



HEREFORD & WORCESTER Fire Authority

Audit and Standards Committee

AGENDA

Wednesday, 17 April 2024

10:30

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

Wyre Forest House Location Map

SAT NAV: DY11 7FB

Wyre Forest House, Finepoint Way, Kidderminster, DY11 7WF
Reception at Wyre Forest House 01562 732101

From Stourport:

Head towards Kidderminster on the A451 Minster Road, passing Stourport High School and Stourport Sports Club on your left. When you reach the traffic lights at the crossroads, turn left into Walter Nash Road West (signposted Wyre Forest House). Then take your first left onto Finepoint Way. Follow the road around to your left and Wyre Forest House is at the end of the road on the left. Visitor parking is available and signposted from the mini roundabout.

From Kidderminster:

From Kidderminster, follow the signs for Stourport and head out of Kidderminster on the A451 Stourport Road, this road becomes a dual carriageway. You will pass 24/7 Fitness and Wyre Forest Community Housing on your left. At the crossroads with traffic lights turn right into Walter Nash Road West (there is a dedicated right hand-turn lane), signposted for Wyre Forest House. Then take your first left onto Finepoint Way. Follow the road around to your left and Wyre Forest House is at the end of the road on the left. Visitor parking is available and signposted from the mini roundabout.



ACCESS TO INFORMATION – YOUR RIGHTS. The press and public have the right to attend Local Authority meetings and to see certain documents. You have:

- the right to attend all Authority and Committee meetings unless the business to be transacted would disclose “confidential information” or “exempt information”;
- the right to film, record or report electronically on any meeting to which the public are admitted provided you do not do so in a manner that is disruptive to the meeting. **If you are present at a meeting of the Authority you will be deemed to have consented to being filmed or recorded by anyone exercising their rights under this paragraph;**
- 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.

A reasonable number of copies of agenda and reports relating to items to be considered in public will be available at meetings of the Authority and Committees. If you have any queries regarding this agenda or any of the decisions taken or wish to exercise any of these rights of access to information please contact Committee & Members’ Services on 01905 368209 or by email at committeeservices@hwfire.org.uk.

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

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

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

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

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

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



Hereford & Worcester Fire Authority

Audit and Standards Committee

Wednesday, 17 April 2024, 10:30

Agenda

Councillors

Mr M Hart (Chairman), Mr A Amos (Vice Chairman), Mr D Boatright-Greene, Mr B Brookes, Mr B Clayton, Mr I D Hardiman, Mr Al Hardman, Mr J Kenyon, Mrs E Marshall, Ms N McVey, Mr R J Morris, Ms 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 17 January 2024.	1 - 4
5	External Audit Plan (2023/24 Accounts) To consider the Audit Plan from the Authority's External Auditor, Bishop Fleming, which sets out the work to be undertaken in 2024/25 in respect of the 2023/24 Audit.	5 - 21
6	Internal Audit Progress Report To provide the Committee with an update regarding the delivery of the Internal Audit plan for 2023/24.	22 - 32

7	Draft Annual Governance Statement 2023/24	33 - 82
	To consider evidence compiled during the self-assessment review which provides the assurances that sit behind the Annual Governance Statement.	
	To put forward the Draft Annual Governance Statement 2023/24 for approval.	
8	Annual Compliments, Complaints, Concerns and Requests for Information 2023/24	83 - 89
	To update the Committee with details of compliments, complaints, concerns and requests for information made by the public to the Service over the past 12 months.	
9	Health and Safety Committee Update: October to December 2023 (Quarter 3)	90 - 106
	To provide a Health and Safety update on activities and items of significance.	



Hereford & Worcester Fire Authority

Audit and Standards Committee

Wednesday, 17 January 2024, 10:30

Chairman: Mr M Hart

Vice-Chairman: Mr A Amos

Minutes

Members Present: Mr A Amos, Mr B Clayton, Mr I D Hardiman, Mr Al Hardman, Mr M Hart

0291 Apologies for Absence

Apologies were received from Cllr Boatright-Greene, Cllr B Brookes, Cllr E Marshall, Cllr N McVey, Cllr R Morris and Cllr D Toynbee.

0292 Named Substitutes

There were no named substitutes.

0293 Declarations of Interest (if any)

There were no interests declared.

0294 Confirmation of Minutes

RESOLVED that the minutes of the meeting held on 19 July 2023 be confirmed as a correct record and signed by the Chairman.

0295 Internal Audit Progress and Audit Plan Revision Report

The Treasurer, on behalf of the Interim Audit Team Leader of WIASS, presented an update regarding the delivery of the Internal Audit plan 2023/24 and the 2023/24 Audit Plan Revision.

The Treasurer explained to Members that normally the Head of WIASS, as Chief Internal Auditor, would attend this meeting to present the report. However unfortunately WIASS lost both the Head and deputy Head at around the same time and the service had been operating with an interim Audit Lead until the new Head started in late February. The interim Audit Lead was unable to attend in person.

Members were informed that the Internal Audit Plan for 2023/24

continued to see progress, however revisions had been made to the plan due to resourcing issues. There had been no significant reduction in risk assurance and coverage. For the 2023/24 finalised reports issued to date there were no high priority recommendations to report and robust management action plans had been agreed and are in place to address the findings from the review. All finalised reviews would be reported to the Committee on completion.

RESOLVED that the report and 2023/24 Internal Audit Plan Revision be noted.

0296 National Fraud Initiative 2022/23

The Treasurer updated Members on the National Fraud Initiative (NFI).

Members were pleased to note that the outstanding data matches all referred to one report which had now been fully investigated and no fraud had been detected.

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

0297 Safeguarding Assurance – Annual Report

The Assistant Chief Officer, Director of Prevention updated Members on the Service's commitment to safeguarding.

Members were pleased to note that it was mandatory that all staff completed the level of safeguarding training which was relevant to their role. Staff were also regularly informed of developments in safeguarding policies and procedures with a suite of promotional items such as posters and credit cards on the safeguarding reporting procedure. Triple play videos had also been produced to assist staff in embedding their understanding of their roles and responsibilities regarding safeguarding and the Service website and SharePoint sites had been reviewed and updated.

Members also noted that all activities related to safeguarding continued to be developed and evolved to align with the Safeguarding Fire Standard and Prevention Strategy. Activities would be quality assured, monitored and reviewed regularly.

RESOLVED that the progress of the Prevention department's activity against the Fire Standards Board's Safeguarding Fire Standard be noted.

0298 Equality & Gender Pay Gap Report 2022-2023 and Equality Objectives Progress Update

The Assistant Chief Officer, Director of Prevention presented the Equality and Gender Pay Gap Report 2022-2023 and a summary of work completed during Quarter 1 and Quarter 2 2023-2024 against the Service's Equality Objectives 2021-2025.

It was questioned why the data for gender reassignment was not published. The Assistant Chief Officer explained that due to low numbers it was omitted to avoid identifying employees. It was suggested that if it stated that there were less than 1%, this would not identify anyone. Officers agreed to look into this further.

Members thanked Officers for a very positive and understanding report and approved it's publication on the Service website.

RESOLVED that:

i) Members noted the content of the Equality & Gender Pay Gap Report 2022-2023 and approved its publication on the Service website.

i) Members noted the good progress made against the Service's Equality Objectives.

0299 Update on the Activities of the Women@HWFire Group

The Deputy Chief Fire Officer updated Members on the work of Women@HWFire group.

Members noted that the work delivered by Women@HWFire demonstrated the organisational commitment to supporting under-represented groups within HWFRS. It had added significant value to multiple areas of work and continued to influence the changing profile in operational and support staffing managerial roles across the Service. The group remained committed to driving diversity within HWFRS as an organisational priority.

RESOLVED that the activities of the Women@HWFire group be noted.

0300 Health and Safety Committee Update: April to Sept 2023 (Quarters 1 & 2)

The Deputy Chief Fire Officer presented a Health and Safety update on

activities and items of significance for quarters 1 and 2, April to September 2023.

Members noted the National, Regional and local activities that had taken place during the 2 quarters. Members also noted that although the total number of safety events reported had increased by 17 compared to the previous quarters, the 10 Near Hit reports (something with the potential to cause harm) indicated a positive step forward for safety reporting.

Members also noted that in comparison to Quarter 1, there had been a slight decrease in the total days/shifts lost to sickness absence for all staff (Q1 at 2.31 versus Q2 at 2.29), with 848 day/shifts lost overall. The 3 main causes of sickness absence were; Mental Health (44%) Muscular-Skeletal (MSK) (30%), and Respiratory (11%). Members had concern with the increase of Mental Health cases. The Chief Fire Officer assured Members that although there was an emerging trend, the Service provided support with specialised counsellors where appropriate.

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 April to Sept 2023 (Quarters 1 & 2)***
- iii) Workforce Health & Wellbeing performance (Quarters 1 & 2)***

The Meeting ended at: 11:55

Signed:.....

Date:.....

Chairman

Report of the Treasurer

External Audit Plan (2023/24 Accounts)

Purpose of Report

1. To consider the Audit Plan from the Authority's External Auditor, Bishop Fleming, which sets out the work to be undertaken in 2024/25 in respect of the 2023/24 Audit.
-

Recommendation

The Treasurer recommends that the External Audit Plan 2024/25 (2023/24 Accounts (including proposed Audit Fee) be noted.

Introduction & Background

2. The External Auditor is required to inform the Authority of the work that will be undertaken during an annual audit and that this is submitted in the form of an Audit Plan.
3. The Audit Plan is based on the Bishop Fleming's risk-based approach to audit planning.
4. Bishop Fleming comply with the statutory requirements that govern their work in particular:
 - The National Audit Office Code of Audit Practice
 - International Standards on Auditing (ISA) (UK)
 - Financial Reporting Council (FRC)

Key Milestones and Deadlines

5. The Authority is required to prepare the accounting statements for 2023/24 by 31 July 2024, and is required to publish the accounts along with the Auditor's Opinion, by 30 November 2024.
6. The proposed timetable and planned outputs (including the approach to Value for Money (VFM)) are contained within the report which will be presented by Bishop Fleming.
7. Members will be aware of delays to the audit of the 2021/22 accounts, which have led to delays to the production of the 2022/23 Statements, and consequentially the delayed audit of those Accounts. Officers are working with Grant Thornton (as auditors of the 2022/23 accounts) and Bishop Fleming (as auditors for the 2023/24 accounts) to minimise the impact on production and audit of the 2023/24 Statements.

8. Members may also be aware that government has recently consulted on how to deal with the major backlog in local government audits generally and arrangements with this Authority's Accounts will be compliant with any revised Regulations that emerge.

Audit Fee

9. As approved by this Committee, the Authority re-let the Audit contract via the LGA Local Public Sector Audit Appointments (LPSAA) arrangements as part of the nationally managed contract. This was done through a tendering arrangement that sort to ensure the issues that the sector has experienced over the last three years are not repeated. As a consequence, there has been a significant increase in audit fees across the sector and these costs are reflected in the Medium Term Financial Plan.

Conclusion

10. The Audit Plan sets out the work that will be undertaken during the audit of the 2023/24 Accounts. The Plan is based on Bishop Fleming's risk-based approach to audit planning. However, the audit does not relieve the management or the Audit and Standards Committee, as those charged with governance of their responsibilities.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	None
Strategic Policy Links & Core Code of Ethics (Identify how proposals link with current priorities & policy framework and align to the Core Code of Ethics)	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 – External Audit Plan

External Audit Plan
Hereford & Worcester Fire Authority

For the year ended 31 March 2024



Contents

1. General Audit Information	4
2. Audit Team	9
3. Timetable	9
4. Audit Fees	10
5. Ethical Issues	10

Appendices

1. Required communications with the Audit and Standards Committee

Welcome

The purpose of this report is to give you an overview of the nature and scope of our audit work and bring to your attention the key aspects of the audit. The document also ensures that there is good communication between us, as auditors, and you.

If you have any queries regarding the plan, including the arrangements noted below, then please do not hesitate to contact us.

This Audit Plan has been prepared for the sole use of the management and those charged with governance of the Fire Authority. Except where required by law or regulation, this report should not be made available to any other parties without our prior written consent. No responsibilities are accepted by Bishop Fleming towards any party acting or refraining from action as a result of this plan.

We are issuing our 2023/24 External Audit Plan now, as it is our intention to issue your Audit Plan as close to the year-end to which it relates, to ensure that there is timely discussion of the key areas of focus. We are aware that your 2022/23 external audit has not yet completed, so there may be some further changes to our approach, depending on the outcomes from that process. We will communicate any changes with you, as our audit progresses.

Alex Walling – Key Audit Partner

T: 0117 2358838

E: awalling@bishopfleming.co.uk

1. General Audit Information

1.1. Engagement objectives and scope

The scope of our work is set in accordance with the National Audit Office's Code of Audit Practice (The Code) and the International Standards on Auditing (ISAs) (UK). Our work is planned to provide a focused and robust audit. We are required to provide an independent opinion as to whether the financial statements:

- give a true and fair view of the financial position of the Fire Authority at the year end and of its expenditure and income for the year then ended;
- have been prepared properly in accordance with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2023/24; and
- have been prepared in accordance with the requirements of the Local Audit and Accountability Act 2014.

Throughout the audit we will also ensure that, in line with the latest Auditing Standards, we communicate on a regular basis with those charged with governance.

We are also required to satisfy ourselves that the Fire Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024. The Code of Audit Practice requires us to report on the Fire Authority's arrangements under three specified reporting criteria:

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

The respective responsibilities of the audited body and the auditor are summarised in The Code. They are also set out in the PSAA Statement of Responsibilities of auditors and audited bodies issued by Public Sector Audit Appointments (PSAA), the body responsible for appointing us as your external auditor.

At the time of writing this Plan, there are a number of consultations ongoing. A [Joint statement](#) explaining the package of measures and how the various elements are intended to interact has been published on the Department for Levelling Up, Housing and Communities website. The outcomes of these consultations may impact on our audit plan and we will discuss any changes to our proposed work and timetable with management and the Audit and Standards Committee as events become clearer.

