2021-2022

Appendix 2 – Equality Objectives 2022-2023: Q1-Q2 Summary

Hereford & Worcester Fire and Rescue Service

Equality & Gender Pay Gap Report 2021-22

1 April 2021 to 31 March 2022



HEREFORD & WORCESTER
HWFR
FIRE AND RESCUE SERVICE

Contents

Foreword	1
Our Purpose, Vision and Mission	2
Core Code of Ethics for Fire and Rescue Services	3
The Statutory Context	4
Our Service Area	6
Reporting	7
Our Equality Objectives: Key Highlights 2021/22	8
Our Workforce Profile	11
Applications for Employment and Promotion	19
Retention	26
Gender Pay Gap as at 31 March 2022	30
Our Pay Gap Figures	31
Contributory Factors	32
Closing the Gap and Our Future Equality Work	32
Conclusion	33



Foreword

Building a diverse and inclusive workforce remains a priority for Hereford & Worcester Fire and Rescue Service (HWFRS). We are committed to meeting the diverse needs of the communities we serve and recognise the importance of creating an environment where there is equality of opportunity for everyone. We continually strive to increase diversity in our organisation and embed the importance of inclusion. This report outlines the work we have undertaken over the year 2021/2022, as well as our statutory duty to report on the following:

Monitoring of Equality Information

The Equality Act 2010 sets out the public sector Equality Duty. The Equality Duty requires public bodies with 150 or more employees to publish information at least annually about their employees, furthering the aims of the Equality Duty and to consider how activities affect people who have protected characteristics.

Gender Pay Gap

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 require employers with 250 or more employees to publish statutory calculations every year showing the average difference in pay between their male and female employees (known as the gender pay gap). It is important to note that, our gender pay gap does not stem from paying men and women differently for the same or equivalent work. What is clear, however, is that our gender pay gap is affected by the roles in which men and women currently work within the Service and the associated salaries that these various roles attract.

Declaration

I can confirm that the Gender Pay Gap data included within this equality report is accurate and has been calculated according to the requirements of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.



Jon Pryce

Chief Fire Officer / Chief Executive



Our Purpose, Vision and Mission

Who We Are

Hereford & Worcester Fire and Rescue Service receives nearly 10,000 emergency calls each year requesting assistance at a wide variety of incidents, including property and countryside fires, road traffic collisions, collapsed structures, water rescues, hazardous materials and animal rescues. We attend just over 6,500 incidents each year – more than 125 incidents every week across the counties of Herefordshire and Worcestershire.



Purpose

Why we are here

Keeping people safe from fire and other risks. Responding efficiently and effectively to incidents and emergencies.

Vision

What we want to do

Saving More Lives: Building on our successes to continue to make a difference, improve lives and help secure resilient communities.

Mission

What we do every day

As one professional team we will work hard every day to deliver high quality, sustainable services to our communities.

Our Fire Stations are staffed by a mix of 'Wholetime' Firefighters – operating on a full-time basis and providing an immediate response, and On-Call Firefighters who live or work locally and are available within five minutes should they be needed. All our Fire Stations respond to emergencies 24 hours a day, 365 days a year. Some Stations are crewed by Wholetime Firefighters as well as On-Call colleagues. We also operate three 'day-crewed' stations that have Firefighters operating Wholetime during the day and On-Call overnight. The remaining Stations are all staffed solely by On-Call Firefighters.

Our Service is supported by our Fire Control team who answer emergency calls and deal with mobilising, communications and other activities and also our Support teams in our corporate areas such as ICT, HR & Development and Payroll, Operational Logistics and Finance.

Our core purpose, vision and mission are what drives and motivates our people to make the communities of Herefordshire and Worcestershire safer. To do this effectively we need to understand and appreciate the diversity of the communities we serve and have a workforce that is inclusive; where our people fully represent and understand those communities.

Core Code of Ethics for Fire and Rescue Services



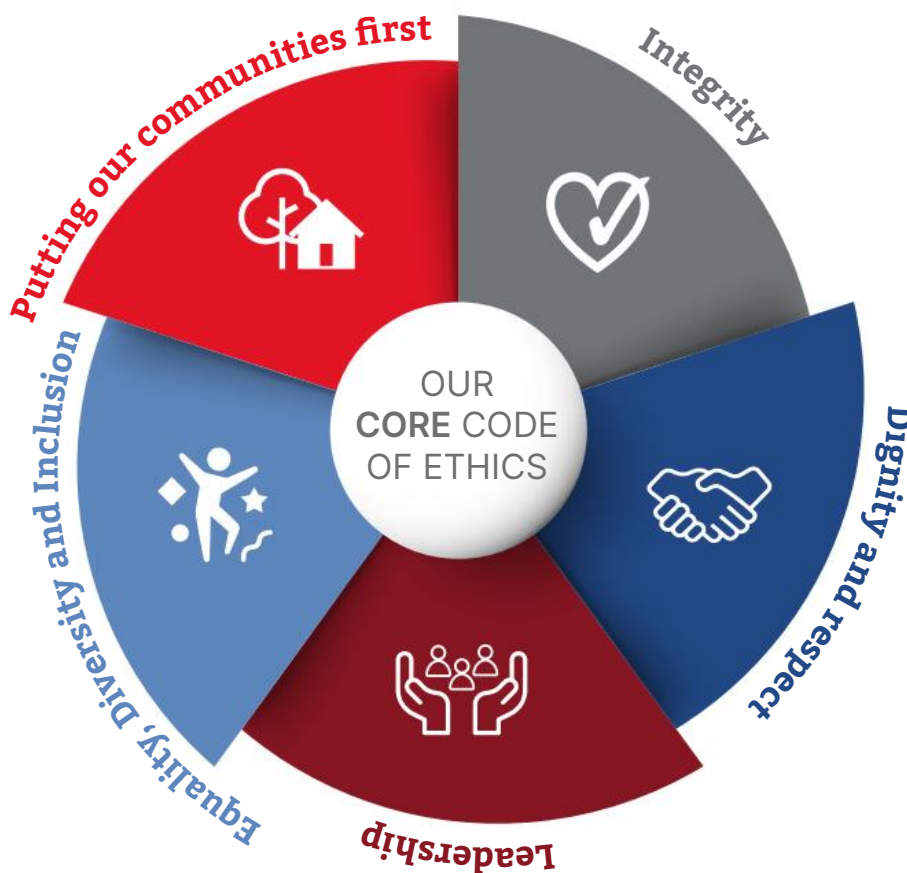
NFCC
National Fire
Chiefs Council



We are also guided by the [Core Code of Ethics for Fire and Rescue Services](#) in England.

The Core Code of Ethics for Fire and Rescue Services (FRS) sets out five ethical principles, which provide a basis for promoting good behaviour and challenging inappropriate behaviour. These principles will help to improve organisational culture and workforce diversity of FRSs, ensuring that communities are supported in the best way.

The ethical principles have been produced specifically for Fire and Rescue Services by the National Fire Chiefs Council, the Local Government Association and the Association of Police and Crime Commissioners.



Putting our communities first

We put the interest of the public, the community and service users first.

Integrity

We act with integrity including being open, honest and consistent in everything we do.

Dignity and respect

We make decisions objectively based on evidence, without discrimination or bias.

Leadership

As positive role models, we are accountable for everything we do and challenge all behaviour that falls short of the highest standards.

Equality, Diversity and Inclusion

We stand against all forms of discrimination, create equal opportunities, promote equality, foster good relations and celebrate difference.

The Statutory Context

The Equality Act should make it easier for individuals to be aware of their rights under the law and for services and organisations to meet their legal responsibilities. The purpose of the Act is to ensure that everyone, whether at work or in using a service has the right to be treated fairly. It protects people from discrimination on the basis of certain characteristics. These are known as the nine protected characteristics¹.



Age

A person belonging to a particular age or range of ages.

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and civil partnership

Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as civil partnerships. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context.

Race

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

Religion or belief

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Sex

A man or a woman.



¹Definitions provided by the [Equality and Human Rights Commission](#) (2021)

The Statutory Context (continued)

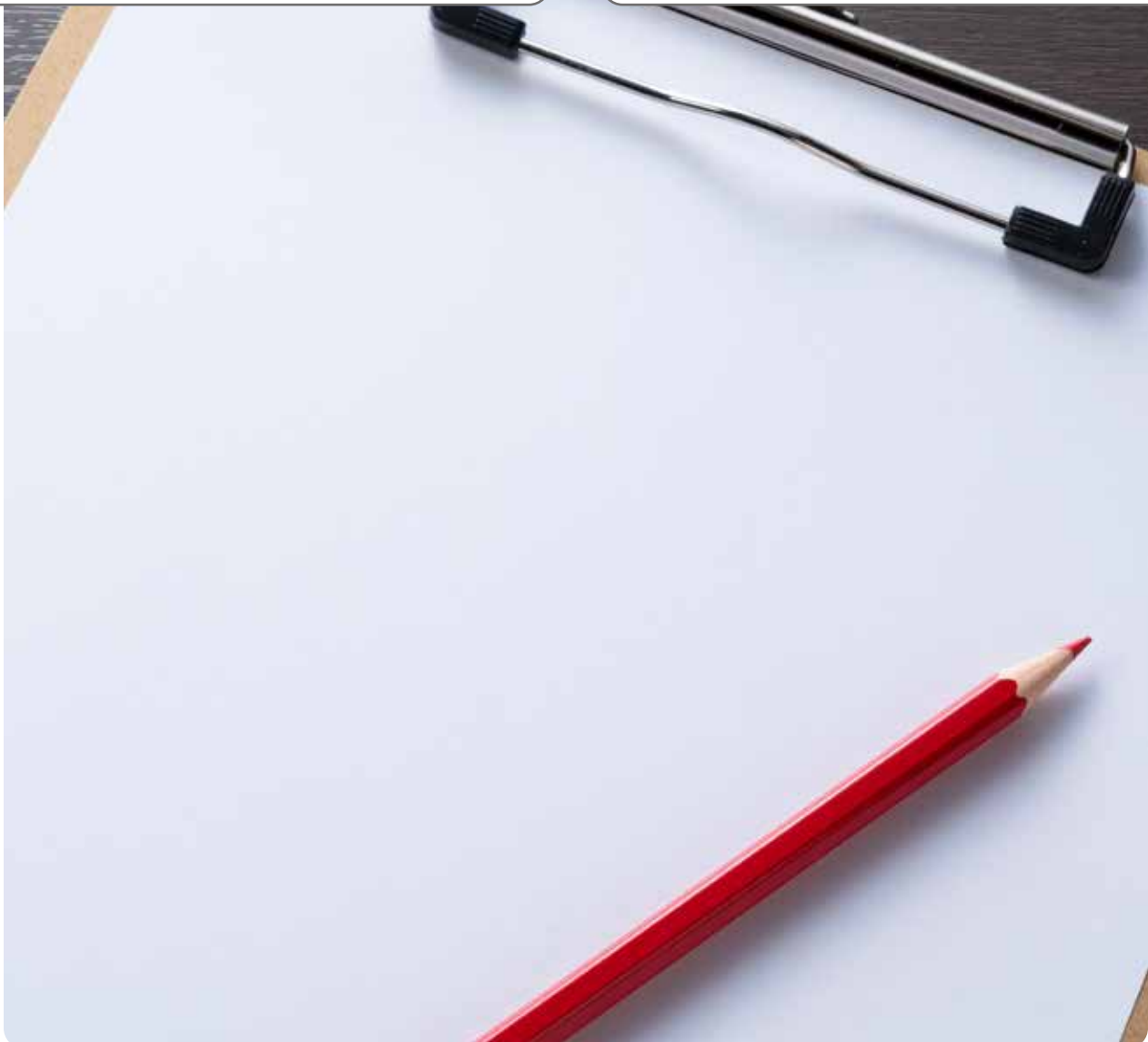
The **Public Sector Equality Duty** is a duty on public authorities like Hereford & Worcester Fire Authority to consider how policies or decisions affect people with protected characteristics:

General Duty

- Eliminate unlawful discrimination; harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

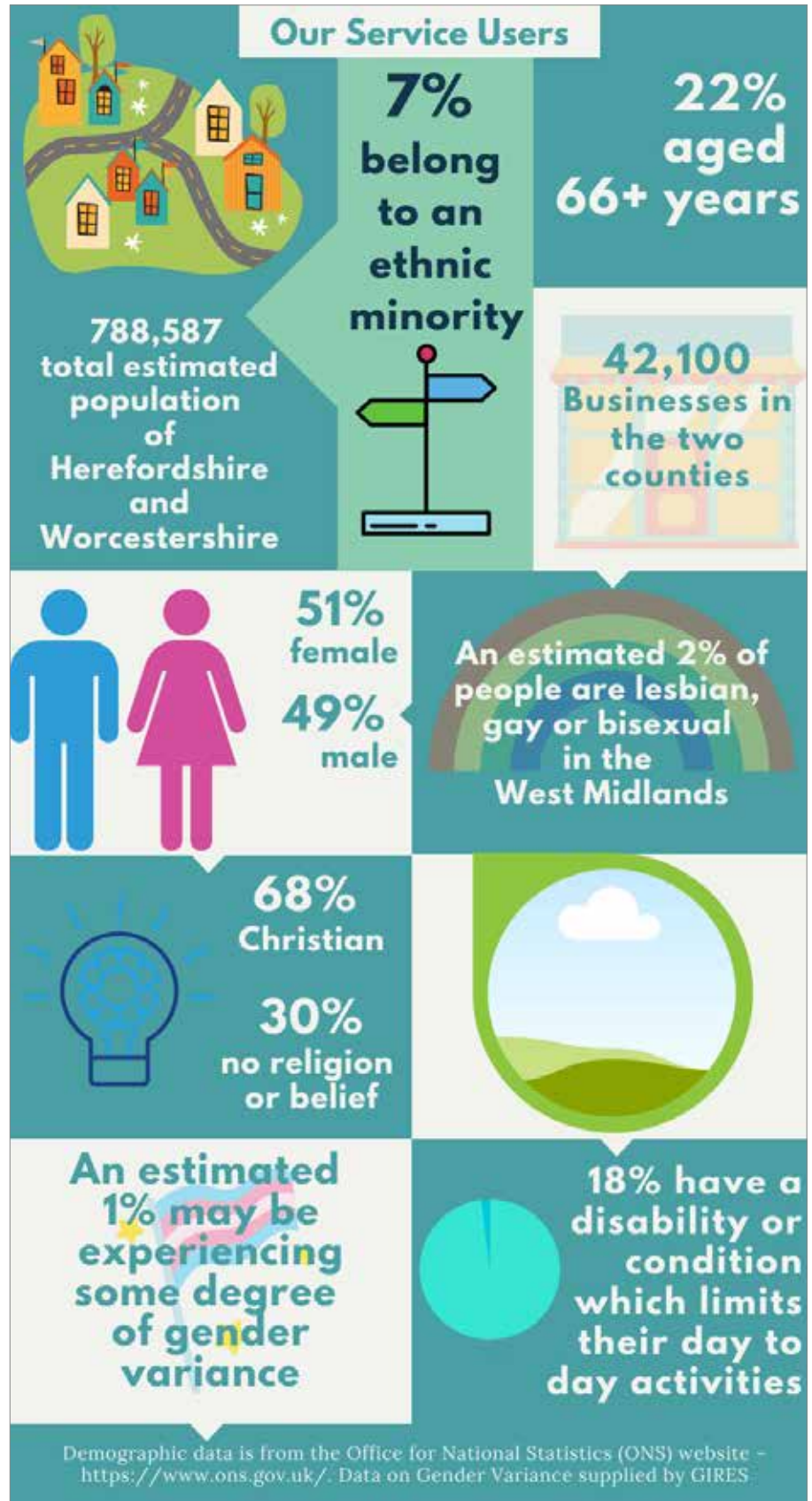
Specific Duty

- Publish equality information at least once a year to show how we are complying with the equality duty.
- Prepare and publish equality objectives every four years.



Our Service Area

Our Service area extends from the metropolitan borders of the West Midlands to the rural southern borderland between England and Wales and covers two counties; Worcestershire in the east and Herefordshire to the west. The infographic gives a summary of what the population of Herefordshire and Worcestershire looks like. This helps us to see how reflective we are as a workforce, in comparison to the communities we serve.



Reporting

The annual equality report is presented to our Strategic Leadership Board (SLB), our Joint Consultative Committee (JCC) which has Representative Body membership, and the Fire Authority. The report is made publicly available via our website and to all our employees via our staff intranet.



The information in this report has been compiled from data provided voluntarily by our staff or applicants and covers the protected characteristics.

The data reported here is anonymised which means that a person cannot be identified from the information provided. We may only provide percentages in relation to the overall workforce for some protected groups in order to effectively anonymise, particularly where numbers of people with that characteristic are numerically low, potentially making it easier to identify individuals.

The data in this report covers the period 1 April 2021 to 31 March 2022.

Where possible, a simple, colour-coded Red, Amber, Green arrow shows where there is a negative change, no change or positive change from last year's report 2020/2021.

Our Equality Objectives

Key Highlights 2021/22

The Public Sector Equality Duty requires us to develop and publish equality objectives at least every four years. As part of the Service's on-going work and commitment to equality, we formally set our [equality objectives for 2021-2025](#) in July 2021, which are aligned with our Equality, Diversity and Inclusion Plan (2020-2025). A summary of work against these new Equality Objectives is as follows:

Our Organisation

Leadership & Corporate Commitment

Our leaders will provide visible leadership to ensure our people, our partners and our communities see the personal commitment to inclusion. We will maximise the transparency of our organisation so our activities can be scrutinised and we can be held accountable.

- Three members of the Fire Authority became our **EDI Champions**, to promote, support and drive improvement in regard to equality, diversity and inclusion through all activities of the Authority.
- Our Strategic Leadership Board set their own **equality objectives** for the year to actively promote and champion the ethos of EDI across the Service. An online event to celebrate International Women's Day was sponsored by the Deputy Chief Fire Officer and there have been numerous articles produced by SLB members, highlighting inclusion topics.
- Work to embed the use of **people (equality) impact assessments** across the Service has continued through training and toolkits. This supports us to better assess the equality impacts that policies, procedures or services may have on our staff and our communities.

Our Communities

Understand, engage and build good relationships

We will better understand our communities by ensuring we put in place systems that enable the collection, collation and analysis of community data and information. We will enhance our engagement with our communities to foster good relationships and understand the community priorities.



PREVENTION

- Additional diversity information is requested during our **Home Fire Safety Visits (HFSV)** meaning that going forward, we will be able to ensure this service is being accessed by a diverse range of groups in our communities.
- **HFSV 'How Safe Are You'** promotional material is produced in a variety of languages including Russian, Polish, Mandarin and Romanian, with plans to include further languages over the coming year, based on local demographics. The Fire Safety in the Home booklet is also available in multiple languages and is produced in Easy Read format.
- The National Fire Chiefs Council (NFCC) have published a number of **Equality of Access** documents to support fire services to engage with community groups who may not normally engage with our sector for a variety of reasons. Our Prevention team, supported by the Service's EDI Officer, utilise and share these documents with crews to explore ways of improving access to our services to all sections of the community.

Our Equality Objectives

Key Highlights 2021/22 (continued)

- Resources provided by the NFCC are regularly promoted to staff, such as **Lunch & Learn Sessions** about different community groups; LGBT+ communities and Gypsy/Traveller communities are some examples of these.
- Information for staff to enhance **understanding of our communities** has been developed and is available on our staff intranet, such as guidance and factsheets on religions and cultures and statistical data on ethnic minority groups and predominant languages spoken in our area.
- We continue to support events to engage with the public such as our local **Pride events** so that not only our communities see that we are an inclusive organisation, but our staff do too. These events have provided great opportunities to promote working for the Service, volunteering and highlighting our Home Fire Safety Visit.
- Our **Dying 2 Drive** initiative is a multi-agency road safety scheme delivered to Year 11 students and is aimed at reducing death and serious injury amongst young road users in Herefordshire and Worcestershire. During the pandemic restrictions, an electronic package was created for schools to deliver the same core messages, however these popular live sessions will commence again during 2022.
- Multi-agency working on other youth engagement activities, such **Crucial Crew** and **Young Citizens' Challenge** initiatives are aimed at raising awareness and targeting young people by educating them on water, fire and road safety as well as arson and hoax calls and are delivered to Year 6 school children. These were also delivered differently during the pandemic, but are commencing face to face in 2022.

