HEREFORD & WORCESTER
Fire Authority

Audit and Standards Committee

AGENDA

Wednesday, 20 April 2022

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
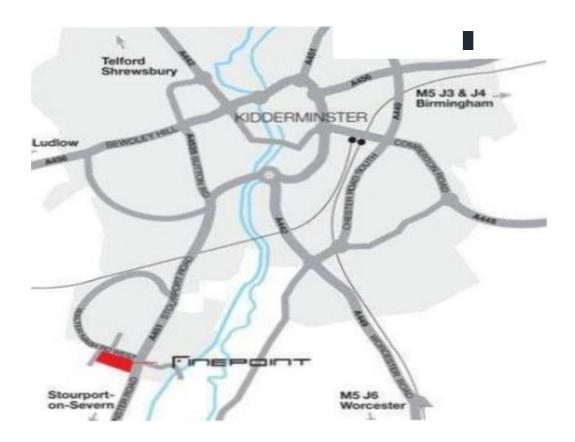
SAT NAV: DY11 7FB

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.

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- 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;**

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- 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, 20 April 2022, 10:30

Agenda

Councillors

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

No.	Item	Pages

1   Apologies for Absence

To receive any apologies for absence.

2   Named Substitutes

To receive details of any Member of the Authority nominated to attend the meeting in place of a Member of the Committee.

3   Declarations of Interest (if any)

This item allows the Chairman to invite any Councillor to declare an interest in any of the items on this Agenda.

4   Confirmation of Minutes   **1 - 5**

To confirm the minutes of the meeting held on 19 January 2022.

5   Internal Audit Progress Report 2021/22   **6 - 20**

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

6   Draft Annual Governance Statement 2021/22   **21 - 67**

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 2021/22 for approval.

Agenda produced and published by Chief Fire Officer and the Clerk to the Fire Authority
For further information contact Committee & Members' Services on 01905 368 241/209/219 or email committeeservices@hwfire.org.uk

Hereford & Worcester Fire Authority

Audit and Standards Committee

Wednesday, 19 January 2022,10:30

Chairman: Mr M Hart
Vice-Chairman: Mr A Amos

Minutes

Members Present: Mr A Amos, Mr D Boatright, Mr S Bowen, Mr B Brookes, Mr I D Hardiman, Mr Al Hardman, Mr M Hart, Mrs E Marshall, Ms N McVey

| 221 | Apologies for Absence |

Apologies were received from Cllr B Clayton, Cllr R Morris and Cllr D Toynbee.

| 222 | Named Substitutes |

There were no named substitutes.

| 223 | Declarations of Interest (if any) |

There were no declarations declared.

| 224 | Confirmation of Minutes |

RESOLVED that the minutes of the meeting held on 30 September 2021 be confirmed as a correct record and signed by the Chairman.

| 225 | External Audit Findings Report 2020/21 |

The External Auditors, Grant Thornton UK LLP, presented the Audit Findings Report for consideration and the Letter of Representation for approval.

Members were informed that the Audit Findings Report set out any issues that the Committee should consider before approving the accounts, it provided the draft audit opinion and Value For Money conclusion and Members were pleased to note that once again these raised no issues of

concerns.

Members noted that the majority of the Audit was completed at the end of October with the exception of the valuation of properties, which took several further weeks to complete due to previous issues with the valuations undertaken by PPL. New valuations were undertaken by the Police & Crime Commissioner's Property Team upon the Treasurer's request and the Audit was finalised mid December.

Members were asked to approve the Letter of Representation before it could be signed by the Chairman and the Treasurer, to allow the Audit to be formally concluded.

RESOLVED that:

i) the Audit Findings Report be noted; and

ii) the Letter of Representation be approved.

226   Auditor's Annual Report 2020/21

Members were presented with the Auditors Annual Report 2020/21 from the External Auditors, Grant Thornton UK LLP.

Members were informed that the Auditors undertook a risk assessment to identify any significant risks which needed to be addressed before the value for money conclusion was reached. The Auditors assessed the Authority's financial resilience as part of their work on the value for money conclusion. Members were pleased to note that no issues had been reported and thanked the Auditors for a clear and concise report.

RESOLVED that the Auditors Annual Report 2020/21 from the External Auditors, Grant Thornton UK LLP, be noted.

227   Statement of Accounts 2020/21

The Treasurer presented Members with the 2020/21 Statement of Accounts for approval.

Members were made aware that the Accounts were signed off by the Treasurer on 30 July in line with the Regulations, but after the original date agreed with the Auditors. There had been a number of resources issues, both in the Service and for the Auditors which had resulted in the Audit extending over a longer period than envisaged. The Accounts were not ready for approval by the statutory deadline, and this was recognised by the appropriate public notice.

Members were informed that since the sign off of the Accounts by the

Treasurer, they had been subject to Audit with the result that a number of changes had been made. Some of these had been of a minor nature, mainly typographical, or updating of the Notes to the Accounts to improve the disclosure and the property valuation changes had also been included.

Having already considered the Audit Findings Report (item 225 above) Members were asked to approve the Statement of Accounts, which when published would include the Audit Opinion and the approved Annual Governance Statement.

RESOLVED that having already noted the Audit Findings Report, the Statement of Accounts 2020/21 be approved.

228   **Internal Audit Draft Audit Plan 2022/23**

The Head of Internal Audit Shared Service provided Members with the Draft Audit Plan for 2022/23.

Members noted that the Plan would be reviewed regularly and would remain reasonably flexible with any changes being discussed with the Treasurer and reported to Committee for the justification of any changes.

RESOLVED that the 2022/23 Draft Internal Audit Plan be approved.

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

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

Members were pleased to note that the Safeguarding and Young Firefighters review had been finalised and the Payroll review had been completed and would be reported to Committee as soon as it was finalised. Members were pleased to note that there were no exceptions to be reported and with ongoing reviews taking place, were satisfied with the progress.

RESOLVED that the report be noted.

230   **People Strategy 2022 - 2025**

The Deputy Chief Fire Officer presented Members with the People Strategy 2022 – 2025 for consideration and approval.

Members noted that there were five key aims of the strategy, which would be delivered over the next 5 years starting in April 2022, and an action plan would be reported to the Committee yearly.

Members thanked Officers for providing a very well presented document which aided the understanding with the graphics and were pleased to note that further documentation would be provided in the same way as and when they were updated.

RESOLVED that the Authority considers and approves the People Strategy 2022 – 2025.

231 **Equality & Gender Pay Gap Report 2020/2021 and Equality Objectives Progress Update**

The Deputy Chief Fire Officer presented Members with the Equality & Gender Pay Gap Report 2020/2021 and the Service's Equality Objectives 2021-2025 for Q1-Q2 2021-2022.

Members were reminded that the Gender Pay Gap was not about paying men and women differently in the same role. Members noted the contents of the report and approved it for publication.

Members were pleased to note that more female members of staff were moving to senior level roles within the Service. The Chief Fire Officer assured Members that he was very positive in the direction the Service was travelling.

Following discussion it was agreed that Cllr E Marshall and Cllr N McVey would share the role of Member Champion, alongside Cllr Bowen who had confirmed he would stand again in June 2022.

RESOLVED that the Committee:

i)   notes the content of the Equality & Gender Pay Gap Report 2020/2021 and approves its publication.

ii) notes the progress made against the Equality Objectives 2021-2025 for Q1–Q2 2021/2022.

iii) appoints Cllr E Marshall and Cllr N McVey jointly as additional Members of the Audit and Standards Committee as Member Champion for Equality, Diversity and Inclusion.

232 **Prevention Cause of Concern – Action Plan Update**

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

The Chief Fire Officer assured Members that he was pleased with the Service's progress and the fact that there was no immediate reinspection was testimony to the work that had been done.

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

233   Health and Safety Committee Update: July – September 2021 (Quarter 2)

The Assistant Chief Fire Officer presented Members with the Health and Safety update on activities and items of significance.

Members noted the report and were pleased that the general number of incidents were decreasing which was testament to the health and safety procedures in place.

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 July to September 2021 (Quarter 2).

The Meeting ended at: 12:06

Signed:……………………………   Date:………………

        Chairman

Report of the Head of Internal Audit Shared Service

Internal Audit Progress Report 2021/22

Purpose of report

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

Recommendation

The Treasurer recommends that the report is noted.

Introduction and Background

2.   The Authority is responsible for maintaining or procuring an adequate and effective internal audit of the activities of the Authority under the Accounts and Audit (England) Regulations 2018.   This includes considering, where appropriate, the need for controls to prevent and detect fraudulent activity. These should also be reviewed to ensure that they are effective. This duty has been delegated to the Treasurer and Internal Audit is provided by Worcestershire Internal Audit Shared Service (WIASS). Management is responsible for the system of internal control and should set in place policies and procedures to ensure systems function correctly.

Objectives of Internal Audit

3.   The Public Sector Internal Audit Standards (as amended) defines internal audit as: "an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes".   WIASS is committed to conforming to the requirements of the Public Sector Internal Audit Standards (as amended).

Aims of Internal Audit

4.   The objectives of WIASS are to:
   - Examine, evaluate and report on the adequacy and effectiveness of internal control and risk management across the Fire Service and recommend arrangements to address weaknesses as appropriate;

   - Examine, evaluate and report on arrangements to ensure compliance with legislation and the Fire Service's objectives, policies and procedures;

- Examine, evaluate and report on procedures that the Fire Service's assets and interests are adequately protected and effectively managed;

- Undertake independent investigations into allegations of fraud and irregularity in accordance with Fire Service's policies and procedures and relevant legislation; and

- Advise upon the control and risk implications of new systems or other organisational changes.

5. Internal audit will work with external audit to try and avoid duplication of effort, provide adequate coverage for the 2021/22 financial year so that an internal audit opinion can be reached and support External Audit by carrying out reviews in support of the accounts opinion work. The audit plan is made available to the external auditors for information.

Audit Planning

6. To provide audit coverage for 2021/22, an audit operational programme delivered by WIASS was discussed and agreed with the Authority's Section 151 Officer and Treasurer and was brought before Committee on 28th July 2021 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. We recognise there are other review functions providing other sources of assurance (both internally and externally) over aspects of the Authority's operations. Where possible we seek to place reliance on such work thus reducing the internal audit coverage as required.

Independence and Safeguards

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

Risk Management

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

2021/2022 Audit Position

11.   There have been four reviews finalised regarding the 2021/22 plan since the last progress report:
- Main ledger
- Debtors (a/c's receivable)
- Creditors (a/c's payable)
- Payroll

12.   Reviews progressing for Q4 through testing stages included:
- Procurement and contracts
- Covid-19 Lessons Learnt, business resilience planning and implementation

13.   The outcome to the reviews listed in paragraph 12 above will be reported to Committee in summary form as soon as they are finalised.

14.   Due to delays being experienced regarding the Tech 1 Financial Processes (security) deployment this review will not be taking place this year as there is insufficient progress to review. The adjustment has been agreed with the Treasurer. Resource has been reallocated across the plan during the year to maximise coverage based on available resource and any emerging events.

2021/22 Audit Reviews:

Main Ledger

15.   This review was undertaken to provide assurance that Hereford & Worcester Fire and Rescue Service has suitable controls in place in regard to the main ledger and processes are working at an operational level to ensure a robust control environment. This light touch audit was undertaken to provide assurance that the data within the system is valid, accurate, complete and timely for decision making and the production of the annual statement of accounts

16.   The review found the following areas of the system were working well:
- Reconciliations are undertaken with the main feeder systems on a monthly basis.
- Journals can only be undertaken by officers within Finance. The Journals are created and posted by separate officers and are supported by relevant documentation.
- The suspense account is monitored and cleared. The balance at the time of the audit was not material.
- VAT returns have been completed on time.

17.   At the time of the review the payroll data had not been fully reconciled with the general ledger. Work on this has commenced and will be completed prior to the end of year external audit.

There were no risks identified and no recommendations reported.

Final report was issued: 22nd December 2021
Assurance: Full

Debtors (accounts receivable)

18.   This review was undertaken to provide assurance that Hereford & Worcester Fire and Rescue Service has suitable controls in place in regard to Debtors (accounts receivable) and processes are working at an operational level to ensure a robust control environment. This light touch review has been undertaken to provide assurance that debts owed to the Service are managed in line with Service Policy.

19.   The review found the following areas of the system were working well:
- Fees were raised, where applicable in line with the approved 2021/22 Fees and Charges
- Policies and procedures are implemented and adhered to
- VAT is dealt with accurately
- Income is recorded and posted correctly
- Reconciliations are performed and appropriately documented

There were no risks identified and no recommendations reported.

Final report was issued: 22nd December 2021
Assurance: Full

Creditors (accounts payable)

20.   This review was undertaken to provide assurance that Hereford & Worcester Fire and Rescue Service has suitable controls in place in regard to Creditors (accounts payable) and processes are working at an operational level to ensure a robust control environment. This light touch review was undertaken to provide assurance that payments to suppliers are only made where goods/services have actually been received, have only been made once and for the correct amount.

21.   The review found the following areas of the system were working well:
- There is segregation of duties between the officers ordering, authorising and paying for the goods/services
- Goods are receipted before payments are made
- Payments are made within 30 days of the date of the Invoice or there is a justified reason
- There are controls over payments to ensure the correct authorisation has been obtained
- Regular reconciliations are undertaken

22. The recommendation made within the 2020/21 audit was a low priority recommendation in relation to the updating of the Finance Assistant Manual detailing the process for BACS payment runs. This has not yet been undertaken due to resource availability but was only an advisory and poses a very low risk to the Authority.

There were no risks identified and no recommendations reported.

Final report was issued: 22nd December 2021
Assurance: Full

Payroll

23. This review was undertaken to provide assurance that Hereford & Worcester Fire and Rescue Service has suitable controls in place in regard to Payroll and processes are working at an operational level to ensure a robust control environment. The review was undertaken to provide assurance only bona fide employees are being paid correctly and in a timely manner including the payment of overtime and, the codings requirements are fully understood by all parties including Warwickshire County Council, enabling accurate importing of payroll files into the finance system.