1.2. Audit reports

Financial statements

On completion of our audit work on the financial statements, we will issue our Audit Completion Report to those charged with governance, which will set out our findings.

In our Auditor's Report we will report on the basis under which the financial statements have been prepared and whether they give a true and fair view. The audit report will also:

- report on whether other information presented with the audited financial statements (for example, the Narrative Report and Annual Governance Statement) is materially consistent with the financial statements or our knowledge obtained in the audit; and
- conclude on the appropriateness of management's use of the going concern basis of accounting.

The form and content of our Auditor's Report may need to be amended in light of our audit findings.

We are required to report to you by exception the following matters, if:

- the Annual Governance Statement does not comply with "Delivering Good Governance in Local Government: Framework 2016 Edition" published by CIPFA/SOLACE; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Fire 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.

Where no matters are identified, this will also be confirmed.

Value for Money arrangements

On the completion of our work on whether the Fire Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, we will issue our Auditor's Annual Report to those charged with governance. This will provide a commentary on the Fire Authority's arrangements under the three specified criteria. The report will also set out whether any significant weaknesses were identified and any relevant recommendations.

1.3. Audit materiality

In planning and performing our audit work we will consider whether the financial statements are free from 'material misstatement'.

Materiality is an expression of the relative significance of a particular matter in the context of the financial statements as a whole. In general, misstatements, including omissions, are considered to be material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

The assessment of whether a misstatement is material in the context of the financial statements is a matter of professional judgement and will have regard to both the size and the nature of the misstatement, or a combination of both. It is also affected by our perception of the financial information needs of users of the financial statements. Thus, different materiality levels may be appropriate when considering different aspects of the financial statements.

If there are any areas of specific concern in which you would like us to pay particular attention to then we will be pleased to discuss this with you, and whether our audit approach can be readily adapted to accommodate such a level in that area, or whether it will be more appropriate for a special exercise to be carried out on the area.

Our basis of materiality has been set as follows:

	Basis of materiality
Hereford & Worcester Fire Authority	2% of gross expenditure

Whilst the level of materiality is applied to the financial statements as a whole, we must also address the risk that any identified unadjusted audit differences are material when considered in aggregate. To reduce the risk of this being the case, we apply a lower level of materiality which we utilise within our work, known as Performance Materiality. This is set at a lower level than overall materiality and is determined by our assessment of the element of audit risk that pertains to the internal control environment of the Fire Authority.

1.4. Risk assessment and significant risks

Financial statements

When planning our audit work, we will seek to minimise the risk of material misstatements occurring in the financial statements. To do this, we consider both the risk inherent in the financial statements themselves and the control environment in which the Fire Authority operates. We then use this assessment to develop an effective approach to the audit.

This risk assessment directs our testing towards the balances and transactions at the greatest risk of material misstatement so as to minimise the risk of undetected material misstatements. However, we do not test every group of transactions or balances but carry out sample testing of balances and transactions.

Therefore, there is an inherent and unavoidable risk that some material misstatements may not be detected and therefore audit procedures should not be relied upon to detect all material misstatements, fraud, irregularities or instances of non-compliance.

Based on our knowledge of the Fire Authority, we have identified the following as significant risk areas to be addressed during the audit. We understand that CIPFA LASAAC will be consulting on temporary changes to the Code of Practice on Local Authority Accounting to reduce burdens on those who prepare and audit local body accounts. These proposed changes include simplifying the professional revaluation of operational property, and reducing disclosure requirements around net pension assets and liabilities for at least 2 years. This may affect the significant risks we have currently identified and the approach we have proposed to address these risks:

Risk	Audit Approach
Management override of controls (required under the ISAs)	<p>We are required by auditing standards (ISA 240) to consider fraud and management override of controls to be a significant risk for all audits as no matter how strong a control environment, there is the potential for controls to be overridden or bypassed. To address this risk, we will:</p> <ul style="list-style-type: none"> • Review the reasonableness of accounting estimates and critical judgements made by management; • Test material journals processed at the year-end; and • Test other journals with key risk attributes. <p>In testing journals, we will use data analytics tools to interrogate the whole population of journals posted in the year and focus on those with key risk factors.</p>
Fraud in revenue recognition (required under the ISAs)	<p>There is also a rebuttable presumption under auditing standards that revenue may be misstated due to improper recognition of revenue. This presumption may be rebutted if the auditor concludes that there is no risk of material misstatement due to fraud in revenue.</p>

Risk	Audit Approach
	<p>Having considered the risk factors set out in ISA240 and the nature of the revenue streams of the Fire Authority, we have concluded that the risk of fraud arising from revenue recognition can be rebutted because:</p> <ul style="list-style-type: none"> • There is little incentive to manipulate revenue recognition; • Opportunities to manipulate revenue recognition are very limited; and • The culture and ethical framework of local authorities, including Hereford & Worcester Fire Authority, mean that all forms of fraud are seen as unacceptable.
<p>Fraud in expenditure recognition</p>	<p>Practice Note 10: Audit of Financial Statements and regularity of public sector bodies in the United Kingdom sets out that the risk of fraud related to expenditure is also relevant. We therefore need to consider whether we have any significant concerns about fraudulent financial reporting of expenditure which would need to be treated as a significant risk for the audit.</p> <p>We do not consider this to be a significant risk for Hereford & Worcester Fire Authority because:</p> <ul style="list-style-type: none"> • Expenditure is well controlled, and the Fire Authority has a strong control environment; and • The Fire Authority has clear and transparent reporting of its financial plans and financial position.
<p>Valuation of land and buildings</p>	<p>There is a risk over the valuation of these assets due to the values involved and the high degree of estimation uncertainty, due to the sensitivity of the estimate to changes in key assumptions and judgements. To address this risk, we will:</p> <ul style="list-style-type: none"> • Document our understanding of the processes and controls put in place by management, and evaluate the design of the controls; • Review the instructions provided to the valuer and the valuer's skills and expertise, in order to determine if we can rely on the management expert; • Write to the valuer to confirm the basis on which the valuation was carried out; • Confirm that the basis of valuation for assets valued in year is appropriate based on their usage; • Review the appropriateness of assumptions used in the valuation of land and buildings. For assets not formally revalued in the year we will assess how management has satisfied itself that these assets are not materially different from the current value at the year-end; • Review accuracy and completeness of information provided to the valuer, such as floor areas; • Test a sample of revaluations made during the year to ensure that they have been input correctly into the Fire Authority's asset register; and • Form our own expectations regarding the movement in property values and comparing this to the valuations reflected in the Fire Authority's financial statements, following up valuation movements that appear unusual.
<p>Valuation of the pension fund net liability</p>	<p>There is a risk over the valuation of the Local Government Pension Scheme (LGPS) and Firefighters' Pension Schemes net liability due to the values involved and the high degree of estimation uncertainty, due to the sensitivity of the estimate to changes in key assumptions. To address this risk, we will:</p> <ul style="list-style-type: none"> • Document our understanding of the processes and controls put in place by management, and evaluate the design of the controls;

Risk	Audit Approach
	<ul style="list-style-type: none"> • Review the instructions provided to the actuary and the actuary's skills and expertise, in order to determine if we can rely on the management expert; • Consider the accuracy and completeness of the information provided to the actuary; • Ensure that the disclosures in the financial statements in respect of the pension fund liability are consistent with the actuarial report from the actuary; • Carry out 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; and • With regards to the LGPS, obtain assurances from the auditor of e Worcestershire County Council Pension Fund in respect of the controls around 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.

We will report back to you as part of our completion audit work, on the outcome of our work addressing these areas.

Value for money arrangements

As part of our planning work, we will be considering whether there are any risks of significant weakness in the Fire Authority's arrangements for securing economy, efficiency and effectiveness in its use of resources that we need to perform further procedures on.

Our planning work is ongoing. We await receipt of the 2022/23 Auditor's Annual Report which will help inform our work. We have not identified any risks of significant weakness at this stage.

We will keep our risk assessment under continual review and any changes will be communicated to those charged with governance.

1.5. Control environment

Through our audit planning procedures, we will continue to develop our understanding of the control environment in which the Fire Authority operates.

At the time of issuing our Audit Plan we have concluded that the control environment in which the Fire Authority operates is effective and we will tailor our audit approach accordingly.

Although we consider that the Fire Authority operates effective and formalised controls, we will not incorporate controls-based testing into our audit approach. Therefore, our work will focus on substantive procedures.

1.6. Adjusted and unadjusted items

Of the potential audit adjustments that we identify during our audit work, some may require adjustment. The decision to make an adjustment to the financial statements is one that the Fire Authority will need to make.

At the conclusion of the audit, we shall provide you with a schedule of potential adjustments that we identified during our audit work.

We will require you to confirm that you have considered the items and whether you have decided to adjust them in the financial statements; this will be included in the letter of representation.

We shall also provide you with a schedule, detailing those items that we identified during our audit work, which have not been adjusted for in the financial statements. This summary will not include errors that are 'clearly trivial', defined by us as those errors which individually account for no more than 5% of our materiality level.

We will require you to confirm that you have duly considered these unadjusted errors and that you have decided not to adjust for them in the financial statements; this will also be included in the letter of representation.

1.7. Fraud

While the Fire Authority has the ultimate responsibility for the prevention and detection of fraud, we are required to obtain reasonable assurance that the financial statements are free from material misstatement, including those arising as a result of fraud. Our audit approach includes the consideration of fraud throughout the audit, including making enquiries of management and those charged with governance.

1.8. Prior year recommendations

We will follow up on the progress made by the Fire Authority in addressing the recommendations made by the Fire Authority's previous auditor in respect of deficiencies reported in their ISA260 Audit Report.

2. The Audit Team

Responsible individual: Email:	Alex Walling awalling@bishopfleming.co.uk
Manager: Email:	Neall Hollis nhollis@bishopfleming.co.uk

3. Timetable

An initial audit timetable has been included below:

Hereford & Worcester Fire Authority	
YEAR END: 31 March 2024	
Date¹	Requirement
January – April 2024	Meetings with management
March – April 2024	Planning procedures undertaken, examining systems and controls in place.

Whilst the 2022/23 audit is still incomplete, we are unable to finalise our timetable. We will provide an update on this when more information becomes available. We understand that, subject to the outcome of the consultations referred to previously, it is possible that the predecessor auditor will issue a disclaimed opinion on the 2022/23

accounts. This will have an impact on our proposed work timetable. We will continue to liaise with management on an ongoing basis regarding this and keep the Audit and Standards Committee informed.

4. Audit Fees

Hereford & Worcester Fire Authority, in line with most other local government bodies, opted into the national scheme run by Public Sector Audit Appointments (PSAA) for the appointment of its external auditor for the five-year period with effect from 2023/24. PSAA set the scale fee for the audit of Hereford & Worcester Fire Authority under the contract. The audit scale fee set by PSAA for the Fire Authority and our proposed variations are set out below:

PSAA scale fee 2023/24	£97,669
Proposed fee variations:	
ISA 315	TBC

The scale fees set by PSAA:

- are based on the expectation that complete and materially accurate financial statements, with supporting working papers, will be available within agreed timeframes (as set out in [PSAA's Statement of Responsibilities document](#)); and
- reflect as far as possible the predecessor auditor's previous assessment of audit risk and complexity.

Where work was substantially more or less than envisaged by the scale fee, we will propose that the fees should be varied. PSAA determine the outcome of any fee variations. The proposed fee variations set out above reflect issues that were not reflected in the scale fee when it was set by PSAA.

As the individual responsible for the project management of the audit, Neall Hollis will monitor the position in relation to any issues that could potentially give rise to a fee variation and discuss them with the Chief Finance Officer/s.151 officer at the earliest opportunity.

There are no non-audit fees proposed at the planning stage.

ISA 315

The proposed fee variation in relation to ISA 315 is in respect of a significant change to auditing standards that applied for the first time for your audit for the year ended 31 March 2023. Due to the timing of the tender process, the impact of this has not been built into the audit scale fees.

In summary the main changes were as follows:

- The introduction of five new inherent risk factors to aid in risk assessment; subjectivity, complexity, uncertainty, change, and susceptibility to misstatement due to management bias or fraud.
- The introduction of a new spectrum of risk, at the higher end of which lie significant risks.
- The requirement for "sufficient, appropriate" evidence to be obtained from risk assessment procedures as the basis for the risk assessment.
- The introduction of more requirements in relation to gaining an understanding of the entity's IT environment, including requirements to identify and assess risks of material misstatement arising from the use of IT related to the IT application and other aspects of the entity's IT environment.

5. Ethical Issues

In order to comply with professional and ethical standards we are required to communicate to you all significant facts and matters that, in our professional judgement, may affect the firm's independence. This is for reference only, and unless you wish to make any comments, there is no need to respond.

5.1. Threats & safeguards

The standards require us to consider the perceived potential threats to our objectivity and independence in carrying out the audit. We are not providing any other audit related or non-audit related services. We have not identified any threats to the firm's independence.

5.2. Overall assessment

We can confirm that we comply with the Financial Reporting Council's (FRC) Ethical Standard and are able to issue an objective opinion on the financial statements. There are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention.

5.3. Maintaining objectivity & independence

As a firm we have policies and procedures in place to monitor auditor objectivity and independence on a regular basis. If any additional threats are identified, we will of course advise you immediately.

We also perform an annual review of completed audit engagements for quality control purposes.

If you would like to discuss any of the above, please contact us.