Our People

Develop, engage and understand

We will develop our people to better understand diversity and inclusion. We will better understand our workforce composition through our workforce data. We will create an inclusive culture where our people feel able to be themselves. We will put in place effective strategies to enable engagement with our staff and networks to continue to develop an inclusive culture.

- Staff now have access to a **wealth of information** about diverse groups such as different religions, the challenges experienced by members of LGBT communities and the strengths and challenges associated with types of neurodiversity (e.g. dyslexia, ADHD, autism, etc). This awareness will also support staff to complete people impact assessments on new policies or new services.
- To celebrate **International Women's Day**, our women's network, Women@HWFire, hosted an online seminar highlighting the challenges to progression experienced by two senior leaders from the fire service and police. A member of our SLB is an active member and supporter of Women@HWFire and therefore led and facilitated this session. This was the first time our Service had hosted such an event and feedback showed it was a great success.



Our Equality Objectives

Key Highlights 2021/22 (continued)

- New firefighter recruits receive input on our **staff networks**, with a focus on the importance of diversity and inclusion to ensure they know how to get involved.



2021: New wholetime firefighters after completing their training.

- Our support for staff with dyslexia and other types of **neurodiversity** continues to improve and we have seen some fantastic outcomes where support and guidance has resulted in staff thriving in the workplace. A Neurodiverse Staff Network is being launched this year and we look forward to highlighting the work of this network in next year's report.
- Our EDI Officer continues to be visible and accessible to Service staff, which has provided opportunities to regularly engage on inclusion topics.
- We have maintained our corporate membership to the **Asian Fire Services Association (AFSA)** which is nationally recognised in our sector as a respected source of knowledge as well as a major champion of inclusion.
- We continue to be corporate members of [Women in the Fire Service \(WFS\) UK](#) to demonstrate our commitment to support gender equality in the Fire and Rescue Service.

Our Partners

Working together

We will work with external partners to develop strategies that enable effective service provision to our communities. We will collaborate across our own business functions and staff networks to better build equality and inclusion into our policies, processes and practices to ensure inclusion and our values are at the heart of everything we do.

- We continue to be part of **Hate Incident Partnership** forums in both Herefordshire and Worcestershire, which helps us to understand issues and support initiatives where possible.
- Our EDI Officer supports the Prevention team in their work with **Station Prevention Champions**, who focus on community engagement and promoting our key safety messages.
- Webinars and information about inclusion-related topics are regularly highlighted to our women's network **Women@HWFire** and EDI Allies. **EDI Allies** are staff from across the Service who want to support and promote an inclusive workplace. Personal statements on what allyship means to them are published on our Service Intranet. We share learning, practices and related events with our EDI Allies so they can better understand experiences different from their own.

Our Workforce Profile

Our workforce stands at 770 (as at 31 March 2022) – this figure is the number of total posts occupied. In analysing our workforce data, secondary contracts are included and this is done in order to reflect the workforce data submitted to the Home Office as part of our annual Fire Statistics return. Otherwise, the data would disregard secondary contracts which make up a portion of our establishment and also helps us to identify any potential trends in particular workforce groups. This also helps us to give a more accurate view of how the diversity of our employees reflects that of the communities we serve.

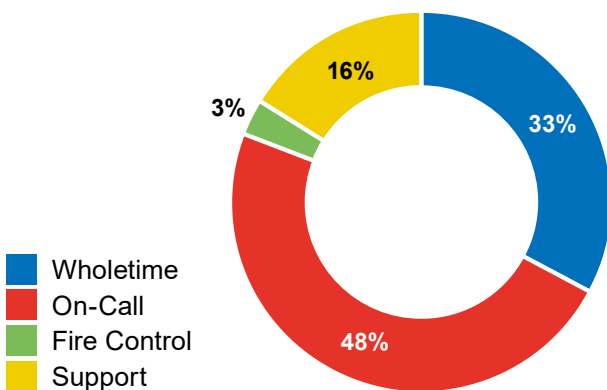
Our Service is made up of four main workforce groups and for the purposes of this report are defined as follows, in line with Home Office definitions:

Wholetime: A full-time Firefighter, regardless of rank.

On-Call: A Firefighter responding when required during their “on-call” hours, regardless of rank.

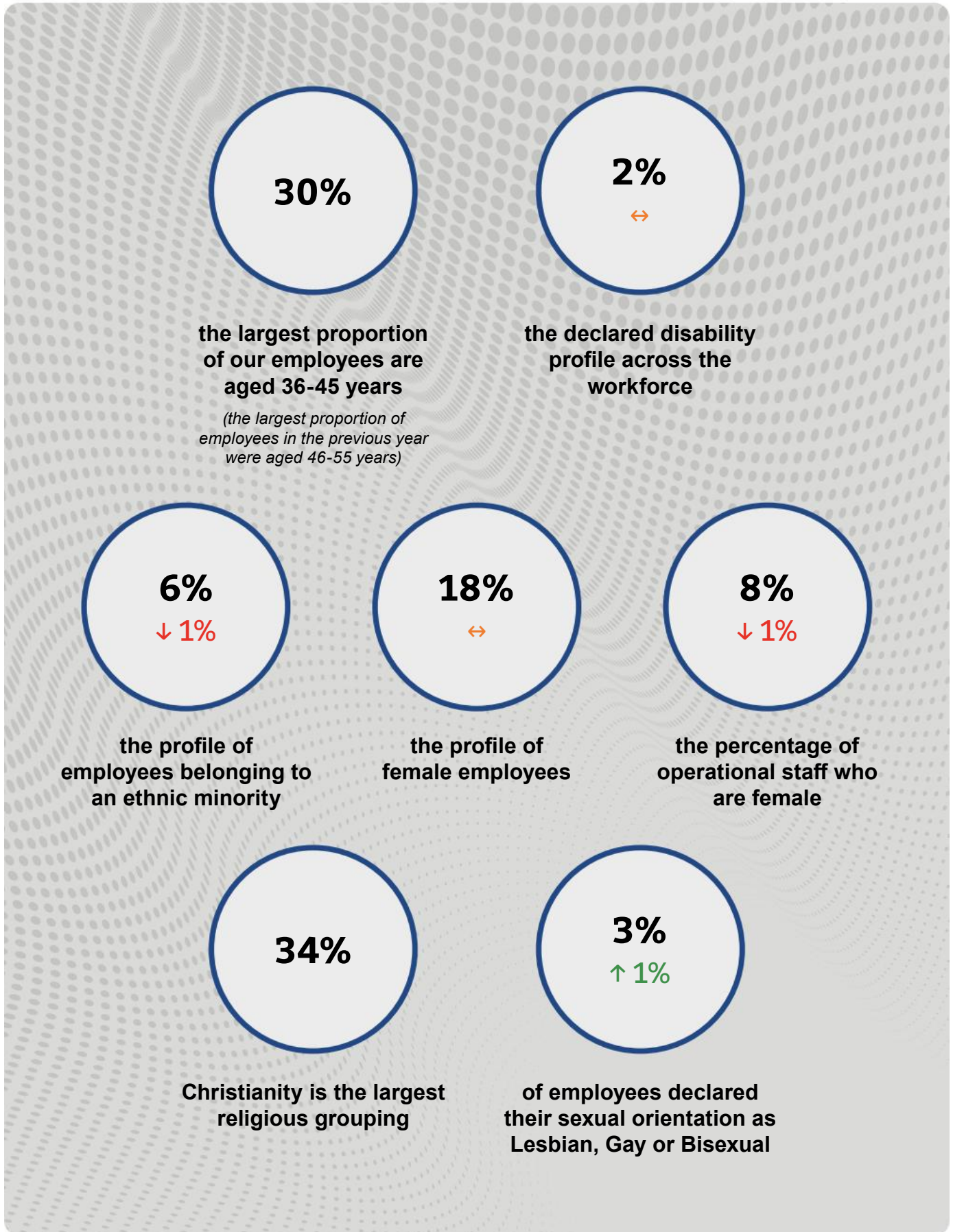
Fire Control: A Uniformed member of staff working in our Control Centre to answer emergency calls and deal with mobilising, communications and related activities, regardless of rank.

Support: A member of staff who is not a Firefighter or in Fire Control. It includes, for example, administrative roles, analytical support, finance, vehicle maintenance, etc.



Our Workforce Profile

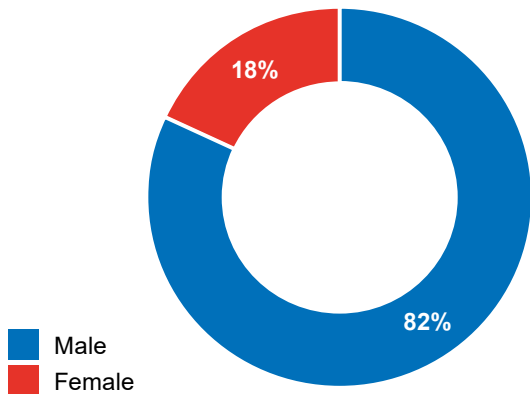
Our Workforce at a Glance



Our Workforce Profile

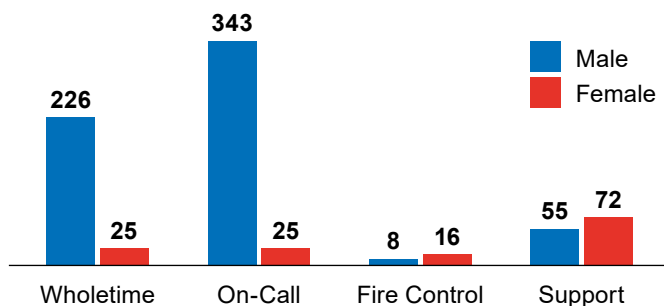
Profile of employees by sex

Total Workforce by Sex



Male employees make up the majority of our workforce – the total distribution of female employees across our Service is 18%, which is unchanged from last year.

The percentage of women in our Wholetime workforce group has seen a slight decrease from last year’s figure (12%) and now stands at 10%. This could be attributed to the proportion of female Wholetime staff leaving the Service (21%) being higher than the proportion of females appointed to Wholetime posts (9%). The actual number is low (6 out of 29 overall) so this percentage looks disproportionately high and should be taken into consideration. The percentage of women in our On-Call workforce group has seen a small increase to 7% - which is 1% higher than last year’s figure. Our Support workforce group continues to be fairly balanced, with women making up 57% of this group.



The Service’s workforce is not currently reflective of the local population of Herefordshire and Worcestershire which stands at 51% female and 49% male across all ages². The local population excluding those under 18 and those of pensionable age is 33% female and 32% male respectively. This under-representation is a trend across the fire sector as a whole.

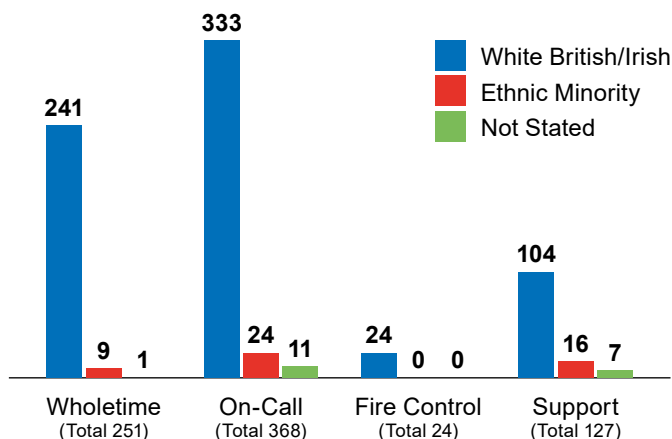
Our [Positive Action Plan](#) sets out our ambitions to work to address this imbalance, specifically the representation of women in operational roles. The Service is starting an On-Call Recruitment and Marketing project to deliver innovative marketing and recruitment solutions, to provide greater opportunities for local communities to join HWFRS and increase On-Call availability. One of the project benefits is this may impact positively on the workforce diversity in our On-Call workforce.

We recognise that monitoring numbers of transgender employees is highly sensitive and for data protection reasons we do not currently publish this data.

²Office of National Statistics (2021) Population estimates for the UK mid-2020

Our Workforce Profile

Profile of employees by ethnicity



The profile of employees identifying as belonging to an ethnic minority³ is 6% which is a decrease of 1% from last year. In comparison to our communities of Herefordshire and Worcestershire, 7% of the population identify as belonging to an ethnic minority⁴ so as an organisation we are close to being reflective of our local community, in relation to ethnicity.

The profile of our total operational workforce who belong to an ethnic minority group is 5% – a decrease from last year’s figure by 1%.

It is notable our support staff comprise of 13% of employees from an ethnic minority background; a percentage which has remained steady from last year.

The employee declaration rate for ethnicity has continued to increase and is now 98% (97% last year).

We have maintained our corporate membership to AFSA who are an organisation striving to progress inclusion in the fire service. With the majority of UK fire services as members, this provides us with opportunities to share learning and increase our knowledge and understanding of inequalities. As well as excellent national conferences, AFSA continually support their membership through the provision of online resources such as e-magazines highlighting current research, data and case studies, which are made available to all our employees, developing their knowledge of inclusion.

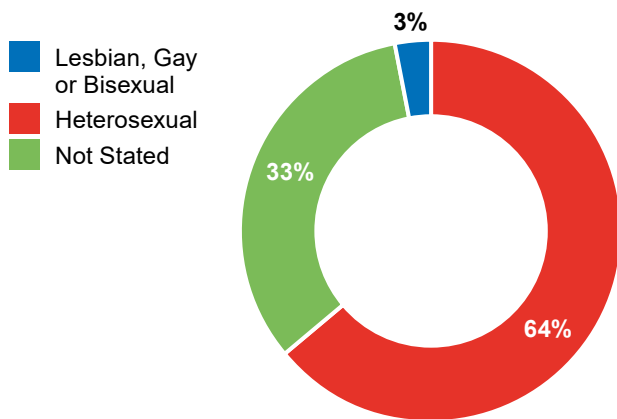


³ We use 'ethnic minorities' to refer to all ethnic groups except the White British group. Ethnic minorities include White minorities such as Gypsy, Roma and Irish Traveller groups.

⁴ Office of National Statistics (2011) Census

Our Workforce Profile

Profile of employees by sexual orientation



The proportion of staff across the workforce who consider themselves to be a member of the Lesbian, Gay and Bisexual (LGB) community has increased to 3%. Since 2019, we have seen a year on year increase in declaration rates from staff (+1% each year).

For data protection reasons we have combined the categories of staff and provided them as a percentage only. Data relating to sexual orientation is unavailable in relation to our local communities, however, the Office of National Statistics estimates that 3% of people identify as LGB in the West Midlands⁵. Recent Home Office data also indicates that 3% of all staff employed by Fire and Rescue Authorities across England and Wales identify as LGB⁶.

The declaration rate for sexual orientation in our Service has seen a 2% increase to 67%, which shows a continuing upward trend in the number of staff providing this information. National FRS data suggests that 66% of all FRS staff in England choose to declare their sexual orientation, and so our declaration rate is slightly above the national figure⁶.

The Service continues to support events such as our local Pride events so our commitment to inclusion is visible to our local communities and our employees.

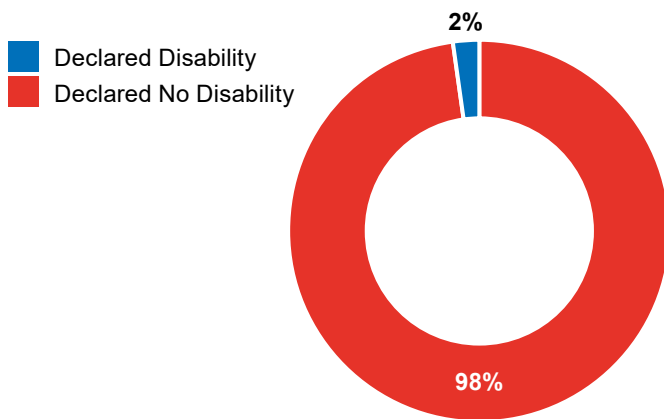


⁵ Office of National Statistics (2019) [Experimental statistics on sexual orientation in the UK](#)

⁶ Home Office (2022) [Fire statistics data tables - GOV.UK \(www.gov.uk\)](#)

Our Workforce Profile

Profile of employees by disability



The disability profile across the workforce is 2%, which has remained unchanged for the last 2 years. For data protection reasons we have combined these categories and provided them as a percentage only.

Although conditions such as dyslexia may meet the definition of disability in the Equality Act 2010, individuals with dyslexia and other types of neurodiversity do not necessarily consider it a disability. As at 31 March 2022, 4% of our workforce were recorded as having dyslexia. The [British Dyslexia Association](#) estimates that 10% of the population is believed to be dyslexic so we could reasonably estimate that we have a greater proportion of our workforce with a disability⁷.

We continue to enhance our support offer for employees with dyslexia which is having a positive impact on the number of staff seeking support and guidance.

An increased awareness in all types of neurodiversity has also resulted in more staff requesting support for challenges recognised as typical of ADHD and autism. A Neurodiverse Staff Network is being launched in 2022 and early indications show there is a great deal of interest in this group.

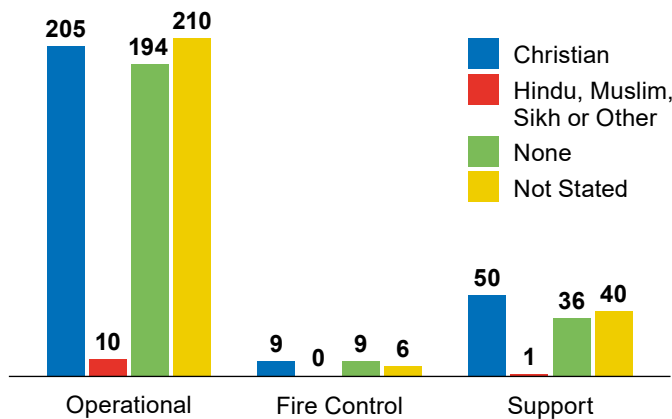
Our Occupational Health provider continues to work with our managers and staff to identify reasonable adjustments that could be implemented to provide appropriate support for individuals at work.



⁷ British Dyslexia Association (2019) Dyslexia

Our Workforce Profile

Profile of employees by religion or belief



Christianity is the largest religious grouping within our Service at 34% (an increase of 1% from last year) and this is followed by 31% of staff with no religion or belief at all. The proportion of other faiths when combined account for 1% of the workforce.

In comparison to our communities, Christianity is the largest religious grouping at 68% with 30% having no religion or belief. The remaining 2% per cent are made up of five main religions: Buddhist, Hindu, Jewish, Muslim and Sikh plus a further 'Other' category for other religions⁸.

The percentage of staff who declare their religion or belief (or as having no religion or belief) has shown an increase of 3% each year for the last 2 years. This is a trend we are working to encourage, as we would particularly like to see an increase in declaration rates within our Wholetime and On-Call workforce groups.

We continue to offer a Chaplaincy service that works across faith and belief boundaries and offers support to everyone by supplementing our existing staff wellbeing services.

Our Workforce Profile

Profile of employees by pregnancy, maternity and marital status

We collect and monitor data relating to other protected characteristics such as pregnancy, maternity and marital status. 2% of women employed by the Service were on maternity leave during 2021/22.

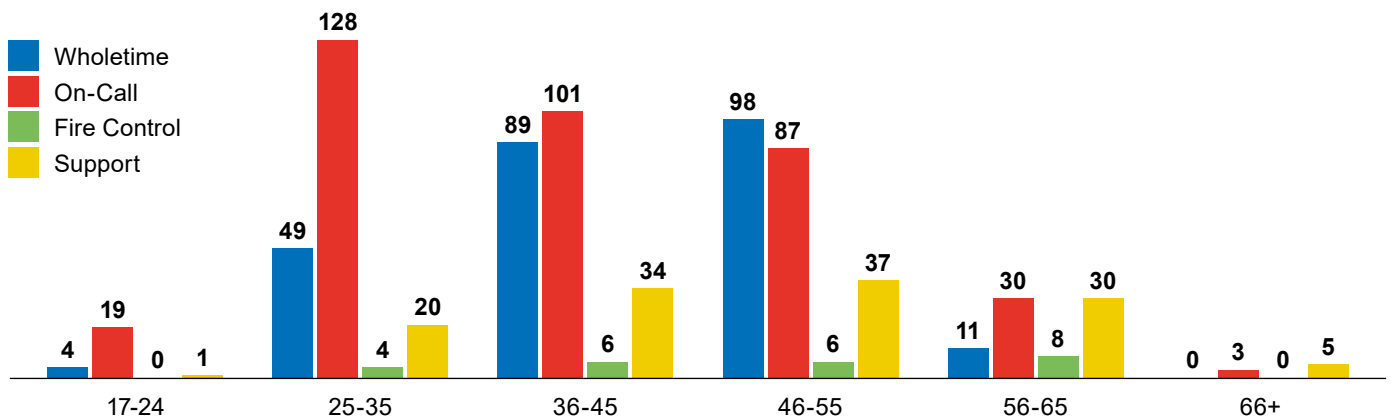
No staff opted to take shared parental leave and nationally, there continues to be a low take-up rate of this type of family friendly leave⁹. At the end of March 2022, 35% of our employees were in a marriage or civil partnership.