24. The review found the following areas of the system were working well:
    - Starters and leavers are only actioned upon correct authorisation
    - Statutory deductions
    - Only Bona Fide employees are paid through the system

25. The review found the following areas of the system where controls could be strengthened:
    - Mileage Claims
    - Identification of Coding Errors
    - Overtime Claims

26. There were three 'medium' priority recommendations reported.

Final report was issued: 4th January 2022
Assurance: Significant

Follow Up Reviews

27. Follow up takes place regarding previously completed audits to provide assurance that recommendations have been implemented and any risk mitigated. Where there is a programmed annual visit to an area the 'follow up' is included as part of the audit review e.g. financials. Any material exceptions arising from audit 'follow up' will be brought to the attention of the Audit Committee. A key performance indicator and computer follow up review are in the process of being arranged and will be reported before Committee on completion. For the follow ups undertaken to date there are no material exceptions to report.

Quality Assurance Improvement Plan

28.   WIASS delivers the audit programme in conformance with the International Standards for the Professional Practice of Internal Auditing (ISPPIA) as published by the Institute of Internal Auditors. A self assessment took place in August 2020 to identify potential areas for improvement. An action plan was drawn up in August 2020 and agreed before the Client Officer Group in September 2020. Progress reports regarding the QAIP as at the end of the quarter have periodically been brought Committee. The continuing progress is reported for information at Appendix 5 as at the end of Q3, 31st December 2021.

Conclusion/Summary

29.   The Internal Audit Plan for 2021/22 is almost complete but will continue on a risk basis agreed by the Treasurer. The reviews currently being worked on will be finalised in due course and reported to Committee on completion.

Corporate Considerations

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

Supporting Information

Appendix 1 – 2021/22 Audit Plan summary.
Appendix 2 – 'High' priority recommendations for completed audits.
Appendix 3 – 'Assurance' and 'priority' definitions.
Appendix 4 – 'Follow Up' reporting
Appendix 5 – Quality Assurance Improvement Plan

FIRE & RESCUE SERVICE

INTERNAL AUDIT PLAN FOR 2021/22

Audit Area	Source	Planned days 2021/22		Service	Comment/Outline Scoping	Strategy link	Indicative Timing of Review	Latest Position
Accountancy & Finance Systems								
Main Ledger (inc Budgetary Control & Bank Rec)	Fundamental to HWFRS CRMP delivery	**6**		Finance	Reduction in days for a light touch system audit.	Resourcing for the Future	Q3 & 4	Final Report Issued 22nd December 2021 Full Assurance
Creditors (a/c's payable)	Fundamental to HWFRS CRMP delivery	**7**		Finance	Reduction in days for a light touch system audit.	Resourcing for the Future	Q3 & 4	Final Report Issued 22nd December 2021 Full Assurance
Debtors (a/c's receivable)	Fundamental to HWFRS CRMP delivery	**5**		Finance	Reduction in days for a light touch system audit.	Resourcing for the Future	Q3 & 4	Final Report Issued 22nd December 2021 Full Assurance
Payroll & Pensions inc GARTAN	Fundamental to HWFRS CRMP delivery	**11**		Service Support	Reduction in days for a light touch system audit.	Resourcing for the Future	Q3 & 4	Final Report Issued 4th January 2022 Significant Assurance
Review of Financial Processes Tech1	Fundamental to HWFRS CRMP delivery	**14**		Finance	Moving to web based so security checks to be undertaken	Resourcing for the Future	N/a	Deferred due to deployment delays.

Audit Area	Source	Planned days 2021/22		Service	Comment/Outline Scoping	Strategy link	Indicative Timing of Review	Latest Position
SUB TOTAL		**43**						
Corporate Governance								
Procurement and Contracts		**14**		Service Support	Area identified as part of 2020/21 discussions for 2021/22. ToR to include quality of specifications, matrix formulation, embedded training from 2020/21.	Fire & Rescue Authority	Q4	Commenced 7th March 2022. Testing being undertaken.
COVID-19 lessons learnt business resilience planning and implementation.		**8**		All	Risk associated with this area across the business to provide assurance that lesson learnt have been implemented. ToR to be Corporately identified lessons learnt implementation plan, ownership and overall progress.	Fire & Rescue Authority	Q4	Commenced 7th March 2022. Testing review completed.
SUB TOTAL		**22**						
System / Management Arrangements								

Audit Area	Source	Planned days 2021/22	Service	Comment/Outline Scoping	Strategy link	Indicative Timing of Review	Latest Position
Young Fire Fighters & Volunteering		10	All	Roll forward from 2020/21. Links to reputational risk, cost and value added requirements. Focus will be Droitwich as Redditch has closed. ToR to be agreed.	Fire & Rescue Authority	Q1	Final Report Issued 30th September 2021. Moderate Assurance
Safeguarding		10	All	Roll forward from 2020/21. Risk associated with this area of the business. Last looked at 2016/17. ToR to be Corporate ownership and responsibility?	Fire & Rescue Authority	Q1	Final Report Issued 30th September 2021. Moderate Assurance
SUB TOTAL		**20**					
Follow up Reviews	Good governance	7					KPI's completed with no exceptions to report.
Advice, Guidance, Consultation, Investigations	Support	8		Draw Down Budget			N/a
Audit Cttee support, reports and meetings	Support	11		Draw Down Budget			N/a

Audit Area	Source	Planned days 2021/22		Service	Comment/Outline Scoping	Strategy link	Indicative Timing of Review	Latest Position
SUB TOTAL		**26**						
TOTAL CHARGEABLE		**111**						

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

For the finalised reviews there are no 'high' priority recommendations to report.

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

Definition of Priority of Recommendations

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

Definition of Audit Opinion Levels of Assurance

Opinion	Definition
Full Assurance	The system of internal control meets the organisation's objectives; all of the expected system controls tested are in place and are operating effectively. No specific follow up review will be undertaken; follow up will be undertaken as part of the next planned review of the system.
Significant Assurance	There is a generally sound system of internal control in place designed to meet the organisation's objectives. However isolated weaknesses in the design of controls or inconsistent application of controls in a small number of areas put the achievement of a limited number of system objectives at risk. Follow up of medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.
Moderate Assurance	The system of control is generally sound however some of the expected controls are not in place and / or are not operating effectively therefore increasing the risk that the system will not meet its objectives. Assurance can only be given over the effectiveness of controls within some areas of the system. Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.
Limited Assurance	Weaknesses in the design and / or inconsistent application of controls put the achievement of the organisation's objectives at risk in many of the areas reviewed. Assurance is limited to the few areas of the system where controls are in place and are operating effectively. Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.
No Assurance	No assurance can be given on the system of internal control as significant weaknesses in the design and / or operation of key controls could result or have resulted in failure to achieve the organisation's objectives in the area reviewed. Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.

Follow Up Reviews

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

Quality Assurance Improvement Plan.

Action Number	Area for Action and Standards Reference	Outcome Required	Action	Lead person	Target Date for completion	Date of Completion	Latest Position (Quarterly)
1	1210.A1 - Training Requirements	Professional qualifications to be obtained.	Auditors to enhance their skills and qualifications through professional study e.g. IIA	Auditors	2023/24	Ongoing	December 2021: Auditor enrolled with IIA and continuing training to obtain further professional qualifications. **Progressing. On target.**
2	2420 - Timely Completion of Review Stages	Improvement in issuing the 'Draft Report' to the agreed date as set out in the Brief. To make improvements in the monitoring of the management response after the issue of a Draft Report.	Monitor the issue of Draft Reports and the receipt of management response during the financial year taking appropriate and timely action where the target dates are stressed.	Auditors	Mar-22	Ongoing	December 2021: Being monitored **Progressing. On target.**
3	2500.A1 - Follow Up	More efficient and timely follow up regarding reported management action plans.	To review and enhance the follow up process, and monitor progress to reduce potential slippage.	Audit Team Leader	Mar-22	Ongoing	December 2021: Included in Auditors work plan for the year. Being monitored and tracked and discussed at 1:2:1s **Progressing. On target.**

Hereford & Worcester Fire Authority
Audit and Standards Committee
20 April 2022

Report of the Head of Legal Services

Draft Annual Governance Statement 2021/22

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 2021/22 for approval.

Recommendation

It is recommended that the Draft Annual Governance Statement 2021/22 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 (England) 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.

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 2021/22.

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 July 2012. 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. There are no areas where immediate action is required.

13.   Members will also note that there were no areas where the direction of travel had decreased during 2021/22or where the status was less than satisfactory.
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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 (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications)	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.

Supporting Information

Appendix 1 – Draft Annual Governance Statement

Appendix 2 – Annual Governance Statement Assurance

Background papers:

Accounts and Audit (England) Regulations 2015

CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016

Hereford & Worcester Fire Authority Code of Corporate Governance

ANNUAL GOVERNANCE STATEMENT 2021/22

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.

- **Ethical Framework** - reflects the Authority's commitment to always operating fairly and ensuring dignity and respect in the workplace and in the communities we serve, in an environment which values individual contributions and work towards the elimination of unlawful discrimination.

- **Core Code of Ethics for Fire & Rescue Services** – the Authority has committed to implementing 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 is 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.

- **Complaints Systems** - in place for receiving and investigating complaints from 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. The Head of Legal Services acts as the Authority's Monitoring Officer and is governed by the professional standards set by the Solicitors' Regulation Authority.

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

- **Public Participation at Authority meetings** – members of the public can raise any topic at full Authority meetings as long as it is relevant to the duties and power of the Fire Authority. In the case of meetings that were held virtually during the Covid-19 pandemic, these were. streamed live on Youtube.

- **Public Consultation** - public consultation on the draft 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.

- **Internal engagement** – the Authority is committed to ensuring effective engagement with its staff. In additional to consultation and negotiation with recognised trade union bodies, for example via the Joint Consultative Committee (JCC), staff groups such as women@hwfire provide forums for engagement with staff. The Authority has also appointed an Employee Engagement and Wellbeing Officer

- **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 with a Strategic Alliance Plan 2018-2022 in place.

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

- **Fire Authority Annual Report 2021/22** (Corporate Plan) - 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

- **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 2016-2021 –** 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 2018-2023** – to ensure premises are sustainable, safe and meet operational need

- **ICT Strategy 2017-2020 -** 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

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 Senior Management 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 Senior Management 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.

- **Senior Management Board (SMB)** – involves all Principal Officers and Assistant Directors in supporting the Chief Fire Officer to lead the Service.

- **People Strategy 2020 - 2022** - 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. 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 have been implemented during the Covid-19 pandemic 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 Assurance Statement** - 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.

- **Her 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 2021/22 financial year.

4.3 The continued uncertainty during 2021/22 over the delayed Comprehensive Spending Review (CSR) along with the impact of Covid-19 required some re-allocation of revenue budget to support core business activity. 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.

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.
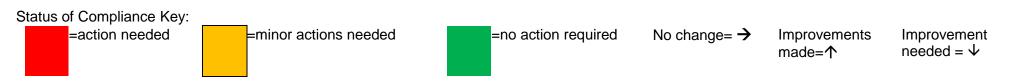
Chief Fire Officer/Chief Executive   **Chairman of the Fire Authority**

Date: 20th April 2022

Annual Governance Statement Assurances 2021/22 and Action Plan 2022/23 - Updated March 2022

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 2021/22 Actions	2022/23 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	• Audit & Standards Committee oversight • Authority Member Role Description • Ethical Framework in place – included in Members' Induction • 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 • Payments to Members	→	There were no actions identified for 2021/22	Implementation of the Core Code of Ethics for Fire & Rescue Services

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
		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)	• 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 • Board approved full adoption of Core of Ethics for FRS	→	There were no actions identified for 2021/22	Core Code of Ethics FRS implementation
	Leading by example and using the above standard operating principles or values as a framework for decision making and other actions	• Standard authority report template includes corporate considerations, including equalities • Equality Impact Assessments (EIAs) – included in corporate considerations section of Authority reports • SMB Sharepoint site • SMB visits to stations and departments	→	There were no actions identified for 2021/22	
	Demonstrating, communicating and	• Register of Staff Interests Policy	→		

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	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	• 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		Anti-Fraud and Corruption Policy to be reviewed	Anti-Fraud and Corruption Policy to be reviewed
Demonstrating strong commitment to ethical values	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	• Audit & Standards Committee • New Equality Objectives for 2021-2025 • Our Strategy • Monitoring complaints • Equality, Diversity & Inclusion Plan • Equality, Diversity & Inclusion Officer in place	→	There were no actions identified for 2021/22	
	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture	• Staff Code of Conduct • Ethical Framework • Whistleblowing Policy • Organisational Values in place	→	There were no actions identified for 2021/22	

31

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	and operation				
	Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values	- Organisational Values in place - 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	→	Anti-Fraud and Corruption Policy to be reviewed	Anti-Fraud and Corruption Policy to be reviewed
	Ensuring that external providers on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation	- Standing Orders for Regulation of Contracts - Procurement guidance – contractors also expected to adhere to Ethical Framework	→	There were no actions identified for 2021/22	
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	- In-house Head of Legal Services to provide advice - Updates in Service Bulletin - Constitution sets out requirements	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	regulations	• Ethical framework training • Training for managers on disciplinary policy • Safeguarding training			
	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	• Member/Officer Protocol • Constitution • Committee Terms of Reference • Scheme of Delegations to Officers • Members Role Description • Members Training	→	Induction for all new Members following Worcestershire County Council elections - completed	
	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	• 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 • CRMP Consultation	→	There were no actions identified for 2021/22	
	Dealing with breaches of legal and regulatory provisions effectively	• In-house Head of Legal Services to provide advice • Whistleblowing Policy • Anti-Fraud, Bribery and Corruption Policy	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
		• Safeguarding Policies • Modern Slavery Statement??			
	Ensuring corruption and misuse of power are dealt with effectively	• Disciplinary Policy • In-house Head of Legal Services to provide advice • Whistleblowing Policy • Anti-Fraud, Bribery and Corruption Policy	→	There were no actions identified for 2021/22	