Appendices

1. Required communications with the Audit and Standards Committee

Under the auditing standards, there are certain communications that we must provide to the Audit and Standards Committee as those charged with governance. These include:

Required communication	Where addressed
Our responsibilities in relation to the financial statement audit and those of management and those charged with governance.	Audit Plan
The planned scope and timing of the audit including any limitations, specifically including with respect to significant risks.	Audit Plan
With respect to misstatements: <ul style="list-style-type: none"> • uncorrected misstatements and their effect on our audit opinion; • the effect of uncorrected misstatements related to prior periods; • a request that any uncorrected misstatement is corrected; and • in writing, corrected misstatements that are significant. 	Audit Completion Report
With respect to fraud communications: <ul style="list-style-type: none"> • enquiries of those charged with governance to determine whether they have a knowledge of any actual, suspected or alleged fraud affecting the entity; • any fraud that we have identified or information we have obtained that indicates that fraud may exist; and • a discussion of any other matters related to fraud. 	Audit Completion Report Discussions at the Audit and Standards Committee
Significant matters arising during the audit in connection with the entity's related parties.	Audit Completion Report
Significant findings from the audit including: <ul style="list-style-type: none"> • our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures; • significant difficulties, if any, encountered during the audit; • significant matters, if any, arising from the audit that were discussed with management; • written representations that we are seeking; • expected modifications to the audit report; and • other matters significant to the oversight of the financial reporting process or otherwise identified during the audit that we believe will be relevant to the Committee when fulfilling their responsibilities. 	Audit Completion Report
Significant deficiencies in internal controls identified during the audit.	Audit Completion Report
Where relevant, any issues identified with respect to authority to obtain external confirmations or inability to obtain relevant and reliable audit evidence from other procedures.	Audit Completion Report
Audit findings regarding non-compliance with laws and regulations	Audit the Audit and Standards Committee.
Significant matters in relation to going concern.	Audit Completion Report
Indication of whether all requested explanations and documents were provided by the entity.	Audit Completion Report
Confirmation of independence and objectivity of the firm and engagement team members.	Audit Plan Audit Completion Report



This document is confidential to: *Hereford & Worcester Fire Authority*

© Bishop Fleming. All rights reserved.

Bishop Fleming is a trading name of Bishop Fleming LLP, a limited liability partnership registered in England and Wales No. OC391282, and Bishop Fleming Bath Limited, a limited company registered in England and Wales No. 07869428. Registered offices: Stratus House, Emperor Way, Exeter Business Park, Exeter, Devon, EX1 3QS. A list of members' names for the LLP is available at the above address.



Report of the Head of Internal Audit - WIASS

Internal Audit Progress Report

Purpose of report

1. To provide the Committee with an update regarding the delivery of the Internal Audit plan for 2023/24.
-

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 its activities 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 the 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 those 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).

Aim 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, providing adequate coverage for each financial year so that an internal audit opinion can be reached. Internal Audit will also support External Audit by carrying out reviews of the financial systems which underpin the accounts. The Internal Audit plan is made available to the external auditors for information.

Audit Planning

6. To provide audit coverage for 2023/24, 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 18th January 2023 for consideration. The audit programme provided 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. Internal Audit recognises that there are other review functions providing other sources of assurance (both internally and externally) over aspects of the Authority's operations. Where possible Internal Audit seeks to place reliance on such work, which potentially reduces the level of coverage 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 provides 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.

2023/24 Audit Progress

11. The following reviews have been finalised:
 - Procurement (Reasonable Assurance)
 - Business Continuity (Reasonable Assurance)
12. Several reviews are currently in progress including:
 - Main Ledger (inc Budgetary Control & Bank Rec) - this is at clearance stage.
 - Payroll & Pensions inc GARTAN
 - Creditors
 - Debtors
13. These are progressing and the results will be reported on completion.
14. The original Internal Audit Plan for 2023/24 approved by this committee was based upon a resource allocation of 111 productive days. As agreed with the Section 151 officer in January 2024, this was reduced to 79 days. As of 22nd March 2024, 85 days had been delivered. The final outturn is likely to be in the region of 90 days. It is estimated that around 12 days of fieldwork will be required in April 2024 to finish off the 2023/24 plan.
15. The Head of Internal Audit is confident that the Annual Internal Audit Report and Opinion will be provided on time at the next Committee meeting. At this stage, there are no emerging risks or issues which would indicate that a less than Reasonable level of assurance will be provided for 2023/24.

Update on Resources

16. The structure of the WIASS has been reviewed; the previous Team Leader post and one Auditor post have been removed. Two Senior Auditor positions have been created and these positions are currently advertised. There has already been a good level of interest in these positions. To ensure that there are sufficient resources to deliver the client Internal Audit Plans whilst recruitment is ongoing, one Interim Auditor post has been extended until the end of June 2024, and a further Interim Auditor has been appointed from 8th April 2024, for

a period of 3 months. Both the Interim Auditors are highly experienced. These changes are being managed within the existing budget for the Service.

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. For the follow ups undertaken to date there are no material exceptions to report.

Conclusion/Summary

18. The Internal Audit Plan for 2023/24 continues to see progress. For the 2023/24 finalised reports issued to date there are no high priority recommendations to report, and, robust management actions plans have been agreed and are in place to address the findings from the reviews. All finalised reviews will be reported to Committee on completion.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	None
Strategic Policy Links & Core Code of Ethics (Identify how proposals link with current priorities & policy framework and align to the Core Code of Ethics)	None
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
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	N/A

Supporting Information

Appendix 1 – 2023/24 Audit Plan summary.

Appendix 2 - High' priority recommendations for completed audits.

Appendix 3 – 'Assurance' and 'priority' definitions

Appendix 4 – 'Follow Up' reporting

Appendix 1

Audit Area	Source	Planned days 2023/ 2024	Service	Comment/ Outline Scoping	Strategy link	Indicative Quarter	Current Position
Accountancy & Finance Systems							
Main Ledger (inc. Budgetary Control & Bank Rec)	Fundamental to HWFRS CRMP delivery	6	Finance	Full Audit	Resourcing for the Future	Q4	Report in clearance
Creditors (a/c's payable)	Fundamental to HWFRS CRMP delivery	6	Finance	Full Audit	Resourcing for the Future	Q4	In progress
Debtors (a/c's receivable)	Fundamental to HWFRS CRMP delivery	4	Finance	Full Audit	Resourcing for the Future	Q4	In progress
Payroll & Pensions inc. GARTAN	Fundamental to HWFRS CRMP delivery	9	Service Support	Full Audit	Resourcing for the Future	Q4	In progress
SUB TOTAL		25					

Audit Area	Source	Planned days 2023/ 2024	Service	Comment/Outline Scoping	Strategy link	Indicative Quarter	Current Position
Corporate Governance							
Business Continuity Plans	Fundamental to HWFRS CRMP delivery	12	Service Support	Linked to relevant areas of the risk register (including emerging industrial action)	Fire & Rescue Authority	Q2	Completed – Reasonable Assurance
SUB TOTAL		12					
System / Mgmt Arrangements							
Procurement	Fundamental to HWFRS CRMP delivery	9	Service Support	Contract Management to ensure VFM	Fire & Rescue Authority	Q1 / 2	Completed – Reasonable Assurance
Follow up Reviews	Good Governance	7				Q1 to Q4	Ongoing
SUB TOTAL		16					
Advice, Guidance, Consultation, Investigations	Support	5				Q1 to Q4	Ongoing
Audit Cttee support, reports and meetings	Support	11				Q1 to Q4	Ongoing
Contingency		10					
SUB TOTAL		26					
TOTAL CHARGEABLE		79					

'High' Priority Recommendations Reported for 2023/24 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.

Appendix A - Definition of Audit Opinion Levels of Assurance

Opinion	Definition
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

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 the Head of Legal Services

Draft Annual Governance Statement 2023/24

Purpose of report

1. To consider evidence compiled during the self-assessment review which provides the assurances that sit behind the Annual Governance Statement.
 2. To put forward the Draft Annual Governance Statement 2023/24 for approval.
-

Recommendation

It is recommended that the Draft Annual Governance Statement 2023/24 be approved.

Introduction and Background

3. Governance is about how the Authority ensures that it is doing the right thing, in the right way for the right people in a timely, inclusive, open, honest and accountable manner. It comprises the systems and processes, cultures and values, by which the Authority is directed and controlled and through which it accounts to and engages with its communities.
4. The Accounts and Audit Regulations 2015 require that the Fire Authority reviews its arrangements for governance and systems of internal control at least on an annual basis. To meet this requirement, the operation of the Authority's governance arrangements is subject to an annual self-assessment against the CIPFA (the Chartered Institute of Public Finance and Accountancy) and SOLACE (the Society of Local Authority Chief Executives) framework 'Delivering Good Governance in Local Government (2016 Edition)'.
5. The annual self-assessment review sets out the evidence of how the Authority has performed against the CIPFA/SOLACE framework and identifies any actions that are needed for the forthcoming year.

Annual Governance Statement

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

7. The Annual Governance Statement is a backward-looking document up to the date of the approval of the Statement of Accounts. The draft Annual Governance Statement is attached at Appendix 1.
8. It includes how the Authority has monitored the effectiveness of its governance arrangements, setting out any planned changes for the current period and sets out to:
 - identify the Authority's obligations and objectives;
 - identify tasks to achieve those objectives;
 - establish controls to manage risks; and
 - ensure the controls are working effectively.
9. The Annual Governance Statement will be audited by the External Auditors who will examine it as part of their work on the financial statements and the Value for Money Conclusion, which are included in the External Audit Findings 2023/24.
10. In addition to the Annual Governance Statement, the Authority is required to publish an Annual Statement of Assurance, as required by the revised Fire and Rescue National Framework that was published by Government in 2018. The Annual Statement of Assurance will be reported to this Committee later in the year.

Self- Assessment

11. The self-assessment uses the CIPFA/SOLACE Framework. The framework sets out 91 behaviours and actions against which the Authority must demonstrate good governance in practice. Officers have assessed existing arrangements and documents against the CIPFA/SOLACE requirements and the status of how the Authority complies with each requirement is included.
12. The evidence compiled during the self-assessment review forms the assurances that sit behind the Annual Governance Statement (attached at Appendix 2). Members will note from the self-assessment that the Authority has provided evidence of compliance with all the core and supporting principles of good governance. Changes to the self-assessment since last year are highlighted in red for ease of reference.
13. Members will note that there were no areas where the direction of travel had decreased during 2023/24 or where the status was less than satisfactory.

Conclusion/Summary

14. The Annual Governance Statement reports publicly on the extent to which the Authority's governance arrangements have met the values, principles and best practice, as set out in the Authority's Code of Corporate Governance. Likewise, should the Authority have any significant governance weaknesses these will also be disclosed publicly within the Annual Governance Statement.
15. The Committee has delegated responsibility to approve the Annual Governance Statement which will accompany the Statement of Accounts. The draft Annual Governance Statement is attached together with the relevant assurances for consideration.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	The Annual Governance Statement provides assurance for Members that effective governance arrangements are in place.
Strategic Policy Links & Core Code of Ethics (Identify how proposals link with current priorities & policy framework and align to the Core Code of Ethics)	The Annual Governance Statement links with 'Our Strategy' as it demonstrates how the Authority ensures the delivery of quality services.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores)	The Annual Governance Statement provides assurance for Members that effective governance arrangements are in place.
Consultation (identify any public or other consultation that has been carried out on this matter)	
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	No this has not been necessary as the Annual Governance Statement is a summary of existing arrangements. There are no new proposals set out that would need to be assessed in terms of equalities.
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	N/A

Supporting Information

Appendix 1 – Draft Annual Governance Statement

Appendix 2 – Annual Governance Self-Assessment

Background papers:

Accounts and Audit Regulations 2015

CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016

Hereford & Worcester Fire Authority Code of Corporate Governance

ANNUAL GOVERNANCE STATEMENT 2023/24

1. Scope of Responsibility

- 1.1 The Fire Authority (the Authority) has a statutory responsibility to ensure that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for. To do this the Authority must ensure that proper arrangements exist for the governance of its affairs. This includes maintaining a sound system of internal control and ensuring that robust arrangements for the management of risk are in place.

2. The Purpose of the Governance Framework

- 2.1 Governance is about how the Authority ensures that it is doing the right thing, in the right way for the right people in a timely, inclusive, open, honest and accountable manner. It comprises the systems and processes, cultures and values, by which the Authority is directed and controlled and through which it accounts to and engages with its communities.
- 2.2 The system of internal control is designed to manage risk to a reasonable level (rather than to eliminate all risk). The Authority maintains a sound system to protect against risks and mitigate their impact. The systems are regularly reviewed and updated.

3. Key Elements of the Governance Framework and Internal Control System

- 3.1 The Authority has adopted a Code of Corporate Governance, which sets out how the Authority promotes good governance. A copy of the code is available at hwfire.cmis.uk.com/hwfire/Documents/DocumentLibrary.aspx or may be obtained from Hereford & Worcester Fire Authority Headquarters, Hindlip Park, Worcester, WR3 8SP.
- 3.2 The Authority has the following protocols and processes in place which demonstrate the core principles as required by the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016:

Core Principle A: Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law is demonstrated through:

- **Members' Code of Conduct and Registers of Interests** – a local Code of Conduct for all Members is in place and a Register of Financial Interests for each Member is published on the Authority's website.
- **Core Code of Ethics for Fire & Rescue Services** – the Authority has adopted the Core Code of Ethics for Fire and Rescue Services in England, which was developed in partnership by the National Fire Chiefs Council (NFCC), the Local Government Association and the Association of Police Crime Commissioners
- **Equality, Diversity & Inclusion Plan** – sets out the Authority's commitment to our equality objectives by being an inclusive organisation which recognises and diverse backgrounds, beliefs and needs of our staff and the communities we serve. There is an Equality, Diversity & Inclusion Officer in post and three Fire Authority Members are appointed as Equality, Diversity & Inclusion Champions

- **Code of Conduct for Staff and Register of Staff Interests** - requires employees to perform their duties with honesty, integrity, impartiality and objectivity.
- **Whistleblowing Policy** - in place for receiving and investigating complaints from staff and/or contractors.
- **Independent Staff reporting line** - The Authority has implemented an independent and confidential reporting line for staff concerns using 'Say So' – 0800 321 3546/www.say-so.co.uk.
- **Complaints Systems** - in place for receiving and investigating complaints from the public. Anyone who feels unable to raise their concern via use the complaints process can alternatively contact Say-So Plus', a confidential online facility for members of the public. A procedure is also in place for complaints relating to alleged breaches of the Code of Conduct by Members.
- **Anti-Fraud, Bribery and Corruption Policy** – the Authority has a zero tolerance approach to fraud, bribery and corruption, whether it is attempted from inside or outside the organisation.
- **Monitoring Officer** - provides advice on the scope of the powers and responsibilities of the Authority. The Monitoring Officer has a statutory duty to ensure lawfulness and fairness of decision making and also to receive allegations of breaches of the Code of Conduct by Authority Members.