⁸ [HWFRS \(2019\) CRMP 2021-2025 Risk Review – People & Places](#)

⁹ [UK Parliament \(2021\) Paternity Leave – Questions and Answers](#)

Our Workforce Profile

Profile of employees by age



The largest proportion of our workforce is aged between 36 and 45 years (30% of the entire workforce). Last year this was 46 and 55 years. The average age of our workforce continues to be 43 years.

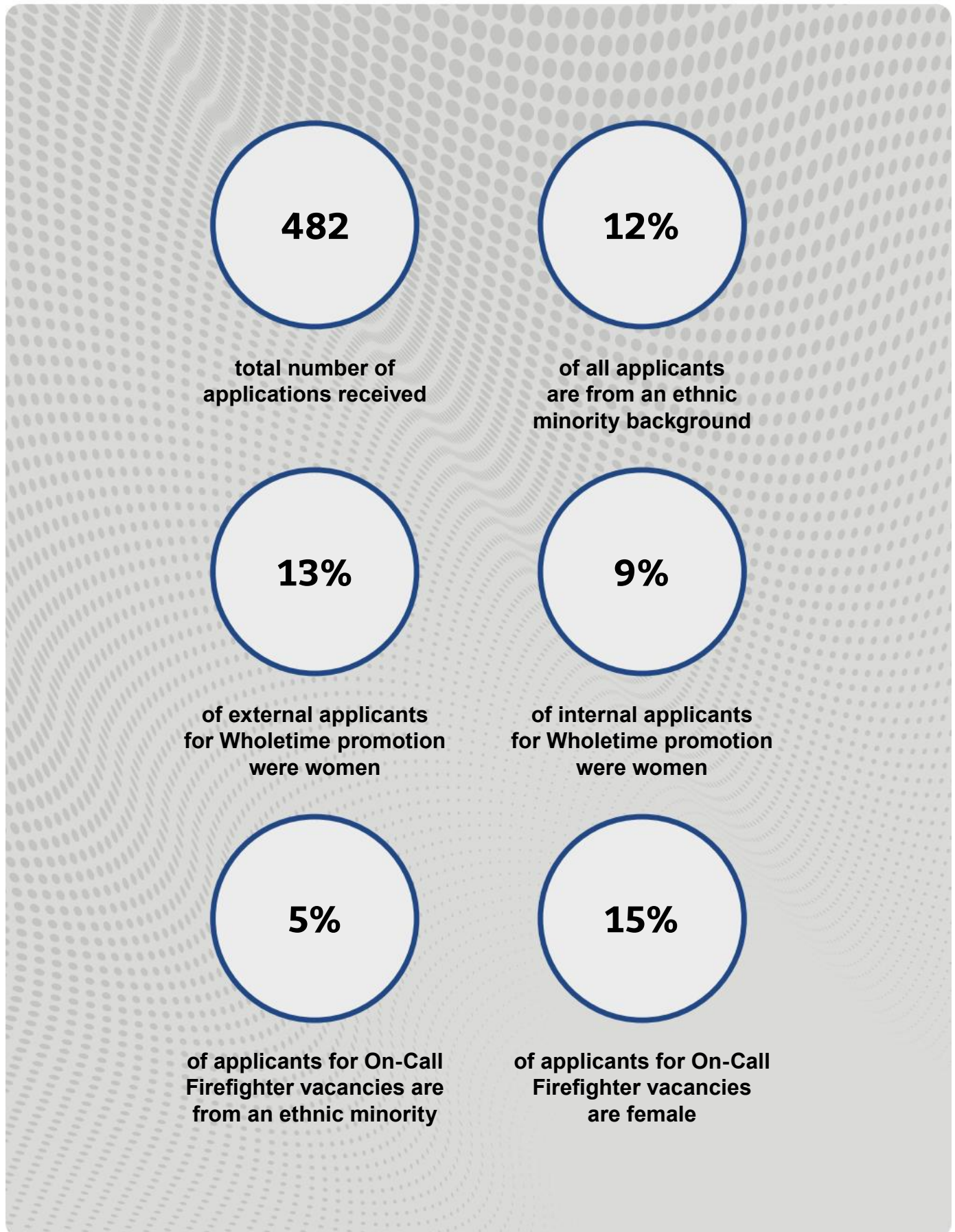
The largest proportion of Wholetime staff are aged between 46 and 55 years which is the same as last year (the proportion has decreased slightly to 39% (43% last year)). This has been the predominant age bracket of Wholetime staff for the last 5 years, prior to which the largest proportion were aged between 36 and 45 years.

The majority of On-Call staff are aged between 25 and 35 years. This proportion has risen by 2% since last year, to 35%. The largest proportion of our Fire Control staff are aged between 56 and 65 years.

The UK population is growing larger and getting older. When broken down by age, there are three important groupings; children and young people aged 0-15 years, people of a working age between 16 and 64 years, and people of a pensionable age (aged 65 years and over). The national trend shows that the proportion of those of a working age is continuing to shrink, whilst those of a pensionable age is increasing. The pattern is similar across Herefordshire and Worcestershire, though with a lower proportion of people of normal working age and a relatively high proportion of people aged 65 years and over⁸.

⁸ [HWFRS \(2019\) CRMP 2021-2025 Risk Review – People & Places](#)

Applications for Employment and Promotion



Applications for Employment and Promotion

Applications for employment including promotion

Our vacancies are advertised through our [website](#), our social media channels, our internal staff Bulletin and a regional public sector specific jobs board – [WM Jobs](#). We also advertise positions through the [National Fire Chiefs Council](#) website, [AFSA](#) and [Women in the Fire Service UK](#). We may also use specialist recruitment channels for identified “hard-to-fill” vacancies.

Applicants are asked to complete a diversity monitoring form and submit this with their job application securely and confidentially through our online recruitment portal. This information is not disclosed to recruiting managers, so shortlisting and selection decisions are based on vacancy-related information demonstrated by the applicant.

We do not set specific recruitment targets in relation to protected groups and appointments are made solely on merit.

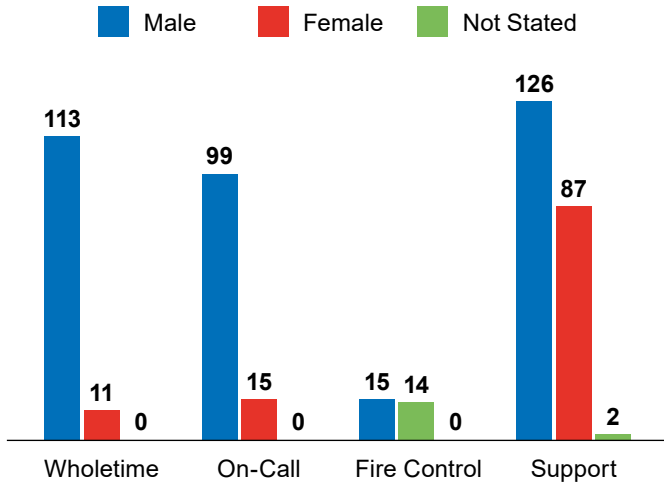
Our recruitment and selection processes are closely monitored to ensure all applicants are treated fairly and consistently in line with all legal, statutory and good practice requirements.

For the purposes of this report, a promotion is considered a change in role to a higher grade, achieved through a promotion process. Substantive promotion processes are open to both external and internal applicants, therefore the figures below include internal and external applications. This is so we can produce holistic, meaningful data and better monitor the conversion rates of applications to appointments for all candidates by protected group.



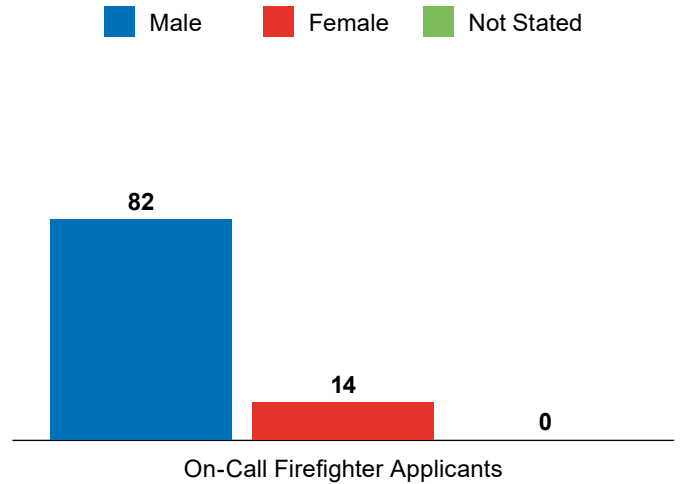
Applications for Employment and Promotion

Applications for employment including promotion by sex



During the year, a great variety of support staff roles were advertised. 59% of applications for these roles were from men, compared to 43% the previous year.

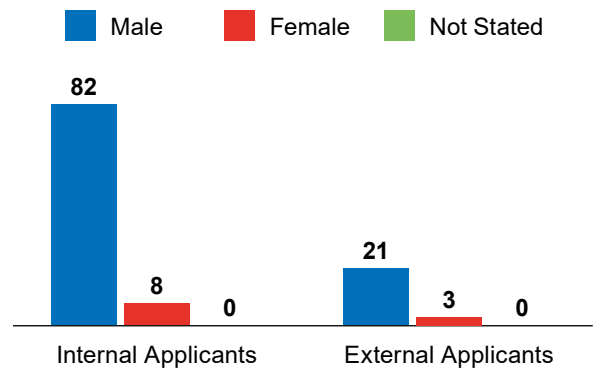
For operational roles, women accounted for 11% of the overall applications, which is 1% lower than last year. Analysing this further, 9% of applications for Wholetime roles were from women – a 3% reduction from last year. This difference could be attributed to last year’s figures incorporating our Wholetime Firefighter campaign, which provided an opportunity to attract more women into the Service at Firefighter level. For On-Call roles (which includes applications for operational On-Call roles at all levels and Urban Search and Rescue Technician on-call roles), 13% of applications were from women (an increase of 7% from last year). Applications for positions in Fire Control were fairly evenly balanced in respect of sex profile.



As we have an on-going recruitment model at entry level for On-Call Firefighter vacancies, we have also examined the sex profile of these applicants. Of the 96 applications received, 15% were from women.

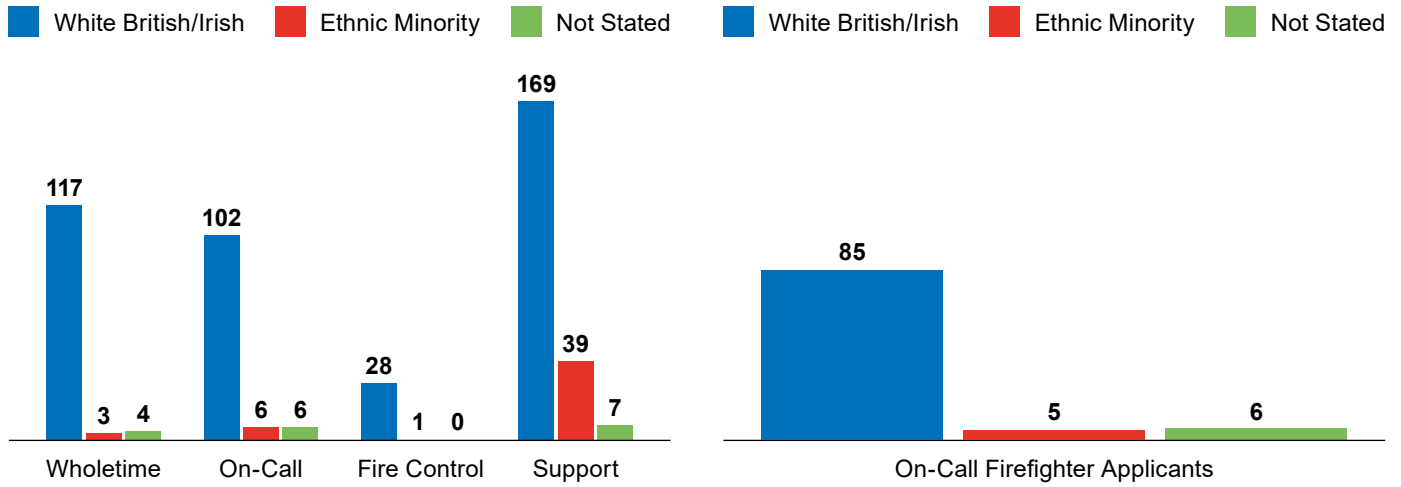
Recruitment/promotion processes for operational roles by sex

Promotions occur, in a large proportion, mainly within operational areas of the Service. These range from the role of Crew Commander up to Chief Fire Officer. 9% of internal applications were from women and of the external candidates applying to work for us, 13% were from women.



Applications for Employment and Promotion

Applications for employment and promotion by ethnicity



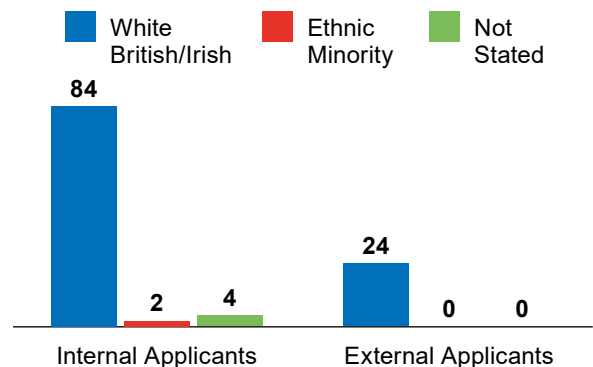
10% of applicants overall, were from an ethnic minority background, which is an increase of 1% from last year. This increase is mainly attributed to the diverse range of applicants attracted to Support staff vacancies, as 18% of applicants for these roles were from an ethnic minority background. This is an increase from last year (15%).

The number of applicants from ethnic minorities for On-Call roles has fallen over the last 3 years. This year's figure is 5%, compared to 9% last year and 12% the year before. 2% of applicants for Wholetime roles advertised through the year were from an ethnic minority and for Fire Control vacancies, the figure was 3%.

We have also examined the ethnicity of those applying for On-Call Firefighter positions. 5% of applicants were from an ethnic minority background.

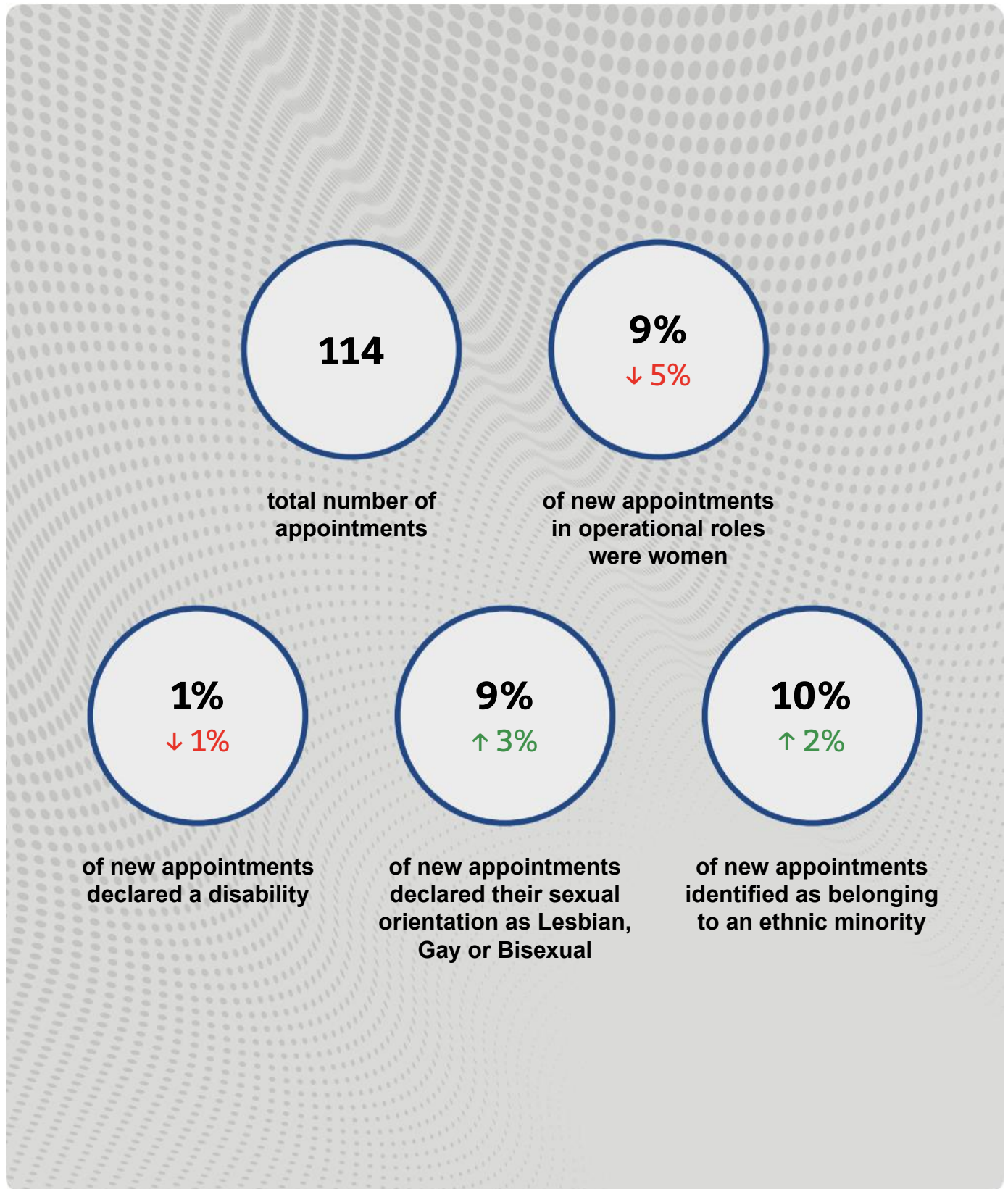
Promotion processes for operational roles

As our recruitment processes for wholetime operational managers attracts internal candidates seeking promotion and external applicants attracted to work for us, we have examined the ethnicity of both sets of candidates. All external applicants for operational roles were from a White British/Irish background.



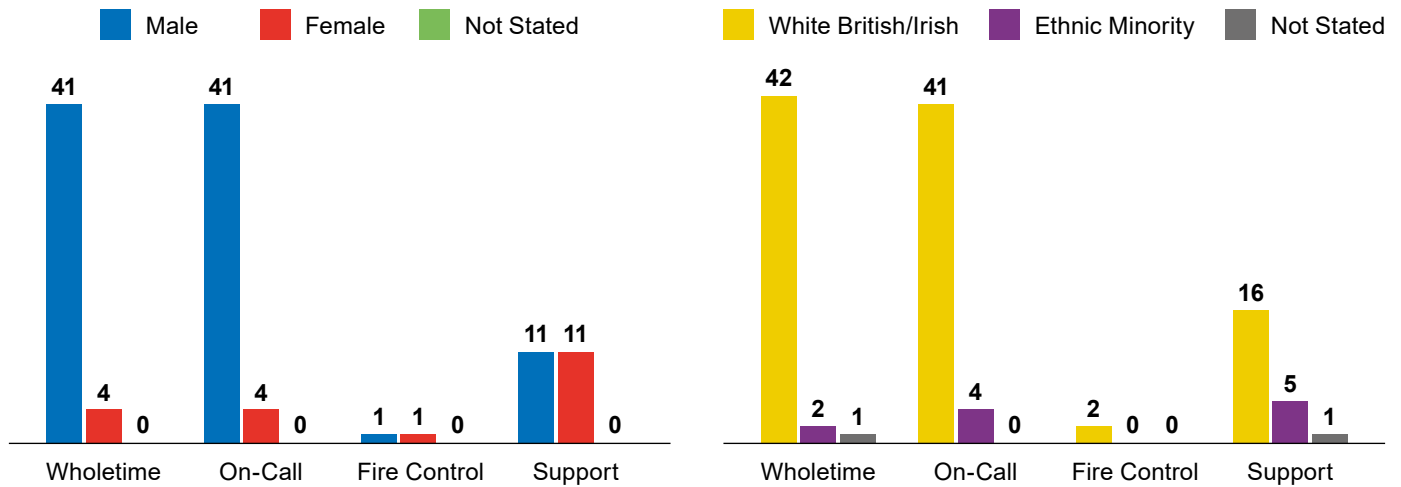
New Appointments 2021/22

We define new appointments as those successful in securing a new role with HWFRS following a selection process. This may include current employees who have secured an internal promotion or a different role, as well as external candidates joining our Service.