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 2021/22 Actions	2022/23 Actions
Openness	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	• Website – your right to know section • Complaints process • Fire Authority Annual Report • Consultation Process • Publication Scheme • Public Participation at Authority meetings – guidance on website • Authority Meetings streamed on Youtube during lockdown • 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 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 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	• Access to Information Procedure Rules – public interest test • Authority and Committee meetings streamed on Youtube • 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 2021/22	
	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	• Authority reports set out corporate considerations • Minutes / decisions published • CRMP Consultation process • Fire Authority Annual Report	→	There were no actions identified for 2021/22	
	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/courses of	• After the Incident Surveys implemented and end of year report • Social Media Policy	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	action		🟩		
Engaging comprehensively with institutional stakeholders *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*	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	• Fire Authority Annual Report • Local Strategic Partnerships • Principal Officer meetings HWFRS/SFRS • Fire Strategic Alliance • PCC attends Fire Authority meetings as a non-voting member	→	There were no actions identified for 2021/22	
	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	• National Flood Support • Collaboration with the Police e.g. shared use of assets • Operational Policy – jointly created policy documents, sharing risk information • Collaborative approach to procurement • Local Strategic Partnerships • Safer Roads Partnership in West Mercia • Community Safety Partnerships and activities • West Mercia Local	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
		Resilience Forum			
	Ensuring that partnerships are based on: • 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	• Fire Authority Annual Report • 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 – Strategic Plan 2018-2022 • Joint Consultative Committee • Collaboration Brochure	→	There were no actions identified for 2021/22	
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 that service (or other) provisions is contributing towards the achievement of intended outcomes	• CRMP Consultation Process • Day Crewing Plus Consultation	→	There were no actions identified for 2021/22	
	Ensuring that communication methods are effective and that members and officers are	• Social Media Policy • Fire Authority and Committee meetings streamed live on Youtube	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	clear about their roles with regard to community engagement	• Press releases / media campaigns • Service website • Members Role description • Our Strategy • Our Values			
	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs	• 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)	→	There were no actions identified for 2021/22	
	Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account	• Complaints logged and themes reported to SMB and Audit & Standards Committee	→	There were no actions identified for 2021/22	
	Balancing feedback from more active stakeholder groups to ensure inclusivity	• Positive Action	→	There were no actions identified for 2021/22	
	Taking account of the impact of decisions on	• Minimum Revenue Provision Policy	→	There were no actions identified	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	future generations of tax payers and service users	• Prudential Indicators • Legacy projects as part of 2020 Vision /Strategic Projects Programme which aim to create a sustainable fire and rescue service		for 2021/22	

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 2021/22 Actions	2022/23 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	• Our Strategy – Core Purpose • Fire Authority Annual Report • Annual Statement of Assurance • Performance Management Framework	→	There were no actions identified for 2021/21	
	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	• Previous consultations e.g. Wyre Forest Hub Consultation, CRMP, Day Crewing Plus	→	There were no actions identified for 2021/22	
	Delivering defined outcomes on a sustainable basis within the resources that will be available	• 2020 Vision / Strategic Projects programme • Medium Term Financial Plan • Fire Authority Annual Report	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	Identifying and managing risks to the achievement of outcomes	• Strategic Risk Register • Programme Support in place • Internal Audit • External Audit • Audit & Standards Committee • Corporate Objective of "Understanding Risk" supports the "Saving More Lives" Vision • Responding based on risk e.g. CRMP	→	There were no actions identified for 2021/22	
	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	• CRMP Consultation • Day Crewing Plus Consultation	→	There were no actions identified for 2021/22	
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	• Fire Authority Annual Report • Environmental Sustainability Plan	→	There were no actions identified for 2021/22	
	Taking a longer-term view with regard to decision making, taking account of risk and acting	• Core Strategies for Prevention, Protection and Response • Asset Management	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	Strategy 2017-2020 • Fleet Strategy 2016-2021 • Authority meetings held in public and decisions published • External Audit Plan • ICT Strategy 2017-2020 • People Strategy 2020-2022 • Property Strategy 2018-2023 • 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	• Medium Term Financial Plan, Council Tax Precept	→	There were no actions identified for 2021/22	
	Ensuring fair access to services	• Our Values – we value diverse communities • • Ethical Framework • Equality Objectives • Equality Impact Assessments	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
		- 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 2021/22 Actions	2022/23 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	• 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 SMB and Policy & Resources Committee • Community Risk Management Plan approval process	→	There were no actions identified for 2021/22	
	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 demands within limited	• Authority report template requires the results of any consultation to be set out for decision makers • Complaints monitored and reported to SMB and Audit & Standards Committee • After the Incident Surveys	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	resources available including people, skills, land and assets and bearing in mind future impacts				
Planning interventions	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	• 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 SMB and Policy & Resources Committee • Strategy Management and Business Planning Policy • Strategic Risk Register	→	There were no actions identified for 2021/22	
	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	• Joint Consultative Committee (JCC) • Group Commanders Forum • Station Commanders Forum • Retained Officers in Charge Meetings • Local Strategic Partnerships • Principal Officer meetings HWFRS/SFRS • Collaboration with the	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
		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			
	Considering and monitoring risks facing each partner when working collaboratively, including shared risks	• Strategic Risk Register • 2020 Vision Programme 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 2021/22	
	Ensuring arrangements are flexible and agile so that mechanisms for delivering goods and services can be adapted to changing circumstances	• Cultural acceptance of the need to be flexible • Horizon scanning through CFOA, Local Government Association and other networks	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	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	• Performance Management Framework • Comprehensive set of KPIs agreed by SMB • Policy & Resources Committee and SMB review performance quarterly • 2020 Vision Programme Board monitors performance of projects • Equality Objectives	→	There were no actions identified for 2021/22	

	Ensuring capacity exists to generate the information required to review service quality regularly	• Performance & Information Department supports all areas of the service in
		  o Active Incident Monitoring (AIM)
		  o Information Management
		  o Public Services Network
		  o Performance
		  o Planning
		  o Projects
		• ORH independently reviews data
		• Regular review of MTFP
		• Annual Report (with CRMP action plan)
		• HMICFRS improvement plan
			→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	Preparing budgets in accordance with objectives, strategies and the medium term financial plan	• Technology One Finance System • Budget Holder meetings • Fire Authority Annual Report • CRMP Annual Action Plan • Business Planning process • Strategy Management and Business Planning Policy	→	There were no actions identified for 2021/22	
	Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	• Medium Term Financial Plan • Capital Budget Programme • Revenue Budget • Reserves Strategy • 2020 Vision / Strategic Projects Programme	→	There were no actions identified for 2021/22	
Optimising achievement of intended outcomes	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	• 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 2021/22	
	Ensuring the budgeting process is all-inclusive, taking into account the full costs of operations over the medium and longer term	• External Audit Plan • Value For Money Conclusion • Resourcing for the Future is a key foundation for Our Strategy	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	Ensuring the medium term financial strategy sets the context for on-going decisions on significant delivery issues 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	• Community Risk Management Plan • Medium Term Financial Plan	→	There were no actions identified for 2021/22	
	Ensuring the achievement of 'social value' through service planning and commissioning	• Procurement process • Strategic Projects	→	There were no actions identified for 2021/22	

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 2021/22 Actions	2022/23 Actions
Developing the entity's capacity	Reviewing operations, performance and use of assets on a regular basis to ensure their effectiveness	• Performance Management Framework • Senior Officer appraisals • Quarterly performance reports to Policy & Resources Committee and SMB • 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	→	There were no actions identified for 2021/22	
	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so	• Performance Management Framework • KPIs set by SMB • Business Planning • Annual performance report and quarterly performance monitoring	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	that defined outcomes are achieved effectively and efficiently	• Risk based planning e.g. CRMP informing budget setting process • CRMP Action Plan • Fire Authority Annual Report			
	Recognising the benefits of partnerships and collaborative working where added value can be achieved	• Fire Authority Annual Report • Local Strategic Partnerships • Fire Alliance Strategic Alliance Programme Board • Principal Officer meetings HWFRS/SFRS • Collaboration Brochure	→	There were no actions identified for 2021/22	
	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	• Our Strategy – Foundations: People • Our Values • Workforce Profile Data • Monthly Workforce Planning meetings to project effects of future retirement • Budget Strategy Reduction Reserve • Equality Monitoring – Annual Report considered by Audit & Standards Committee • People Strategy 2020-2022	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
Developing the capability of the entity's leadership and other individuals *NB Executive / Cabinet and Leader Model not in place*	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	• Members' Role Description • Senior Management Job Descriptions • Senior Management Board Terms of Reference and Membership • Terms of Reference for Group Leaders' Meetings • Protocol for Member/Officer Relations	→	There were no actions identified for 2021/22	
	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	• 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 2021/22	
NB Executive / Cabinet and Leader Model not in place	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	• Members' Role Description • Senior Management 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 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	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 • ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged • ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and	• Members' Role Description • Members' Induction Session and Pack • Monitoring of Member attendance at Code of Conduct Training • In-house Monitoring Officer and Committee Services 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 • SMB Workshops – Trans2 Training • Competency training records and course management system for staff • Leadership development eg Executive Leadership Programme, ILM/CMI qualifications for managers • De-brief process provides shared learning through lessons learned	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	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	• • Promotion Principles			
	Ensuring that there are structures in place to encourage public participation	• Public participation scheme for Authority meetings • Complaints Procedure	→	There were no actions identified for 2021/22	
	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	• HMICFRS Report, Improvement Programme and Quarterly Progress Reports	→	There were no actions identified for 2021/22	
	Holding staff to account through regular	• Appraisal (IPDR) process for staff	→	There were no actions identified	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	performance reviews which take account of training or development needs			for 2021/22	
	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	• 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 • Mediation and Listening Ear Team • Service Chaplain	→	There were no actions identified for 2021/22	

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 2021/22 Actions	2022/23 Actions
Managing risk	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	• 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 2021/22	
	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	• CRMP Action Plans • Departmental Risk Registers • Quarterly Risk Register Reviews • Resilience Direct website to share risk based information with other fire services and Local Resilience Forum	→	There were no actions identified for 2021/22	
	Ensuring that responsibilities for managing individual risks are clearly allocated	• Strategic Risk Register • Departmental Risk Registers • Information Asset Register	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
		• Internal & External audit • Health and Safety Committee			
Managing performance	Monitoring service delivery effectively including planning, specification, execution and independent post implementation review	• Community Risk Management Plan (CRMP) • CRMP Action Plans • 2020 Vision Programme 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 2021/22	
	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	• Fire Authority and Committee report template – specific reference to implications and risks • Equality Impact Assessment	→	There were no actions identified for 2021/22	
	Encouraging effective and constructive challenge and debate on policies and objectives to support	• Members Role description • Policy & Resources Committee • Audit & Standards	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	balanced and effective decision making	Committee • SPI Consultation Process • • Women@HWFIREnetwork			
	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	• Quarterly Performance Monitoring reports considered by SMB and Policy & Resources Committee • 2020 Programme Board • Strategic Alliance Board	→	There were no actions identified for 2021/22	
	Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (eg financial statements)	• 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 2021/22	
Robust internal control	Aligning the risk management strategy and policies on internal control with achieving objectives	• Risk Management Policy and Risk Assessment Process • Business Continuity Policy • Financial Regulations • Anti-Fraud and Corruption Policy	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	Evaluating and monitoring risk management and internal control on a regular basis	• Quarterly reviews of departmental risk registers • Internal Audit Plan • External Audit Plan	→	There were no actions identified for 2021/22	
	Ensuring counter fraud and anti-corruption arrangements are in place	• Anti-Fraud and Corruption Policy • Whistleblowing Policy	→	Anti-Fraud and Corruption Policy to be reviewed	Anti-Fraud and Corruption Policy to be 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	• Worcestershire Internal Audit Shared Services Objectives • Internal Audit Plan • Quarterly Internal Audit reports	→	There were no actions identified for 2021/22	
	Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the governing body: • provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control	• 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 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	environment • 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	• 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	↑	. Plans in place to further develop Information Governance Policies	
	Ensuring effective arrangements are in place and operating effectively	• Information Sharing Protocol • Data Transfer Policy	→	There were no actions identified for 2020/21	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	when sharing data with other bodies	• Information Asset and Retention Register			
	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring	• Information Governance Policy (Data Quality and Version Control) • Information Asset and Retention Register • Quarterly performance monitoring reports to SMB and Policy & Resources Committee	→	There were no actions identified for 2021/22	
Strong financial management	Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance	• Treasurer / Director of Finance in place • Budget Holder meetings • Fire Authority Annual Report • CRMP • Business Planning process • Strategy Management and Business Planning Policy • Medium Term Financial Plan and budget development process • Budget monitoring and performance monitoring undertaken by SMB and Policy & Resources Committee	→	There were no actions identified for 2021/22	
	Ensuring well-developed financial management is integrated at all levels of	• Financial Regulations • Technology One Finance System	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	planning and control, including management of financial risks and controls	• Internal Audit recommendations • Standing Orders for the Regulation of Contracts			

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 2021/22 Actions	2022/23 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	• Fire Authority Annual Report • 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 2021/22	
	Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	• Your Right to Know section of the website • Compliance with the Government's Transparency Code via Transparency webpage • Social media	→	There were no actions identified for 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
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	• Fire Authority Annual Report • Annual Assurance Statement • Council Tax Information webpage	→	There were no actions identified for 2021/22	
	Ensuring members and senior management own the results reported	• Fire Authority Annual Report • Annual Assurance Statement • Annual Performance report	→	There were no actions identified for 2021/22	
	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 evidence to demonstrate good governance (the annual governance statement)	• Internal Audit and External Audit of the Annual Governance Statement and assurances	→	There were no actions identified for 2021/22	
	Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate	• 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 2021/22	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	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	• 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 2021/22	
Assurance and effective accountability	Ensuring that recommendations for corrective action made by external audit are acted upon	• Audit & Standards Committee considers external audit reports and adequacy of management response to recommendations	→	There were no actions identified for 2021/22	
	Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangements and that recommendations are acted upon	• Worcestershire Internal Audit Shared Service • Internal Auditor reports to Audit & Standards Committee and attends meetings	→	There were no actions identified for 2021/22	
	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	• Operational Assurance • HMICFRS Improvement Plan and Quarterly Progress reports	→	There were no actions identified for 2021/22	
	Gaining assurance on risks associated with	• Risk Registers include risks associated with failure of	→	There were no actions identified	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2021/22 Actions	2022/23 Actions
	delivering services through third parties and that this is evidenced in the annual governance statement	suppliers • Standard contract terms include requirements for suppliers to have business continuity arrangements in place		for 2021/22	
	Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met	• Strategic Fire Alliance Board terms of reference • Local Strategic Partnerships • Worcestershire Partnership Executive Group Terms of Reference • Shenstone Group Objectives • JESIP Framework • Collaboration Brocure	→	There were no actions identified for 2021/22	

Hereford & Worcester Fire Authority
Audit and Standards Committee
20 April 2022

Joint Report of the Director of Prevention and Assets and Head of Legal Services

Core Code of Ethics for Fire and Rescue Services

Purpose of report

1.   To update Members on progress to implement the Core Code of Ethics for Fire and Rescue Services and to make a recommendation to the Authority that the constitution be amended to reflect a commitment by Members to champion the Core Code throughout the Service.