Core Principle B: Ensuring openness and comprehensive stakeholder engagement demonstrated through:

- **Public Participation at Authority meetings** – members of the public can register to speak and raise any topic at full Authority meetings as long as it is relevant to the duties and power of the Fire Authority.
- **Public Consultation** - public consultation on the Community Risk Management Plan 2021-25 took place between 6 July 2020 and 25 September 2020. This included public focus groups and an on-line questionnaire sent to key stakeholders, including councillors, parish and town councils, libraries, housing associations and trusts, voluntary organisations, faith and community groups, as well as other fire and rescue services, emergency services and representative bodies. Further public consultation on changes to the Attendance Performance Measure was undertaken during 2022 and the outcomes were considered by the Authority in December 2022, resulting in changes to be implemented from April 2023. In January 2024 the Authority consulted on the proposed Resource Review and the results of this will be considered at the Authority's meeting in June 2024.
- **Internal engagement** – the Authority is committed to ensuring effective engagement with its staff. In addition to consultation and negotiation with recognised trade union bodies, for example via the Joint Consultative Committee (JCC), staff groups such as Women@HWFire and the Neurodiverse Staff Network provide forums for engagement with staff. . In 2023, the Service conducted a staff survey as well as commissioning an independent, external, Cultural Audit.
- **Active engagement with partners** – the Authority is represented on Local Strategic Partnerships, the Safer Roads Partnership and local Community Safety Partnerships. The Authority has also worked closely with West Mercia Police with regards to sharing

buildings and assets and has set up a strategic alliance with Shropshire Fire and Rescue Service.

Core Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits demonstrated through:

- **Annual Service Review 2022/23** – assesses the performance of the Service during the last year and how the Authority delivered against the CRMP (below).
- **Annual Service Plan 2023/24** - incorporates the future outlook and objectives for the year.
- **Community Risk Management Plan 2021-2025 (CRMP)** – sets out how we will deliver sustainable services for our communities.
- **Core Strategies** - the Service has published core strategies for Prevention, Protection and Response showing how the commitments in the CRMP will be delivered. These have been reviewed and updated during 2022. They are complimented by enabling strategies such as the People Strategy.
- **Strategic Projects Programme** – a programme of major projects identified as being critical to the success of the organisation because they ensure its on-going resilience in the coming years. The projects in the programme include new fire stations, the roll out of vital new technology upgrades as part of national projects, and pivotal work with local partner organisations.
- **Fleet Strategy**– provides a structured approach to vehicle management that ensures the Authority continues to provide and maintain an effective fleet of vehicles to ensure that staff can undertake their jobs effectively.
- **Property Strategy**– to ensure premises are sustainable, safe and meet operational need
- **ICT Strategy** - provides a comprehensive picture of how the Authority will use ICT to support the services it provides
- **Environmental Sustainability Plan 2021-2025** – sets out how we will continue to improve the ways in which we use our resources to ensure the least harm to our environment
- **Resource Review** – public consultation undertaken January – March 2024. Outcomes due to be reported to the Fire Authority meeting June 2024.

Core Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes demonstrated through:

- **Performance Management Framework** – a comprehensive set of key performance indicators measures the quality of service for users. Performance is monitored on a quarterly basis by the Authority's Policy & Resources Committee and Strategic Leadership Board to ensure that services are delivered in accordance with the Authority's objectives and best use of resources.
- **Medium Term Financial Plan** - sets out the resources needed to deliver services.

- **Strategic Risk Register** - identifies controls to mitigate inherent identified risks and is monitored on an on-going basis with exception reporting to the Strategic Leadership Board and to the Audit & Standards Committee.
- **Departmental Risk Registers** - reviewed by managers on a quarterly basis.

Core Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it demonstrated through:

- **Constitution** - defines the roles and responsibilities of the Authority, Committees, Members and Officers and the protocols to be followed.
- **Fire Authority Members** – all new Members are provided with an induction and information is available for all Members to further develop fire-specific knowledge during their tenure.
- **Strategic Leadership Board (SLB)** – involves all Principal Officers and Assistant Directors in supporting the Chief Fire Officer to lead the Service.
- **Statutory Officers Group (SOG)** – involves the Principal Officers, Treasurer and Monitoring Officer who meet on a regular basis to review any matters arising from SLB relating to the governance of the organisation
- **People Strategy 2022 - 2025**- sets out how the Authority is supporting its workforce to become more resilient and diverse, to develop their skills and maximise their wellbeing at work.
- **Staff Development Process** – Individual Appraisals are in place for all staff to enable personal objectives to be set which contribute to the overall aims of the Authority. This process has been reviewed and updated during 2022/23. Competency training records and a course management system are also in place.

Core Principle F: Managing risks and performance through robust internal control and strong public financial management demonstrated through:

- **Audit & Standards Committee** - reviews arrangements for identifying and managing the Authority's business risks and the approval of policies in respect of the Authority's governance framework.
- **Chief Financial Officer (Treasurer)** - ensures the sound administration of the financial affairs of the Authority, as required by the statutory duties associated with s.151 of the Local Government Act 1972, the Local Government Finance Act 1988 and the Accounts and Audit Regulations 2015. The Chief Financial Officer is also governed by professional standards set by CIPFA.
- **Risk Management Strategy** - ensures that the Authority identifies strategic risks and applies the most cost effective control mechanisms to manage those risks.
- **Business Continuity Plans** – these plans were implemented during the Covid-19 pandemic and in readiness for possible industrial action by firefighters to ensure the delivery of core functions.

Core Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability demonstrated through:

- **Transparency Information** - published on the website in accordance with the Local Government Transparency Code to promote openness and accountability through reporting on local decision making, public spending and democratic processes.
- **Agendas, minutes and decisions** – published on the website and includes the rationale and considerations on which decisions are based.
- **Internal Auditors** - Worcestershire Internal Audit Shared Service Audit Team provides the internal audit function for the Authority and reports quarterly to the Audit & Standards Committee.
- **External Auditors** - Grant Thornton UK LLP provides the external audit services to the Authority and reports regularly to the Audit & Standards Committee.
- **Annual Statement of Assurance** - provides staff, partners and local communities with an assurance that the Authority is doing everything it can to keep them safe and that it is providing value for money.
- **His Majesty's Inspectorate of Constabulary and Fire & Rescue Services** – provides an additional external perspective on the effectiveness and efficiency of services provided.

4. Review of Effectiveness

- 4.1 The Authority has prepared the Annual Governance Statement in accordance with the “Delivering Good Governance in Local Government Framework 2016” published by CIPFA/SOLACE. As part of the process the Audit & Standards Committee will consider the self-assessment review of its corporate governance arrangements against the CIPFA/SOLACE framework to ensure that the Authority’s governance arrangements are working correctly and are relevant to the current environment.
- 4.2 The Authority is satisfied that its financial management arrangements conform with the governance requirements of the CIPFA Statement of the Role of the Chief Financial Officer in Local Government. In addition, the key financial systems are continually reviewed by the Internal Auditor. There were no major weaknesses identified in the 2023/24 financial year.
- 4.3 Budget Monitoring reports have been presented to the Policy and Resources Committee and have shown that the Authority’s finances continue to be well controlled. Budget pressures in the medium term are well understood and a report with options for future efficiencies will be brought forward for consideration at a future date.

5. Significant Governance Issues

- 5.1 Based on the information provided above there are no significant governance issues identified at this time. We are satisfied that the need for improvements will be addressed and we will thereafter monitor the implementation and operation of any agreed recommendations as part of our next annual review.

[Signed on original]

[Signed on original]

Jon Pryce
Chief Fire Officer/Chief Executive

Cllr Kit Taylor
Chairman of the Fire Authority

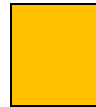
Date: April 2024

Annual Governance Statement Assurances 2023/24 and Action Plan 2024/25 - Updated March 2024

Status of Compliance Key:



=action needed



=minor actions needed



=no action required

No change= →

Improvements made=↑

Improvement needed = ↓

Core Principle A:

Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
Behaving with integrity	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	<ul style="list-style-type: none"> • Audit & Standards Committee oversight • Authority Member Role Description • Ethical Framework in place including Core Code of Ethics • Member Equality, Diversity & Inclusion Champions with relevant role description in place • Code of Conduct for Members and complaints process • Member Training on Code of Conduct by Councils monitored • Equality, Diversity and Inclusion plan and Equality Objectives in place • Staff Code of Conduct • Registers of Interest for Members and Officers • Pay Policy Statement 	→	Review of Member code of conduct has been delayed	Review Member code of conduct

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		<ul style="list-style-type: none"> • Payments to Members published 			
	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	<ul style="list-style-type: none"> • Local Members Code of Conduct approved by the Authority • Equality, Diversity and Inclusion Plan and Equality Objectives in place • Authority Committees oversee development and implementation of equality and fairness policies • Organisational values in place • Members approved full adoption of Core of Ethics for FRS 	→	Review of Member code of conduct has been delayed	Members' code of conduct to be reviewed
	Leading by example and using the above standard operating principles or values as a framework for decision making and other actions	<ul style="list-style-type: none"> • Standard authority report template includes corporate considerations, including equalities • Equality Impact Assessments (EIAs) – included in corporate considerations section of Authority reports • SLBSLB SharePoint site • SLBSLB visits to stations and departments 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	<ul style="list-style-type: none"> • Register of Staff Interests Policy • Related party disclosure requirements • National Fraud Initiative • Anti-Fraud, Bribery and Corruption Policy • Equality, Diversity and Inclusion plan and Equality Objectives in place • Whistleblowing Policy • Disciplinary Policy • Capability Policy • Dignity at Work Policy • Equality Monitoring Information • Ethical Framework and Code of Conduct 	→	There were no actions identified for 2023/24	
Demonstrating strong commitment to ethical values	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	<ul style="list-style-type: none"> • Audit & Standards Committee • Equality Objectives for 2021-2025 • Monitoring complaints • Equality, Diversity & Inclusion Plan • Equality, Diversity & Inclusion Officer in place 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	<ul style="list-style-type: none"> • Staff Code of Conduct • Core Code of Ethics • Whistleblowing Policy • Confidential reporting line established 	→	There were no actions identified for 2023/24	
	Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values	<ul style="list-style-type: none"> • Core code of ethics implemented • Register of Staff Interests Policy • Anti-Fraud, Bribery and Corruption Policy • Equality, Diversity and Inclusion plan and Equality Objectives in place • Whistleblowing Policy • Disciplinary Policy • Capability Policy • Dignity at Work Policy • Safeguarding Adults Policy • Safeguarding Young Person's Policy • Confidential reporting line 	→	There were no actions identified for 2023/24	
	Ensuring that external providers on behalf of the organisation are required to act with integrity and in compliance with ethical	<ul style="list-style-type: none"> • Standing Orders for Regulation of Contracts • Procurement guidance – contractors also expected 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	standards expected by the organisation	to adhere to Ethical Framework <ul style="list-style-type: none"> • Modern Slavery statement adopted 			
Respecting the rule of law	Ensuring members and staff demonstrate a strong commitment to the rule of law as well as adhering to relevant laws and regulations	<ul style="list-style-type: none"> • In-house Head of Legal Services to provide advice • Updates in Service Bulletin • Constitution sets out requirements • Core Code of Ethics training • Training for managers on disciplinary policy • Safeguarding training 	→	There were no actions identified for 2023/24	
	Creating the conditions to ensure that the statutory officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	<ul style="list-style-type: none"> • Member/Officer Protocol • Constitution • Committee Terms of Reference • Scheme of Delegations to Officers • Members Role Description • Members Training • Statutory Officers Group 	→	Induction provided for new members from Herefordshire who joined the FRA in June 2023 Joint code of conduct training provided with authorities in Worcestershire	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	<ul style="list-style-type: none"> • Our Strategy • HWFRS/SFRS Principal Officer meetings • Local Strategic Partnership • People & Services Programme Board with West Mercia Police • Strategic Fire Alliance Board • In-house Head of Legal Services to provide advice • 	→	There were no actions identified for 2023/24	
	Dealing with breaches of legal and regulatory provisions effectively	<ul style="list-style-type: none"> • In-house Head of Legal Services to provide advice • Whistleblowing Policy • Anti-Fraud, Bribery and Corruption Policy • Safeguarding Policies • Modern Slavery Statement 	→	The Service has commenced making greater use of its powers with a successful prosecution in July 2023	
	Ensuring corruption and misuse of power are dealt with effectively	<ul style="list-style-type: none"> • Disciplinary Policy • In-house Head of Legal Services to provide advice • Whistleblowing Policy • Anti-Fraud, Bribery and Corruption Policy • Confidential reporting line 	→	There were no actions identified for 2023/24	

Core Principle B:

Ensuring openness and comprehensive stakeholder engagement

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
Openness	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	<ul style="list-style-type: none"> • Website – your right to know section • Complaints process • Annual Service Review (backward looking) • Annual Service Plan (forward looking) • Consultation Process • Publication Scheme • Public Participation at Authority meetings – guidance on website • Protocol for filming / recording meetings • Meetings Schedule • Scheme of Delegation • Transparency Information published on website to meet Government's Transparency requirements • Service Bulletin • Women@HWFIREnetwork • Recruitment/Promotion Process Scrutiny Panel • Employment Engagement & Well-being Officer in place 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	<ul style="list-style-type: none"> • Access to Information Procedure Rules – public interest test • Authority reports set out corporate considerations • Officer decisions published • Publication Scheme and Access to Information advice published on website • Joint Consultative Committee SharePoint site 	→	There were no actions identified for 2023/24	
	Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear	<ul style="list-style-type: none"> • Authority reports set out corporate considerations • Minutes / decisions published • CRMP Consultation process • Annual Service Review • Annual Service Plan • Resource Review public consultation 	→	There were no actions identified for 2023/24	
	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/courses of action	<ul style="list-style-type: none"> • After the Incident Surveys implemented and end of year report • Social Media Policy • Resource Review public consultation 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
<p>Engaging comprehensively with institutional stakeholders</p> <p><i>NB institutional stakeholders are the other organisations that local government needs to work with to improve services and outcomes (such as commercial partners and suppliers as well as other public or third sector organisations) or organisations to which they are accountable</i></p>	<p>Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably</p>	<ul style="list-style-type: none"> • Annual Service Review • Annual Service Plan • Local Strategic Partnerships • Principal Officer meetings HWFRS/SFRS • Fire Strategic Alliance • PCC or Deputy invited to Fire Authority meetings as a non-voting member • NFCC • National Operational Guidance (NOG) 	→	<p>There were no actions identified for 2023/24</p>	
	<p>Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively</p>	<ul style="list-style-type: none"> • National Flood Support • Collaboration with the Police e.g. shared use of assets & provision of Estates Services • Operational Policy – jointly created policy documents, sharing risk information • Collaborative approach to procurement • Local Strategic Partnerships • Safer Roads Partnership in West Mercia 	→	<p>There were no actions identified for 2023/24</p>	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		<ul style="list-style-type: none"> Community Safety Partnerships and activities West Mercia Local Resilience Forum Protocols for supporting Police & Ambulance Service – missing persons / gaining entry Severn Area Rescue (SARA) 			
	<p>Ensuring that partnerships are based on:</p> <ul style="list-style-type: none"> trust a shared commitment to change a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit 	<ul style="list-style-type: none"> Annual Service Review Annual Service Plan Joint Emergency Services Interoperability Programme (JESIP) framework Data sharing with partners including NHS, Clinical Commissioning Groups, Age UK, e.g. Exeter data Local Resilience Forum Strategic Alliance Board – Joint Consultative Committee . 	→	There were no actions identified for 2023/24	
Engaging with individual citizens and service users effectively	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure	<ul style="list-style-type: none"> CRMP Consultation Process Day Crewing Plus Consultation Attendance performance Measure consultation 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	that service (or other) provisions is contributing towards the achievement of intended outcomes				
	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	<ul style="list-style-type: none"> • Social Media Policy • Fire Authority and Committee meetings open to public • Press releases / media campaigns • Service website • Members Role description • Our Strategy • Our Values 	→	There were no actions identified for 2023/24	
	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs	<ul style="list-style-type: none"> • After the Incident Surveys implemented and end of year report • Complaints and comments procedure • Positive Action • Public Engagement statistics reported through Community Risk dashboard • Customer Feedback following Home Fire Safety Visits (HFSVs) • Confidential reporting line 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account	<ul style="list-style-type: none"> Complaints logged and themes reported to SLB and Audit & Standards Committee 	→	There were no actions identified for 2023/24	
	Balancing feedback from more active stakeholder groups to ensure inclusivity	<ul style="list-style-type: none"> Positive Action Equality, Diversity & Inclusion Officer in place 	→	There were no actions identified for 2023/24	
	Taking account of the impact of decisions on future generations of tax payers and service users	<ul style="list-style-type: none"> Minimum Revenue Provision Policy Prudential Indicators Change Portfolio Programme which aims to create a sustainable fire and rescue service 	→	There were no actions identified for 2023/24	

Core Principle C:

Defining outcomes in terms of sustainable economic, social and environmental benefits

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
Defining outcomes	Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions	<ul style="list-style-type: none"> • Core Strategies – Response, Prevention, Protection • Annual Service Review • Annual Service Plan • Annual Statement of Assurance • Performance Management Framework 	→	There were no actions identified for 2023/24	
	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	<ul style="list-style-type: none"> • Previous consultations e.g. CRMP, Attendance Performance Measure • Resources Review consultation 	→	There were no actions identified for 2023/24	
	Delivering defined outcomes on a sustainable basis within the resources that will be available	<ul style="list-style-type: none"> • Medium Term Financial Plan • Annual Service Review • Annual Service Plan • Resources Review 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		<ul style="list-style-type: none"> Environmental Sustainability Plan 2021-2025 			
	Identifying and managing risks to the achievement of outcomes	<ul style="list-style-type: none"> Strategic Risk Register Change Portfolio Board Internal Audit External Audit Audit & Standards Committee Responding based on risk e.g. CRMP Graded response policy Unwanted fire signals policy 	→	There were no actions identified for 2023/24	
	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	<ul style="list-style-type: none"> CRMP Consultation Day Crewing Plus Consultation Attendance Performance Measure consultation Resources Review 	→	There were no actions identified for 2023/24	
Sustainable economic, social and environmental benefits	Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision	<ul style="list-style-type: none"> Annual Service Review Annual Service Plan Environmental Sustainability Plan 	→	There were no actions identified for 2023/24	
	Taking a longer-term view with regard to decision making, taking account of	<ul style="list-style-type: none"> Core Strategies for Prevention, Protection and Response 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	<ul style="list-style-type: none"> • Asset Management Strategy • Fleet Strategy • Authority meetings held in public and decisions published • External Audit Plan • ICT Strategy • People Strategy 2022-2025 • Property Strategy • Reserves Strategy 			
	Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs	<ul style="list-style-type: none"> • Medium Term Financial Plan, Council Tax Precept 	→	There were no actions identified for 2023/24	
	Ensuring fair access to services	<ul style="list-style-type: none"> • Core Code of Ethics – we value diverse communities • Equality Objectives • Equality Impact Assessments 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		<ul style="list-style-type: none"> • Public Sector Equality Duty • Your Right to Know section of website • Targeting vulnerable groups e.g. Home Fire Safety Checks • Positive Action • Service Mission and Vision • Safeguarding Training • Safeguarding Guidance 			

Core Principle D:

Determining the interventions necessary to optimise the achievement of the intended outcomes

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
Determining interventions	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided	<ul style="list-style-type: none"> • Authority report template requires corporate considerations to be set out for decision makers • Authority Members given professional advice from lead officers i.e. Principal Officers, Treasurer, Head of Legal Services / Monitoring Officer • Procurement process • Quarterly Performance Reports considered by SLB and Policy & Resources Committee • Community Risk Management Plan approval process 	→	There were no actions identified for 2023/24	
	Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing	<ul style="list-style-type: none"> • Authority report template requires the results of any consultation to be set out for decision makers • Complaints monitored and reported to SLB and Audit & Standards Committee 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	<ul style="list-style-type: none"> • After the Incident Surveys • Resource Review – public consultation 			
Planning interventions	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	<ul style="list-style-type: none"> • Medium Term Financial Plan and budget development process • Annual internal and external audit plans • Regular budget holder meetings • Budget monitoring and performance monitoring undertaken by SLB and Policy & Resources Committee • Strategy Management and Business Planning Policy • Strategic Risk Register • Core Strategies – Response, Prevention, Protection • HMICFRS Implementation Plans 	→	There were no actions identified for 2023/24	
	Engaging with internal and external stakeholders in determining how services and other	<ul style="list-style-type: none"> • Joint Consultative Committee (JCC) • Group Commanders Forum 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	<p>courses of action should be planned and delivered</p>	<ul style="list-style-type: none"> • Station Commanders Forum • Retained Officers in Charge Meetings • Staff consultation on Resources Review • Local Strategic Partnerships • Principal Officer meetings HWFRS/SFRS • Collaboration with the Police e.g. shared assets • Strategic Fire Alliance Programme Board • Fleet & Equipment Steering Group • On-Call Steering Group • Training Steering Group • Occupational Health User Consultation • Business Planning Meetings • Women@HWFIRE network • Neuro-diversity working group • Staff survey • Independent Cultural Audit 			

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Considering and monitoring risks facing each partner when working collaboratively, including shared risks	<ul style="list-style-type: none"> • Strategic Risk Register • Change Portfolio Board • Business Continuity Plans • Service Risks Project – shared with partners • Strategic Alliance Board • County Risk Registers – linked to the Local Resilience Forum 	→	There were no actions identified for 2023/24	
	Ensuring arrangements are flexible and agile so that mechanisms for delivering goods and services can be adapted to changing circumstances	<ul style="list-style-type: none"> • Cultural acceptance of the need to be flexible • Horizon scanning through CFOA, Local Government Association and other networks 	→	There were no actions identified for 2023/24	
	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured	<ul style="list-style-type: none"> • Performance Management Framework • Comprehensive set of KPIs agreed by SLB • Policy & Resources Committee and SLB review performance quarterly • Change Portfolio Board monitors performance of projects • Equality Objectives 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Ensuring capacity exists to generate the information required to review service quality regularly	<ul style="list-style-type: none"> • Performance & Information Department supports all areas of the service in <ul style="list-style-type: none"> ○ Active Incident Monitoring (AIM) ○ Information Management ○ Public Services Network ○ Performance ○ Planning ○ Projects • ORH independently reviews data • Regular review of MTFP • Annual Service Review and Annual Service Plan • HMICFRS improvement plan 	→	There were no actions identified for 2023/24	
	Preparing budgets in accordance with objectives, strategies and the medium term financial plan	<ul style="list-style-type: none"> • Technology One Finance System • Budget Holder meetings • Fire Authority Annual Report • Annual Service Plan • Business Planning process • Strategy Management and Business Planning Policy 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		<ul style="list-style-type: none"> Core Strategies – Response, Prevention, Protection 			
	Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	<ul style="list-style-type: none"> Medium Term Financial Plan Capital Budget Programme Revenue Budget Reserves Strategy Change Portfolio Board / Strategic Projects Programme 	→	There were no actions identified for 2023/24	
Optimising achievement of intended outcomes	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	<ul style="list-style-type: none"> Medium Term Financial Plan (MTFP) discussed at full Fire Authority meetings MTFP linked to the CRMP and the Efficiency Plan approved by the Home Office 	→	There were no actions identified for 2023/24	
	Ensuring the budgeting process is all-inclusive, taking into account the full costs of operations over the medium and longer term	<ul style="list-style-type: none"> External Audit Plan Value for Money Conclusion Resourcing for the Future is a key foundation for Our Strategy 	→	There were no actions identified for 2023/24	
	Ensuring the medium term financial strategy sets the context for on-going decisions on significant delivery issues	<ul style="list-style-type: none"> Community Risk Management Plan Medium Term Financial Plan 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage	<ul style="list-style-type: none"> Resources Review 			
	Ensuring the achievement of 'social value' through service planning and commissioning	<ul style="list-style-type: none"> Procurement process Strategic Projects 	→	There were no actions identified for 2023/24	

Core Principle E:

Developing the entity’s capacity, including the capability of its leadership and the individuals within it

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
Developing the entity’s capacity	Reviewing operations, performance and use of assets on a regular basis to ensure their effectiveness	<ul style="list-style-type: none"> • Performance Management Framework • Senior Officer appraisals • Quarterly performance reports to Policy & Resources Committee and SLB • Complaints process • Quality assurance audits • Electronic Incident De-Brief Process • Active Incident Monitoring Process • Station Assurance Audits • Quality Assurance process for Home Fire Safety Visits (HFSVs) • Practical Skills Audits • IPDR process • Organisational Development Programme (trans2) • Change Portfolio Board • Resources Review 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently	<ul style="list-style-type: none"> • Performance Management Framework • KPIs set by SLB • Business Planning • Change Portfolio Board • Annual performance report and quarterly performance monitoring • Risk based planning e.g. CRMP informing budget setting process • HMICFRS Improvement Plan • Annual Service Review / Annual Service Plan 	→	There were no actions identified for 2023/24	
	Recognising the benefits of partnerships and collaborative working where added value can be achieved	<ul style="list-style-type: none"> • Annual Service Review / Annual Service Plan • Local Strategic Partnerships • Fire Alliance Strategic Alliance Programme Board • Principal Officer meetings HWFRS/SFRS • Shared use of assets with Police • 	→	There were no actions identified for 2023/24	
	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	<ul style="list-style-type: none"> • Workforce Profile Data • Monthly Workforce Planning meetings to 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		<ul style="list-style-type: none"> project effects of future retirement Budget Strategy Reduction Reserve Equality Monitoring – Annual Report considered by Audit & Standards Committee People Strategy 			
<p>Developing the capability of the entity's leadership and other individuals</p> <p><i>NB Executive / Cabinet and Leader Model not in place</i></p>	<p>Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained</p>	<ul style="list-style-type: none"> Members' Role Description Senior Management Job Descriptions Strategic Leadership Board Terms of Reference and Membership Terms of Reference for Group Leaders' Meetings Protocol for Member/Officer Relations 	→	There were no actions identified for 2023/24	
	<p>Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body</p>	<ul style="list-style-type: none"> Scheme of Delegations to Officers in place Matters reserved for the Authority in Constitution Committee Structure and Terms of Reference Standing Orders 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
<i>NB Executive / Cabinet and Leader Model not in place</i>	Ensuring the leader and the chief executive have clearly defined and distinctive roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and balance for each other's authority	<ul style="list-style-type: none"> • Members' Role Description • Strategic Leadership Board Terms of Reference and Membership • Senior Management Job Descriptions • Terms of Reference for Group Leaders' Meetings • Authority and Committees provide challenge to Principal Officers 	→	There were no actions identified for 2023/24	
	<p>Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by</p> <ul style="list-style-type: none"> • ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development 	<ul style="list-style-type: none"> • Members' Role Description • Members' Induction Session and Pack • Monitoring of Member attendance at Code of Conduct Training • In-house Monitoring Officer to provide on-going support and advice • Audit & Standards Committee oversee Member Training • Member Training also provided by constituent authorities • Local Inductions for staff • Appraisal (IPDR) process for staff 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	<p>matching individual and organisational requirements is available and encouraged</p> <ul style="list-style-type: none"> • ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis • ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external 	<ul style="list-style-type: none"> • SLB Workshops – Trans2 Training • Competency training records and course management system for staff • Leadership development e.g. Executive Leadership Programme, ILM/CMI qualifications for managers • De-brief process provides shared learning through lessons learned • Promotion Principles 			