New Appointments 2021/22

Sex and ethnicity



Sex

The percentage of new appointments that are women is 18%.

The percentage of women appointed into operational roles at all ranks is 9% which is less than 2020-2021 (14%). The main reason for this difference is we had an increased number of women who were successful in our 2020 Wholetime Firefighter campaign and they were included in last year's appointments figures. We did not run a Wholetime Firefighter recruitment campaign during 2021-2022 which meant intake numbers for new recruits were restricted to On-Call vacancies only.

Our data suggests that male candidates are more likely to pass the Physical Tests stage of the Firefighter Selection Process than female candidates. People (equality) impact assessments on the physical tests have been prioritised for early 2022/23 to propose mitigating actions as appropriate, by each protected group, particularly women.

Appointments for Support vacancies were evenly balanced with regards to sex profile.

Ethnicity

The percentage of new appointments from an ethnic minority background is 10% - an increase of 2% from 2020-2021. This is very positive when compared to the make-up of our local communities as 7% of Herefordshire and Worcestershire residents belong to an ethnic minority.

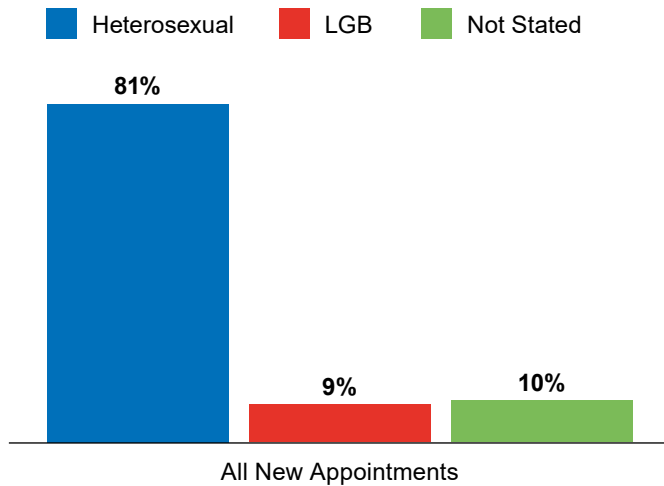
The proportion of new appointments from an ethnic minority in operational roles is 7% (9% for On-Call and 4% for Wholetime). For support staff roles, 23% of those appointed were from an ethnic minority background. 100% of new starters in Fire Control were from a White British/Irish background. However, the actual number of new starters is very small so this percentage looks disproportionately high and should be taken into consideration.

New Appointments 2021/22

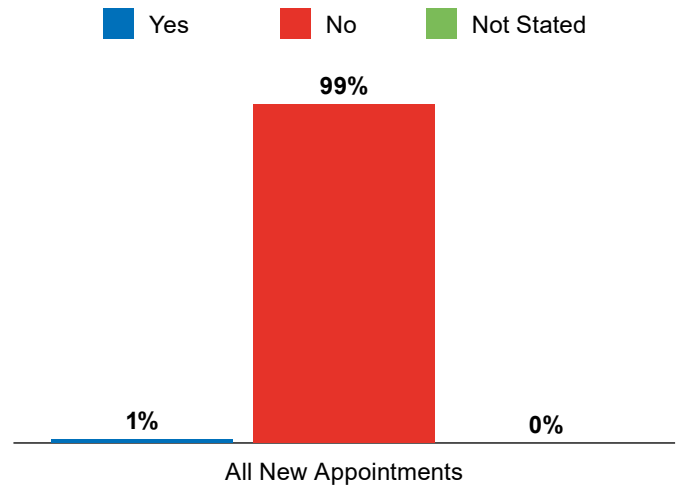
Sexual orientation, disability, religion and belief, and age

9% of new appointments identified as belonging to the Lesbian, Gay and Bisexual community, which is a significant increase from last year's figure of 3%. 2% declared a religion other than Christian and the highest proportion of appointees were aged 25-35 years (46%). The number of appointees declaring a disability remains at 1%. Many people who are neurodiverse e.g. people with dyslexia, do not consider this a disability and therefore this may explain the low disclosure rate.

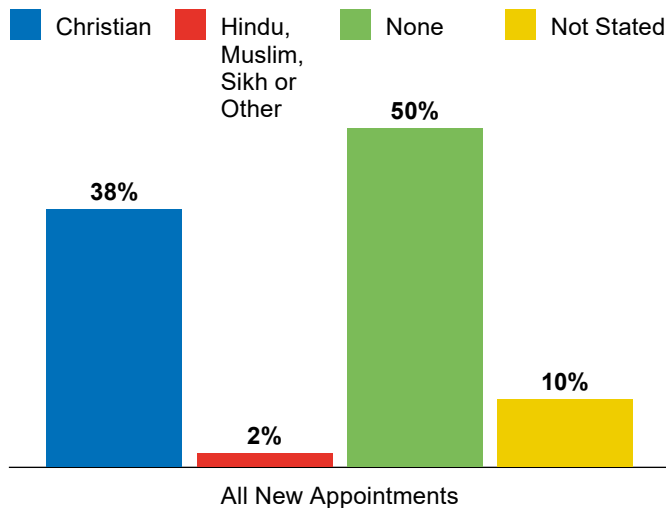
Sexual Orientation



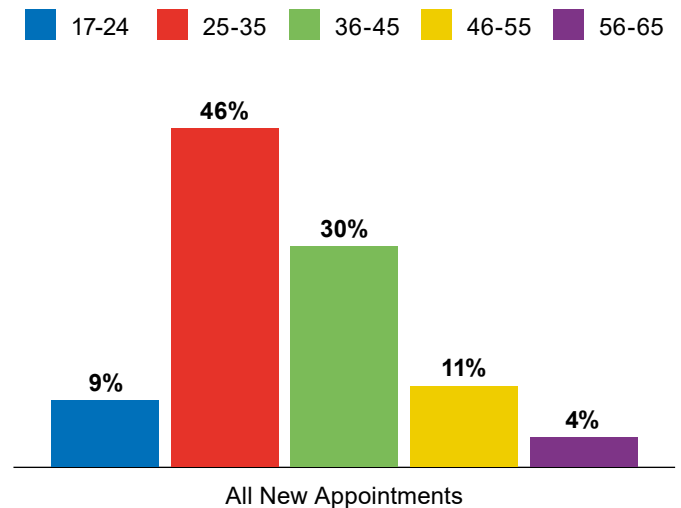
Disability



Religion and Belief

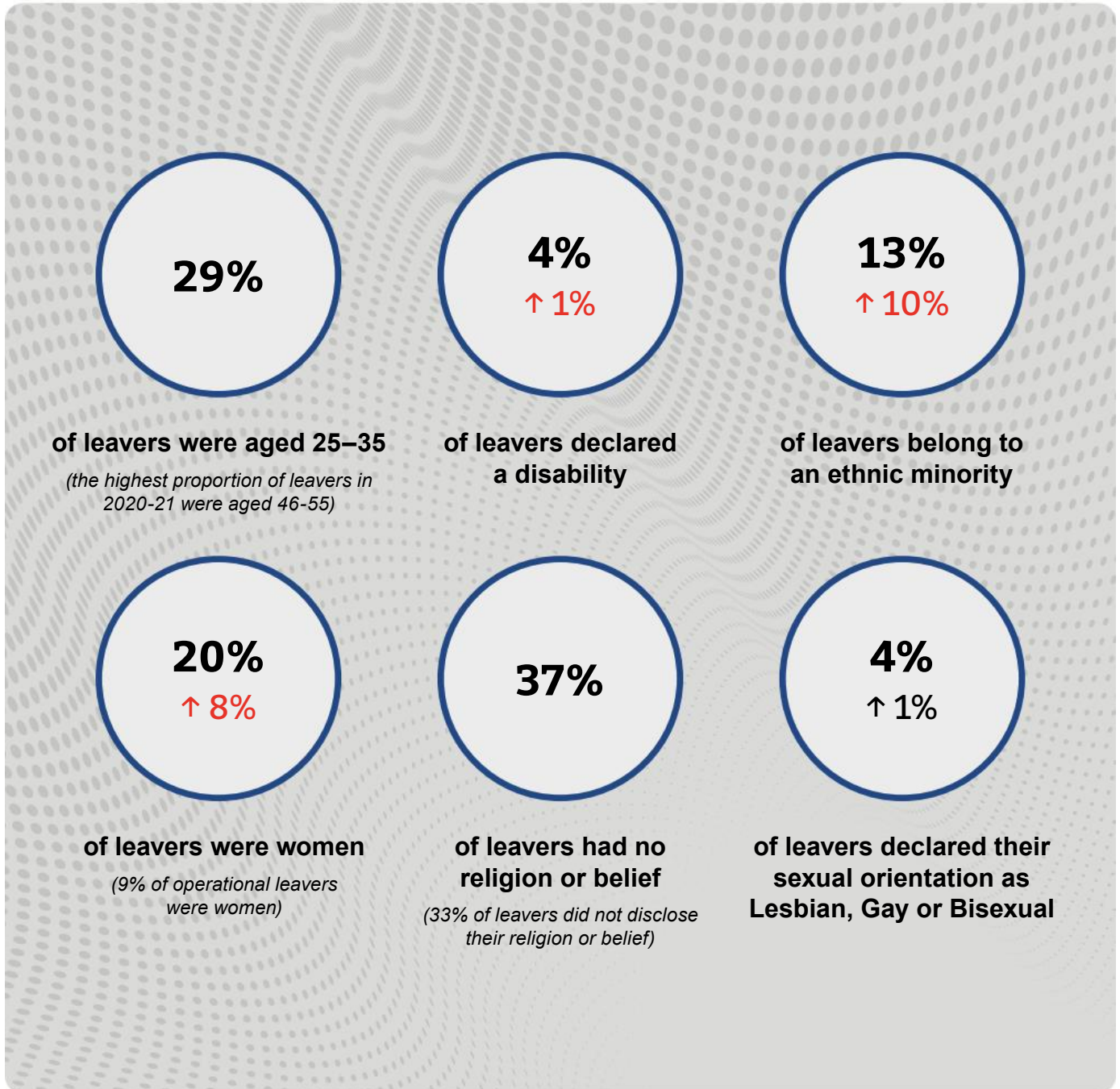


Age



Retention

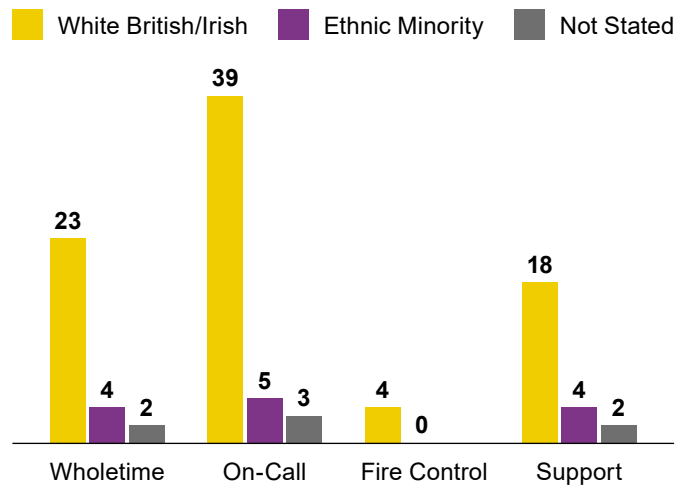
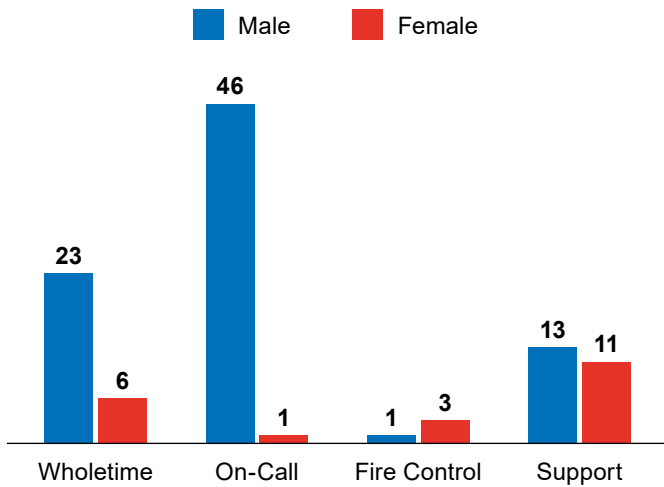
In 2021-2022, 104 employees left the Service. 76 of those were operational staff (47 On-Call; 29 Wholetime), 4 Fire Control staff and 24 Support staff¹⁰. There are a number of factors which may be contributing to an increase in leavers, such as more than double the number of retirements compared to last year, and national challenges relating to pay. An increase in leavers in 2021-22 also appears to be a national trend in FRSs, with a 32% increase in leavers on the previous year across the sector¹¹.



¹⁰ Individuals that ended one of their dual contracts but remained in employment with the Service in another role have been included.

¹¹ Home Office (2022) [Fire and rescue workforce and pensions statistics: England, April 2021 to March 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/fire-and-rescue-workforce-and-pensions-statistics-england-april-2021-to-march-2022)

Retention (continued)



Leavers by sex

In the year ending 31 March 2022, the proportion of women who left the Service is 20%, which is an increase from last year (8%). There was an increased number of leavers overall in the support staff workforce group which has a higher proportion of women, so this may account for the increase.

Of the women who left the Service, 76% resigned, 14% retired and 10% reached the end of a fixed term contract. The overall proportion of females leaving the Service (20%) is slightly higher than the proportion of females appointed to roles (18%). The proportion of women appointed into operational roles (10%) is slightly higher than the proportion of female leavers, which at 9% is the same as last year. Work aligned to our Positive Action Plan will seek to improve the attraction and retention of female operational staff.

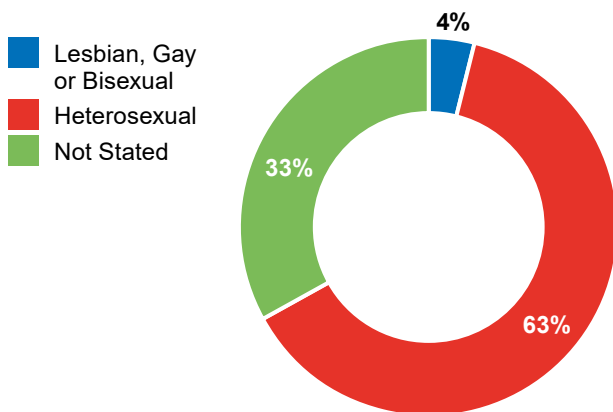
Leavers by ethnicity

81% of leavers were White British/Irish, which has decreased from last year's figure of 91%. Employees from an ethnic minority background accounted for 13% (13 employees) of all leavers, which is a 10% increase from last year. This difference could be attributed to 31% of those staff retiring from the Service.

For this year, the proportion of staff from an ethnic minority leaving the Service (13%) has been higher than the proportion appointed to roles (10%).

7% of leavers did not record their ethnicity – a 1% increase from last year.

Retention (continued)



Leavers by sexual orientation

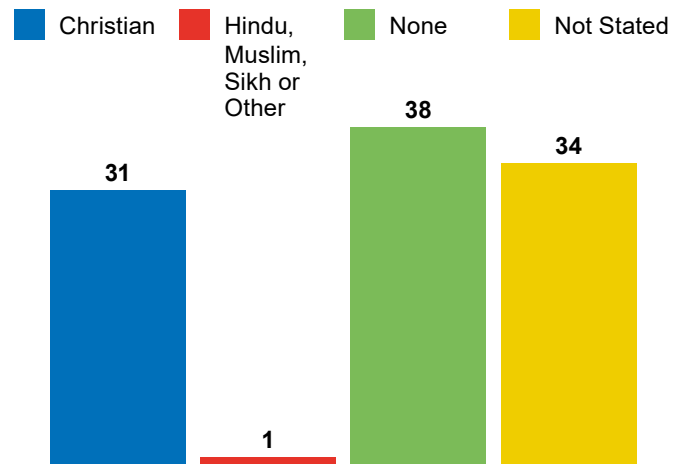
The proportion of staff leaving the Service who consider themselves to be a member of the LGB community is 4%. However, the proportion of new staff who have declared their sexual orientation as LGB is significantly higher – 9%.

Those leavers not disclosing their sexual orientation is 33%. As the declaration rates for staff in post continue to rise, it is likely the declaration rates for leavers will also continue to rise in reflection of this.

Leavers by disability

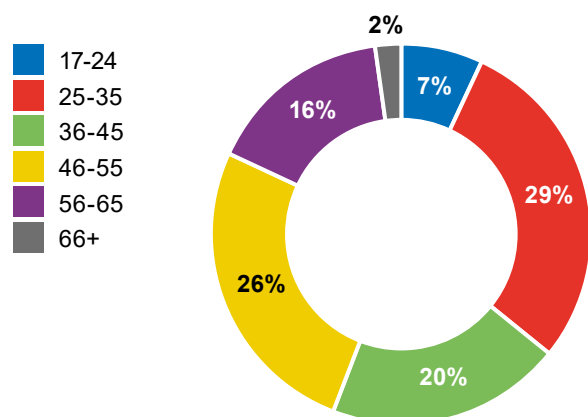
4% of staff who left the Service in 2021/22 declared a disability, which is a continuing increase of 1% each year over the last 2 years. The number of leavers declaring a disability is higher than the number of new starters who declared a disability (1%). As awareness of dyslexia increases in the Service and more staff understand it can be considered a disability under the Equality Act, we may see further increases in overall declaration rates for this protected characteristic.

There were no employees leaving the Service who had not declared their disability status.



Leavers by religion or belief

Employees with no religion or belief accounted for 37% of leavers. Those of the Christian faith accounted for 30% of leavers. 33% did not disclose their religion or belief.