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Recommendation

It is recommended that:

  i)   *The implementation of the Core Code of Ethics be endorsed; and*

  ii) *The Authority be recommended to amend the key roles of all Members, as set out in Article 2.3(a) of the Authority's constitution, by the addition of:*

  All Members will …..
  (ix) commit to following the Core Code of Ethics for Fire and Rescue Services and championing its use throughout the Service.

Introduction and Background

2.   The Core Code of Ethics for Fire and Rescue Services (FRSs) in England, developed in partnership by the National Fire Chiefs Council (NFCC), the Local Government Association and the Association of Police Crime Commissioners, was published on 18 May 2021. Guidance has also been published to support the implementation of the Core Code. The Code and associated guidance are in Appendix 1.

3.   The Core Code was developed as a direct response to Sir Tom Winsor's recommendation in the State of Fire Reports for 2019/2020, which reported that:

"FRSs would benefit from a national code of ethics which specifies and establishes the exemplary standards of behaviour for all staff. This code should be at the heart of everything services do and make it clear to staff what behaviour is acceptable in their everyday work. This will allow poor behaviour to be challenged regardless of people's positions and roles. It will also give new recruits clear expectations of, and confidence in, what behaviour is acceptable.

To make sure they become part of everyday working life, services should include these values as part of staff performance appraisals and consider them if people seek promotion."

The Core Code of Ethics

4.   The Core Code sets out five ethical principles, based on the Nolan Principles of Public Life, and is designed to help FRSs continuously improve culture and workforce diversity:

- **Putting our communities first** – we put the interest of the public, the community and service users first.

- **Integrity** – we act with integrity including being open, honest and consistent in everything we do.

- **Dignity and respect** – making decisions objectively based on evidence, without discrimination or bias.

- **Leadership** – we are all positive role models, always demonstrating flexibility and resilient leadership. We are all accountable for everything we do and challenge all behaviour that falls short of the highest standards.

- **Equality, diversity and inclusion (EDI)** – we continually recognise and promote the value of EDI both within the FRSs and the wider communities in which we serve. We stand against all forms of discrimination, create equal opportunities, promote equality, foster good relations and celebrate difference.

Requirements of the Core Code

5.   The Core Code should be adopted by every Service in England. The principles should be embedded within everything that FRSs and their employees do, including those working within or on behalf of the FRS. FRSs are to ensure that the principles of the Core Code are represented within policies and processes to ensure they are embedded and at the heart of day-to-day activity.

6.   Specific responsibilities for the implementation of the Core Code are set out in four distinct tiers: all staff, supervisory and middle managers, senior managers and Fire Authorities:

- **All Staff** – all staff should have an understanding of the Core Code and maintain high standards of ethical behaviour within their working life.

- **Supervisory and Middle Managers** – additionally it is incumbent on supervisory and middle managers to understand the impact of the Core Code on their specific responsibilities.

- **Senior Managers** – Senior managers within the FRS must have an in-depth understanding of the contents of the Core Code. Senior managers include Corporate Management Board Members, Area Managers, Heads of Departments and Heads of Service.

- **Fire Authority** – Those who govern FRSs will demonstrate their commitment to the Core Code by championing its use. This may include

utilising the Core Code to inform FRS values and vision; monitoring and supporting its development and progress through effective scrutiny.

The Code of Ethics Fire Standard

7.   A [Code of Ethics Fire Standard](#) was also launched on 18 May 2021 by the Fire Standards Board (FSB) to ensure the consistent application of the Core Code across FRSs. The Standard sets out the desired outcome which requires FRSs to embed and show their commitment to the ethical principles and professional behaviours contained in the Core Code, and in doing so generate a more positive working culture and continuously improve the quality of service to the public.

8.   FRSs must do the following to meet the Fire Standard:

- Adopt and embed the Core Code to demonstrate that the service is fully committed and compliant at both an individual and corporate level.
- Ensure the attitudes, professional behaviours and conduct described within the core code are reflected in its decision-making, policies, procedures, processes, and associated guidance that govern how the service manages and supports its workforce.
- Provide training and support to all those who work for, or on behalf of, a service to achieve their understanding of the Core Code and an appreciation of their responsibilities in adhering to it.
- Not detract from the Core Code.

Those who **lead services and those who work for, or on behalf of, the service must:**

- Understand, respect, and follow the principles of the Core Code and demonstrate this by their commitment to it and their responsibility for upholding it.
- Conduct themselves in accordance with the Core Code.

Those **responsible for the governance of fire and rescue services, whilst complying with their own ethical codes must:**

- Hold the Chief Fire Officer to account for the implementation of the Core Code at a local level;
- Play a proactive role in challenging behaviour inconsistent with the Core Code; and
- Ensure strategies, policies and performance measures are in place to promote and embed a positive and inclusive culture.

A **fire and rescue service should:**

- Designate a senior leader who is responsible for promoting the Core Code throughout the service and ensuring that all those who work for, or on behalf of, the service understand its contents and what is expected of them.

9.   The FSB therefore expects Service leaders to commit to embedding the Core Code locally so that staff understand what is expected of them, their colleagues and their leaders.

10.   Whilst the Code is centred on values and culture and has a behavioural focus, the Standard makes it explicit that it also applies to corporate governance and links to other codes, such as the CIPFA Code of Governance, and references legislation and regulations such as the Equality Act, Public Sector Equality Duty, Local Audit and Accountability Act and the Accounts and Audits Regulations.

11.   The impact of the Standard is therefore more far-reaching than employee and senior leadership behaviours, and applies to governance arrangements, finance and procurement policy and practice and ethical decision-making. It has been made clear that implementation of the Code will be a line of enquiry in future HMICFRS inspections.

12.   Whilst the Code does not directly apply to Members of the Fire Authority, as Members have their own code, it is advised Members are overtly engaged and supportive of its implementation. To reflect this, it is therefore proposed to amend Part 2 of the Articles of the Constitution as follows (see additional text in italics):

2.3. Roles and functions of all Members
(a) **Key roles.**

All Members will:

(i)   be involved in decision-making and contribute to the good governance of the Authority;
(ii)   collectively be the ultimate policy-makers and carry out a number of strategic and corporate management functions;
(iii)   represent their communities and bring their views into the Authority's decision-making process, i.e. become the advocates of and for their communities;
(iv)   balance different interests identified across Herefordshire and Worcestershire and act in the interests of the two Counties as a whole;
(v)   respond to enquiries and representations from members of the public, fairly and impartially;
(vi)   actively encourage community participation and public involvement in decision-making;
(vii)   be available to represent the Authority on other bodies; and
(viii) maintain the highest standards of conduct and ethics
(ix)   *commit to following the Core Code of Ethics for Fire and Rescue Services and championing its use throughout the Service.*

Implementation plan

13.   The Fire Standard is principle-based which allows Services to implement the Core Code in what it feels is the most appropriate way, whilst reassuring the public of commonality and consistency across the sector.

14.   The Service already has well-defined core values which were launched in Autumn 2019. Staff played a critical role in selecting the values via a series of workshops and an online survey. Our existing Service values already focus on integrity and

respect and valuing our diversity. HMICFRS has recognised the Service values are well understood and accepted throughout the organisation. There is no plan to review our current core values.

15. The Service's Ethical Framework and Code of Conduct (EFCC) identifies our values, purpose and the roles and responsibilities of staff in relation to standards of behaviour and conduct. The last full review of the EFCC content was in 2012. The Service's core purpose, vision, mission and values were included in the EFCC in 2020. The Core Code of Ethics can be seen as building on the Service's existing values and ethical principles rather than replacing them and an assessment of existing principles within the EFCC show the full adoption of the Core Code would align well.

16. The Service has developed an implementation plan which will ensure that the Code becomes embedded across the organisation. Themes within the plan include a communications plan, Contracts (employment and suppliers/third parties) review, policies/procedures, Ethical Framework and Code of Conduct review, training and development and governance. The Service aims to have the Code implemented by the end of 2022/2023.

17. Ongoing scrutiny will be afforded by regular updates being provided to the Authority through the People Strategy update report and the Annual Governance Statement.

Conclusion

18. The Code of Ethics sets out five ethical principles to improve organisational culture and workforce diversity of FRSs, ensuring that communities are supported in the best way.

19. Members are asked to endorse the implementation of the Core Code and approve the proposed amendment to Part 2 of the Articles of the Constitution.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	• The Core Code Fire Standard impacts on all those who work with and for the Service. All employees are responsible for meeting its requirements. • No additional financial costs are identified. Where there is an additional financial implication, a business case will be submitted for any additional costs / expenditure, where identified. • Meeting the Standard will assist the Service in meeting the Equality Act and Public Sector Equality Duty.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	• Supports delivery of the CRMP and core strategies. • Supports delivery of the People Strategy. • Links to organisational values and Ethical Framework and Code of Conduct.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	• There is a clear direction within the Core Code Guidance that the Core Code should be adopted by all FRAs. The FSB states "must". • Failure to adopt the Standard may damage our reputation and attract public, media and political scrutiny. • Failure to adopt is likely to impact negatively on future HMICFRS Inspection outcomes. • Progress against the implementation plan will provide assurance that the Service has adopted its key principles and adapted its practice to embed ethical behaviours and practice across the organisation.
Consultation (identify any public or other consultation that has been carried out on this matter)	• Consultation has taken place at a national level. • Engagement is required with managers, employees and Representative Bodies to ensure all understand their role in meeting the Standard and adhering to and embedding the Core Code. • Formal consultation will take place as part of the Ethical Framework and Code of Conduct review process.
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	• The Core Code of Ethics was equality impact assessed by the working group at a national level and Equality, Diversity and Inclusion is a key principle within the Code.
Data Protection Impact Assessment	N/A

Supporting Information

Appendix 1 – Core Code of Ethics for FRSs and Guidance

Core Code of Ethics for Fire and Rescue Services

England

Foreword

You and the Code

This Core Code of Ethics will help you and every other member of the Fire and Rescue Service (FRS) to act in the right way in your service to the public.

We all make difficult decisions every day. This may be while helping a distressed member of the public or managing a complex financial scenario. The Core Code of Ethics is a clear set of principles for you to base your behaviours on.

We believe the Core Code will help us serve our communities and make FRSs even better places to work. It will help everyone to display and promote good behaviours and to challenge conduct that is inconsistent with the Core Code.

Everyone in every FRS is expected to follow the Core Code. This includes those working with, or on behalf of, the FRS.

The principles

The Core Code sets out five ethical principles, which provide a basis for promoting good behaviour and challenging inappropriate behaviour.

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

The Seven Principles of Public Life[1] are the foundation of these principles.

We, and the organisations we represent, are all fully supportive of the five ethical principles as set out in this Core Code.

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1. www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2

Your FRS and the Code

The principles should be embedded within everything that FRSs and their employees do. FRSs will ensure that the principles of this Core Code are represented within policies and processes and are at the heart of day-to-day activity.

The Core Code is written as a 'Core' Code to recognise differing governance arrangements and is flexible enough for every service to adopt. Fire and Rescue Authorities and Services can add to the Code to reflect their local values, behaviours, and governance arrangements, including where they:

- are part of a county council and obliged to comply with the council's code
- have existing well-developed ethical codes that can be reviewed against the Core Code.

Accompanying guidance will support your FRS to implement the Core Code locally.

We encourage you all to read, understand, and commit to the ethical principles set out in the Core Code.

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LGA Lead
Core Code of Ethics

CFO Rebecca Bryant
NFCC Lead
Core Code of Ethics

PFCC Roger Hirst
APCC Lead
Core Code of Ethics

Contents

1. Purpose of our Core Code

Public trust and confidence in our FRS rely on us all demonstrating ethical behaviours.

The Core Code sets out these ethical principles and helps us continuously improve our organisational culture and workforce diversity and assists us in supporting our community in the best way. It is effective only when we all consistently demonstrate the ethical behaviours. Everyone in every FRS is expected to follow the Core Code. This includes those working with, or on behalf of, the FRS.

The principles should be embedded within everything that FRSs and their employees do. FRSs will ensure that the principles of this Core Code are represented within policies and processes to ensure they are embedded and at the heart of day-to-day activity.

2. Our Five Fire and Rescue Service ethical principles

Each of our ethical principles is described by a statement and examples to set out what we must each do to ensure we are acting in line with our Core Code.

Putting our communities first

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

Integrity

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

Dignity and respect

We treat people with dignity and respect, making decisions objectively based on evidence, without discrimination or bias.

Leadership

We are all positive role models, always demonstrating flexible and resilient leadership.

We are all accountable for everything we do and challenge all behaviour that falls short of the highest standards.

Equality, diversity, and inclusion (EDI)

We continually recognise and promote the value of EDI, both within the FRS and the wider communities in which we serve.

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

3. Our ethical principles in practice

Putting our communities first

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

To demonstrate this, I:

- act with empathy, compassion, and respect, caring equally for everyone I deal with

- consider the diverse needs of my communities and tailor my work to best meet their specific needs

- understand and evaluate the impact I have on the public's safety and wellbeing

- continuously improve my performance to better serve the public and my communities

- am an ambassador for my Fire and Rescue Service and a role model in my communities

- identify and remove barriers to people joining or accessing our service.

Some examples of putting our communities first:

- I find out about my local community and risks, to ensure I can offer the best service.

- I seek the views of others about service quality and effectiveness to identify ideas for improvement.

- I work collaboratively with colleagues and partners to improve the service to the public.

- I look to solve problems in different ways, to improve the service I provide.

Integrity

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

To demonstrate this, I:

- am honest, open, and fair when dealing with everyone
- can evidence my decisions and am able to explain my behaviour
- build trusting relationships and demonstrate an understanding of everyone's roles and responsibilities
- welcome challenge and adapt the way I work **and my behaviour as a result of what I learn**
- challenge behaviour that does not comply with our Core Code or my service's values
- never behave in a way that may cause others to act outside our ethical principles
- remain impartial and objective
- never act in an improper way, or in a manner that could create a perception of improper behaviour for personal gain. I declare relevant interests and relationships and maintain personal and professional boundaries.