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Ensuring that there are structures in place to encourage public participation	<ul style="list-style-type: none"> Public participation scheme for Authority meetings Complaints Procedure 	→	There were no actions identified for 2023/24	
	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	<ul style="list-style-type: none"> HMICFRS Report, Improvement Programme and Quarterly Progress Reports 	→	There were no actions identified for 2023/24	
	Holding staff to account through regular performance reviews which take account of training or development needs	<ul style="list-style-type: none"> Appraisal process for staff 	→	There were no actions identified for 2023/24	
	Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing	<ul style="list-style-type: none"> Occupational Health advice Health Surveillance and Fitness assessments available for all staff Mental Health at Work Commitment Welfare Team and Station Buddies Critical Incident Support Team 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		<ul style="list-style-type: none"> • Mediation and Listening Ear Team • Service Chaplain 			

Core Principle F:

Managing risks and performance through robust internal control and strong public financial management

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
Managing risk	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	<ul style="list-style-type: none"> • Community Risk Management Plan (CRMP) • Strategic Risk Register • Risk Management Strategy • Audit & Standards Committee Terms of Reference • Authority Standard Report Template requires any risk issues to be set out • External Audit • Internal Audit • Statement of Assurance 	→	There were no actions identified for 2023/24	
	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	<ul style="list-style-type: none"> • Core Strategies – Response, Prevention, Protection • Departmental Risk Registers • Quarterly Risk Register Reviews • Resilience Direct website to share risk-based information with other fire services and Local Resilience Forum • Business Continuity Plans 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Ensuring that responsibilities for managing individual risks are clearly allocated	<ul style="list-style-type: none"> • Strategic Risk Register • Departmental Risk Registers • Information Asset Register • Internal & External audit • Health and Safety Committee 	→	There were no actions identified for 2023/24	
Managing performance	Monitoring service delivery effectively including planning, specification, execution and independent post implementation review	<ul style="list-style-type: none"> • Community Risk Management Plan (CRMP) • Core Strategies – Response, Prevention, Protection • Change Portfolio Board • Lesson learnt reports for completed projects • Service delivery audits • Skills and performance audits • Internal Audit – Critical Friend Audits • Debrief system • Statement of Assurance 	→	There were no actions identified for 2023/24	
	Making decisions based on a relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	<ul style="list-style-type: none"> • Fire Authority and Committee report template – specific reference to implications and risks • Equality Impact Assessment 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Encouraging effective and constructive challenge and debate on policies and objectives to support balanced and effective decision making	<ul style="list-style-type: none"> Members Role description Policy & Resources Committee Audit & Standards Committee SPI Consultation Process Women@HWFIREnetwork 	→	There were no actions identified for 2023/24	
	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	<ul style="list-style-type: none"> Quarterly Performance Monitoring reports considered by SLB and Policy & Resources Committee Change Portfolio Board Strategic Alliance Board 	→	There were no actions identified for 2023/24	
	Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (e.g. financial statements)	<ul style="list-style-type: none"> Constitution – responsibility for functions Financial Regulations Budget and precept setting process – Fire Authority Quarterly financial monitoring by Policy & Resources Committee Strategy Management and Business Planning Policy 	→	There were no actions identified for 2023/24	
Robust internal control	Aligning the risk management strategy and policies on internal control with achieving objectives	<ul style="list-style-type: none"> Risk Management Policy and Risk Assessment Process 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		<ul style="list-style-type: none"> • Business Continuity Policy • Financial Regulations • Anti-Fraud and Corruption Policy 			
	Evaluating and monitoring risk management and internal control on a regular basis	<ul style="list-style-type: none"> • Quarterly reviews of departmental risk registers • Internal Audit Plan • External Audit Plan 	→	There were no actions identified for 2023/24	
	Ensuring counter fraud and anti-corruption arrangements are in place	<ul style="list-style-type: none"> • Anti-Fraud and Corruption Policy • Whistleblowing Policy 	→	Anti-Fraud and Corruption Policy reviewed	
	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	<ul style="list-style-type: none"> • Worcestershire Internal Audit Shared Services Objectives • Internal Audit Plan • Quarterly Internal Audit reports 	→	There were no actions identified for 2023/24	
	Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the governing body: <ul style="list-style-type: none"> • provides a further source of effective 	<ul style="list-style-type: none"> • Audit & Standards Committee has delegated decision making authority • Restrictions on membership of Audit & Standards Committee to prevent conflict of interests 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	<p>assurance regarding arrangements for managing risk and maintaining an effective control environment</p> <ul style="list-style-type: none"> • that its recommendations are listened to and acted upon 				
Managing data	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data	<ul style="list-style-type: none"> • Information Governance Policy • Information Asset Register • Information Asset Owners • Data Protection Officer • Information Governance Officer • GDPR Audit and Improvement Plan • Data Transfer Policy • Data Protection Policy • Freedom of Information Act and Environmental Information Regulations Policy • Records Management Policy • Information Security Incident Management Policy 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies	<ul style="list-style-type: none"> • Information Sharing Protocol • Data Transfer Policy • Information Asset and Retention Register 	→	There were no actions identified for 2023/24	
	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring	<ul style="list-style-type: none"> • Information Governance Policy (Data Quality and Version Control) • Information Asset and Retention Register • Quarterly performance monitoring reports to SLB and Policy & Resources Committee 	→	There were no actions identified for 2023/24	
Strong financial management	Ensuring financial management supports both long-term achievement of outcomes and short-term financial and operational performance	<ul style="list-style-type: none"> • Treasurer / Director of Finance in place • Budget Holder meetings • Annual Service Plan • Core Strategies – Prevention, Protection, Response • CRMP • Business Planning process • Strategy Management and Business Planning Policy • Medium Term Financial Plan and budget development process • Budget monitoring and performance monitoring 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
		undertaken by SLB and Policy & Resources Committee			
	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	<ul style="list-style-type: none"> • Financial Regulations • Technology One Finance System • Internal Audit recommendations • Standing Orders for the Regulation of Contracts 	→	There were no actions identified for 2023/24	

Core Principle G:

Implementing good practices in transparency, reporting and audit to deliver effective accountability

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
Implementing good practice in transparency	Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	<ul style="list-style-type: none"> • Annual Service Review • Annual Service Plan • Core Strategies – Prevention, Protection, Response • Annual Assurance Statement • Council Tax Information leaflet / webpage • Community Risk Management Plan • Consultation documents • Agendas, minutes and decisions published, including the rationale and considerations on which decisions are based • Head of Legal and Committee Services to advise on Authority and Committee reports 	→	There were no actions identified for 2023/24	
	Striking a balance between providing the right amount of information to satisfy	<ul style="list-style-type: none"> • Your Right to Know section of the website • Compliance with the Government's 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	Transparency Code via Transparency webpage <ul style="list-style-type: none"> • Publication Scheme • Freedom of Information • Social media 			
Implementing good practices in reporting	Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way	<ul style="list-style-type: none"> • Annual Service Review • Annual Service Plan • Annual Assurance Statement • Council Tax Information webpage 	→	There were no actions identified for 2023/24	
	Ensuring members and senior management own the results reported	<ul style="list-style-type: none"> • Annual Service Review • Annual Service Plan • Annual Assurance Statement • Annual Performance report • HMICFRS Improvement Plan 	→	There were no actions identified for 2023/24	
	Ensuring robust arrangements for assessing the extent to which principles contained in this Framework have been applied and publishing the results on this assessment, including an action plan for improvement and	<ul style="list-style-type: none"> • Internal Audit and External Audit of the Annual Governance Statement and assurances 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	evidence to demonstrate good governance (the annual governance statement)				
	Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate	<ul style="list-style-type: none"> Worcestershire Internal Audit Shared Services is run by steering group comprising the relevant local authorities who abide by the Framework 	→	There were no actions identified for 2023/24	
	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations	<ul style="list-style-type: none"> Statement of Accounts prepared prior to deadline Audit of Accounts Statement of Assurance presented at the same time as the Statement of Accounts Family Group 4 Benchmarking Report 	→	There were no actions identified for 2023/24	
Assurance and effective accountability	Ensuring that recommendations for corrective action made by external audit are acted upon	<ul style="list-style-type: none"> Audit & Standards Committee considers external audit reports and adequacy of management response to recommendations 	→	There were no actions identified for 2023/24	
	Ensuring an effective internal audit service with direct access to members	<ul style="list-style-type: none"> Worcestershire Internal Audit Shared Service 	→	There were no actions identified for 2023/24	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2023/24 Actions	2024/25 Actions
	is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon	<ul style="list-style-type: none"> Internal Auditor reports to Audit & Standards Committee and attends meetings 			
	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	<ul style="list-style-type: none"> Operational Assurance HMICFRS Inspections and Improvement Plan 	→	There were no actions identified for 2023/24	
	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	<ul style="list-style-type: none"> Risk Registers include risks associated with failure of suppliers Standard contract terms include requirements for suppliers to have business continuity arrangements in place 	→	There were no actions identified for 2023/24	
	Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met	<ul style="list-style-type: none"> Strategic Fire Alliance Board terms of reference Local Strategic Partnerships Worcestershire Partnership Executive Group Terms of Reference Shenstone Group Objectives JESIP Framework 	→	There were no actions identified for 2023/24	

Report of the Assistant Chief Officer and Monitoring Officer

Annual Compliments, Complaints, Concerns and Requests for Information 2023/24

Purpose of report

1. To update the Committee with details of compliments, complaints, concerns and requests for information made by the public to the Service over the past 12 months.
-

Recommendations

It is recommended that the Committee notes that during the period 1 April 2023 to 31 March 2024:

- i) a total of 117 requests for information containing 433 queries about the Service were received. This number has reduced compared to last year's figure because requests for incident information are now categorised separately as Miscellaneous Information Requests (MIRs). There were 174 MIRs during this period. No requests were passed to the Information Commissioners Office for review.***
- ii) a total of 53 compliments were received from the public;***
- iii) 43 complaints or concerns about Service activities were made;***
- iv) 39 other complaints or concerns were received about activities carried out by other organisations or individuals;***
- v) 3 of the complainants appealed the response provided but none were passed to the Local Government Ombudsman for further investigation;***
- vi) 28 concerns were received via the internal 'Say So' confidential and an anonymous reporting tool, from staff; and***
- vii) 1 concern was received via 'Say So PLUS' the confidential and anonymous reporting tool for members of the public.***

Introduction and Background

2. It is important that the Authority has good corporate governance arrangements to ensure services are run in an open and accountable manner. The role of the

Committee includes the monitoring and review of the Authority's corporate governance arrangements, which includes responsibility to consider the process and review of compliments, complaints, concerns and information requests made by the public about the Service.

Complaints and Concerns Received 1 April 2023 to 31 March 2024

(Last year's figures are shown in brackets for comparison)

3. The Service received a total of 82 (65) complaints and concerns from the public, with 43 (39) being concerned with Service activities and 39 (26) concerning activities carried out by other organisations or individuals. 16 (14) of the complaints about the Service were upheld, a summary is set out below.

Summary of complaints upheld

Complaint Category	Number of complaints upheld	Outcome
Driving Standards	3	Apology, investigation, passed to insurers
Staff Behaviour	4	Apology, addressed with members of staff, revisited procedures and training
Damage to Property	3	Remedial action and apology. Insurance details provided
Poor Response/Service	1	Apology, review of procedures and training
Other	3	Remedial action, apology and matter addressed with staff
Fire Safety Inspection	1	Remedial action and apology
Use of Facilities	1	Third party rectified issue

4. Three of the complainants appealed to the Assistant Chief Fire Officer regarding dissatisfaction with the response provided by the Service. The appeals were not upheld by the Assistant Chief Fire Officer.
5. It should be noted that the complaints and concerns received regarding the responsibilities of other organisations or individuals included concerns over poor fire safety at business and residential premises and the potential lack of access to properties in an emergency. Where possible these types of concerns are directed straight to Prevention and Protection.
6. All complaints and concerns were acknowledged within 3 working days of receipt and all but 4 received a response within 10 working days.

Compliments Received 1 April 2023 to 31 March 2024

(Last year's figures are shown in brackets for comparison)

7. The Service received 53 (60) compliments during this period and it should be noted that the majority came following Service attendance at a fire or rescue, and conducting Safe and Well Checks. There were a number of compliments following Service attendance at an event or making a visit with the remainder concerning Service involvement at RTCs.

Freedom of Information (FOI) and Subject Access Requests (SAR) Received 1 April 2023 to 31 March 2024

(Last year's figures are shown in brackets for comparison)

8. The Service received 310 (292) requests for information including 19 (14) SARs during this period. Themes included requests for information on fires (in particular, information regarding e-bike & e-scooter fires was sought by multiple media outlets), ICT, HR and fleet information. From 1 April 2020 we have also recorded the number of queries within each FOI request, for example one email received under FOI on a particular topic could contain a list of queries or sub-requests about a variety of related issues that need to be dealt with individually. In total we have received 433 queries within the 117 FOI requests during 2023-2024.
9. The seemingly small number of SARs received this year does not truly reflect the workload associated with them. SARs often require a significant amount of staff time due to their complex nature and because they often involve processing large amounts of data that must be collated, reviewed and disclosed accurately within statutory timeframes. SARs will usually involve numerous officers from departments across the whole Service requiring coordination and accurate scrutiny of different systems.