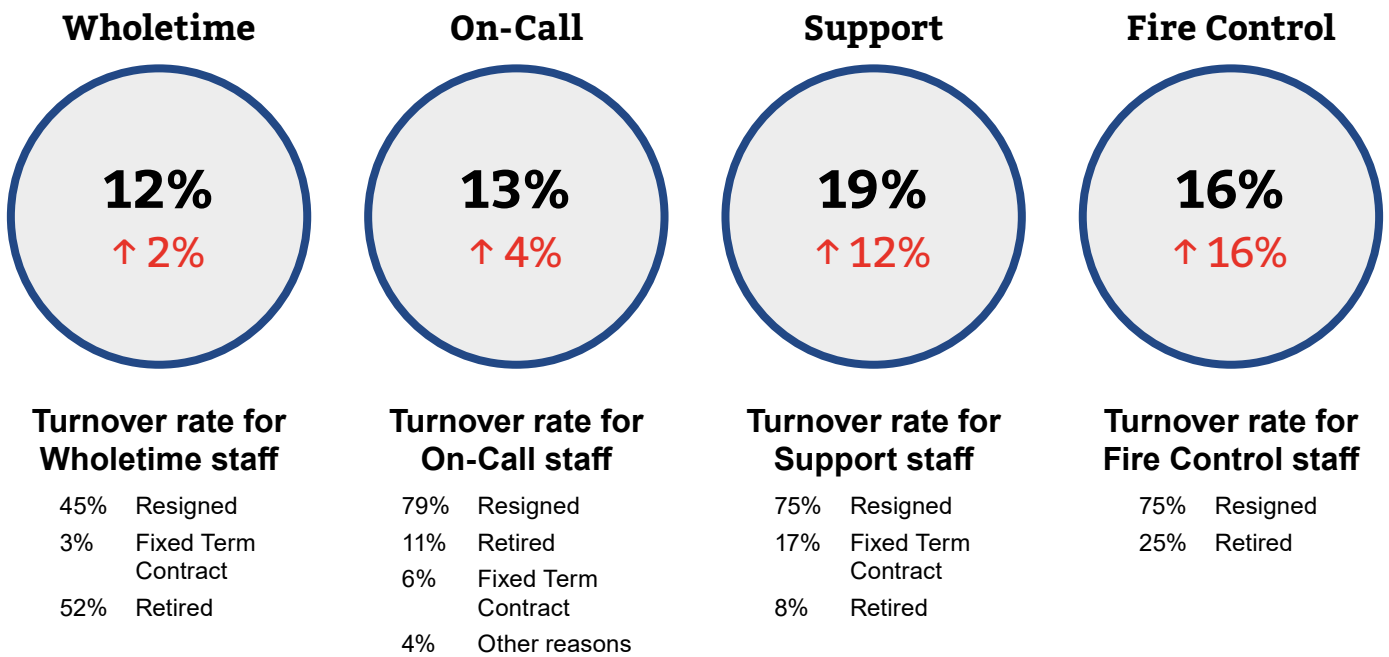
Leavers by age

The largest proportion of leavers were in the age group of 25-35 years. The highest proportion of staff within this age group were from our On-Call workforce and this is reflective of the On-Call workforce age demographic.

Retention (continued)

Turnover¹² and reasons for leaving

Staff turnover has increased over the last year. There were more than double the number of retirements this year (23) compared to last (9), which may be a contributing factor to this increase. 68% of leavers resigned with the highest proportion leaving to take up a role in another emergency service, e.g. fire service or police (21%). After Wholetime leavers, it is Support staff who make up the highest proportion of those leaving to take up a role in another service (21%). 16% of all leavers left within one year of employment; significantly lower than last year (27%). The number of On-Call staff leaving within one year of employment has decreased from 17% to 11%.



Disciplinary and grievances, bullying and harassment

The number of formal Disciplinary and Grievance cases investigated during 2021-22 was numerically very low and therefore for data protection reasons we are unable to report by protected characteristic. No concerns were identified relating to protected groups.

Bullying and Harassment

There were no formal cases of bullying and harassment reported.



¹² Staff turnover refers to the percentage of employees who leave an organisation and are replaced by new employees.

Gender Pay Gap as at 31 March 2022

As an employer with 250 or more employees, we have a duty under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 to publish gender pay gap information relating to our employees. We must publish this information on our external website and a dedicated Government website: gender-pay-gap.service.gov.uk.

The gender pay gap shows the difference in the average pay between men and women in a workforce. There are six calculations as follows:

1. **Mean gender pay in hourly pay** – the percentage difference between the mean average hourly rates of men and women’s pay.
2. **Median gender pay gap in hourly pay** – the percentage difference between the midpoints in the ranges of men and women’s pay.
3. **Mean bonus gender pay gap**¹³
4. **Median bonus gender pay gap**¹⁰
5. **Proportion of men and women receiving a bonus payment**¹⁰
6. **Proportion of men and women in each pay quartile** – calculated by dividing employees into four even groups according to their pay. The upper quartile with the highest level of pay and the lower quartile with the lowest levels of pay.

All staff who were deemed to be full pay relevant employees at 31 March 2022 are included. The figures are based on established contracted posts within the Service and include Wholetime / On-Call Firefighter dual roles and secondary employment contracts.

The salaries of all operational staff (Wholetime, On-Call and Fire Control) are established within the “Grey Book” (terms and conditions) and are standard throughout the UK Fire and Rescue Service. Support staff salary levels are based upon a job description formally evaluated for the role. Annual Pay awards are negotiated nationally.

For our On-Call employees, the average weekly working hours can vary significantly across this workforce group and drastically distort the calculations and so the nationally agreed basic fixed hourly rate of pay is used. It should also be noted that other Fire and Rescue Services may choose to calculate the hourly rate of On-Call and other employees differently and this should be taken into consideration if making direct comparisons.

¹⁰ Individuals that ended one of their dual contracts but remained in employment with the Service in another role have been included.

¹³ We do not pay bonuses to staff and therefore do not provide calculations relating to points 3, 4 and 5 above.

Our Pay Gap Figures

Mean Pay Gap

7% ↑



£14.67



£15.83

Difference: £1.16 per hour

Median Pay Gap

3% ↔



£14.26



£14.72

Difference: £0.46 per hour

The **mean pay gap** shows women on average earn 7% less than men in our organisation (an increase of 1% from last year).

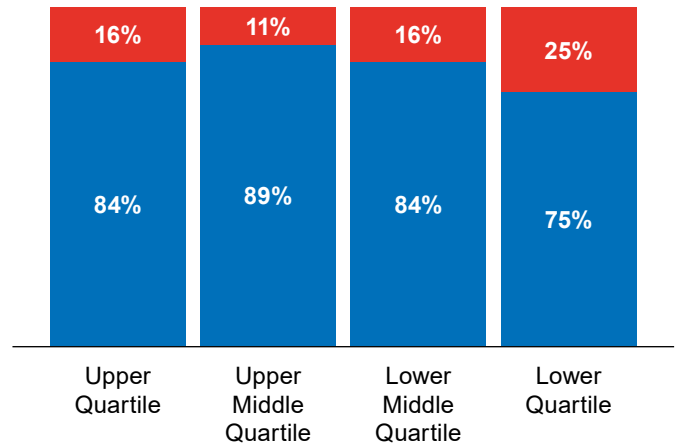
The **median pay gap** shows the midpoint in the range of women's pay is 3% less than the midpoint in the range of pay for men (no change from 2020-21).

We believe the gender pay gap does not arise from paying men and women differently for the same work but is as a result of the roles in which they work and the salaries these roles attract.

Men and women in our organisation undertaking the same role are paid the same. However, there are more men than women in our workforce and essentially more men occupying higher level positions within the Service.

Men and Women by Pay Quartiles

Men Women



Our **pay quartile** data reflects our organisation's current workforce profile – there are a high proportion of men compared to women.

This year, there are small fluctuations in all but the upper middle quartile of pay. Of note is an increase in the proportion of males within the lower quartile (up by 3%). There is a 1% increase in the proportion of females falling within the upper quartile of pay.

We recognise a lack of representation of women in the Fire sector as a whole and continue to drive change through the implementation of our equality objectives and Positive Action Plan.

Contributory Factors

We believe the gender pay gap does not arise from paying men and women differently for the same work but is as a result of the roles in which they work and the salaries these roles attract.

There are some factors which may contribute to our gender pay gap:

- An imbalance in the number of men and women throughout the organisation, particularly women in senior management positions in operational roles, although we have seen the number slowly increasing, signaling positive change in this respect.
- An under-representation of women in operational roles in the Fire sector.
- Within Support roles, women tend to occupy posts within the lower pay scales such as administration, whereas specialist support roles which attract higher rates of pay, such as ICT, tend to be predominately male.
- Women are also more likely to take time out of the labour market to raise children which may delay career progression, contributing to a lack of representation of women at higher levels.



Closing the Gap and Our Future Equality Work

Our ambitions to create a more inclusive organisation are set out in our [People Strategy](#) and the focus continues through the implementation of our [Equality, Diversity and Inclusion Plan](#) and our [Positive Action Plan](#).

Despite pandemic restrictions being in place during this year, work within our plans continued apace. We were able to demonstrate support and positive encouragement for our female workforce with our first ever online event and the work aligned to our strategic equality objectives has gained momentum.

Over the next year we will focus on the following areas:

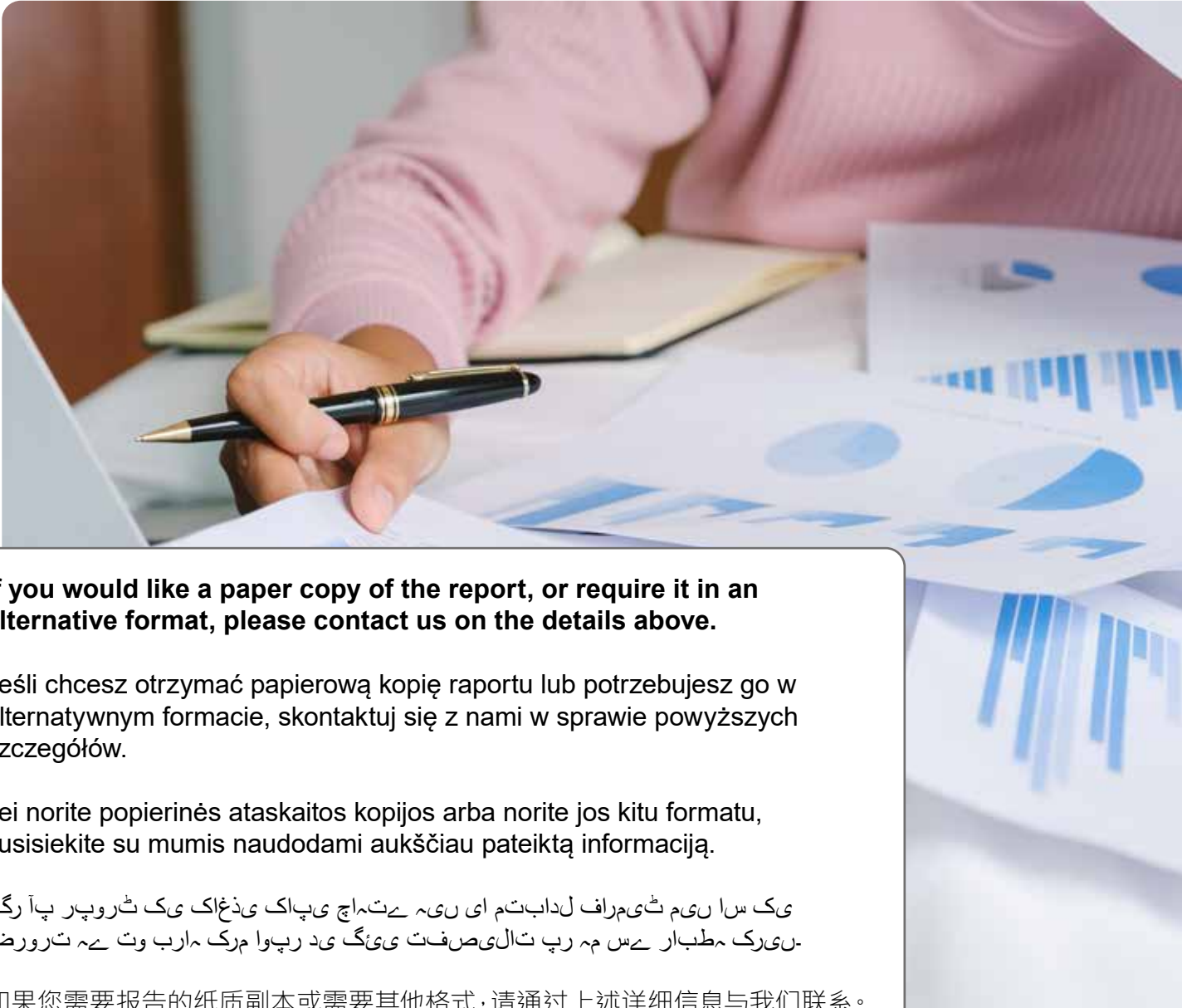
- Embedding the importance of diversity and inclusion, and the wider links to the Core Code of Ethics.
- Positive action to encourage and support women to consider a career in the fire service.
- Continuing to seek opportunities for engagement with minority groups in our communities.
- Promoting and supporting our staff networks so that they can continue to develop and grow.

Conclusion

We are pleased with the work which has been done in embedding the importance of equality and inclusion across our organisation. With the challenges of the pandemic behind us, we will work hard to promote our organisation as an inclusive employer to our communities in order to continue improving the diversity of our workforce, but also to promote the services we offer to everyone.

Further information on our equality, diversity and inclusion work can be found on our website: www.hwfire.org.uk. Our Equality, Diversity & Inclusion Officer can also be contacted at info@hwfire.org.uk and we welcome any feedback you may have on this report.

All published documents on our website work well with Google Translate, enabling the content to be accessed in languages other than English.



If you would like a paper copy of the report, or require it in an alternative format, please contact us on the details above.

Jeśli chcesz otrzymać papierową kopię raportu lub potrzebujesz go w alternatywnym formacie, skontaktuj się z nami w sprawie powyższych szczegółów.

Jei norite popierinės ataskaitos kopijos arba norite jos kitu formatu, susisiekite su mumis naudodami aukščiau pateiktą informaciją.

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Equality Objectives Progress Update: Q1-Q2 2022 – 2023

Our Organisation – Leadership and Corporate Commitment				
Objective	Action	Performance Measure	Progress Update	RAG
<p>Our leaders will provide visible leadership to ensure our people, our partners and our communities see the personal commitment to inclusion</p> <p>We will maximise the transparency of our organisation so our activities can be scrutinised and we can be held accountable</p>	<ul style="list-style-type: none"> Strategic Leadership Board (SLB) Equality objectives: SLB to set measurable Equality objectives for 2022/2023. 	<ul style="list-style-type: none"> Objectives reviewed and outcomes published in Bulletin and website. 	<p>SLB have set their own equality objectives to demonstrate their personal commitment to mainstreaming diversity and inclusion practices across the organisation. These are reviewed on a regular basis and progress communicated to the wider workforce.</p> <p>The Director of Prevention & Assets attended the Asian Fire Service Association (AFSA) Summer conference in June 2022 along with a cross-section of staff, and SLB members have contributed to staff bulletin articles about Ramadan and our attendance at local Pride events.</p>	Green
	<ul style="list-style-type: none"> People Impact Assessments (PIAs): Review current process and guidance. Establish Quality Assurance process. Deliver workshops. PIA available for scrutiny on our intranet. 	<ul style="list-style-type: none"> All key decisions, policies and processes are supported by an EIA and published on the Service website, leads to positive outcomes for protected groups. 	<p>Two in-house training videos, a toolkit and process have been established and are regularly used by staff and managers. Input on PIAs is included in the training for Station Prevention Champions to link into the need to understand our communities. Bespoke input and support for departments and teams in the Service is available on request. In liaison with the Performance & Information team, a quality assurance process has been established for PIAs accompanying Service policies.</p>	Green
	<ul style="list-style-type: none"> EDI Policy: Develop overarching EDI policy 	<ul style="list-style-type: none"> Policy published and understood. 	<p>EDI policy draft to be amended to align with Core Code of Ethics and is due to be published in January 2023.</p>	Amber
	<ul style="list-style-type: none"> Equality & Gender Pay Gap Reporting: Complete report and publish results. Communicate results and future actions to staff and community. 	<ul style="list-style-type: none"> Analysis informs specific actions to help reduce the gender pay gap. 	<p>Report for 2021-22 presented at SLB in November 2022 and is to be approved for publication at the Audit and Standards Committee meeting in January 2023.</p>	Green

Our Communities – Understand, engage and build good relationships				
Objective	Action	Performance Measure	Progress Update	RAG
<p>We will better understand our communities by ensuring we put in place systems that enable the collection, collation and analysis of community data and information.</p> <p>We will enhance our engagement with our communities to foster good relationships and understand community priorities</p>	<ul style="list-style-type: none"> Promote accessible services to specific communities: e.g. the Emergency SMS Service for deaf and hard of hearing community to report fire emergencies and incidents. 	<ul style="list-style-type: none"> Positive feedback gathered from protected characteristic groups in the community. 	<p>Senior Technicians within the Prevention team have links with local partners and promote accessible services to specific communities as appropriate.</p> <p>The new Home Fire Safety Visit leaflet has been produced in large print for those who have a sight impairment. It has also been produced in other languages which are predominant within our communities.</p> <p>NFCC Equality of Access documents are being fully utilised by the Prevention Team who focus on specific topics each quarter, supported by the EDI Officer.</p>	Green
	<ul style="list-style-type: none"> Communities at greater risk: Enhance data collated regarding communities at greater risk. 	<ul style="list-style-type: none"> Our communities are better protected from preventable risks. 	<p>National statistics are available through the NFCC Equality of Access documents for protected groups. Local analysis of data undertaken by Prevention and P&I Team. The Senior Technicians in the Prevention team have been working on relevant action plans, with support from the EDI Officer.</p> <p>The Prevention team has adopted the NFCC Person-Centred Framework, which allows for the collection of standard national data, including ethnicity, age, specific vulnerabilities. We anticipate the full release of Census 2021 data and topic summaries which are due throughout November, December and early 2023 which will allow us to update our data.</p>	Amber
	<ul style="list-style-type: none"> Community events: Active participation in events e.g. local Pride events, etc. as a recruitment/outreach opportunity. Incorporate into Station campaign calendars with rationale behind why Service is supporting; demonstrating how we champion inclusion locally and promote safety messages to specific groups. 	<ul style="list-style-type: none"> Increased attendance and participation at events. Positive feedback gathered from protected characteristic groups in the community and workplace. 	<p>Local Pride events at Bromsgrove, Malvern and Worcester have been supported with the opportunity fully utilised to promote working for the Service and our HFSV offer.</p> <p>Notable EDI events are incorporated into the NFCC campaign calendar which is shared with Stations. This will continue to be done annually.</p>	Green

	<ul style="list-style-type: none"> Community groups: Develop and maintain a central list of community groups for engagement and consultation purposes. 	<ul style="list-style-type: none"> Up to date list of contacts developed and utilised. Local priorities are shaped through partnership and community engagement. Groups are consulted on equality plans, recruitment messages, etc. 	A directory of community group contacts is in development and is due to be completed within Quarter 3 2022-2023. This will be shared and maintained with Senior Technicians in the Prevention team to aid engagement with protected groups.	Amber
Our People – Develop, engage and understand				
Objective	Action	Performance Measure	Progress Update	RAG
We will develop our people to better understand diversity and inclusion	<ul style="list-style-type: none"> Values / Code of Conduct: Develop guidance for inclusive behaviours to outline expectations of how staff can expect to be treated and how they should treat others. 	<ul style="list-style-type: none"> Discipline, grievance and attendance levels demonstrate staff feel more included in the workplace. 	A Gap analysis has been conducted against the Core Code of Ethics Fire Standard and the Service's Ethical Framework & Code of Conduct. The organisational sponsor is the Director of Prevention and Assets. A Core Code of Ethics Steering Group has been established to embed the Code and the first meeting took place in December 2022. A People Strategy objective for 2022-2023 is to source an external provider to deliver a Service-wide inclusion training programme. A provider has been identified following a tender process, and training is scheduled to commence in April 2023.	Amber
<p>We will create an inclusive culture where our people feel able to be themselves</p> <p>We will better understand our workforce composition through our workforce data</p>	<ul style="list-style-type: none"> EDI Allies: Develop this staff network and produce TORs, training, events/workshops, etc. 	<ul style="list-style-type: none"> Learning shared amongst Allies and the wider workforce. 	<p>Updates are shared with group members on a regular basis, including events such as NFCC "Lunch and Learns".</p> <p>An EDI Ally attended the AFSA Summer Conference to share learning and best practice.</p> <p>There may be opportunities to further develop EDI Allies as part of the Service-wide inclusion training programme and this will be explored within the rollout.</p>	Green
We will put in place effective strategies to enable engagement with our staff and networks to continue to develop an inclusive culture	<ul style="list-style-type: none"> Reasonable adjustments: Review guidance available to staff and managers. 	<ul style="list-style-type: none"> Updated information available to managers and staff. 	A Practical & Reasonable Adjustments Toolkit has been drafted to support line managers and staff in addition to the information already available on SharePoint. A newly formed Neurodiverse Staff Network, which is growing in membership, will be asked for their feedback on the toolkit before it is published. The process of seeking advice and support for reasonable workplace adjustments is now established and working well. This is due to be completed in Quarter 4 2022-2023.	Amber

Our Partners – Working together				
Objective	Action	Performance Measure	Progress Update	RAG
<p>We will work with external partners to develop strategies that enable effective service provision to our communities</p> <p>We will collaborate across our own business functions and staff networks to better build equality and inclusion into our planning, policies, processes and practices to ensure inclusion and our values are at the heart of everything we do</p>	<ul style="list-style-type: none"> Equality groups: Establish/develop relationships with local, regional and national EDI groups and bodies e.g. Worcestershire Equalities Group 	<ul style="list-style-type: none"> Greater engagement and consultation with equality groups. Resources, skills and expertise are pooled to deliver equality outcomes. 	<p>Our EDI Officer is a member of regional and national EDI groups.</p> <p>Engagement continues with local groups e.g. North Worcestershire Hate Crime Partnership and Herefordshire Addressing Hate Crime Partnership and this has been useful in understanding issues and gaining contacts.</p> <p>Staff from our Women's network and our Neurodiverse Staff Network were invited to attend the AFSA Summer Conference to gather and promote learning to colleagues. Each one who attended found it a valuable, useful and inspirational experience.</p>	Green

Report of the Assistant Director - Prevention

Update on the Prevention Cause of Concern

Purpose of report

1. To provide an update on the Service's progress against the Cause of Concern issued by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in relation to Prevention Activity.
-

Recommendation

It is recommended that the update on the Service's progress against the Cause of Concern in relation to Prevention activity is noted.