Some examples of acting with integrity:

- I acknowledge and learn from my mistakes and celebrate my successes with the team.

- I recognise and challenge inappropriate behaviour.

- I always strive to deliver against my commitments.

- I persist in the face of obstacles and demonstrate a sense of personal responsibility for delivery.

Dignity and respect

We treat people with dignity and respect, making decisions objectively based on evidence, without discrimination or bias.

To demonstrate this, I:

- use unbiased judgement and behaviour and act respectfully
- act with decency and impartiality, recognising that my unconscious bias can prevent me considering all perspectives and needs when I am making decisions
- do the right thing when delivering services, using the ethical principles set out in this Core Code and my service's values
- support the development and opportunity of myself and my colleagues
- create an environment of openness and trust
- treat people with respect and without discrimination, harassment, or bullying; I actively reject these inappropriate behaviours
- challenge all inappropriate behaviour when I am at work.

Some examples of having dignity and respect:

- My manner is always composed and respectful.

- I create an environment where people can be themselves at work and the best they can be.

- I communicate responsibly and with sensitivity and respect for others.

- I strive not to create conflict. When conflict happens, I handle it in a professional manner.

- I build trust with others, creating constructive working relationships to achieve goals.

Leadership

We are all positive role models, always demonstrating flexible and resilient leadership.

We are all accountable for our behaviour, decisions, and actions, and challenge all behaviour that falls short of the highest standards.

To demonstrate this, I:

- take responsibility for continuously improving my own performance and the performance of my service
- am accountable to the public, my employer and my colleagues for my decisions and actions
- take responsibility for my actions and their consequences
- address inappropriate behaviour in ways appropriate to my role
- recognise leaders exist at all levels in my organisation and communities
- always demonstrate the principles of a positive culture of equality, diversity, and inclusion
- am committed to implementing and working by this Core Code

Some examples of leadership:

- I am an ambassador for the Service, taking pride and responsibility for the work we do and encouraging others to do the same.

- I value inclusion and set a positive example of appropriate behaviour for everyone, consistent with our Core Code.

- I look after the people around me and look for signs that someone may need support, ensuring its' availability.

- I create conditions where team members feel confident to suggest and implement creative ideas.

- I make decisions based on evidence and consider all risks.

Equality, diversity, and inclusion

We continually recognise and promote the value of EDI, both within FRSs and the wider communities in which we serve. We stand against all forms of discrimination, create equal opportunities, promote equality, foster good relations, and celebrate difference.

To demonstrate this, I:

- acknowledge and care about people's diverse needs so they can access the services they need from me and my service
- provide an environment where everyone has an equal voice
- acknowledge my own unconscious bias and consider everyone's perspective
- behave in a way that celebrates diversity in all its forms, everywhere
- tackle discriminatory behaviour, policy, and procedure
- do all I can to encourage people from underrepresented groups to join our Service and feel welcome
- help everyone to be their best and to always learn from one another.

Some examples of equality, diversity, and inclusion:

- I deliberately create an environment where people can be the best they can.

- I value my colleagues and my team and know how to make best use of our diverse skills and strengths.

- I value and appreciate differences in people and treat everyone with kindness and respect.

- I recognise and challenge inappropriate behaviour.

- I avoid making and expressing preconceptions and stereotyping when interacting with others.

4. Commitment to our Core Code

We operate in rapidly changing environments, often with new ethical challenges. Our decisions are sometimes made in difficult, changing, and unclear situations.

The principles in this Core Code guide our individual behaviours and form the basis of ethical decision making as we go about our work. We will also need to consider:

- the needs of communities, partners, our service, and our employees
- our service's values and its guidance, policy, and procedure.

It is vital that we are fully committed to the principles in the Core Code as set out in the commitments.

Commitment from Fire and Rescue Authority and Service

Our behaviour is central to effectively serving our community. We will ensure the resources, policies and procedures are in place, so our organisation acts in accordance with the Core Code.

Through adhering to the Core Code, we will strive to create a positive, responsible, innovative, open, and challenging working environment in which ability and delivery is valued, encouraged, developed, recognised, and rewarded.

We are committed to continually improving the behaviours within the sector at all levels and ensuring that employees treat each other with humanity, dignity, and respect.

We will always act appropriately to address behaviour which falls below the standards set in the Core Code.

My commitment

As a member of the FRS, I will respect and follow the five principles in the Core Code in my service to the public.

I will promote the principles to my colleagues and challenge inappropriate behaviour that does not meet the five principles.

5. Our Five Ethical Principles on a page

OUR ETHICAL PRINCIPLES

PUTTING OUR COMMUNITIES FIRST

INTEGRITY

DIGNITY AND RESPECT

LEADERSHIP

EQUALITY, DIVERSITY, AND INCLUSION

Core Code of Ethics
Guidance

Core Code of Ethics
Guidance

This guidance document demonstrates the actions that a fire and rescue service (FRS) should ensure at an individual, management and strategic level to aid interpretation, support implementation and to embed the Core Code of Ethics effectively.

The Core Code requires both an individual and a service commitment to the ethical principles in order to be effective.

It is intended that an FRS will initially use the Core Code to undertake a gap analysis with regard to existing behavioural frameworks, values, and cultural approaches. This is to ensure that the principles within the Core Code are evident and incorporated within all existing as well as new associated documentation.

What does the Core Code require?

The Core Code should be adopted by every service in England. The principles should be embedded within everything that fire and rescue services and their employees do. This includes those working within, or on behalf of the FRS.

FRSs will ensure that the principles of this Core Code are represented within policies and processes to ensure they are embedded and at the heart of day-to-day activity.

The five principles in the Core Code apply to every action we take, as individuals or as a FRS. The principles will help all of us do our jobs in the right way.

The Core Code requires everyone to promote the five principles. We should all feel confident challenging behaviour that breaches the Core Code.

The Core Code and your FRS

Your FRS should make sure everything it does complies with the Core Code. This includes all policies, procedures and plans made within your FRS. The Code of Ethics Fire Standard sets expectations for how an FRS should apply the Core Code of Ethics.

Your FRS may have its own ethical principles, which can be added to the Core Code, ensuring that both are recognised.

Your FRS will support you if you challenge behaviour which breaches the Core Code. Your FRS will take appropriate action to address behaviour which breaches the Core Code.

The implementation of the Core Code will provide a foundation from which FRSs will develop their cultural approaches and will set clear standards regarding the expected behaviours of all personnel throughout an organisation. FRSs will strive to conduct all their activities efficiently, to the highest ethical standards and in compliance with legal obligations.

The Core Code also provides a clear understanding to the public regarding the expected standards of professional behaviour of FRS personnel and the way in which they conduct their business.

FRS employees shall follow the fundamental principles set out within the Core Code of Ethics and FRSs will utilise the Core Code also as the basis of developing the FRS's own values, vision, mission, and strategic business plans, which ultimately influence the culture and values within an organisation.

FRSs shall be guided not merely by the terms within, but also by the spirit of, this Core Code and its principles.

FRSs shall ensure that work for which they are responsible, which is undertaken by others on their behalf, is carried out in accordance with the requirements of this Core Code.

The Core Code is designed to sit alongside all the statutory obligations that an individual has under various pieces of legislation. Therefore, individuals need to abide by both the professional requirements of the Core Code and their legal responsibilities.

The Core Code is about demonstrating responsibility and leadership at all levels and provides a basis from which to demonstrate how things should be done to create a positive culture and working environment. It is about staying true to your obligations as they apply to you personally, no matter what role you hold.

The Core Code provides clarity and consistency in relation to expected behaviours and therefore will support the development and maintenance of trust within an organisation, not just with individuals but also within the sector.

The Core Code encourages ethical behaviours in you and others and provides a basis from which inappropriate behaviours can be raised, challenged, and discussed at all levels. It provides clarity regarding correct behaviours and conduct.

You are expected to use the Core Code to guide your behaviour at all times at work whether online or offline.

How the Core Code links with other documents

The Core Code is directly aligned to the National Code of Ethics Fire Standard
https://www.firestandards.org/approved-standards/code-of-ethics/

The Core Code sits alongside other documents such as the NFCC Leadership Framework, however, it is a standalone piece of work that should not be confused with other documents. It can be added to but not detracted from.

To ensure that behaviours are consistent, the Core Code provides a set of principles from which an FRS can build their internal documents. It is not intended to dictate how FRS should deliver services to the public; however, it does provide a structure to what the expected behaviours throughout the sector should look like.

The Core Code is a key document for FRSs to consider when developing policies and procedures and should be at the heart of each of these. Strong ethical behaviour will influence how employees and service users view the organisation and the way in which it conducts its business.

Contraventions

The Core Code of Ethics provides a baseline for discussion regarding behaviours and provides FRS with a blueprint from which to structure their own behavioural framework.

Contraventions of the Core Code may range from relatively minor shortcomings through to gross misconduct. Existing FRS' internal formal and informal mechanisms will be utilised to deal with these instances. The Core Code will however assist in the development of these policies and thus create a greater degree of consistency across the fire and rescue sector.

All personnel have a duty to act where a concern is raised about any behaviour, level of performance or conduct which may amount to a contravention of the Core Code.

Guidance structure

The Core Code helps every member of the FRS to act in the right way in our service to the public and towards each other.

The Core Code applies to everything we do. It will help us to continue to do our jobs professionally and to the best of our ability.

The following section sets out specific responsibilities for the implementation of the Core Code and is split into four distinct tiers: all staff, supervisory and middle managers, strategic leaders and FRAs.

All staff

All staff should have an understanding of the Core Code and maintain high standards of ethical behaviour within their working life. The Core Code:

- sets out principles that support these behaviours
- supports all staff to look for opportunities from which to learn, identifying mistakes and celebrating successes
- assists all staff in understanding how actions and behaviours impact on others.

Mindful of the Core Code and its ethical principles, all staff:

- have a responsibility to implement the Core Code and should challenge unacceptable behaviours as and when they occur
- have a responsibility to treat each other with respect and recognise individual difference
- understand they are representatives of the FRS, their responsibilities within the community, and act in a manner that is in line with the Core Code and any additional individual FRA/FRS expectations
- value Equality, Diversity and Inclusion and set a positive example of appropriate behaviour
- maintain an open approach with others, taking account of, and accepting, individual differences including age, ethnicity, gender, religious beliefs, social background, disability, sexual orientation, and physical appearance
- will challenge or question others constructively in the context of the Core Code to achieve more effective outcomes

- have an understanding of policies and procedures applicable to them and also understand that they have a duty to uphold the principles within the Core Code in day-to-day activities and via electronic platforms. Information will be provided to all staff to support gaining such understanding
- should be aware of the escalation process within their FRS to ensure that issues of any sort are appropriately dealt with in a timely manner
- should not make improper use of information acquired as part of their role, or disclose, or allow to be disclosed, information confidential to the organisation.

Supervisory and middle managers

In addition to the points applying to all staff, it is incumbent on supervisory and middle managers to understand the impact of the Core Code on their specific responsibilities.

The Core Code will assist managers to understand the importance of how to communicate responsibly, with sensitivity and respect for others. It will support managers to take a proactive approach in dealing with difficult or sensitive situations, influencing others to reach an acceptable solution.

Managers need to have a detailed understanding of the FRS informal and formal conduct mechanisms that sit alongside the Core Code to be clear of their managerial responsibilities in the case of any contraventions in order to provide appropriate support to their team members.

Mindful of the Core Code and its ethical principles, managers will:

- consider the Core Code in ensuring ethical considerations have been applied to all issues and decisions
- utilise the principles of the Core Code as part of all their discussions with team members.
- take responsibility for implementing inclusion strategies, encouraging different points of view, and utilising the Core Code as part of their management approach
- be sensitive to the feelings and well-being of others and take actions to support them.

Senior managers

Senior managers within the FRS must have an in depth understanding of the contents of this Core Code. Senior managers include corporate management board members, area managers, heads of departments, and heads of service.

In addition to the points applying to all staff, senior managers have individual and collective responsibility for the organisation and the exercise of executive judgement in their areas of work. Each senior manager should act in a way which allows decision-making meetings to fulfil their purpose in meeting our communities' needs and improving the success of the organisation

Mindful of the Core Code and its ethical principles:

- A senior manager should ensure the organisation is financially responsible and properly managed to protect and enhance the interests of the organisation and its customers. They must always be conscious of seeking value for money in all dealings and be accountable to the public for how their money has been spent.

- A senior manager must always act to ensure the organisation complies within the law governing its operations. In evaluating the interests of the organisation, a senior manager is accountable to the stakeholders as a whole. But various Acts of Parliament have imposed wider responsibilities on organisations and senior managers. Senior managers must evaluate their actions in a broader social context and must be conscious of the impact of their organisation on society.

- A senior manager must be prepared, if necessary, to express disagreement with colleagues, including the chief executive or managing senior manager and the Core Code supports appropriate challenge.

- A senior manager must not take improper advantage of the position as a senior manager to gain, directly or indirectly, a personal advantage or an advantage for any associated person which might cause detriment to the organisation.

- The personal interests of a senior manager, and those of associated persons, must not take precedence over those of the organisation's partners generally. A senior manager should seek to avoid conflicts of interest wherever possible. Full and prior disclosure of any conflict, or potential conflict, must be made to the corporate management board and recorded.

- A senior manager should not make improper use of information acquired as a senior manager or disclose, or allow to be disclosed, information confidential to the organisation. This prohibition applies irrespective of whether the senior manager or any associated person would gain directly or indirectly a personal advantage or whether the organisation would be harmed. A senior manager must not disclose, or allow to be disclosed, confidential information received in the course of the exercise of their duties unless that disclosure has been authorised by the Corporate Management Board of the organisation or is required by law. This is balanced by seeking to ensure our commitment to transparency is honoured and we fully support Freedom of Information to our customers.

- It is vital that senior managers are impartial in their dealings and remain politically neutral.

- Continual professional development is a requirement for all senior managers. Senior Managers should ensure that they continue to develop so that they can deliver high value services to the public through an effective and efficient FRS that continues to look after its people in an ethical way.