Say So

10. In mid-March 2023, a confidential and anonymous staff reporting line was introduced. This is coordinated by a contracted company called 'Say So'. Representatives from Say So have so far briefed 300 HWFRS firefighters and staff about the reporting line via 11 online video calls and 23 physical visits. Say So reporting products have also been extensively advertised across the organisation.
11. Say So is an external, independent and impartial service for any employee of HWFRS to report any type of workplace issues or concerns, it is not just for behavioural concerns. Say So can securely accommodate anonymous, confidential, or fully open reports and these are cleansed where necessary to prevent identification of the reporter. Their systems and protocols have been designed to manage all data securely. Additionally, their staff are all safeguarding trained and very experienced.

12. The aim of Say So is to support individuals by receiving and processing their concerns and then making them accessible directly to the relevant senior leaders, so that the issue can be investigated if necessary, and a resolution sought where it is required. Say So have been commissioned so that all employees can safely and confidently engage and be included by having issues assessed and acted upon where appropriate. Wherever possible our collective aim is to identify learning to ensure the best possible workplace culture.
13. However it must be noted that Say So is an additional staff reporting mechanism. It does not replace the current reporting procedures available within HWFRS. Staff should always try to report matters internally with managers in the first instance, before using Say So and this happens in the majority of cases. All employees are encouraged to challenge directly, or report to a manager promptly, all inappropriate behaviour, whenever it is encountered, in any form in the workplace. Say So provides a route for an employee to report a concern where they feel they cannot openly or directly report the matter to their managers.
14. On 30 March 2023, the HMICFRS Spotlight Report recommended that by 1 October 2023, Chief Fire Officers should make sure their Services provide a confidential way for staff to raise concerns and that staff are aware of whistleblowing processes. Having a confidential independent reporting line in place ensures that the Service meets this requirement.
15. Since March 2023, there have been 28 concerns raised via Say So by members of staff.
16. Figure 1 shows how many concerns have been received by month, clearly showing how the numbers of concerns have reduced more recently:

Month 2023/2024	Number
March/April	8
May	5
June	1
July	4
August	3
September	4
October	2
November	0
December	0
January	1
February	0
March	0
Total	28

Figure 1 - Total concerns per month 23/24

17. Having reviewed the concerns received these have been classified into the following themes:

Type of Concern	Number
Policy	1
Equipment	1
Culture	3
Line Manager	1
Conduct	14
Contract/T&Cs	8
Total	28

Figure 2 – Concerns by type

18. Once received, each concern is followed up. These are dealt with via the most appropriate manager and responses provided via the Say So portal where an anonymous concern has been raised or directly to the individual when they have provided their name. Some concerns raised are either linked to each other or already under investigation, and can easily be dealt with via one investigation or a simple review. On occasions when the concern has been raised anonymously or accusations have been made, there is often insufficient information provided to support a further investigation. In these circumstances managers will seek out further information locally and the person raising the concern is contacted via the portal or directly and asked to provide more information. Where further information is not forthcoming the matter is noted and recorded and no further action is taken unless more information come to light.
19. Matters raised through Say So in the last year have resulted in:
- Broken equipment being fixed expediently
 - Policy review, restating of terms and conditions
 - Reviews of potential fairness/equality issues
 - Misconduct being identified and addressed
 - Staffing levels/minimums being re-enforced
20. Of note, only one concern has resulted in the suspension and dismissal of staff. This case was related to an allegation of drug use, which after investigation and a full hearing resulted in the dismissal of two employees.
21. In September 2023, Say So PLUS was introduced. Say So PLUS is for use by members of the public who wish to provide feedback or make complaint about service provided by an organisation who subscribes to the Say So PLUS service. Since inception there has been one concern raised.

Summary

22. The role of the Audit and Standards Committee includes the monitoring and review of the Authority's corporate governance arrangements. This includes responsibility for considering the process with regards to compliments, complaints and concerns made by the public. This process was last reviewed in December 2018 and was considered to be robust and fit for purpose. There have been no significant issues that have arisen since this date and it has not been necessary to make any changes in Service delivery. The FOI and SAR processes are continually monitored for improvement opportunities.
23. Your officers are satisfied that there are no significant levels of recurring themes or trends in complaints being reported to give any cause for concern.

Corporate Considerations

<p>Resource Implications (identify any financial, legal, property or human resources issues)</p>	<p>The complaints, concerns and compliments process uses existing resources.</p> <p>The FOI and SAR process uses existing resources.</p>
<p>Strategic Policy Links & Core Code of Ethics (Identify how proposals link with current priorities & policy framework and align to the Core Code of Ethics)</p>	<p>The complaints, concerns and compliments process links to the Authority's Code of Corporate Governance.</p> <p>The FOIA and SAR process links to statutory and legislative frameworks. (GDPR and DPA 2018 FOIA 2000)</p>
<p>Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).</p>	<p>The Audit & Standards Committee receive an annual report to provide assurance to Members that the processes are effective. Legal Services Officers monitor for any emerging trends in reported concerns and complaints on a monthly basis.</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 – no policy change is recommended</p>

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

Supporting Information

Background papers:

Hereford & Worcester Fire Authority Annual Governance Statement and Code of Corporate Governance

Report of the Assistant Chief Fire Officer

Health and Safety Committee Update: October to December 2023 (Quarter 3)

Purpose of report

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

Recommendation

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

- (i) The involvement of the Service in Health and Safety initiatives;*
- (ii) Health and Safety performance information recorded during October to December 2023 (Quarter 3); and*
- (iii) Workforce Health & Wellbeing performance (Quarter 3).*

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 Assistant Chief Fire Officer and last met on 20th March 2024.
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.

Health & Safety Initiatives Update

National Activities

5. The main focus at national level is the ongoing investigative work and data collection by NFCC and HSE to minimise the risk of Carcinogens to firefighters and support staff in their duties.

Regional Activities

6. The regional group met on 4th March 2024 at Staffordshire FRS Headquarters.
7. Dr Julie Gandolfi delivered a presentation and demonstration on Driver Metrics to the regional committee.
8. West Midlands Regional Committee were asked to review KPIs for each service to align the West Midlands Region for more efficient data analysis.

HWFRS Local Activities

9. Hereford and Worcester Fire and Rescue Service Peer Review Audit took place in November 2023 for 3 days led by West Midlands Fire Service. Topics audited were Breathing Apparatus (BA) and Personal Protective Equipment (PPE), which incorporated carcinogen contamination. The full report was submitted to SLB for review in December. An action plan has been generated from findings of the Peer Review for the Service to implement if reasonably practicable.
10. A new training provider has been identified to deliver Health and Safety courses via E-learning Platform to minimise the impact on staffing. The first block of courses commenced in January 2024.
11. HWFRS Resilience, Organisational, Intelligence & Learning System (ROIL) Safety Event Reporting Portal was launched in December as the first phase of the new Health and Safety Management system and provides a new, efficient method of reporting safety events and manages the investigations required of them.
12. HWFRS Contamination Working Group is now in its 3rd Quarter of the action plan. Progress has been made including:
 - LMS Contaminants Training Package
 - Contaminants Triple Play Video
13. There are 25 Health & Safety Policies in date and published.

14. 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 3, 324 risk assessments were reviewed, and 36 new risk assessments were created.

Figure 1 – Risk Assessment Database

	Quarter 4 (22/23)		Quarter 1 (23/24)		Quarter 2 (23/24)		Quarter 3 (23/24)	
Location	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	105	5	94	10	89	10	72	11
South District	97	14	103	12	85	15	94	11
West District	78	15	113	15	78	12	91	10
Training Centre	47	1	39	2	45	0	52	3
Others	31	4	5	3	22	7	15	1
Total	358	39	354	42	319	44	324	36

Quarter 3 Performance Report

15. Appendix 1 provides details relating to all safety events reported and investigated during Quarter 3 of the 2023-24 reporting year (October to December).
16. The total number of safety events reported in Quarter 3 (49) has increased by 9 compared to the previous quarter (40). The most significant increases were in the Vehicle Collisions and Near Hit categories. All incidents were investigated at an appropriate level, with no significant findings identified.
17. Seven events have been reported to the Health & Safety Executive (HSE) under the RIDDOR regulations, due to a loss of over 7 days working days/dangerous occurrences. The majority of these reported incidents were minor muscle/soft tissue injuries resulting from operational activity or training.
18. Ten basic specialist investigations occurred.

Workforce Health & Wellbeing Update Quarter 3 2023-24

Performance Overview – Quarter 3 2023-24

HWFRS Sickness Data and Activity Quarter 3 2023-24

1. Appendix 2 (Performance Overview) provides data relating to all sickness absence by workforce group and main causes of sickness absence in Quarter 3.
2. In comparison to Quarter 2, there has been a slight decrease in the total days/shifts lost to sickness absence for all staff (Q2 at 2.29 versus Q3 at 2.27), with 851 day/shifts lost overall. The Service continues to monitor and review attendance levels in line with the updated Attendance Management Policy and supports managers in the timely resolution of absence cases.
3. There were 3 main causes of sickness absence; Mental Health (25%), Musculo-Skeletal (MSK) (19%) and Respiratory (15%).

Mental Health

4. There were 216 days/shifts lost due to Mental Health across all categories (Stress, Depression and Other), featuring a combination of perceived work-related factors and personal factors. Personal factors included bereavement and family issues. The work-related factors included management/workplace issues such as managing performance, workplace disputes, and workload. Overall, there were 6 long term sickness cases within this category (4 within the Wholetime workgroup, 1 within the Support workgroup and 1 within Fire Control) and 2 of the cases cited work related factors. Three of the individuals have now returned to work.

MSK

5. There were 164 days/shifts lost due to MSK absences. Long-term sickness absence cases have been supported to return to work via phased return to work plans. Some of the absences were due to surgical interventions to remedy existing injuries or injuries that had been acquired from recreational sports activities. Fifteen employees were off for short term periods in the Quarter. Of the 7 long term sickness cases in Quarter 3, all 7 of the individuals have now returned to work.
6. Individuals are encouraged to seek early support via The Fire Fighter's Charity or Occupational Health (OH) Physiotherapy for any MSK issues they may be experiencing.

Respiratory

7. There were 130 days/shifts lost for Respiratory related absences, with the majority of days/shifts lost within the Cold/Cough/Influenza category (97 days/shifts lost). Some of the absences may be due to COVID-19 infections although testing is no longer a mandatory requirement. The Service regularly reminds employees to maintain infection control measures in the workplace to minimise Respiratory infections and during Quarter 3, the Service encouraged staff to book flu vaccinations.

Health Management data and activity

8. Appendix 1 (Health Management) provides data relating to management referrals to OH in Quarter 3. There were 33 new management referrals in Quarter 3, compared to 30 management referrals made in Quarter 2.
9. The top reasons for referrals to OH related to Mental Health (11 referrals) and MSK disorders (10 referrals). This is consistent with previous quarters.
10. Of the 11 referrals for Mental Health, 5 employees cited work related factors. N.B. mental health is not included in work related reporting figures. Referrals for long term sickness absence cases may be reflected within the previous quarter, however, review appointments are carried out throughout the absence.

Mental Health at Work Commitment

11. Good progress has been made on the Mental Health at Work Commitment action plan during Quarter 3. Achievements include collaboration with the Corporate Communications Team to produce a Triple Play video that highlights and promotes The Fire Fighters Charity's range of health and wellbeing programmes, and fundraising opportunities.
12. The Service is actively enhancing the content of the "Back Up Buddy" App and continuing to advocate for health and wellbeing campaigns via our SharePoint page and Wellbeing Champions. Additionally, a Triple Play video was developed in support of 'Time to Talk Day' in February 2024 which introduced the new Wellbeing Champions Group. The video also featured a short clip from the Norwich City Football Club's World Mental Health Day video "You Are Not Alone". The powerful video focuses on the critical issues of suicide prevention and mental health awareness.

Routine Medical Assessment Compliance and Outcomes

13. Appendix 2 (Routine Medical Assessment) provides medical and fitness data from the Operational Assurance Report for Quarter 3 2023-2024.
14. The medical compliance rate for available operational staff for 3 yearly medicals in Quarter 3 is 100%. This figure includes 98% (482) of staff who have completed their medical and 2% (7 staff) who are temporarily unavailable due to sickness,

career break etc. Annual medicals are also 100%, including 95% (40 staff) who have completed their medical and 5% (2 staff) who are temporarily unavailable.

Routine Fitness Assessment Compliance and Outcomes

15. The fitness compliance rate of operational employees has remained the same in Quarter 3 compared to Quarter 2. 93% (496 staff) who are required to have an annual fitness test were in date in Quarter 3. Of the outstanding 7% (35 staff), 17 have a fitness test booked and 18 are temporarily unavailable.
16. 10% of currently tested staff are in the “Amber zone” – a slight decrease from Quarter 2 (11%). 86% of currently tested staff are in the “Green zone”. 4% of currently tested staff are in the “Red zone” (4 individuals) which is a decrease from Quarter 2 (7%). Of these, 1 individual who failed their fitness test at the start of Quarter 3 has been retested and now sits in the “Amber zone”. 1 individual was unable to complete a planned fitness assessment due to a high blood pressure reading prior to the test, and are included in the Red category figures. The individual is currently seeking medical advice before scheduling another test.
17. HR are closely monitoring the progress of these staff and are providing support where needed such as allocating individuals their own Service Personal Trainer (PTs). The final two fitness test failures pertain to a single individual who has been advised to improve both their physical fitness and cardiovascular capacity before attempting another assessment. They have been allocated a Service Personal Trainer who is working with them to develop a fitness improvement plan.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Contained within H&S budgets and departmental capacity.
Strategic Policy Links & Core Code of Ethics (Identify how proposals link with current priorities & policy framework and align to the Core Code of Ethics)	Corporate Strategy: ensuring firefighter safety. In addition, develop and train in the People Strategy; and Community first and Leadership of the CCoE.
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 & 2.