Introduction and Background

2. Following the issuing of the Cause of Concern in June 2021 for its Prevention activity, the Service provided the Inspectorate with an action plan setting out how the issues would be addressed.

Progress

3. The Prevention Improvement Panel (PIP), was created in July 2021 to support and discharge the action plan. The PIP has evolved in to a monthly Prevention Strategy Meeting and a process for reviewing all areas of the completed action plan has been put in place.
4. The Prevention team have been actively liaising with partners to promote the Home Fire Safety Visit (HFSV) to develop partnership working arrangements for example, attending COVID vaccination booster clinics to generate HFSVs.
5. Work is progressing to review the definition of risk in the community. The Definition of Risk for Dwelling Fires and Road Traffic Collisions will be published on the Service website in the near future.
6. The NFCC Home Fire Safety Check Online Tool has generated 200 visits. Teams are promoting this across the partnership network and via local media and social media platforms.
7. The Prevention team are continuing to focus on embedding The NFCC Person-Centred Framework (PCF) with the Station Prevention Champions

being the main point of contact to communicate prevention aims and information.

8. The Service has invested in various Prevention initiatives, such as the Young Citizens Challenge and equipment for Service Volunteers.
9. All Prevention activities will continue to evolve and align with the NFCC Fire Standard for Prevention and general feedback from HMICFRS.
10. Between 22 November and 24 November 2022, the Inspectorate revisited the Service to talk with relevant people, to assist with triangulating evidence and to review the systems and processes in place following the issuing of the Cause of Concern.
11. A hot debrief was held on 2 December with the Chief Fire Officer, Andy Groom and Damian Henderson from HMICFRS. The debrief focused on the initial findings following the revisit but did not give a clear indication as to whether the Cause of Concern has been discharged.
12. At the debrief, it was felt that there is generally a positive direction of travel in relation to the areas under review. This included the Cause of Concern action plan being comprehensive and being advanced by the PIP. It was considered that Prevention is now a strategic priority with a Prevention Strategy in place which is regularly reviewed with and that a Definition of Risk has been developed.
13. It was acknowledged that the Service have invested in the Prevention structure and other key areas and that operational crews and Prevention staff are actively engaged in the journey with allocated targets for outputs.
14. There were also some items of further development highlighted, such as further developing the scrutiny and monitoring of targets, further work to be done on embedding some of the initiatives with the help of the Station Prevention Champions and working with the crews to help them to better understand vulnerability and risk.
15. It is hoped that the Service will receive the outcome of the revisit in early January 2023.

Conclusion/Summary

16. This paper presents an update on the Service's progress to date to discharge the HMICFRS Cause of Concern in relation to Prevention.

Corporate Considerations

<p>Resource Implications (identify any financial, legal, property or human resources issues)</p>	<p>Additional resources have been approved to provide sustainable prevention services. Various departments to be included in this area of work.</p>
<p>Strategic Policy Links (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, which in turn supports delivery of the Community Risk Management Plan (2021-2025).</p>
<p>Risk Management / Health & Safety (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>Consultation (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.</p>
<p>Equalities (has an Equalities Impact Assessment been completed? If not, why not?)</p>	<p>An impact assessment will be completed as required.</p>
<p>Data Protection Impact Assessment (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>

Report of Director for Response & Protection

Update on the Activities of the Women@HWFire Group

Purpose of report

1. To provide an update on the work of Women@HWFire.
-

Recommendation

It is recommended that the activities of the Women@HWFire group since it was set up in 2019 be noted.

Introduction

2. Set up in October 2019, Women@HWFire was originally launched to enable HWFRS management, at all levels, to truly explore and understand the experiences and challenges of being an operational woman as a minority group within the fire service both locally and nationally.
3. The group set out to improve these experiences and work with various Service departments to overcome any identified barriers, resulting in a number of positive outcomes. The ultimate aim has always been to contribute towards the Service's equality, diversity and inclusion agenda.
4. In 2020, the group encouraged and invited women from across the Service to be involved in discussions about shared topics affecting female staff from all areas, e.g. support staff colleagues as well as operational female members of staff.
5. Promoting and developing inclusion is a responsibility for all staff at HWFRS and in 2021 the group encouraged male colleagues to join Women@HWFire to support the aims of the group and to act as allies in addressing issues and creating a positive experience for all staff/employees. Women@HWFire will always champion a safe arena for women to talk about issues affecting them, but also believe that inclusion needs a cohesive approach, taking everyone on the journey.

Achievements

6. Since it was first established, the following achievements and work have been delivered to support HWFRS by Women@HWFire:

2019:

- December 2019 – Positive action event at the Worcester Warriors Sports Ground.

2020:

- Promotional video produced as a positive action initiative, encouraging women to apply for the wholetime firefighter recruitment programme.
- Women@HWFire actively supported the 14-week Female Fitness Programme; this included contacting candidates and offering support with fitness preparation.
- Women@HWFire liaised with Training Centre to ensure there was a mix of male and female assessors present at physical testing days.
- Input on Station Welfare Facilities to support the Property Programme.
- Supported school careers events to highlight the role of a firefighter to female school leavers.
- Attended Worcestershire Skills Show to promote female roles as a career choice within the fire service.
- Attended AFSA 'Women Advancement and Empowerment in the Workplace'.
- Attended NFCC 'Making the Difference' conference.
- Created and supported a buddy scheme initially targeted at new female operational recruits.

2021:

- Input on Women@HWFire was given to all new firefighter recruits from this point on; this was delivered by a member of the network for each intake.
- Members supported an International Women's Day Bulletin Feature, highlighting the contribution and experience of female staff.
- Attended 'Choose to Challenge Workshops' hosted by Women in the Fire Service, returning with feedback and recommendations to contribute to future in-house workshops.
- Supported the focus groups set up to review the Service's new 'Equality Objectives'.
- Reviewed and revised the operational welfare packs held on frontline appliances.
- Supported Operational Logistics with a review of PPE – in particular, the size of Incident Commander tabards to better meet the needs of both male and female members of staff. The availability of smaller sized kit for firefighter physical tests was also improved.
- Supported the review and provision for Station workwear.
- Supported skills development by running incident command practice sessions for members.

2022

- Supported Operational Logistics with a review of maternity wear provision for operational female staff.

- Four members from the group have been nominated to attend the national 'Women in the Fire Service' event being held at the Fire Service College.
- Delivered an online event called 'Challenges to Progression' attended by the Chief Constable from West Mercia Police and the Chief Fire Officer of West Sussex Fire & Rescue Service.
- Reviewed Incident Ground Welfare Facilities.
- Involved in a schools' initiative, presenting a 'challenge' to be resolved, in liaison with Worcestershire County Council Careers Department to promote the modern firefighter role, with the added benefit of also promoting safety messages. The intention is to approach Herefordshire County Council Careers Department after a pilot in Worcestershire.

2023

Work planned for 2023, includes the following: -

- Being involved in the review of the Service's Menopause Guidance; the review will coincide with 3 menopause workshops that have been set up for women in the Service (almost 50 female staff requested to attend)
 - Involved in a review of the Maternity Policy
 - Reviewing flexible working arrangements on offer for female operational staff in particular
 - Actively supporting the inclusive recruitment initiatives planned as part of the 2023 wholetime recruitment process
7. The group has been influential in a wide range of work that cuts across a number of departments and many work areas, with a key driver being to create a more inclusive workplace and workforce. An important component of our 'People Strategy' is to 'recognize and demonstrate equality and diversity in our workforce and through our activities'.
 8. The work delivered by Women@HWFire supports and delivers against targets laid out in the People Strategy by:
 - i) Driving positive action to improve our workforce diversity.
 - ii) Providing ongoing professional development opportunities for enhancing managerial leadership.
 - iii) Supporting our culture and values and building upon the NFCC Core Code of Ethics.
 9. This work has been primarily driven by the Chair of the group, Station Commander Deb Davies, supported by the Equality, Diversity and Inclusion Officer Kathryn Berry and a number of other key supervisory and middle managers. Therefore, I would like to place on record my thanks to all involved for driving our agenda forward and building a more inclusive environment for all staff, present and future.

Conclusion/Summary

10. The work delivered by Women@HWFire demonstrates our organisational commitment to supporting under-represented groups within HWFRS. The value it has added to multiple areas of work, and the influence it is having on the changing

profile in operational and support staffing managerial roles across the Service. The group remains committed to driving diversity within HWFRS as an organisational priority.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Small budgetary support for conferences, etc
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	Delivers and supports objectives set out in the People strategy
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	N/A
Consultation (identify any public or other consultation that has been carried out on this matter)	Representative body engagement is carried out when necessary
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	Not required – update paper
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	N/A

Report of the Deputy Chief Fire Officer

Health and Safety Committee Update: April to June 2022 (Quarter 1)

Purpose of report

1. To provide the Audit and Standards Committee with 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 2022 (Quarter 1); and*
- (iii) *Workforce Health & Wellbeing performance (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 2022-2025.
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 Deputy Chief Fire Officer and last met on 22nd June 2022.
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.

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 standards across the Service.

The Group are meeting regularly, ensuring actions are monitored and implemented at the earliest opportunity.

Health & Safety Initiatives Update

National Activities

5. The NFCC have issued minutes of a meeting held on 8th March which promoted a number of HWFRS local reviews listed below:
 - Removal of guidelines
 - PPE contaminants
 - H&S management system software
 - Working at height rope specifications
 - Living with Covid
 - Fitness Policies

In addition to these, West Midlands DCFO will be temporarily taking over chairing the NFCC H&S meetings.

Regional Activities

6. The next audit of Staffordshire FRS will continue as scheduled in Quarter 2 2022-23 with topics of working at height/ rope rescue and PPE and equipment. The H&S Advisor will disseminate any findings that may be relevant to HWFRS.

HWFRS Local Activities

7. During April the Covid Response Group came together, and managers planned the 'returning to normal' phase. The UK Government removed all restrictions during April 2022, this was communicated across the service. The Service is looking to continue with some control measures focusing on excellent cleaning and hygiene standards whilst ensuring good ventilation becomes standard working practices within risk assessments to ensure workplaces and work activities are assessed to prevent the transmission of Covid and other infections whilst at work. A further update will be planned for Quarter 2
8. The NFCC National H&S Group and the FBU have looked into the risks associated with contaminants at fire related incidents. The FBU have issued a report produced by UCLAN and HWFRS are undertaking a GAP analysis to ensure current best practices already in place remain up to date. The H&S Advisor has broken down the report into the sections listed below and is working with departmental managers to assure standards are met.
 - Personal Protective Equipment
 - Minimising Contamination at Fire Incidents
 - Returning from a Fire Incident
 - BA Workshops Contamination control
 - Training Centre Contamination Control
 - Vehicle Contamination
 - Health Screening
 - Training and Awareness

9. Following an increase of alternative fuelled vehicles on our roadways impacting on incidents that we attend, HWFRS has increased the level of information available to crews. Additional training, policy and handbook files updates are being created/reviewed to support operational assurance.
10. The national H&S NFCC Group met to discuss the use of guidelines. This item of equipment has been considered to be out of date with modern H&S working practices when linked to operational firefighting scenarios and there may be more suitable alternatives to retracing the direction of travel through a structure. HWFRS are now reviewing this item of equipment, along with its working practices, and an update will be provided at a future meeting.
11. Following a safety event in Devon & Somerset FRS, an issue identified that a number of ropes were marked up incorrectly. The lead working at height instructor from Training Centre and lead from Operational Logistics carried out an initial review of our equipment, update to follow.
12. Of the current 27 Health & Safety Policies there are 5 under scheduled review, which include:
 - Health & Safety Policy (minor amendment consultation phase)
 - Management of Contractors (minor amendment consultation phase)
 - The Production of H&S information (minor amendment consultation phase)
 - Major Event Response Protocol (Death in Workplace) (working group review) draft policy has been created to align HWFRS with Shropshire FRS which will be consulted on during Quarter 2
 - The Misuse of Alcohol and Substances (under review with HR)

These policies will be reviewed in line with legislative and sector best practices and will undergo formal consultation across the organisation, where required, prior to publication.

13. 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, 321 risk assessments were reviewed, and 37 new risk assessments were created.

Figure 1 – Risk Assessment Database

Location	Quarter 2 (21/22)		Quarter 3 (21/22)		Quarter 4 (21/22)		Quarter 1 (22/23)	
	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	85	5	97	12	91	7	87	7
South District	109	18	78	4	79	8	75	6
West District	89	20	66	10	88	15	112	21
Training Centre	44	2	20	0	52	1	32	1
Others	24	2	18	1	4	0	15	2
Total	351	47	279	27	314	31	321	37

H&S Working Group activity updates

14. The group is progressing the identified action points against the Death in the Workplace analysis. Training of welfare officers is being provided throughout 2022. The final steps are now in progress including the review and updating of MERP.
15. The group has identified several areas of work required in order to implement the new Fitness policy, which is under development/consultation in order to promote fitness across the Service. During Quarter 3 the draft policy will be circulated for consultation. New equipment has been purchased for stations and will be delivered during Quarter 3.

Quarter 1 Performance Report

16. Appendix 1 provides details relating to all safety events reported and investigated during Quarter 1 of the 2022-23 reporting year (April to June).

The total number of safety events reported in Quarter 1 decreased by three compared to the previous quarter 40 to 37. The most significant decrease was in the vehicle collision category which decreased by five & exposure which decreased by three.

17. During the period, there has also been a slight increase in Personal Injury and Violence reported events (+1). The category with the largest increase this quarter is Near Hits/Cause for Concern (+5).
18. One injury has been reported to the Health & Safety Executive (HSE) under the RIDDOR regulations, due to it being a dangerous occurrence requiring a hospital visit.
19. Two basic specialist investigations occurred relating to a personal injury and a near hit/cause for concern.

20. The data and trend analysis will be continued to be reviewed by the H&S Department. A schedule training for the 2022-23 year with a focus on additional manual handling train the trainer courses.

Workforce Health & Wellbeing Update: Quarter 1 2022-23

National Sickness data

21. Information is unavailable at the time of writing as the Cleveland Report reporting timeframes do not consistently align with the Health and Safety Committee meeting schedule. This information will be considered when available.

HWFRS Sickness data and activity

22. Appendix 2 (Performance Overview) provides data relating to all sickness absence by workforce group and main causes of sickness absence in Quarter 1.
23. In comparison to Q4, there has been an increase in total days/shifts lost to sickness absence for all staff (Q4 at 1.34 versus Q1 at 2.02). This has been attributed to an increased number of reported cold/cough and influenza type sickness absences (Q4 at 20 occurrences verses Q1 at 40 occurrences). This increase may be attributed to the change in the Service's sickness reporting guidance (amended in May 2022), whereby Covid 19 related absences should be recorded under the 'Respiratory' category, which may explain the rise in occurrences. Previously, the Service reported Covid 19 absences separately.
24. There were 3 main causes of sickness absence:
- Respiratory – cold/cough/chest Infections;
 - Gastro-Intestinal; and
 - Musculo-Skeletal (MSK) – back.
25. Respiratory conditions accounted for 34% of total sickness absence reported during Q1 and mainly within the wholetime workforce group.
26. HR and Health and Safety continue to monitor absence rates and are working proactively with Line Managers to promote safe working/manual handling practices and work in accordance with the Service's Attendance Management Policy as appropriate. The Service will also be promoting the staff flu jab scheme as the autumn months approach.
27. Whilst the Service does not report on On-Call sickness absence for the purposes of the Cleveland Report, during Q1 there were 5 occurrences due to an accident at work, 2 relating to long-term sickness cases, 1 MSK case was offered support through Occupational Health (OH) and physiotherapy yet this support was declined, 1 received support through the CIST team, and 1 case

was an MSK injury that was self-certified, and the employee did not require any further support.

Health Management data and activity

28. Appendix 2 (Health Management) provides data relating to OH referrals in Q1. There were 33 new management referrals made to OH in Q1, compared to 35 management referrals made in Q4.
29. The top reasons for referrals to OH related to MSK disorders (14 referrals) and mental health (12 referrals) specifically for stress, anxiety and/or depression, which is consistent with previous reporting Quarters.
30. In respect to referrals for MSK disorders, 1 was work related and external treatment was provided. Where appropriate, treatment for MSK disorders includes referrals for physiotherapy via OH.
31. Of the 12 referrals for mental health, 6 employees cited work related reasons. N.B. mental health is not included in work related reporting figures. Overall however, Service data shows the majority of mental health referrals tend to be non-work related.
32. Support is offered for all mental health referrals, including stress risk assessments as part of return to work plans and/or counselling support both through OH and the Service's Welfare Support team. External psychotherapy support has also been explored via the NHS and The Fire Fighters Charity.
33. DCFO Guy Palmer signed The Mental Health at Work Commitment on behalf of the Service in February 2022. To fulfil our commitment, HR and the Welfare Support Team are currently producing an action plan to support the implementation of the six Standards from the Commitment. The deadline for the action plan is the end of October 2022.
34. To meet one of the Standards, the Service is required to produce a case study covering the mental health support provided to staff. The case study has been completed and submitted. It focuses on the tremendous work carried out by the Welfare Support and CIST teams, who provide mental health support and advice to those who are exposed to traumatic incidents and facing difficult situations.

Routine Medical Assessment Compliance and Outcomes

35. Appendix 2 (Routine Medical Assessment) provides medical and fitness data from the Operational Assurance Report for Q1 2022-2023.
36. The medical compliance rate of operational staff has decreased in Q1 compared to Q4. 60% of employees who are required to have an annual medical assessment were in date in Q1, compared to 57% in Q4. 75% of employees who are required to have a 3 yearly medical assessment were in date in Q1, compared to 82% in Q4. 62% of out of date 3 yearly medical

assessments for Q1 were within the 0-3 months category, which is consistent with previous reporting as OH aim to recapture medicals as impacted by Covid19; this 3-month buffer has been temporarily agreed by the Area Commander for Response. The Service is implementing a system to prioritise significantly out of date employees, and maximise the medical clinic bookings. This should result in an increase in the compliance rate in Q2.

Routine Fitness Assessment Compliance and Outcomes

37. The fitness compliance rate of operational employees has increased in Q1 compared to Q4. The Service's Fitness Advisor, HR team, and station local management have worked together to ensure staff with out of date tests attend scheduled fitness tests. This will continue to be monitored and instances of non-attendance escalated to Station Commanders for remedial action.
38. The data confirms that there is a total of 17% of currently tested staff in the 'amber zone' with 83% in the 'green zone'. This indicates a 3% decrease of staff in the amber zone from Q1.
39. A new Fitness Advisor has been appointed with the University of Worcester to provide dedicated support to the Service. Feedback from staff has been positive on the new provision and HR continue to conduct contract review meetings with the University of Worcester on a regular basis.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Contained within H&S budgets and departmental capacity.
Strategic Policy Links (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.
Risk Management / Health & Safety (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.
Consultation (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.
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A

Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	All personal data has been removed from the reports contained within Appendix 1.
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Supporting Information

Appendix 1: Quarter 1 Event Reporting and Summary

Appendix 2: Quarter 1 Workforce Health & Wellbeing Update

Health and Safety Quarterly Report Quarter 1 (April – June 2022) Event Reporting and Summary

1. Overview

In the period of April to June 2022 a total of **37** Health and Safety (H&S) events were reported. They fall into the categories of:

- 11 Personal Injury
- 12 Vehicle Collisions
- 1 Property or Equipment
- 11 Near Hits or Causes for Concern
- 0 Exposure or Contamination
- 2 Violence or Aggression

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, near misses and vehicle collisions were the most frequently reported incidents. The majority of vehicle collisions and personal injuries occurred during operational activities.