A senior manager must honour the Core Code in the spirit as well as in the letter. No code can be all-embracing. It is not possible to identify every circumstance in which the provisions of this Core Code need be applied, and undoubtedly there are many other circumstances not mentioned in the Core Code or this guidance in which the conduct, integrity and judgement of a senior manager must be of considerable

importance. The Core Code, however, is not intended merely to prohibit certain specified kinds of conduct, allowing any kind of actions which are not specifically ruled out. When questions arise, which are not covered explicitly by the Core Code, personal adherence to the generally accepted principles of honesty, professionalism and justice should determine a senior manager's behaviour.

FRAs

Those who govern fire and rescue services will demonstrate their commitment to the Core Code of Ethics by championing its use. This may include utilising the Core Code to inform FRS values and vision; monitoring and supporting its development and progress through effective scrutiny.

Examples

The Core Code contains examples within each FRS principle, and to support FRS in communicating how these principles will be integrated into each FRS there are a number of more detailed examples included here for consideration and discussion.

Putting our communities first

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

Example

You and your team are developing a community event with the aim of reducing accidental dwelling fires within a locality. The local community demographic is 75 per cent elderly residents living alone. Your approach is to have an open day on a local piece of grassland covering one square mile, with various stands demonstrating the services that the FRS can provide. You have decided that social media will be the platform to promote the event and expect a good attendance. At this same event, there are several local businesses selling their produce. A number of your team are seen consuming alcohol at the event whilst on duty and this has also been witnessed by members of the public.

Consider and discuss the example above in the context of the principle: Putting our communities first

You understand the diverse needs of your local community by:

- understanding the different cultural requirements within an area will allow you to ensure that all community needs are catered for, ie, faith, neurodiversity, religion, sexuality, etc

- adapting your approach based upon the needs of the audience you can improve your understanding of community needs for both yourself and the organisation

- providing alternative approaches in all that the service does you can ensure that equity of access to services are improved

- providing information in a variety of languages, media, formats, and platforms, you will be able to interact more and understand what a local community need

- listening to your communities, you will gain greater insight into what their needs are and how you can best meet those needs

- working to foster good relationships within your communities you will be able to achieve improved outcomes with them.

You consider the impacts of your actions upon the wider community by:

- understanding community needs in the first instance you will be well placed in being able to improve community outcomes, and thus reduce risk within the wider community
- considering if your actions are going to have a positive or negative effect upon the wider community and ensure that you understand the implications of your actions upon all community members
- engaging with your communities in different ways in order to fully assess and understand how the FRS can adapt their initiatives and activities based upon the needs of the community.

You understand the role that you hold within the community.

- You are an ambassador for the Fire and Rescue Service and take responsibility for the work that we do and understand that members of the community always view you as a representative of the service.
- You recognise that members of the community will know that you are a member of the service and they will associate your behaviours and actions to that of a service ambassador.
- You act as a role model, and always understand the impacts of your behaviours and when using all media platforms.
- The community will look to you for guidance and support. As a representative of the service, your engagement will be of the highest standard to provide confidence within your communities.

Integrity

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

Example

You see a colleague pick up a wallet at an incident, and later a member of the public reports this missing. Your colleague states that they know nothing about it. You know that your colleague picked up the wallet and that another member of your team also witnessed this. This topic has been discussed on your teams WhatsApp group and some members of the team have commented, yet others who have clearly read the messages have not said anything. Your Line Manager has advised you to say nothing as the individual involved is an experienced member of the team and is only two years from retirement.

Consider and discuss the example above in the context of the principle: Integrity

Therefore, you need to ensure that:

You are sincere and truthful.

• People will look to you as a member of the service and expect that you always uphold the fire services values and act in an honest and truthful manner.

• You provide information and support as and when required and seek to always do the right thing. This may sometimes be a very difficult thing to do, ie, providing information that may cause an issue for a colleague or a member of the public.

You show courage in doing what you believe to be right.

• You will be required to always challenge inappropriate behaviour, and this will no doubt challenge you at times, however, by doing so you will reinforce your own credibility and that of the organisation eg calling out racist, homophobic, bigoted behaviours, reporting of safeguarding issues etc within all contexts will be expected.

• No matter what level within the organisation you are operating at, your behaviours will reflect upon both you and the organisation, and as such you will be required to make critical decisions that will need you to be resilient and consistent in your approach. Whether that be in an operational setting or within non-operational settings, it is vitally important that your behaviours are consistent with the FRS Core Code and supplementary FRS values.

You ensure your decisions are not inappropriately influenced.

• Decisions will always be made based upon accurate information and you will consider all points of view prior to making a decision.

- You will not be influenced inappropriately by others and, no matter how difficult this may be at times, you will maintain a focussed approach in line with the Core Code of Ethics, ie, you will not accept gifts or financial incentives, you will report any inappropriate behaviours that could be deemed as individuals or organisations attempting to influence your actions.

- You do not knowingly make false, misleading, or inaccurate statements.

- You have a responsibility to provide accurate, honest, and timely information whenever requested. This will ensure that the credibility, trust, and honesty of you and your organisation will be maintained. This may be challenging at times, for example, if you have witnessed a safety event and a colleague may have done something incorrectly. It is important that you provide an honest account of what happened to ensure that appropriate remedial actions can be implemented.

Dignity and respect

We treat people with dignity and respect, making decisions objectively based on evidence, without discrimination or bias.

Example

You and your team are attending a community event to explore the ways in which the FRS can improve community safety. At the event, there are several presentations regarding community cohesion. During the panel question and answer session (of which the FRS is a panel member), certain members of the audience start to voice their mistrust and dissatisfaction with the police and the local authority. These discussions start to become quite heated and the audience starts to question the FRS position regarding these allegations. How do you as a representative of the FRS respond to the situation?

> **Consider and discuss the example above in the context of the principle: Dignity and respect**

Therefore, you need to ensure that:

You maintain a composed and respectful manner.

- Despite the pressures of a situation, you always remain calm and professional.
- You take personal responsibility for your actions.
- You communicate effectively with a range of different stakeholders.
- You are aware of the impact that you have on others.

You respect individual differences.

- You take time to understand individuals and their perspective.
- You understand your communities and their diverse needs.
- You understand that individual difference is a positive aspect of all communities.

You recognise the needs of community members.

- You recognise that all groups will have different needs and opinions on a range of subject areas.
- You are fully aware of the environments in which you are operating and understand that your approach must be flexible to meet these differing needs.

You challenge inappropriate behaviours whenever they occur.

- You understand that by not challenging inappropriate behaviours you are in effect condoning those behaviours.
- By challenging inappropriate behaviours on each occasion, they occur you will be role modelling positive behaviours and will provide others with the strength to challenge
- To change behaviours of others it is vital to create an environment whereby inappropriate behaviours are challenged.

You keep an open mind and do not prejudge.

- You take time to listen to others and to understand their position on a subject area.
- You are aware of unconscious bias that might exist.
- You make decisions based upon accurate information and check facts prior to making a decision.
- You treat everyone based upon your experience of them rather than prejudging individuals based upon hearsay.

Leadership

We are all positive role models, always demonstrating flexible and resilient leadership.

We are all accountable for our behaviour, decisions, and actions, and challenge all behaviour that falls short of the highest standards.

Example

Your line manager has arranged to conduct an appraisal with you. You have been worried about an upcoming training exercise because you feel that you do not fully understand the new procedure and are concerned that you may let your team down. Your manager has always been helpful and is polite, kind and treats everyone with respect. They also take pride in their work and encourage the team to do the same. You know that they set clear expectations, objectives and continually monitor and support team and individual performance.

During the meeting, your manager encourages open communication and actively listens to your concerns, showing a supportive approach. They take responsibility and use the opportunity to provide wider team development and training. They ensure that they provide you with coaching and mentoring and that ongoing support is available. They have fostered a positive culture in the team, where individual and team wellbeing is seen as a priority and they continue to provide you with the opportunity to discuss your concerns. During the meeting, your manager asks you how you may deal with a similar situation in the future and how you can develop your leadership approach.

Consider and discuss the example above in the context of the principle: Leadership

Therefore, you need to ensure that:

You strive to act as an inspirational role model.

- You demonstrate role model behaviours that are in line with the Core Code of Ethics and your FRS values.
- You consider the needs of individuals and take time to understand their needs.
- You communicate with passion and integrity.
- You use non stigmatising behaviours and language.

You take responsibility for your actions.

- You admit to your mistakes publicly.
- You are comfortable stating when you do not have the answer.
- You are constructive about receiving challenge.

You make decisions based upon accurate information.

- You make decisions based upon sound information rather than hearsay or rumour.
- You look at the facts and follow the evidence.
- You do not prejudge individuals or tasks.

You are mindful of the wellbeing of your colleagues.

- You look after yourself and others.
- You actively look for behaviours that may show people are struggling or need help.
- You show compassion.
- You strive to create an environment where the wellbeing of your teams is a priority.
- You embed processes and services that support the wellbeing of all.

Equality, diversity and Inclusion (EDI)

We continually recognise and promote the value of equality, diversity, and inclusion, both within the FRS and the wider communities in which we serve. We stand against all forms of discrimination, create equal opportunities, promote equality, foster good relations, and celebrate difference.

Example

A member of your team is going through a difficult time and following some discussions they open to you and explain that they have been struggling with their mental health for some time. They have been receiving support from occupational health; however, they do not wish anyone in the team to know about their struggles.

You listen to their concerns and put a plan in place to make reasonable adjustments to their working environment and day to day activities, as the individual and occupational health know that these small changes will have a significant impact upon their working life. These adjustments are made; however, you soon are informed of discontent within the rest of your team with individuals suggesting that you are making special provision for the individual and it is not fair or equal. Some of your team is even suggesting that if the individual cannot perform all of the role in the same way as everyone else then they should be subject to capability. How will you deal with these concerns from the rest of your team?

What does this example demonstrate?

> **Consider and discuss the example above in the context of the principle: EDI**

Therefore, you need to ensure that:

You show compassion and empathy to people you meet.

- You create an environment whereby people are happy to approach you without fear of recrimination or blame.
- You take time to listen and understand.
- You do not prejudge anyone or their circumstances.

You treat people according to their needs.

- You take time to explore all options available.
- You can distinguish between needs and wants.
- You provide support based upon the individual's needs.

You take a proactive approach to opposing discrimination.

- You always challenge discriminatory behaviours.
- You call out inappropriate behaviours whenever they occur.
- You are aware of unconscious bias that may exist.
- You do not use stigmatising language or behaviours.
- You promote two-way dialogue.

You act and make decisions on merit, without prejudice and using the information available.

- You make decisions based upon fact.
- You are not influenced by others when making decisions.
- You follow evidence and information prior to making a decision.

You actively seek or use opportunities to promote equality and diversity.

- You are an ambassador for equality, fairness, and inclusion in everything that you do.
- You actively promote the ethical principles within the Core Code of Ethics, FRS value and behaviours.
- You promote and role model inclusion.

Report of the Assistant Director - Prevention

Prevention Cause of Concern – Action Plan Update

Purpose of report

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

Recommendation

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

Introduction and Background

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

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

3.   The recommendations from the HMICFRS were that the Service should have plans in place for -

   a) An effective system to define the levels of risk in the community.

   b) The development and delivery of a prevention strategy that prioritises the people most at risk of fire and ensures that work to reduce risk is proportionate.

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

4.   The Service provided the inspectorate with an action plan setting out how the issues would be addressed. The Assistant Director of Prevention has regular update meetings with the Services' representative from the HMICFRS. The most recent meeting was held on 17 March. The inspectorate has confirmed that they would like to conduct a short revisit to triangulate evidence, talk with relevant people and look at the systems and processes now in place. The proposed dates for this revisit are 27/28 July 2022. A virtual meeting has been

arranged with the HMICFRS lead on 27 April, to discuss the revisit programme in more detail.

5. The Prevention Improvement Panel (PIP), a cross Service panel which was created to support and discharge the action plan, continue to meet on a monthly basis to review progress against the action plan and sign off items of evidence.

6. The Deputy Chief Fire Officer attends the PIP meetings on an ad hoc basis to sign off actions, act as a critical friend, to provide honest feedback on the evidence provided and to identify where there may be gaps with the actions.

Action Plan Progress

7. Work has been progressing in line with the action plan to define and articulate levels of risk in the community and datasets have been reviewed and a summary document has been produced to set out a clear rationale for the areas the Service will be targeting its activities.

8. The Prevention team have been considering alternative ways to target Prevention activities and the NFCC Equality of Access guidance toolkits / documents have been reviewed to assess the most appropriate hard to reach groups to target.

9. Systems and processes for partnership referrals have been reviewed and a plan has been created to enable the Service to work with partners to plan, promote and support Prevention activities across the two counties. To improve access to Services, the NFCC Home Fire Safety Check Online Tool has been adopted, which is available on the Service website for members of the public and partner agencies to access information and make referrals for visits. This went live on the Service website as of 01 April 2022.

10. External and internal communications plans have been developed to share Prevention aims with the public and Service personnel and a training plan has been agreed to ensure that the Service has a competent and professional workforce to deliver Prevention activities, which includes a standard e-learning package on the Person-Centred Framework.

11. The Corporate Communications team have designed a template and logo for all Prevention documents which will be published internally and externally. This template allows for a consistent approach for all Prevention literature and this has now been adopted.

12. The NFCC Person-Centred Framework (PCF) was adopted from the beginning of April 2022 and over the coming year the Prevention team will be focusing on other core areas of the PCF to embed such as –

- The process for standard data collection (from the Home Fire Safety Visit)
- The process for obtaining evaluation and feedback following a visit
- The process for quality assurance of Home Fire Safety Visits
- A national definition of risk and reviewing of processes to ensure they are regularly reviewed in line with best practice

13.   Each wholetime station has nominated a Prevention Station Champion who will be the main point of contact to communicate prevention aims, plans and information to teams at each operational location to embed and sustain a comprehensive prevention service to the local community.

14.   To ensure core development and learning is harnessed, the focus will move onto embedding the processes and learning from the Cause of Concern and a toolkit with the newly created documents available on SharePoint.

15.   Service personnel continue to be regularly updated on the progress of the action plan and the Service is on target to discharge actions by the specified completion dates.

16.   Please see Appendix 1 for a copy of the most up to date action plan.

Conclusion/Summary

17.   This paper presents an update on the action plan to discharge the HMICFRS Cause of Concern in relation to Prevention and identifies the key work streams still to be completed to make the necessary improvements.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Additional resources required to provide sustainable prevention services, as per SMB approval. Various departments to be included in this area of work.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	This directly links to the HMICFRS Improvement Plan, the Prevention Strategy and Response Strategy.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	Risk assessments will be undertaken as required should recommendations to alter prevention service delivery be required. The Prevention Cause of Concern has been added to the Prevention Department Risk Register and has also been escalated to sit on the Strategic Risk Register.
Consultation (identify any public or other consultation that has been carried out on this matter)	Employees and representative bodies will be kept appraised of developments as the action plan is created via JCC.

Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	An impact assessment will be completed as required.
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	An impact assessment will be completed as required.

Supporting Information

Appendix 1 – Prevention Cause of Concern Action Plan

Prevention Cause of Concern Action Plan

31 March 2022

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

Strategic Lead: Anna Davidson – Assistant Director: Prevention

Cause of concern:

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

Recommendations:

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

1. An effective system to define the levels of risk in the community.

2. The development and delivery of a prevention strategy that prioritises the people most at risk of fire and ensures that work to reduce risk is proportionate.

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

Detailed Findings:

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

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

What does good look like?

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

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

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

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

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

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

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

Extracts from HMICFRS Judgment Criteria

Aim:

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

Objectives:

A summary of key actions required including timescale for delivery.

All actions / evidence collated to meet our objectives will be signed off by a lead officer and the Prevention Improvement Panel.

Objective 1:

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

Key:

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

		Completion Date	Lead	Signed Off By/Date
1.1	Add the cause for concern onto the Prevention Risk Register and escalate onto the Strategic Risk Register	26.07.21	CGP PM	AD 27.07.21
1.2	Review of data sources / systems, seeking 3 quotes for replacement geographic information and modelling software, linked to joint system with Protection Directorate	30.09.21	SCH GCP	AD 18.10.21
1.3	Articulate our definition of the categories of people who are most at risk from fire, RTC and other risks what we mean by risk to underpin what we do, i.e. to understand who we target as those most vulnerable and at risk in our communities and be able to communicate that effectively. Collate into a position statement of risk groups and determine what constitutes high, medium and low risk for publication to compliment our Community Risk Management Plan. Using data to identify the risk groups determine from that those who fall into those categories	30.09.21	GCP PM SCP	AD 29.09.21
1.4	As recommended in the Prevention Fire Standard, attend regular regional FRS Prevention working group meetings to share best practice to drive innovation and continuous improvement	Ongoing	PM	AD 13.12.21
1.5	**Milestone**. Review data sets and devise a clear procedure to establish where the greatest risks lie within the Service area, setting out a clear written rationale for the level of activity to prevent fires and other risks	19.01.22	GCP	AD 19.01.22
1.6	Review community data breakdown to establish which equality of access guidance documents would be most useful to prioritise and use as a Service, mapping recommendations into a paper for SMB	28.02.22	SCP	AD 08.03.22
1.7	In line with the new NFCC guidance on Home Fire Safety Visits (HFSV), review the classification of prevention checks we undertake and publish a summary document	19.01.22	PM	AD 19.01.22
1.8	Following the review of data sources - create a clear rationale being explicit about what data we use and how we use it – map into a flow chart / clarification document	31.03.22	GCP PM SCP	AD 31.03.22
1.9	**Milestone**. An effective system to define the level of risk in the community will be in place and reviewed annually.	31.03.22	GCP PM SCP	AD 29.03.22

Objective 2:

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

Key:

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

		Completion Date	Lead	Signed Off By/Date
2.1	Communicate the Cause of Concern with Prevention Team	12.07.21	AD GCP	AD 12.07.21
2.2	Progress to date, following the cause of concern issued for prevention activity, reported to SMB	13.07.21	AD	DCFO 13.07.21
2.3	Prevention Improvement Panel established and Terms of Reference confirmed	14.07.21	AD	AD 14.07.21
2.4	Review Prevention Fire Standard and perform gap analysis against Prevention Strategy	21.07.21	AD PM	AD 21.07.21
2.5	Finalise, publish and promote Prevention Strategy, including KPI's for monitoring to assess the impact of prevention activity	30.07.21	AD DCFO CFO	CFO 30.07.21
2.6	Finalise the Prevention Strategy Action Plan and communicate to all staff, as well as agreeing with Station based managers	30.09.21	GCP	AD 02.11.21
2.7	In line with the new NFCC guidance on HFSVs. Collate and map quarterly KPI's for monitoring via P&I department to evaluate prevention activity and assess its impact	31.10.21	GCP PM SCP	AD 16.11.21
2.8	Create and publish a communication plan to articulate and share prevention aims across the service (internal)	31.01.22	GCP	AD 31.01.22
2.9	In line with the new NFCC guidance on HFSVs, formalise the plan for how we establish and maintain a competent and professional workforce to deliver prevention activities, to include the provision of safeguarding training, in a paper /statement of intent	31.01.22	PM	AD 31.01.22
2.10	We will apply an agile and proportionate approach to assessing risk based on need, which will range from telephone advice up to a Safe and Well check with referrals and partners. Applying an efficient and risk based approach will ensure volume and quality in the delivery of our services and this will be recorded in a 3 year prevention strategy action plan	31.03.22	PM	AD 29.03.22
2.11	In line with the Prevention Fire Standard, establish a process to identify and capture feedback from a range of sources; to drive innovation and continuous improvement and enhance future performance. Review and publish the customer feedback and compile an annual report of recommendations.	31.03.22	PM	AD 29.03.22
2.12	Develop a means of evaluating prevention activity to assess its impact of on the local community	30.04.22	PM GCP	
2.13	Undertake efficiency based value review, measuring resources in versus outputs, and continue to monitor efficiency.	30.04.22	PM GCP	
2.14	Investigate a body to undertake a peer review or external assessment of delivery against our strategy	30.04.22	GCP	

Objective 3:

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

Key:

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

		Completion Date	Lead	Signed Off By/Date
3.1	Extend x4 Fixed Term Prevention Technician contracts until 31.12.21 to increase capacity pending a review of resources	30.06.21	PM	AD 30.06.21
3.2	Confirmation to Response to confirm they will complete home fire safety check as of 19.07.21 pending a full review of prevention work streams by the Prevention Department	16.07.21	AD PM	AD 16.07.21
3.3	Response and Prevention managers to meet to determine our classification of checks	04.08.21	PM SCP GCP	GCP 04.08.21
3.4	Reduce the backlog of checks from 500 to 250	03.08.21	PM SCP	AD 03.08.21
3.5	Eliminate historical backlog of remaining checks	30.10.21	PM	AD 18.10.21
3.6	Obtain feedback from Response on their time in motion study to inform the time available for crews to undertake prevention activity on a weekly basis	03.09.21	GCN	AD 29.09.21
3.7	Undertake a resource mapping exercise, measured against the Prevention Strategy, to determine a long-term sustainable prevention resource, and total service resources required to deliver a sustainable programme of prevention activity in line with the Strategy to include referrals, post fire prevention activity and campaigns	30.09.21	GCP PM SCP	AD 29.09.21
3.8	Paper to SMB to define what the Prevention department and Response teams deliver, what resource there is currently, how we will apply it and finally what we expect to deliver annually with that resource. If additional resources or structural changes are required this will be clearly recommended in this paper	26.10.21	AD GCP	AD 29.09.21
3.9	Allocate clear workloads and targets (with regular KPI management) to Response crews	27.10.21	GCP	AD 02.11.21
3.10	Define clearly the systems and processes for working with other agencies and formalise the partnership working approach and process for feeding back to partner agencies via a paper / statement of intent and include in the Prevention Action Plan	31.10.21	PM SCP	AD 13.12.21
3.11	Working with Corporate Communications develop and publish a Prevention communications plan (External)	30.11.21	PM SCP	AD 13.12.21
3.12	Establish quality assurance process for Home Fire Safety Visits	31.01.22	PM	AD 3-2-22
3.13	Review systems and processes for dealing with referrals from partner agencies, including development of on-line referral form for partner agencies and members of the public to ensure referrals are managed effectively	30.04.22	PM	
3.14	Work with relevant partners to plan, promote, support and deliver prevention activities in line with the risks outlined in our CRMP, formalise into an annual plan	31.01.22	PM SCP	AD 4-2-22

Prevention Cause of Concern Action Plan – 31 March 2022

6

Report of the Head of Legal Services

Annual Compliments, Complaints, Concerns and Requests for Information 2021/22

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 2021 to 31 March 2022:

  i)   *a total of 270 requests for information containing 830 queries about the Service were received. No requests were passed to the Information Commissioners Office for review.*

  ii) *a total of 40 compliments were received from the public;*

  iii) *28 complaints about Service activities were made; and*

  iv) *15 complaints or concerns were received about activities carried out by other organisations or individuals;*

  v)   *One of the complainants appealed the response provided and none were passed to the Local Government Ombudsman for investigation.*

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 2021 to 31 March 2022

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

3. The Service received a total of 43 (53) complaints and concerns from the public, with 28 (40) being concerned with Service activities and 15 (13) concerning

activities carried out by other organisations or individuals. 7 (6) 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	1	Reassurance and investigation
Staff Behaviour	1	Addressed with member of staff
Damage to Property	1	Remedial action and apology
Poor Response / Service	1	Apology and review of procedures confirmed
Other	3	Remedial action and apology Apology and matter addressed with staff

4. One of the complainants appealed to the Assistant Chief Fire Officer regarding dissatisfaction with the response provided by the Service. The appeal was 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 type 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 one received a response within 10 working days.

Compliments Received 1 April 2021 to 31 March 2022

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

7. The Service received 40 (50) compliments during this period and it should be noted that the majority came following Service attendance at a fire or rescue, quite a few of which involved animals 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 2021 to 31 March 2022

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

8. The Service received 270 (276) requests for information including 4 (14) SARs during this period. Themes included requests for information on fires, 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 830 queries within the 270 FOI requests during 2021-2022.

9. The seemingly small number of SARs received this year does not truly reflect the workload associated with them. SARs are often incredibly time consuming because of 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.

Conclusion/Summary

10. 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.

11. Your officers are satisfied that there are no significant levels of recurring themes or trends in the concerns and complaints being reported to give any cause for concern.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	The complaints, concerns and compliments process uses existing resources. The FOI and SAR process uses existing resources.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	The complaints, concerns and compliments process links to the Authority's Code of Corporate Governance. The FOIA and SAR process links to statutory and legislative frameworks. (GDPR and DPA 2018 FOIA 2000)
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	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.

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 – no policy change is recommended

Supporting Information

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

Hereford & Worcester Fire Authority
Audit and Standards Committee
20 April 2022

Report of Assistant Chief Fire Officer

Health and Safety Committee Update: October – December 2021 (Quarter 3)

Purpose of report

1. To provide the Committee with a Health and Safety update on activities and items of significance.

Recommendation

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

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

(ii) Health and Safety performance information recorded during October to December 2021 (Quarter 3)

Introduction and Background

2. Hereford & Worcester Fire and Rescue Service (HWFRS) aims to ensure the safety, health and well-being of its employees and reduce and prevent accidents and injuries at work, as outlined in the People Strategy 2022-25 and recently noted by the Fire Authority.

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 16 March 2022.

4. The Committee has the facility to task work to the H&S Working Group, which sits beneath it and is chaired by the Group Commander responsible for Health and Safety. The group meets as and when required.

5. The Working Group is currently formally tasked with the following:

    - To implement the findings from the NFCC's Death in the Workplace report.
    - To promote and improve fitness standards across the Service.

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

Health & Safety Initiatives Update

National Activities

7. The NFCC has issued a questionnaire to all services relating to the management systems and processes that each service either already has in place or is considering implementing. HWFRS's H&S Department completed the return and it is envisaged further best practice guidance / consideration will be shared by the NFCC once responses have been collated.

Regional Activities

8. The regional audit programme, a partnership between Fire and Rescue Services (FRS) from across the West Midlands region, is being reintroduced during Quarter 4, 2021-22.

9. H&S Subject Matter Experts (SME) from each FRS, with findings and learning outcomes shared across the partnership to enhance health and safety.

10. A GAP analysis is completed following each peer assessment to ensure that HWFRS adopts any learning and maintains compliance against H&S legislation.

11. As part of this programme, HWFRS's Health and Safety Advisor will support Shropshire FRS's audit.

12. The themes of the audit are:

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

13. Another regional audit will take place at Staffordshire FRS during Quarter 2 2022-23; further information will be shared when the themes are agreed.

HWFRS Local Activities

14. Following on from the last update provided in the quarter 2 report, HWFRS have continued to monitor and implement safe systems of work via the COVID Recovery Group. Managers have been supplied with best practice guidance issued by Government, NFCC and the HSE to ensure that workplaces and work activities are assessed to prevent the transmission of COVID whilst at work.

15. A new Covid-19 variant of concern 'Omicron' has been identified within the UK. HWFRS reviewed the updated government guidance with organisational working practices focusing on essential activities to keep vulnerable groups safe from potential exposure. Staff are continuing to use the Hybrid Working Trial during this time, to minimise the likelihood of unnecessary workplace transmission.

16. There has been a recent occurrence reported via the equipment defect system (standard routine testing). The reported defect was in relation to the Pressure

Reducer handwheel nut on a Breathing Apparatus set being found to be loose, causing leakage of air. An investigation was carried out by Draeger and the subsequent findings of this investigation concluded:

'*A significant contributing factor to this issue, is when a cylinder is attached to a PSS backplate whilst the assembly is laid horizontally on a flat surface. This results in the cylinder being manipulated into position onto the pressure reducer handwheel which is known to apply excessive force to the nut which over time, results in it becoming loose*'

17. Crews have been reminded of the correct technique to use when attaching a BA cylinder to a set. The Equipment Safety File has also been updated to reflect this advice, using the information supplied by Draeger, and Training Centre have amended the CTR packages to reflect this update.

18. Of the current 27 Health & Safety Policies there are 5 under scheduled review, which include:

    - Health & Safety Policy
    - Management of Contractors
    - The Production of H&S information
    - Major Event Response Protocol (Death in Workplace)
    - The Misuse of Alcohol and Substances

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

20. 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, 279 risk assessments were reviewed, and 27 new risk assessments were created.