Supporting Information

Appendix 1: Quarter 3 (Oct 23 – Dec 23) Event Reporting and Summary

Appendix 2: Quarter 3 (Oct 23 – Dec 23) HR Data Reporting

Health and Safety Quarterly Report
 Quarter 3 (October 2023 – December 2023) Event Reporting and Summary

1. Overview

In the period of Q3 a total of **49** Health and Safety (H&S) events were reported. They fall into the categories of:

- 18 Personal Injury
- 15 Vehicle Collisions
- 13 Near Hits or Causes for Concern (**PLEASE NOTE, THIS NOW CONTAINS PROPERTY OR EQUIPMENT REPORTING**)
- 0 Exposure or Contamination
- 3 Violence or Aggression

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

2. Breakdown of Events

By Activity

Table 1 shows that during Q3, **Personal injury** were the most frequently reported incidents. The majority occurred during training and operational activities.

	Total	Training	Operational Activities	Routine Activities	Other
Total H&S Events	49	18	19	6	6
Personal Injury	18	8	7	1	2
Vehicle Collision	15	1	7	4	3
Near Hit/Cause for Concern/Equipment	13	9	2	1	1
Exposure or Contamination	0	0	0	0	0
Violence or Aggression	3	0	3	0	0

Table 1: Safety Event Breakdown Q3 2023-2024

By Injury Type

Table 2 identifies the area to be the main cause as Slips, Trips & Falls.

Total Personal Injuries	18
Manual Handling	4
Slips, Trips & Falls	5
Hit by Moving Object	3
Hit Stationary Object	1
Burns – Operational	0
Burns – Training	1
Other	4

Table 2: Personal Injury Breakdown Q3 2023-2024

By Vehicle Type

Table 3 highlights that vehicle collisions during this quarter has mostly involved appliances off 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	5	7	0	3	0

Table 3: Vehicle Breakdown Q3 2023-2024

Vehicle Mileage Statistics

Vehicle mileage statistics for the year 2022-2023 were provided by the Operational Logistics Fleet Department and have been used to predict vehicle mileage for 2023-24. These are summarised in Table 3A below. There were three white fleet safety events out of approximately 187,991 miles driven, which equates to one event for every 62,664 miles driven.

The twelve safety events involving red fleet vehicles were out of approximately 71,725 miles driven, which equates to one event for every 5,977 miles driven.

Fleet	Total Mileage 2022-2023	Predicted Mileage per quarter 2023-2024
White Fleet	751,964	187,991
Red Fleet	286,900	71,725
	Totalling 1,038,864 miles	Totalling 259,716 miles

Table 3A: Vehicle Mileage Statistics Q3 2023-2024

3. Events Requiring Investigation during Quarter 3 (October 2023 – December 2023)

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 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.

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.

Ten events reported during Q3 required a Tier Two Specialist Investigation. Please refer to the brief description section at the end of the document for details.

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 Q3 required a Tier Three Specialist Investigation.

RIDDOR Events for Quarter 3

During Q3, seven RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reports were submitted to the Health and Safety Executive (HSE). Please refer to the brief description section at the end of the document for details.

4. Comparison between Quarters and Trend Analysis

Comparison of Events Reported Showing Differences Q3 2022-23 & Q3 2023-24

Event Type	Q3 2022-23	Q3 2023-24	Increase/Decrease
Personal Injuries	18	18	-
Vehicle Collisions	16	15	-1
Near Hit/Cause for Concern/ Equipment	8	13	+5
Exposure / contamination	0	0	-
Violence & Aggression	0	3	+3
Overall	42	49	+7

Table 4: Quarterly Events Reported Q3 2022-23 and Q3 2023-24

Trend Analysis

Table 4 above compares the number of events reported for the different categories. For events over the last 12 months, two of the categories experienced an increase, one reported a decrease and two stayed the same.

Overall, event reporting as a whole increased by seven driven by the near hits category.

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. Q3 figures show an increase in the number of events reported this quarter vs Q2.

	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
Total H&S Events	26	45	40	49
Personal Injury	7	12	16	18
Vehicle Collision	7	14	9	15
Near Hit/Cause for Concern/ Equipment	8	18	14	13
Exposure or contamination	3	0	1	0
Violence or Aggression	1	1	0	3

Table 5: 12 Month Trend Analysis Q4 2022 – 2023 to Q3 2023 – 2024

Brief Description of all Safety Events

A1. Personal Injury

Of the **49** H&S events reported, **18** relate to the category of Personal Injury. These are described in Table A1 below:

Sub-Categories	Break-down of Injuries in Each Sub-Category
Events during Operational Work	PI1701 - Relates to an ankle injury. Soft tissue damage and a fracture to the bottom of the bone. BASIC SI. RIDDOR (Over 7 days off) .
	PI1702 - Relates to finger injury. BASIC SI. RIDDOR. (Over 7 days off)
	PI1707 - Relates to an injury caused to a firefighter's shoulder whilst dismounting the appliance at an incident. The injury was a pre-existing injury. RIDDOR. (Over 7 days off)
	SER-000003 - Relates to a wrist injury.
	SER-000018 - Relates to muscle injury while launching boat.
	SER-000044 - Relates to a BA wearer being injured due to falling debris within property whilst firefighting. BASIC SI. RIDDOR. (Dangerous occurrence)
	SER-000045 - Relates to the collapse of a second storey floor resulting in BA wearer falling. BASIC SI. RIDDOR. (Dangerous occurrence)
Events during Operational Training	PI1705 - Relates to a firefighter receiving burns on his shoulder after training at Defford, possibly due to slightly too tight kit.
	PI1708 - Relates to a firefighter causing the jack beam to raise off the floor resulting in an injury to another crew member
	PI1709 - Relates to a firefighter causing the jack beam to raise off the floor resulting in an injury to another crew member
	SER-000002 - Relates to a firefighter injuring his back during a confined ladder pitch whilst performing the tilt and turn.
	PI1706 - Relates to an injury to firefighter during water course where his knee hit a rock under the water.
	SER-000020 - Relates to an arm injury whilst extending the ladder.
	SER-000028 - Relates to subluxation of left shoulder during an initial WFR course. RIDDOR. (Over 7 days off)
	PI1699 - Relates to a knee injury.
Events during Routine Work	SER-000041 - Relates to a firefighter's leg being trapped between appliance door and appliance steps
Events classed as Other	PI1700 - Relates to a casualty feeling dizzy and light-headed following being rescued from an exercise.
	SER-000047 - Relates to a member of the public tripping over a chain fence between the Station and John Wood Tyres.
	Totalling 18 personal injuries
	36 Working days lost in total

Table A1: Personal Injuries Reported during Q3 2023 – 2024

A2. Vehicle Collisions

Of the **49** H&S events, **15** 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 **EMERGENCY** 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
Events during Operational Work	VA1693 - Relates to vehicle accident with appliance hitting a stone wall whilst the driver reversed down a narrow lane. Two banksmen were in place.
	VA1695 - Relates to a collision whilst responding to an incident. EMERGENCY.
	VA1696 - Relates to vehicle accident where appliance reversed into a concrete planter.
	VA1701 - Relates to damage caused to vehicle whilst appliances were on route to an incident. EMERGENCY.
	VSE-000003 - Relates to attending a building fire where the wing mirror of the fire engine struck a tree branch. EMERGENCY.
	VSE-000004 - Relates to the nearside mirror being broken. EMERGENCY.
Events during Operational Training	VSE-000005 - Relates to the appliance colliding with another car whilst going around a bend whilst responding to a potential house fire. EMERGENCY.
Events during Operational Training	VA1698 - Relates to vehicle slow maneuvering into a car park, came into contact with a closed gate.
Events during Routine Work	VA1692 - Relates to vehicle accident whilst driving along M50. Stone chipped up and hit windscreen, causing a crack in it.
	VA1694 - Relates to vehicle accident whilst slow maneuvering around a corner with parked cars.
	VA1702 - Relates to vehicle colliding with street furniture whilst slowly reversing (with banks person)
	VA1703 - Relates to collision with fallen branch off tree on road. BASIC SI.
Events classed as Other	VSE-000002 - Relates to small chip to service vehicle from other non-service vehicle door
	VA1699 - Relates to a vehicle catching a wall when the road narrowed.
	VA1700 - Vehicle reversed upside of station, collided with wall.
	Totalling 15 vehicle collisions

Table A2: Vehicle Collisions Reported during Q3 2023 – 2024

A3. Near Hits (including Causes for Concern, Property or Equipment)

Of the **49** H&S events, **13** relate to the category of Near Hits - these are further described in Table A3 below.

Sub-Categories	Breakdown of Near Hits or Causes for Concern in Each Sub-Category
Events during Operational Work	PE1659 - Relates to charging lead for appliance snapping after being caught in the window after being unplugged.
	SER-000043 - Relates to equipment moving around whilst appliance in transit.
Events during Operational Training	NHCC1688 - Relates to Holmatro airbag on/off valve button being faulty and allowing air through even though the button is in a neutral position. BASIC SI.
	NHCC1690 - Relates to BA mask melting during the second exercise

	at Defford. It melted due to 'hot loading.' BASIC SI.
	NHCC1691 - Relates to LDV failure on a set being worn during training at Defford. BASIC SI. RIDDOR (Dangerous occurrence).
	NHCC1692 - Relates to visor beginning to deform due to heat. BASIC SI.
	NHCC1693 - Relates to a BA mask melting during CFBT. BASIC SI.
	PE1658 - Relates to GP line being used to change the direction of a vehicle wheel during training. The GP line snapped.
	VA1697 - Relates to puncture to boat during SRT water rescue training.
	NHCC1694 - Relates to service vehicle bumping bins but no damage caused.
	SER-000027 - Relates to BA wearer being led out of the training facility feeling dizzy.
Events during Routine Work	SER-000058 - Relates to a main delivery failure.
Events classed as Other	PE1657 - Relates to appliance bay door not latching properly whilst crew left for an incident. They came back to find door open.
	Totalling 13 near hits or causes for concern

Table A3: Near Hits or Causes for Concern Reported during Q3 2023 – 2024

A4. **Violence or Aggression**

Of the **49** H&S events, **3** relate to the category of Violence or Aggression.

Sub-Categories	Breakdown of Violence or Aggression in Each Sub-Category
Events classed as Other	AV1645 - Relates to abuse from occupant of flat whilst assisting ambulance crews to gain entry.
	AV1646 - Relates to targeted fireworks from youths whilst crew put out fire in the open
	AV1647 - Relates to occupier being aggressive to crews whilst trying to get into house.
	Totalling 3 Violence

Table A4: Violence or Aggression Reported during Q3 2023 – 2024

A5. **Exposure or Contamination**

Of the **49** H&S events, **none** relate to the category of Exposure or Contamination.

Sub-Categories	Breakdown of Violence or Aggression in Each Sub-Category

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 1 report of skin reddening during Q3. 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.

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.

11 potential exposure/contamination events/incidents were recorded during Q3, involving firefighters. None of which became a safety event.

Health and Safety Quarterly Report Quarter 3 (Oct 23– Dec 23) Data Reporting

1. Performance Overview

All sickness absences Q3 2023-24

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

Table 1: All sickness absence by workforce group Q3 23-24

Days/Shifts lost due to sickness (per person) ¹			
	Short	Long	Total
All Staff	0.93	1.34	2.27
WT	0.84	0.77	1.61
FC	1.40	2.52	3.92
Support Staff	0.98	2.18	3.16

Table 2: Main causes of sickness absence

Category	Days/Shifts Lost
Mental Health	216
MSK	164
Respiratory	130

2. Health Management

New management referrals Q3 2023-24

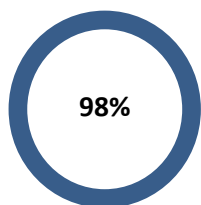
Category	Number of referrals
Mental Health	11
MSK	10
Other (linked to fitness assessment)	4
Gynaecological	3
Headache/Migraine/Neurological	1
Skin Condition	1
Cancers	1
Chest/ respiratory	1
Gastrointestinal	1
Total	33

- There were 2 referrals due to work-related injuries, however, 5 of the 11 Mental Health referrals cited perceived work-related stress. **Please note that mental health is not counted towards work related figures.**

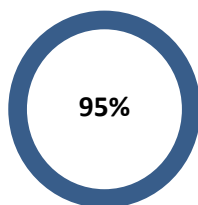
¹ Figures provided by P&I

3. Routine Medical Assessment Compliance and Outcomes

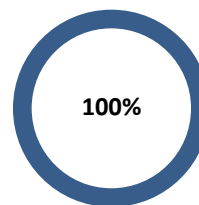
- 100% of available operational employees who are required to have a medical assessment are in date. The figures below show the percentage of staff who are currently in date for their medicals at the end of Quarter 3 2023-2024
- All outstanding staff are temporarily unavailable, due to sickness, career breaks etc.



of operational employees requiring a 3 yearly medical are in date



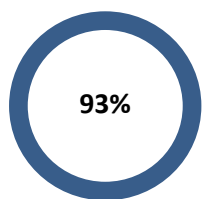
of operational employees requiring an annual medical are in date



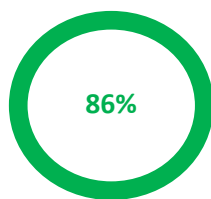
of operational employees have completed an asbestos medical

4. Routine Fitness Assessment Compliance and Outcomes

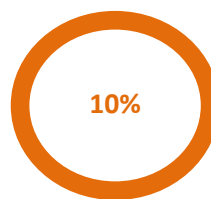
- The fitness data below shows information from the Operational Assurance Report at the end of Quarter 3 2023-2024 and is supplemented by management information provided by the Fitness Advisor at the University of Worcester:



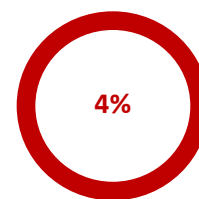
of operational employees have an in-date fitness test.



have a VO² max of 42 and above



have a VO² max score of between 35-41.



have a VO² max score of below 35

- 93% (496 staff) who are required to have an annual fitness test were in date in Quarter 3, of which 86% have a VO₂ max of 42 and above. Of the outstanding 7% (35 staff), 17 have a fitness test booked and 18 are temporarily unavailable.