	Total	Training	Operational Activities	Routine Activities	Non-Service Related Activities
Total H&S Events Q4	37	8	18	11	0
Personal Injury	11	3	5	3	0
Vehicle Collision	12	1	6	5	0
Property or Equipment Failure	1	0	1	0	0
Near Hit or Cause for Concern	11	4	4	3	0
Exposure or Contamination	0	0	0	0	0
Violence or Aggression	2	0	2	0	0

Table 1: Safety Event Breakdown Q1 2022-2023

By Injury Type

Table 2 identifies three areas to be the main cause of personal injuries; Manual handling, slips, trips and falls and being hit by a stationary object.

Total Personal Injuries	11
Manual Handling	3
Slips, Trips & Falls	3
Hit by Moving Object	1
Hit Stationary Object	3
Burns – Operational	0
Burns – Training	0
Other	1

Table 2: Personal Injury Breakdown Q1 2022-2023

By Vehicle Type

Table 3 highlights that vehicle collisions during this quarter have mostly involved appliances in emergency response, on blue lights.

Vehicle Collisions	Fire Engines		Cars and Vans		Non-Service related
	On blue lights	Off blue lights	On blue lights	Off blue lights	
Total Collisions	6	4	0	2	0

Table 3: Vehicle Breakdown Q1 2022-2023

Vehicle Mileage Statistics

Vehicle mileage statistics for the year 2021-2022 were provided by the Operational Logistics Fleet Department and have been used to predict vehicle mileage for 2022-23. These are summarised in Table 3A below. It can be seen that there were two white fleet safety events out of approximately 175,894 miles driven, which equates to one event for every 87,947 miles driven.

The 10 safety events involving red fleet vehicles were out of approximately 67,202 miles driven, which equates to one event for every 6,720 miles driven.

Fleet	Total Mileage 2021-2022	Predicted Mileage Q1 2022-2023
White Fleet	703,576	175,894
Red Fleet	268,808	67,202
	Totalling 972,384 miles	Totalling 243,096 miles

Table 3A: Vehicle Mileage Statistics Q1 2022-2023

3. Events Requiring Investigation during Quarter 1 (April – June 2022)

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.

Two events reported during Q1 required a Tier Two Basic Specialist Investigation:

1510 - 1 relates to a near hit/cause for concern. During training a firefighter felt faint and shaky. Oxygen therapy administered, water given and clothes loosened. BASIC SI

1511 - 1 relates to a personal injury. During RTC training a firefighter got their hand caught between the cutting equipment and the vehicle. Hospital visit due to possible break. BASIC SI. RIDDOR

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 2022 – June 2022)

During Q1, one RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) report was submitted to the Health and Safety Executive (HSE) as a dangerous occurrence.

1511 - 1 relates to a personal injury. During RTC training a firefighter got their hand caught between the cutting equipment and the vehicle. Hospital visit due to possible break. BASIC SI. RIDDOR

4. Comparison between Quarters and Trend Analysis

Comparison of Events Reported Showing Differences Q1 2021-22 & Q1 2022-23

Table 4 below compares the number of events reported in Q1 2021-22 and Q1 2022-23 for the different categories. For events over the last 12 months, four of the categories experienced a decrease, while one reported an increase.

Overall, event reporting as a whole decreased by nine over the period, with 37 reports in Q1 2022-23 compared to 46 in Q1 2021-22. The decrease was driven by a significant fall in personal injuries.

Event Type	Q1 2021-22	Q1 2022-23	Increase/Decrease
Personal Injuries	18	11	-7
Vehicle Collisions	14	12	-2
Property or equipment	2	1	-1
Violence & Aggression	2	2	+/-
Near Hits	9	11	+2
Exposure / contamination	1	0	-1
Overall	46	37	-9

Table 4: Quarterly Events Reported Q1 2021-22 and Q1 2022-23

Trend Analysis

In summary compared with the previous year, there was a decrease in the number of events reported during Q1 (-9).

The main decrease was personal injuries (-7). The only increase was near hits (+2).

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 four quarters by reported accident type. Q1 figures show a decrease in the number of events reported.

Near hits have the highest increases, with vehicle collisions, property/equipment failure and exposures all decreasing.

	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
Total H&S Events	40	30	40	37
Personal Injury	14	8	10	11
Vehicle Collision	11	12	17	12
Property or Equipment Failure	0	2	3	1
Near Hit or Cause for Concern	8	6	6	11
Exposure or contamination	2	0	3	0
Violence or Aggression	5	2	1	2

Table 5: 12 Month Trend Analysis Q2 2021 – 2022 to Q1 2022 – 2023

Brief Description of all Safety Events

A1. Personal Injury

Of the **37** H&S events reported, **11** relate to the category of Personal Injury. These are described in Table A1 below:

Sub-Categories	Break-down of Injuries in Each Sub-Category
3 events were during routine activities	1497 - 1 relates to a personal injury. Whilst reaching up into the appliance the firefighter misplaced their foot and banged their knee.
	1505 - 1 relates to a personal injury. Whilst working on a vehicle a member of support staff hurt their neck.
	1506 - 1 relates to a personal injury. A member of support staff trapped their finger whilst manufacturing new brackets for a door.
5 events were during operational activities	1481 - 1 relates to a personal injury. Whilst beating uneven ground at an incident the firefighter lost their footing and fell forwards down an incline resulting in a sprained left arm.
	1496 - 1 relates to a personal injury. A crew member cut their hand at an RTC incident
	1500 - 1 relates to a personal injury. A firefighter had to step over the hose whilst ascending a flight of stairs. This resulting in over stretching of the knee.
	1501 - 1 relates to a personal injury. Whilst rescuing a dog the firefighter was bitten on their hand resulting in a puncture wound.
3 events were during operational training	1504 - 1 relates to a personal injury. Firefighter got thumb trapped between two gates.
	1478 - 1 relates to a personal injury. Whilst providing casualty care during a training exercise the firefighter had pain in their lower back.
	1508 - 1 relates to a personal injury. Whilst undertaking WFR training a fire fighter sustained a knee injury.
	1511 - 1 relates to a personal injury. During RTC training a firefighter got their hand caught between the cutting equipment and the vehicle. Hospital visit due to possible finger break. BASIC SI. RIDDOR
	Totalling 11 personal injuries
	25 Calendar Days / 17 Working days lost.

Table A1: Personal Injuries Reported during Q1 2022 – 2023

A2. Vehicle Collisions

Of the **37** H&S events, **12** relate to the category of Vehicle Collisions, which are further described in Table A2 below. All of these events could be attributed to the FRS driver; these events are highlighted in grey. If these collisions occurred whilst responding to an operational incident the category of response has been provided in bold. Driver training have sent out a Bulletin item for crews to familiarise themselves with the 'Banks person' 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	1476 - 1 relates to a vehicle accident. The fire appliance hit a wall and knocked the corner of the wall over.
	1482 - 1 relates to a vehicle accident. On returning to station the crew noticed that the plastic casing and glass on the side mirror was broken.
	1487 - 1 relates to a vehicle accident. Whilst the station car was stopped at traffic lights, the vehicle behind drove into the back of it.
	1509 - 1 relates to a vehicle accident. Whilst driving down a country lane the appliance caught a low hanging branch, resulting in a smashed mirror.
	1512 - 1 relates to a vehicle accident. The appliance caught a parked vehicle whilst driving down a narrow road.
6 events were during operational activities	1477 - 1 relates to a vehicle accident. Whilst driving under a canal bridge the ladder on top of the appliance got caught and snapped off. EMERGENCY RESPONSE.
	1479 - 1 relates to a vehicle accident. Whilst reversing at an incident the appliance struck a stack of bricks and cracked a side light. EMERGENCY RESPONSE
	1483 - 1 relates to a vehicle accident. Whilst driving around a corner the wheel of the appliance struck a metal bollard causing damage to the wheel. EMERGENCY RESPONSE
	1484 - 1 relates to a vehicle accident. The appliance drove down a narrowing road. The wing mirrors had to be pulled in and there were scratches to the appliance. EMERGENCY RESPONSE
	1486 - 1 relates to a vehicle accident. Whilst traveling to an incident the appliance struck an overhanging branch which caused the wing mirror to break. EMERGENCY RESPONSE
1502 - 1 relates to a vehicle accident. The appliance came into contact with a concrete post. EMERGENCY RESPONSE	
1 event was during training activities	1492 - 1 relates to a vehicle accident. Whilst driving down a narrow road the appliance caught a parked car causing damage to the parked car and appliance.
	Totalling 12 vehicle collisions

Table A2: Vehicle Collisions Reported during Q1 2022 – 2023

A3. Property or Equipment Damage

Of the **37** H&S events, **1** relates to the category of Damage to Property or Equipment. These are further described in Table A3 below.

Sub-Categories	Breakdown of Property or Equipment Damage in Each Sub-Category
1 event was during operational activities	1499 - 1 relates to a property/equipment failure. The auto eject facility on the charging lead failed to eject the charging cable correctly resulting in damage to the plug.
	Totalling 1 property or equipment damage

Table A3: Property or equipment damage during Q1 2022 – 2023

A4. Near Hits or Causes for Concern

Of the **37** H&S events, **11** 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
4 events were during training activities	1490 - 1 relates to a near hit/cause for concern. During training the throw bag became detached from the throw line.
	1493 - 1 relates to a near hit/cause for concern. Whilst using the RTC spreaders during training, the spreaders cut out and the battery unit fell off due to four bolts on the battery failing.
	1495 - 1 relates to a near hit/cause for concern. Whilst using the spreaders during RTC training they weren't working correctly as the battery unit was not connected properly. The battery had come out of its housing compartment.
	1510 - 1 relates to a near hit/cause for concern. During training a firefighter felt faint and shaky. Oxygen therapy administered, water given and clothes loosened. BASIC SI
4 events were during operational activities	1489 - 1 relates to a near hit/cause for concern. Mobilisation was delayed to a life critical incident when all call information was lost from the incident log.
	1498 - 1 relates to a near hit/cause for concern. Whilst operating CAFS the coupling attached to the appliance came away.
	1503 - 1 relates to a near hit/cause for concern. All systems on CRS failed. Transferred to fall-back phones and san j radios.
	1507 - 1 relates to a near hit/cause for concern. Whilst turning out of the station a car from the right failed to stop. The driver managed to slow down enough to avoid a collision.
3 events were during routine activities	1480 - 1 relates to a near hit/cause for concern. There were only two officers on duty in fire control when the minimum staffing level is three.
	1488 - 1 relates to a near hit/cause for concern. A portable light fell out of a locker, narrowly missing the firefighter's legs.
	1494 - 1 relates to a near hit/cause for concern. During an incident all radio channels cut out. An appliance had to contact control via telephone to find out why they were getting no response from control.
	Totalling 11 near hits or causes for concern

Table A4: Near Hits or Causes for Concern Reported during Q1 2022/23

A5. Violence or Aggression

Of the 37 H&S events, 2 relate to the category of Violence or Aggression.

Sub-Categories	Breakdown of Violence/Aggression in Each Sub-Category
2 events were during operational activities	1485 - 1 relates to violence/aggression. Whilst extinguishing a fire a group of youths threw a glass bottle against the appliance.
	1491 - 1 relates to violence/aggression. Whilst attending a fire call the crew was subjected to verbal abuse and being threatened with stabbing
	Totalling <u>2</u> violence/aggression events.

Table A5: Violence or Aggression Reported during Q1 2022/23

A6. Exposure or Contamination

Of the 37 H&S events, 0 relate 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.

There was one report 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.

25 potential exposure/contamination incidents were recorded during Q1, involving firefighters. Potential exposure/contaminations are where personnel have been exposed (during training or incidents) to hazardous environments but where appropriate control measures were implemented. For example, when entering open water during training.

Workforce Health and Wellbeing Report Quarter 1 Update (April – June 2022)

1. Performance Overview

All sickness absences Q1 2022-23

Table 1: All sickness absence by workforce group Q1 2022-23

Due to the on-call nature of the Retained Duty System, On-Call absence is not reflected in the below figures.

Days/Shifts lost due to sickness (per person) ¹			
	Short	Long	Total
All Staff	1.31	0.71	2.02
WT	1.18	1.10	2.28
FC	2.45	0.00	2.45
Support Staff	1.34	0.00	1.34

Table 2: Main causes of sickness absence Q1 2022-23

Category	Occurrences
Respiratory - Cold/Cough/Influenza	40
Gastro-intestinal	12
Musculoskeletal – Back	9
Headache/Migraine/Neurological	6
Musculo Skeletal - Upper Limb	6

2. Health Management

New management referrals Q1 2022-23

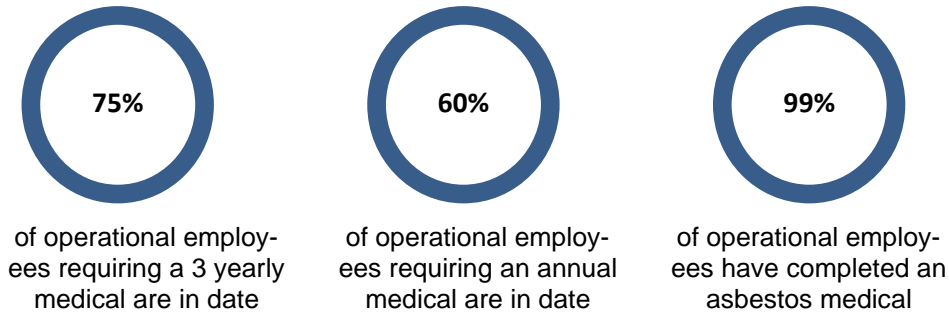
Category	Number of referrals
MSK	14
Mental Health	12
Gastro Intestinal	2
Headache/Migraine/Neurological	1
Long COVID19	1
Infection	1
Hospital/Post-Operative	1
Genito-Urinary/Gynaecological	1
Total	33

Of these referrals, 1 was identified as work-related sickness and 12 were not related to sickness absence as the employee remained in work. Please note that mental health is not counted towards work related figures.

¹ Figures provided by P&I

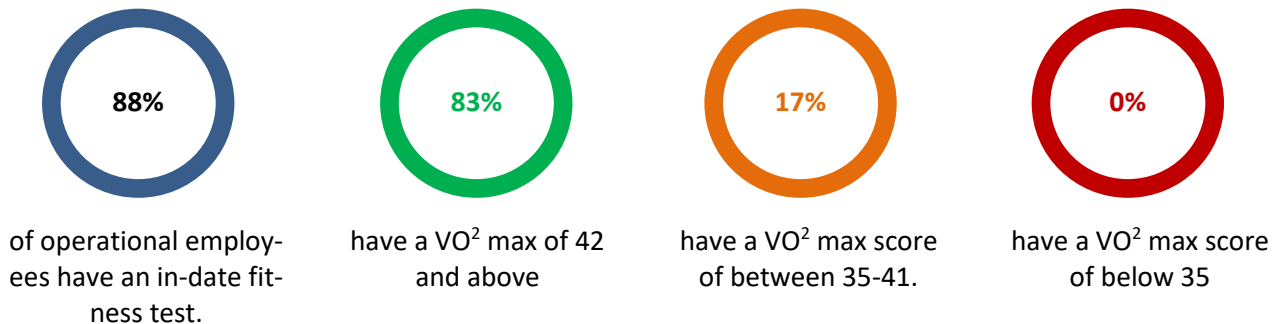
3. Routine Medical Assessment Compliance and Outcomes

The medical data below shows information from the Operational Assurance Report at the end of Quarter 1 2022-2023:



4. Routine Fitness Assessment Compliance and Outcomes

The fitness data below shows information from the Operational Assurance Report at the end of Quarter 1 2022-2023 and is supplemented by management information provided by the Fitness Advisor at the University of Worcester:



Report of Deputy Chief Fire Officer

Health and Safety Committee Update: July to September 2022 (Quarter 2)

Purpose of report

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

Recommendations

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 July to September 2022 (Quarter 2); and*
- (iii) *Workforce Health & Wellbeing performance.*

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 2022-2025.
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 Deputy Chief Fire Officer and last met on 14 December 2022.
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.

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 standards across the Service.

The Group meets regularly, ensuring actions are monitored and implemented at the earliest opportunity.

Health & Safety Initiatives Update

National Activities

5. The NFCC have issued a letter to all Chief Officers laying out the current regulations in relation to working at height. The Operational Policy team will carry out a review and GAP analysis and report back to SLB.

Regional Activities

6. The last regional meeting was postponed and is due to meet in January 2023.

HWFRS Local Activities

7. The Service H&S Advisor has left the Service. A process is ongoing to source and recruit a replacement Advisor; in the interim period, support is available to the Service via Shropshire FRS.
8. Of the current 27 Health & Safety Policies there are 5 under scheduled review, which include:
 - Health & Safety Policy (minor amendment consultation phase)
 - Management of Contractors (minor amendment consultation phase)
 - The Production of H&S information (minor amendment consultation phase)
 - Major Event Response Protocol (Death in Workplace) (Working Group review) draft policy has been created to align HWFRS with Shropshire FRS which will be consulted on during Quarter 3.
 - The Misuse of Alcohol and Substances (under review with HR)

These policies will be reviewed in line with legislative and sector best practices and will undergo formal consultation across the organisation, where required, prior to publication. This area of work is the first priority for the new H&S Advisor.

9. 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 2, 348 risk assessments were reviewed, and 35 new risk assessments were created.

Figure 1 – Risk Assessment Database

	Quarter 3 (21/22)		Quarter 4 (21/22)		Quarter 1 (22/23)		Quarter 2 (22/23)	
Location	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	97	12	91	7	87	7	105	5
South District	78	4	79	8	75	6	80	7
West District	66	10	88	15	112	21	101	21
Training Centre	20	0	52	1	32	1	40	1
Others	18	1	4	0	15	2	22	1
Total	279	27	314	31	321	37	348	35

H&S Working Group Activity Updates

10. The group is progressing the identified action points against the Death in the Workplace analysis. The final step is the completion of the death of an employee guidance so that it can be incorporated into the revised MERP.
11. The group has identified several areas of work required in order to implement the new Fitness Policy, which is under development/consultation in order to promote fitness across the Service. 25 new personal trainers have been trained and will complete their qualifications in early Quarter 4. The Service has worked with other Services including West Sussex to review best practice and develop a robust supportive new policy which is in the final stages of completion to be circulated for consultation in January 2023. New equipment, including treadmills, has been purchased for stations and has been delivered in Quarter 3. Further equipment to support fitness is also being purchased for delivery in Quarter 4.

Quarter 2 Performance Report

12. Appendix 1 provides details relating to all safety events reported and investigated during Quarter 2 of the 2022-23 reporting year (July to September).

The total number of safety events reported in Quarter 2 increased by eight compared to the previous quarter (37). The most significant increase was in the personal injuries category which increased by thirteen.

13. The category with the largest decrease this quarter is Near Hits/Cause for Concern (-4).
14. Two injuries have been reported to the Health & Safety Executive (HSE) under the RIDDOR regulations, due to a dangerous occurrence and a loss of working days.
15. One basic specialist investigation occurred relating to a near hit.

16. The data and trend analysis will be continued to be reviewed by the H&S Department. A schedule training for the 2022-23 year with a focus on additional Manual Handling Train the Trainer courses.

Workforce Health & Wellbeing Update & Performance Overview: Quarter 2, 2022-23

National Sickness data

17. The Cleveland Report (1 April – 30 September 2022) was issued in a draft format on 24 November 2022. The report allows comparison between contributing Fire & Rescue Services across the UK on sickness absence.
18. Nationally, there were 3 main causes of sickness absence for all Fire Services; Musculo-Skeletal (MSK) (30%), Mental Health (18%) and Respiratory (11%).
19. HWFRS is ranked favourably as 21st of the 26 Services who submitted data, at 3.23 days lost per employee. The lowest average was 2.44 days and the highest 10.53 days. The national average is 4.47.