Figure 1 – Risk Assessment Database

	Quarter 4 (20/21)		Quarter 1 (21/22)		Quarter 2 (21/22)		Quarter 3 (21/22)	
Location	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	92	14	140	6	85	5	97	12
South District	102	18	105	12	109	18	78	4
West District	69	19	89	19	89	20	66	10
Training Centre	96	2	21	0	44	2	20	0
Others	30	4	41	1	24	2	18	1
Total	**389**	**57**	**396**	**38**	**351**	**47**	**279**	**27**

H&S Working Group activity updates

21.   The group is progressing the identified action points against the Death in the Workplace analysis. A key area identified as an area of improvement is the training of welfare officers, HWFRS are in discussions with partners to provide training during 2022.

22.   The group has identified several areas of work required in order to implement the new Fitness service policy which is under development/consultation in order to promote fitness across the service. The draft policy will be circulated for consultation during Quarter 4.

Quarter 3 Performance Report

23.   Appendix 1 provides details relating to all safety events reported and investigated during Quarter 3 of the 2021-22 reporting year (October – December).

24.   The total number of safety events reported in Quarter 3 decreased by 10 compared to the previous quarter. The most significant decrease, and reason for the overall reduction, was in the reporting of Personal Injury category which reduced by 6 and Violence and Aggression by 3.

25.   During the period, there has been a slight increase in Property and Equipment Damage reported events (+2) and Vehicle Accidents (+1).

26.   No injuries have been reported to the Health & Safety Executive (HSE) under the RIDDOR regulations.

27.   No basic Specialist Investigations occurred.

28.   Finally, following the previous review of the accident data, manual handling continues to account for the largest proportion of personal injury incidents. Therefore, the H&S Advisor has worked with Training Centre and 10 response staff have received the manual handling 'Train the Trainer' course to improve manual handling training across the Service.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Contained within H&S budgets and departmental capacity.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	Corporate Strategy: ensuring firefighter safety.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	Reduces the overall impact for H&S management in the areas identified and safeguards the Services legal requirements.
Consultation (identify any public or other consultation that has been carried out on this matter)	Representative bodies attend H&S Committee and are fully consulted on H&S matters.
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	All personal data has been removed from the reports contained within Appendix 1.

Supporting Information

Appendix 1: Quarter 3 (October to December 2021) Event Reporting and Summary

Health and Safety Quarterly Report
Quarter 3 (October 21 – December 21) Event Reporting and Summary

1. Overview

In the period of October 2021 to December 2021 a total of **30** Health and Safety (H&S) events were reported. They fall into the categories of:

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

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

2. Breakdown of Events

By Activity

Table 1 shows that during Q3, personal injuries and vehicle collisions were the most frequently reported incidents. The majority of vehicle collisions and personal injuries occurred during operational activities.

	Total	Training	Operational Activities	Routine Activities	Non-Service Related Activities
Total H&S Events Q3	30	4	20	5	1
Personal Injury	8	0	7	1	0
Vehicle Collision	12	1	6	4	1
Property or Equipment Failure	2	1	1	0	0
Near Hit or Cause for Concern	6	2	4	0	0
Exposure or Contamination	0	0	0	0	0
Violence or Aggression	2	0	2	0	0

Table 1: Safety Event Breakdown Q3 2021-2022

<u>By Injury Type</u>

Table 2 identifies the manual handling category as being the main cause of personal injuries. The incident classified as 'other' related to a cut finger.

Total Personal Injuries	8
Manual Handling	3
Slips, Trips & Falls	1
Hit by Moving Object	1
Hit Stationary Object	2
Burns – Operational	0
Burns – Training	0
Other	1

Table 2: Personal Injury Breakdown Q3 2021-2022

<u>By Vehicle Type</u>

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

Vehicle Collisions	Fire Engines		Cars and Vans		Non-Service related
	On blue lights	Off blue lights	On blue lights	Off blue lights	
Total Collisions	3	5	0	3	1

Table 3: Vehicle Breakdown Q3 2021-2022

<u>Vehicle Mileage Statistics</u>

Vehicle mileage statistics for the year 2020-2021 were provided by the Operational Logistics Fleet Department and have been used to predict vehicle mileage for 2021-22. These are summarised in Table 3A below. It can be seen that there were three white fleet safety events out of approximately 74,095 miles driven, which equates to one event for every 24,698 miles driven.
The eight safety events involving red fleet vehicles were out of approximately 52,933 miles driven, which equates to one event for every 6,617 miles driven.

Fleet	Total Mileage 2020-2021	Predicted Mileage Q3 2021-2022
White Fleet	296,381	74,095
Red Fleet	211,732	52,933
	Totalling 508,113 miles	**Totalling 127,028 miles**

Table 3A: Vehicle Mileage Statistics Q3 2021-2022

3. Events Requiring Investigation during Quarter 3 (October 21 – December 21)

Tier One Investigations

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

Tier Two Basic Specialist Investigations

In addition to the standard investigation required for Tier One, a Basic Specialist Investigation (SI) is required for:
- Rare, unusual or unlikely events resulting in either serious injuries or losses, or with the potential to incur such injuries or losses.
- Events involving Breathing Apparatus (BA).
- Near Hits resulting from unusual conditions or with the potential to cause serious injury or loss that are rare or unlikely to reoccur.

No events reported during Q3 required a Tier Two Basic Specialist Investigation:

Tier Two Full Specialist Investigations

A full SI may be assigned immediately or following a Basic SI and is required for:
- Possible or likely events resulting in serious injuries or losses.
- All significant events involving Breathing Apparatus (BA).
- Near Hits resulting from unusual conditions or with the potential to cause serious injury or loss that are possible or likely to reoccur.

No safety events were reported during Q3 that required a full Specialist Investigation.

Tier Three MERP Specialist Investigations

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

No safety events during Q3 required a Tier Three Specialist Investigation.

RIDDOR Events for Quarter 3 (October 21 – December 21)

During Q3, no RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reports were submitted to the Health and Safety Executive (HSE).

4. Comparison between Quarters and Trend Analysis

Comparison of Events Reported Showing Differences Q3 2020-21 & Q3 2021-22

Table 4 below compares the number of events reported in Q3 2020-21 and Q3 2021-22 for the different categories. For events over the last 12 months, three of the categories experienced a decrease, while one reported an increase.

Overall, event reporting as a whole decreased by four over the period, with 30 reports in Q3 2021-22 compared to 34 in Q3 2020-21. The decrease was driven by a significant fall in Near Hits.

Event Type	Q3 2020-21	Q3 2021-22	Increase/Decrease
Personal Injuries	4	8	+4
Vehicle Collisions	12	12	+/-
Property or equipment	2	2	+/-
Violence & Aggression	3	2	-1
Near Hits	12	6	-6
Exposure / contamination	1	0	-1
Overall	34	30	-4

Table 4: Quarterly Events Reported Q3 2020-21 and Q3 2021-22

Trend Analysis

In summary compared with the previous year, there was a decrease in the number of events reported during Q3 (-4).

The main decrease was Near Hits (-6). The only increase was personal injuries (+4).

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.

4

12 Month Trend Analysis

Table 5 below breaks down the latest 4 quarters by reported accident type. Q3 figures show a gradual decline in the number of events reports over the last four quarters.

Near hits/cause for concerns continue to decrease, as have personal injuries.

	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22
Total H&S Events	**55**	**46**	**40**	**30**
Personal Injury	17	18	14	8
Vehicle Collision	13	14	11	12
Property or Equipment Failure	4	2	0	2
Near Hit or Cause for Concern	15	9	8	6
Exposure or contamination	3	1	2	0
Violence or Aggression	3	2	5	2

Table 5: 12 Month Trend Analysis Q4 2020 – 2021 to Q3 2021 – 2022

Brief Description of all Safety Events

A1.   Personal Injury

Of the **30** H&S events reported, **8** relate to the category of Personal Injury. These are described in Table A1 below:

Sub-Categories	Break-down of Injuries in Each Sub-Category
1 event was during routine activities	1409 - 1 relates to a personal injury. A firefighter left their hand in the door jamb after getting into the fire engine. Another fire fighter then closed the door, squashing their hand and causing some bruising.
7 events were during operational activities	1405 - 1 relates to a personal injury. A firefighter cut their finger whilst firefighting, when a foreign body entered their glove.
	1414 - 1 relates to a personal injury. Whilst retrieving a casualty's ID from their bag, the firefighter cut their hand.
	1417 - 1 relates to a personal injury. Whilst climbing into the fire engine cab the firefighter struck their head on the overhead locker.
	1418 - 1 relates to a personal injury. Whilst bending down to retrieve something out of the bin the firefighter caught their head on the corner of a cupboard.
	1423 - 1 relates to a personal injury. Whilst running out a length of hose the firefighter slipped on some black ice and hurt their ankle.
	1424 - 1 relates to a personal injury. A firefighter received an injury to their hand whilst at an incident.
	1427 - 1 relates to a personal injury. A firefighter jarred their neck whilst operating the Tirfor winch.
	Totalling **8** personal injuries
	0 Calendar Days / 0 Working days lost. (this includes modified duty days)

Table A1: Personal Injuries Reported during Q3 2021 – 2022

A2. <u>Vehicle Collisions</u>

Of the **30** H&S events, **12** relate to the category of Vehicle Collisions, which are further described in Table A2 below**.** All of these events could be attributed to the FRS driver; these events are highlighted in grey. If these collisions occurred whilst responding to an operational incident the category of response has been provided in bold. Driver training have sent out a Bulletin item for crews to familiarise themselves with the 'Banks person' CTR technical knowledge package and requesting that when contact is made with tree branches, crews should contact the local highways team to get the hazard removed.

Sub-Categories	Breakdown of Vehicle Collisions in Each Sub-Category
4 events were during routine activities	1401 - 1 relates to a vehicle accident. Whilst driving into the station the driver caught the entry barrier resulting in a dented rear wheel arch, broken bumper and indicator light.
	1407 - 1 relates to a vehicle accident. Whilst driving at slow speed in a queue of traffic, a member of staff went into the back of the car in front. Slight damage was caused to the rear bumper of the other car.
	1406 - 1 relates to a vehicle accident. Whilst driving. a transit van in the oncoming lane hit the fire engine wing mirror.
	1416 - 1 relates to a vehicle accident. Whilst doing a three-point turn in the road the fire engine mudguard caught another vehicle.
6 events were during operational activities	1400 - 1 relates to a vehicle accident. Whilst reversing the fire engine made contact with a stone pillar resulting in a broken driver's side mounting step.
	1415 - 1 relates to a vehicle accident. Whilst pulling out of the appliance bay, one of the cab doors was not fully closed and hit the pump bay doors.
	1420 - 1 relates to a vehicle accident. Whilst driving to a fire call the fire engine caught the wing mirror of a vehicle that had pulled over to allow them past. **EMERGENCY RESPONSE**
	1426 - 1 relates to a vehicle accident. Whilst travelling back from an incident the fire engine struck a low hanging branch and broke the side mirror.
	1429 - 1 relates to a vehicle accident. A fire engine was travelling under a bridge at the same time as an articulated vehicle. They struck mirrors resulting in them breaking. **EMERGENCY RESPONSE**
	1430 - 1 relates to a vehicle accident. Whilst driving the fire engine scrapped the side of another vehicle. **EMERGENCY RESPONSE**
1 event was non service related	1425 - 1 relates to a vehicle accident. A member of the public claimed that an fire engine smashed their car mirror which was parked near to an incident.
1 event was during training activities	1404 - 1 relates to a vehicle accident. Whilst travelling down a narrow road the fire engine caught a low hanging tree branch, causing the glass to fall out of the wing mirror.
	Totalling **12** vehicle collisions

Table A2: Vehicle Collisions Reported during Q3 2021 – 2022

A3.   Property or Equipment Damage

Of the **30** H&S events, **2** relates to the category of Damage to Property or Equipment. these are further described in Table A3 below.

Sub-Categories	Breakdown of Property or Equipment Damage in Each Sub-Category
1 event was during training activities	1421 - 1 relates to property/equipment damage. Whilst under air the Breathing Apparatus mask started to leak.
1 event was during operational activities	1408 - 1 relates to property/equipment damage. A key safe was found to have a drill hole and scratches on it, indicating it had been broken into. Key fobs were removed and placed inside the station for security.
	Totalling **2** property or equipment damage

Table A3: Property or equipment damage during Q3 2021 – 2022

A4.   Near Hits or Causes for Concern

Of the **30** H&S events, **6** relate to the category of Near Hits or Causes for Concern - these are further described in Table A4 below.

Sub-Categories	Breakdown of Near Hits or Causes for Concern in Each Sub-Category
2 events were during training activities	1411 - 1 relates to a near hit/cause for concern. A firefighter opened a hydrant too quickly. The excess pressure knocked the firefighter off balance and the water supply was shut off.
	1412 - 1 relates to a near hit/cause for concern. A metal sign on top of the fire engine was held on by one corner and could have blown off in the wind driving down the motorway.
4 events were during operational activities	1403 - 1 relates to a near hit/cause for concern. During an incident on a live carriageway, a lorry drove past and caught one of the road cones, sending it airborne and almost hitting a firefighter.
	1410 - 1 relates to a near hit/cause for concern. A casualty was rescued by an un-tethered single swimmer.
	1422 - 1 relates to a near hit/cause for concern. Whilst attending an incident a firefighter went to remove some equipment from the appliance at the same time as another firefighter got into the cab to move the appliance.
	1428 - 1 relates to a near hit/cause for concern. The turnout system did not activate resulting in a delay in booking mobile to an incident.
	Totalling **6** near hits or causes for concern

Table A4: Near Hits or Causes for Concern Reported during Q3 2021/22

A5.   <u>Violence or Aggression</u>

Of the **30** H&S events, **2** relate to the category of Violence or Aggression.

Sub-Categories	Breakdown of Violence/Aggression in Each Sub-Category
2 events were during operational activities	1399 - 1 relates to violence/aggression. Whilst attending to an incident a group of youths surrounded the crew and started swearing and giving verbal abuse.
	1402 - 1 relates to violence/aggression. Whilst directing traffic at an RTC incident a driver passing by was verbally abusive and threatening a crew member.
	Totalling **2** violence/aggression events.

Table A5: Violence or Aggression Reported during Q3 2021/22

A6.   <u>Exposure or Contamination</u>

Of the **30** H&S events, **0** relate to the category of Exposure or Contamination.

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

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

There were no reports 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.

24 potential exposure/contamination incidents were recorded during Q3, involving firefighters. Potential exposure/contaminations are where personnel have been exposed (during training or incidents) to hazardous environments but where appropriate control measures were implemented. For example when entering open water during training.