HWFRS Sickness Data and Activity

20. Appendix 1 (Performance Overview) provides data relating to all sickness absence by workforce group and main causes of sickness absence in Quarter 2.
21. In comparison to Quarter 1, there has been a slight increase in the total days/shifts lost to sickness absence for all staff (Q1 at 2.02 versus Q2 at 2.04). This may be attributed to the number of absences related to Respiratory Infections. As previously reported, COVID-19 is now classed as part of a range of respiratory illnesses and is recorded as such for sickness absence reporting purposes. In previous quarters, the Service reported COVID-19 absences separately.
22. There were 3 main causes of sickness absence (see Appendix 1, Table 2):
 - Respiratory – Infection (31%)
 - Gastro-Intestinal (17%)
 - Respiratory – Cold/Cough/Chest Infections (15%)
23. Respiratory conditions accounted for 46% of total sickness absence reported during Quarter 2 out of 106 sickness occurrences, and mainly within the Wholetime workforce group.
24. HR and Health and Safety continue to monitor absence rates and are working proactively with Line Managers to promote health and wellbeing. The Service has promoted the staff flu jab scheme and continues to encourage good hygiene practices and infection control procedures across the Service, to eliminate cross contamination of respiratory viruses. The Service will continue to promote our Occupational Health (OH) service, Health and Wellbeing Portal resources and information to promote healthy living.

Health Management data and activity

25. Appendix 1 (Health Management) provides data relating to OH referrals in Quarter 2. There were 19 new management referrals in Quarter 2, compared to 33 management referrals made in Quarter 1.
26. The top reasons for referrals to OH related to MSK disorders (8 referrals) and headache/migraine/neurological (3 referrals). Referrals for Mental Health decreased in Quarter 2 (2 referrals) compared to previous reporting quarters (12 referrals in Quarter 1). Mental Health concerns were highlighted within other referral categories, but Mental Health was not the primary reason for the referral.
27. In respect to referrals for MSK disorders, 1 was work related and external treatment was provided. Where appropriate, treatment for MSK disorders includes referrals for physiotherapy via OH, and 6 referrals were made in Quarter 2. Due to the range of services promoted, there has been an increase in employees taking proactive action and self-referring to the Fire Fighters Charity.
28. Of the 2 referrals for mental health, 2 employees cited work related reasons. N.B. mental health is not included in work related reporting figures.
29. Support is offered for all mental health referrals, including stress risk assessments as part of return to work plans and/or counselling support both through OH and the Service's Welfare Support team. External psychotherapy support has also been explored via the NHS and the Fire Fighters Charity. We are currently exploring the accessibility of face to face counselling in Herefordshire to provide options closer to where people reside and/or work.
30. The Service signed The Mental Health at Work Commitment in February 2022 and submitted a high-level action plan in October 2022. The action plan outlines how the Service will embed the six Standards of the Commitment and has been developed for delivery over a two-year period, formally commencing in 2023-24.
31. It is likely the National Fire Chiefs Council (NFCC) will take ownership of the Commitment for the Fire Sector moving forward. Communications on future monitoring mechanisms are expected in due course and HR will provide updates on the action plan to the Committee.

Routine Medical Assessment Compliance and Outcomes

32. Appendix 1 (Routine Medical Assessment) provides medical and fitness data from the Operational Assurance Report for Quarter 2 of 2022-23.
33. The medical compliance rate of operational staff has increased in Quarter 2 compared to Quarter 1. 73% of employees who are required to have an annual medical assessment were in date in Quarter 2, compared to 60% in Quarter 1. 85% of employees who are required to have a 3 yearly medical assessment were in date in Quarter 2, compared to 75% in Quarter 1. The remaining out of date medical assessments will be prioritised for Quarter 3.

Routine Fitness Assessment Compliance and Outcomes

34. The fitness compliance rate of operational employees has increased in Quarter 2 compared to Quarter 1. 92% of employees who are required to have an annual fitness test were in date in Quarter 2, compared to 88% in Quarter 1. This is the highest compliance rate for annual fitness assessments achieved since early 2019.
35. The Service’s Fitness Advisor, HR team, and Station local management have worked together to ensure staff with out of date tests attend scheduled fitness assessments. Compliance rates will continue to be monitored and instances of non-attendance escalated to Station Commanders for remedial action.
36. The data confirms 18% of currently tested staff are in the “Amber zone” – a 1% increase from Quarter 2. 82% of currently tested staff are in the “Green zone”. As part of the Fitness Standards policy work, the Service is exploring options for holistic support for those staff that may be in the amber and red VO2 max categories, via our Occupational Health provider and the University of Worcester.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Contained within H&S budgets and departmental capacity.
Strategic Policy Links (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.
Risk Management / Health & Safety (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.
Consultation (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.
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	All personal data has been removed from the reports contained within Appendix 1.

Supporting Information

Appendix 1: Quarter 2 Event Reporting and Summary

Appendix 2: Quarter 2 Workforce Health & Wellbeing Update

Health and Safety Quarterly Report Quarter 2 (July – September 2022) Event Reporting and Summary

1. Overview

In the period of July to September 2022 a total of **45** Health and Safety (H&S) events were reported. They fall into the categories of:

- 24 Personal Injury
- 12 Vehicle Collisions
- 1 Property or Equipment
- 7 Near Hits or Causes for Concern
- 1 Exposure or Contamination
- 0 Violence or Aggression

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 Q2, personal injuries and vehicle collisions were the most frequently reported incidents. The majority of personal injuries occurred during training whereas vehicle collisions are spread across the different categories.

	Total	Training	Operational Activities	Routine Activities	Non-Service Related Activities
Total H&S Events Q2	45	15	14	12	4
Personal Injury	24	10	8	5	1
Vehicle Collision	12	2	4	4	2
Property or Equipment Failure	1	0	1	0	0
Near Hit or Cause for Concern	6	2	1	3	0
Exposure or Contamination	1	1	0	0	0
Violence or Aggression	0	0	0	0	0

Table 1: Safety Event Breakdown Q2 2022-2023

By Injury Type

Table 2 identifies two areas to be the main cause of personal injuries; Slips, trips and falls and Others.

Total Personal Injuries	24
Manual Handling	4
Slips, Trips & Falls	5
Hit by Moving Object	1
Hit Stationary Object	3
Burns – Operational	2
Burns – Training	2
Other	7

Table 2: Personal Injury Breakdown Q2 2022-2023

By Vehicle Type

Table 3 highlights that vehicle collisions during this quarter have mostly involved appliances not on blue lights.

Vehicle Collisions	Fire Engines		Cars and Vans		Non-Service related
	On blue lights	Off blue lights	On blue lights	Off blue lights	
Total Collisions	3	6	0	3	0

Table 3: Vehicle Breakdown Q2 2022-2023

Vehicle Mileage Statistics

Vehicle mileage statistics for the year 2021-2022 were provided by the Operational Logistics Fleet Department and have been used to predict vehicle mileage for 2022-23. These are summarised in Table 3A below. It can be seen that there were three white fleet safety events out of approximately 175,894 miles driven, which equates to one event for every 58,631 miles driven.

The nine safety events involving red fleet vehicles were out of approximately 67,202 miles driven, which equates to one event for every 7,467 miles driven.

Fleet	Total Mileage 2021-2022	Predicted Mileage Q2 2022-2023
White Fleet	703,576	175,894
Red Fleet	268,808	67,202
	Totalling 972,384 miles	Totalling 243,096 miles

Table 3A: Vehicle Mileage Statistics Q2 2022-2023

3. Events Requiring Investigation during Quarter 2 (July 2022 – September 2022)

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 event reported during Q2 required a Tier Two Basic Specialist Investigation:

1519 - 1 relates to a near hit/cause for concern. During an incident, a faulty hose came away from the coupling, causing projectile water flow. BASIC SI.

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 Q2 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 Q2 required a Tier Three Specialist Investigation.

RIDDOR Events for Quarter 2 (July 2022 – September 2022)

During Q2, two RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reports were submitted to the Health and Safety Executive (HSE) as a dangerous occurrence/over 7 day injury.

1519 - 1 relates to a near hit/cause for concern. During an incident, a faulty hose came away from the coupling, causing projectile and snaking hose. BASIC SI. RIDDOR-Dangerous Occurrence.

1539 – 1 relates to a personal injury. On entering an appliance a firefighter pulled muscles in their arm. RIDDOR- Working days lost.

4. Comparison between Quarters and Trend Analysis

Comparison of Events Reported Showing Differences Q2 2021-22 & Q2 2022-23

Table 4 below compares the number of events reported in Q2 2021-22 and Q2 2022-23 for the different categories. For events over the last 12 months, two of the categories experienced a decrease, while four reported an increase.

Overall, event reporting as a whole increased by five over the period, with 45 reports in Q2 2022-23 compared to 40 in Q2 2021-22. The increase was driven by a large increase in personal injuries.

Event Type	Q2 2021-22	Q2 2022-23	Increase/Decrease
Personal Injuries	14	24	+10
Vehicle Collisions	11	12	+1
Property or equipment	0	1	+1
Violence & Aggression	5	0	-5
Near Hits	8	7	-1
Exposure / contamination	2	1	-1
Overall	40	45	+5

Table 4: Quarterly Events Reported Q2 2021-22 and Q2 2022-23

Trend Analysis

In summary compared with the previous year, there was an increase in the number of events reported during Q2 (+5).

The main increase was personal injuries (+10). The main decrease was violence/aggression (-5).

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 four quarters by reported accident type. Q2 figures show an increase in the number of events reported.

Personnel injuries have had quite an increase versus the previous quarter driving the overall increase of events reported. Near hits have nearly halved.

	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23
Total H&S Events	30	40	37	45
Personal Injury	8	10	11	24
Vehicle Collision	12	17	12	12
Property or Equipment Failure	2	3	1	1
Near Hit or Cause for Concern	6	6	11	7
Exposure or contamination	0	3	0	1
Violence or Aggression	2	1	2	0

Table 5: 12 Month Trend Analysis Q3 2021 – 2022 to Q2 2022 – 2023

Brief Description of all Safety Events

A1. Personal Injury

Of the **45** H&S events reported, **24** relate to the category of Personal Injury. These are described in Table A1 below:

Sub-Categories	Break-down of Injuries in Each Sub-Category
5 events were during routine activities	1521 - 1 relates to a personal injury. A firefighter hit their head whilst getting changed in the kit room and sustained a cut to the head.
	1538 - 1 relates to a personal injury. A mechanic was soldering wires together on a fire appliance in the workshop. Placed the soldering iron on the step of the vehicle whilst completing the job. Accidentally placed hand on top of soldering iron and burnt from the tip of the little finger down to the palm.
	1539 - 1 relates to a personal injury. A firefighter getting onto fire appliance whilst in appliance bay using the handrails and injured their left forearm/elbow. RIDDOR . 16 Working days lost
	1557 - 1 relates to a personal injury. Whilst checking radios in rear of crew cab on spare appliance, a firefighter caught the top of their head on the overhead locker (locker is faulty). Personal first aid given including compression.
8 events were during operational activities	1515 - 1 relates to a personal injury. Firefighter bent down to check thermal imaging and felt a stabbing pain in their right hamstring
	1516 - 1 relates to a personal injury. A firefighter was struck on the knee with a charged hose.
	1517 - 1 relates to a personal injury. A firefighter suffered heat exhaustion and nausea during an incident due to not eating.
	1518 - 1 relates to a personal injury. Whilst attending a straw fire a firefighter suffered skin reddening and a small blister to their arm.
	1522 - 1 relates to a personal injury. A firefighter rolled their ankle while walking on uneven ground.
	1525 - 1 relates to a personal injury. Firefighter felt a pain in their lower back whilst at a fire call cumulative from 2 days at wildfire incidents. Remained on duty.
	1528 - 1 relates to a personal injury. Whilst dismounting the appliance a firefighter stood on a traffic cone and fell backwards hurting their elbow and leg.
10 events were during operational training	1540 - 1 relates to a personal injury. Firefighter strained their right fore-arm whilst at an incident.
	1524 - 1 relates to a personal injury. During training a firefighter suffered a minor burn to the shoulder.
	1537 - 1 relates to a personal injury. Firefighter caught their thumb whilst carrying out equipment in the fire house. Minor injury with no time off work.
	1542 - 1 relates to a personal injury. A firefighter was carrying out a ladder drill and felt a pull on the lower abdomen. Remained on duty.
	1546 - 1 relates to a personal injury. Recruits during combination drills, a recruit had pain in left knee due to tripping on some lay flat delivery hose.
	1548 - 1 relates to a personal injury. Whilst in BA training a firefighter caught left lower leg on a low-level light.
	1549 - 1 relates to a personal injury. During a BA exercise when, a Fire fighter tripped and fell, causing them to be left winded. Remained on duty.
1552 - 1 relates to a personal injury. During training for BA in a live fire environment, a firefighter knelt down and felt heat – caused by kneeling on hot metal. Remained on duty.	

	1554 - 1 relates to a personal injury. Following a day of training/drills, a firefighter felt pain to their right bicep. No single event, cumulative throughout the course. Remained on duty.
	1555 - 1 relates to a personal injury. During training a Fire fighter cut thumb on sharp object, first aid carried out immediately and taken to hospital as a precaution. 4 duty days lost.
	1560 - 1 relates to a personal injury. Firefighter sprained their thumb but no further action required.
1 event was classed as other	1547 - 1 relates to a personal injury. A contractor jarred their back whilst walking through the appliance double door on station.
	1556 - 1 relates to violence/aggression. A pupil at school incident fainted. Received thorough medical assessment from paramedic who was also in attendance at the event.
	Totalling 24 personal injuries
	36 Calendar Days / 20 Working days lost.

Table A1: Personal Injuries Reported during Q2 2022 – 2023

A2. Vehicle Collisions

Of the **45** H&S events, **12** relate to the category of Vehicle Collisions, which are further described in Table A2 below. Events highlighted in grey are attributed to the FRS driver. If these collisions occurred whilst responding to an operational incident the category of response has been provided in bold. Driver training have sent out a Bulletin item for crews to familiarise themselves with the 'Banks person' 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
4 events were during routine activities	1523 - 1 relates to a vehicle accident. The appliance caught a kerb and hit a sign whilst reversing.
	1529 - 1 relates to a vehicle accident. Damage to an appliance whilst manoeuvring at slow speed.
	1535 - 1 relates to a vehicle accident. Appliance was parked in a car park. Firefighter entering the vehicle didn't have control of the handle and the door swung into a parked car.
	1536 - 1 relates to a vehicle accident. Service vehicle was reversing following stopping reversing the vehicle continued to roll back into the metal sheet panelling between the roller shutter doors creasing the panel, no damage done to vehicle
4 events were during operational activities	1520 - 1 relates to a vehicle accident. Appliance clipped an unknown object and caused minor damage to the nearside of the appliance.
	1527 - 1 relates to a vehicle accident. Appliance hit another vehicle whilst manoeuvring in a car park. PROMPT RESPONSE
	1550 - 1 relates to a vehicle accident. Returning from an incident appliance was in stationary traffic waiting to turn right, and was impacted by another vehicle to the front nearside of the appliance.
	1553 - 1 relates to a vehicle accident. Appliance driving through gateway turned to the right and rear nearside locker hit gate post.
2 events were during training activities	1534 - 1 relates to a vehicle accident. During ALP initial course, boom of ALP came into contact with Station canopy due to incorrect use of a lever.
	1544 - 1 relates to a vehicle accident. Whilst carrying out an ALP assessment, parked close to a wall, the jack legs came into contact with the wall.
2 events were classed as others	1541 - 1 relates to a vehicle accident. Family member accidentally reversed into the service vehicle.
	1545 - 1 relates to a vehicle accident. Whilst leaving appliance bay, the roller shutter door did not open fully. The ladder clipped the bottom of the bay door.

	Totalling 12 vehicle collisions
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Table A2: Vehicle Collisions Reported during Q2 2022 – 2023

A3. Property or Equipment Damage

Of the **45** H&S events, **1** relates to the category of Damage to Property or Equipment. These are further described in Table A3 below.

Sub-Categories	Breakdown of Property or Equipment Damage in Each Sub-Category
1 event was during operational activities	1526 - 1 relates to property/equipment failure. A BA mask failed a general check.
	Totalling 1 property or equipment damage

Table A3: Property or equipment damage during Q2 2022 – 2023

A4. Near Hits or Causes for Concern

Of the **45** H&S events, **7** 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
2 events were during training activities	1530 - 1 relates to a near hit. Crews were performing an RTC drill, when a piece of equipment failed and therefore ejected lots of parts.
	1551 - 1 relates to a near hit. FF on return to the BA board felt nauseous and was unable to continue their wear.
1 event was during operational activities	1519 - 1 relates to a near hit. Hose came away from its coupling resulting in a projectile and snaking hose. RIDDOR. BASIC SI.
3 events were during routine activities	1531 - 1 relates to a near hit. Appliance bay doors hit the rollers and dislodged a magnet which almost fell on a firefighter.
	1532 - 1 relates to a near hit. Pump bay doors failed and swung open causing damage to the appliance.
	1543 - 1 relates to a near hit. The ground monitor was incorrectly stowed in the locker, thus could of easily fell forward out of the locker when it was opened.
	1559 - 1 relates to a near hit. A Firefighter tripped over a small day locker that had been left open.
	Totalling 7 near hits or causes for concern

Table A4: Near Hits or Causes for Concern Reported during Q2 2022/23

A5. Violence or Aggression

Of the **45** H&S events, none relate to the category of Violence or Aggression.

A6. Exposure or Contamination

Of the 45 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.

There were three reports of skin reddening during Q2. 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.

24 potential exposure/contamination incidents were recorded during Q2, involving firefighters. Potential exposure/contaminations are where personnel have been exposed (during training or incidents) to hazardous environments but where appropriate control measures were implemented. For example, when entering open water during training.

Health and Safety Quarterly Report Quarter 2 (July – September 2022) Data Reporting

1. Performance Overview

All sickness absences Q2 2022-23

Table 1: All sickness absence by workforce group Q2 2022-23

Due to the on-call nature of the Retained Duty System, On-Call absence is not reflected in the below figures.

Days/Shifts lost due to sickness (per person) ¹			
	Short	Long	Total
All Staff	0.99	1.05	2.04
WT	1.00	0.89	1.89
FC	1.67	3.65	5.32
Support Staff	0.82	0.91	1.73

Table 2: Main causes of sickness absence Q2 2022-23

Category	Occurrences
Respiratory – Infection	33
Gastro-intestinal	18
Respiratory - Cold/Cough/Influenza	16
Musculo Skeletal - Back	6
Musculo Skeletal - Lower Limb	6

2. Health Management

New management referrals Q2 2022-23

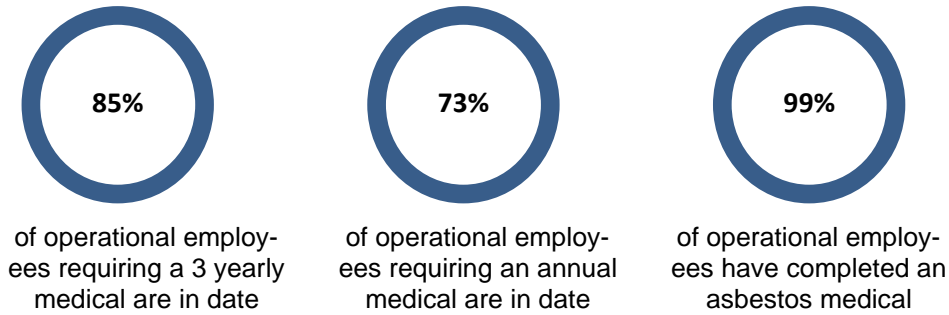
Category	Number of referrals
MSK	8
Headache / Migraine / Neurological	3
Mental Health	2
Long COVID19	2
Hospital / Post-Operative	2
Gastro Intestinal	1
High Blood Pressure	1
Total	19

Of these referrals, 1 was identified as work-related sickness and 4 were not related to sickness absence as the employee remained in work. Please note that mental health is not counted towards work related figures.

¹ Figures provided by P&I

3. Routine Medical Assessment Compliance and Outcomes

The medical data below shows information from the Operational Assurance Report at the end of Quarter 2 2022-2023:



4. Routine Fitness Assessment Compliance and Outcomes

The fitness data below shows information from the Operational Assurance Report at the end of Quarter 2 2022-2023 and is supplemented by management information provided by the Fitness Advisor at the University of Worcester:

