



HEREFORD & WORCESTER FIRE AUTHORITY

Audit and Standards Committee

AGENDA

Wednesday, 21 April 2021

10:30

This will be held as a virtual meeting on Teams.

The meeting can be accessed via a link which will be emailed to participants.

Information for Members of the Public

Due to the current Covid-19 pandemic Hereford & Worcester Fire Authority will be holding this meeting in accordance with the arrangements for remote meetings of a local authority. For more information please refer to: Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Please note that this is a public meeting, to be conducted remotely by video conferencing between invited participants and live streamed on the internet for general access. You are able to listen and view the live video stream of the meeting via the link that will be published on the Fire Authority's website <https://hwfire.cmis.uk.com/hwfire/Meetings.aspx>

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

- 1) the right to attend all Authority and Committee meetings by viewing or listening to the live stream unless the business to be transacted would disclose “confidential information” or “exempt information”;
- 2) 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.
- 3) the right to inspect agenda and public reports at least five days before the date of the meeting (available on our website: <http://www.hwfire.org.uk>);
- 4) 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
- 5) 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.

If you are participating at a virtual meeting of the Authority under the Public Participation item, you will be deemed to have consented to being broadcast via the Authority’s website and/or filmed or recorded by the Authority and/or anyone exercising their rights under paragraph 2 above. Alternatively, your representations can be read out at the meeting on your behalf.

Please also 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.

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 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 **Members** who are democratically elected representatives and they will be advised by **Officers** who are paid professionals. The Fire Authority comprises 25 Members and appoints committees to undertake various functions on behalf of the Authority. There are 19 Members who are Worcestershire County Councillors on the Authority and 6 who are Herefordshire Council Councillors. The Police & Crime Commissioner also attends Fire Authority meetings as a non-voting Member.

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 is responsible for the proper conduct of the meeting.

Officers - Also present during the meeting will be the Chief Fire Officer and/or other Officers of the Fire 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 Members to vote. The Officers do not have a vote.

Protocols for Remote Meetings

Status of these protocols

- These protocols supplement the new legislative arrangements permitting remote meetings of a local authority, under the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.
- The Monitoring Officer reserves the right to amend or revoke these protocols at any time on reasonable notice. These protocols may also be revoked, superseded or amended by any standing orders that the Authority specifically adopts in respect of remote meetings.
- These protocols apply to anyone participating in a remote meeting, being: Members, officers, members of the public, other invited participants.

Participating in a remote meeting

- Officers and Members should join the meeting no less than 15 minutes before the scheduled start time to allow for any technical issues and avoid disrupting proceedings after the start time.
- At the start of the meeting the chairman will conduct a roll-call to confirm who is present and check for any connectivity issues.
- Where using video-enabled equipment, Members are asked to leave their cameras on throughout the meeting (unless connection speeds militate against this).
- Members should mute the microphone on their device when not speaking in order to reduce feedback and background noise. Committee and Members' Services can perform this function as well.

Access to documents

- Committee and Members' Services will publish the agenda and reports for meetings on the Fire Authority's website in the usual way and will notify Members and Officers by email.
- Members can either download the agenda pack from the link to the website or use the PDF sent with the email on a separate device to the one which they are using for the remote meeting.
- Printed copies will be sent to Members and Officers to support the effective conduct of the meeting where necessary. Printed copies will not be available for inspection at the Fire Authority's offices.

Officer Presentations

- Any presentations from Officers (eg Powerpoint) will be circulated to Members in PDF format in advance wherever possible and will be displayed on screen at the relevant point in the meeting. Where possible, presentations will be published on the Authority's website alongside the reports.
- When referring to reports or making specific comments, Officers should refer to the agenda page number so that all parties have a clear understanding of what is being discussed.

Protocol for Members speaking at meetings

- The Authority will be using Microsoft Teams, which will enable Members to participate in meetings remotely.
- The Chairman will ask all Members who wish to speak to indicate by pressing the 'raise your hand' button. Please do not speak or turn on your microphone until invited to do so by the Chairman. After speaking you must 'lower your hand' and turn off your microphone.

- The Chairman's ruling in regard to who should speak will be final and the Chairman will have the ability to mute any attendee's microphone if required.
- When referring to reports or making specific comments, Members should refer to the agenda page number so that all parties have a clear understanding of what is being discussed.

Voting

- Where it appears to the Chairman that the will of the majority of Members in the meeting is clear, the Chairman may put the motion to the meeting and ask if there are any votes against or any Members wishing to abstain. Those Members not voting against the motion or indicating they wish to abstain will be taken to be in favour.
- In all other circumstances a named vote will be taken. The Monitoring Officer will read out the Members' names, record the votes and announce the outcome to the meeting.
- Named votes will not be recorded in the minutes unless an individual Councillor asks to be recorded as voting "for", "against" or "abstained".

Participation by members of the public and the media

- A member of the public who has been given permission to speak during the public participation section of the meeting will be sent the relevant link to join the remote meeting and be invited to participate at the relevant point on the agenda. Members of the public who have been given permission by the Chairman to address a meeting may read out their question or written statement, of which prior notice will have been given, when invited to do so by the Chairman.
- As an alternative, members of the public who wish to address the meeting may submit a written statement that can be read out by the Chairman at the appropriate time.

Dealing with exempt items of business

- When confidential, or "exempt" information – as defined in Schedule 12A of the Local Government Act 1972 – is under consideration, the Chairman and Monitoring Officer will close the meeting and a private meeting will convene with Officers and Members only.
- Any Councillor or Officer in remote attendance who fails to disclose that there are other persons present, who are not permitted to see and/or hear the meeting, will be in breach of the Authority's Code of Conduct.

Dealing with technical difficulties

- In the event that the Chairman or Monitoring Officer identifies a failure of the remote participation facility, the Chairman may declare an adjournment while the fault is addressed.
- If it is not possible to address the fault and the meeting is inquorate, the meeting will be abandoned until such time as it can be reconvened.
- If the meeting remains quorate, it will continue. A vote will be taken in the absence of any Members who are unable to continue to participate remotely.
- If the meeting was due to determine an urgent matter or one which is time-limited and it has not been possible to continue because of technical difficulties, the matter may be dealt with in accordance with the 'urgent business' arrangements permitted by the Authority's Constitution.

Interpretation

Where the Chairman is required to interpret the Authority's Constitution in light of the requirements of remote participation, he or she shall take advice from the Monitoring Officer or Deputy Monitoring Officer prior to making a ruling, where practicable. The Chairman's decision in all cases shall be final.



Hereford & Worcester Fire Authority

Audit and Standards Committee

Wednesday, 21 April 2021, 10:30

Agenda

Councillors

Mr M Hart (Chairman), Mr A Amos (Vice Chairman), Ms P Agar, Mr S Bowen, Mrs E Eyre BEM, Mr I D Hardiman, Mr Al Hardman, Mrs K Hey, Mr R J Morris, Dr K Pollock, Mr L Stark, Mrs D Toynbee

No.	Item	Pages
1	Apologies for Absence To receive any apologies for absence.	
2	Named Substitutes To receive details of any Member of the Authority nominated to attend the meeting in place of a Member of the Committee.	
3	Declarations of Interest (if any) This item allows the Chairman to invite any Councillor to declare an interest in any of the items on this Agenda.	
4	Confirmation of Minutes To confirm the minutes of the meeting held on 20 January 2021.	1 - 4
5	Internal Audit Progress Report 2020/21 To provide the Committee with an update in regards to the delivery of the Internal Audit plan 2020/21.	5 - 15
6	Draft Annual Governance Statement 2020/21 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 2020/21 for approval.	16 - 62

7	National Fraud Initiative 2020/21	63 - 68
	To update Members on the National Fraud Initiative (NFI).	
8	Annual Compliments, Complaints, Concerns and Requests for Information 2020/21	69 - 72
	To update the Committee with details of compliments, complaints, concerns and requests for information made by the public to the Service over the past 12 months.	
9	Health and Safety Committee Update	73 - 83
	The purpose of this report is to provide a Health & Safety update on activities and items of significance.	



Hereford & Worcester Fire Authority

Audit and Standards Committee

Wednesday, 20 January 2021, 10:30

Chairman: Mr M Hart

Vice-Chairman: Mr A Amos

Minutes

Members Present: Ms P Agar, Mr A Amos, Mrs E Eyre BEM, Mr I D Hardiman, Mr Al Hardman, Mr M Hart, Dr K Pollock, Mr L Stark, Mrs D Toynbee

Also in Attendance: Mrs F Oborski - EDI Member Champion

188 Apologies for Absence

Apologies were received from Cllr Hey and Cllr R Morris.

189 Named Substitutes

There were no named substitutes.

190 Declarations of Interest (if any)

Cllr P Agar declared that she was a member of the LGPS Pensions Board.

Cllr F Oborski declared that she was a member of the LGA Fire Commission.

[Cllr A Amos entered the meeting at 10.33am].

191 Confirmation of Minutes

RESOLVED that the minutes of the meeting held on 8 October 2021 be confirmed as a correct record and signed by the Chairman.

192 Annual Audit Letter 2019/20

The External Auditors, Grant Thornton UK LLP, presented Members

with the Annual Audit Letter 2019/20 which summarised the findings from the 2019/20 audit.

Members were also made aware of the additional fees arisen from the complications in carrying out the audit remotely under Covid restrictions. The Treasurer assured Members that he was not concerned with the additional costs.

RESOLVED that:

(i) the Annual Audit Letter 2019/20 from External Auditors, Grant Thornton UK LLP be noted; and

(ii) the additional audit fee be noted.

193 Internal Audit Progress Report 2020/21

The Head of Internal Audit Shared Service presented Members with an update in regards to the delivery of the Internal Audit Plan 2020/21.

Members were pleased to note that all core financial reviews that had been reported had returned a very sound assurance, there were no high priority recommendations and no emerging risks or additional risks that needed to be brought to the attention of the Committee.

It was highlighted to Members that the Internal Audit Plan for 2020/21 would continue on a priority basis agreed by the Treasurer however this would not be completed in full and there would be the requirement to roll over two reviews; Safeguarding and Young Firefighters and Volunteering, as it was unlikely that these would be completed during this financial year.

The Head of Internal Audit Shared Service thanked the Treasurer and departments for their support during these challenging times whilst the reviews took place.

RESOLVED that the report be noted.

194 Equality & Gender Pay Gap Report 2019/2020

The Head of Community Risk and HR & Development presented Members with the Equality and Gender Pay Gap Report 2019/2020.

It was highlighted to Members that equality reporting arrangements this year had been amended to allow the equality data, including gender pay gap reporting, to be published in one annual report, to provide a more

holistic picture of equality data.

[Cllr A Hardman and Cllr K Pollock entered the meeting at 11.00am]

There was discussion around the reasons staff left the Service and the Assistant Chief Fire Officer provided Members with a brief overview and confirmed to Members that exit interviews were available to all staff and an exit interview strategy was an action on the EDI action plan.

Members queried the benchmark used to judge performance against the equality characteristics. It was suggested it would be more meaningful to use the working age group as the benchmark rather than the whole population of the two counties. Officers agreed to investigate if the data could be accessed.

Members thanked Officers for a well presented report which was easily understood and very comprehensive with a suggestion of using actual numbers rather than percentages to add more meaning.

The EDI Member Champion expressed how impressed she was with the HR Department for their performance and how pleasing it was to note that the Service's minority ethnic proportion was higher than in the two Counties.

Members were asked to approve the publication of the Equality and Gender Pay Gap Report 2019/20 on the Service website and note that the information would also be submitted to the government reporting website as per the Regulations.

RESOLVED that the Authority notes the content of the Equality and Gender Pay Gap Report 2019/2020 and approves its publication.

**195 Equality, Diversity and Inclusion Plan 2020-2025: Progress Report
Q2-Q3 2020-21**

The Head of Community Risk and HR & Development presented Members with a summary of progress for Quarter 2 to 3 2020/21 against the Equality, Diversity and Inclusion Plan 2020-2025.

Members were made aware that this was the first bi-annual update on progress against the Equality, Diversity and Inclusion Plan which was approved by the Fire Authority on 29 July 2020.

There was discussion around the Safe and Well visits and although Worcestershire was ahead of Herefordshire, Officers confirmed that there were equal resources spread proportionally throughout the two Counties.

There was also discussion around the use of translators and Officers confirmed that existing staff were used for translation where required.

The EDI Member Champion commended the report and the progress made, particularly reporting after a period of Covid which had made initiatives much harder.

RESOLVED that the progress made against the Equality, Diversity and Inclusion Plan 2020-2025 in Quarter 2 to 3 2020/21 be noted.

196 Health and Safety Committee Update

The Assistant Chief Fire Officer presented Members with an update on the activities and items of significance from the Service's Health and Safety Committee.

A Member requested clarification of the use of dash cams and was pleased to note that dash cams were fitted to all Service vehicles which have proved invaluable for evidence of incidents and training purposes.

There was concern with the number of vehicle collision figures which Members felt was high. The Assistant Chief Fire Officer confirmed that each incident is reviewed, investigated and monitored regularly and procedures were in place for drivers to be re-assessed where appropriate. Members were assured that no reported incidents were on blue lights and most were low level and slow moving incidents.

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

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

(ii) Health and Safety performance information recorded during July to September 2020 (Quarter 2).

The Meeting ended at: 11:36

Signed:.....

Date:.....

Chairman

Report of the Head of Internal Audit Shared Service

Internal Audit Progress Report 2020/21

Purpose of report

1. To provide the Committee with an update in regards to the delivery of the Internal Audit plan 2020/21.
-

Recommendation

The Treasurer recommends that the report is noted.

Introduction and Background

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

Objectives of Internal Audit

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

Aims of Internal Audit

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

- Examine, evaluate and report on procedures that the Fire Service's assets and interests are adequately protected and effectively managed;
 - Undertake independent investigations into allegations of fraud and irregularity in accordance with Fire Service's policies and procedures and relevant legislation; and
 - Advise upon the control and risk implications of new systems or other organisational changes.
5. Internal audit will work with external audit to try and avoid duplication of effort, provide adequate coverage for the 2020/21 financial year so that an internal audit opinion can be reached and support External Audit by carrying out reviews in support of the accounts opinion work.

Audit Planning

6. To provide audit coverage for 2020/21, an audit operational programme delivered by WIASS was discussed and agreed with the Authority's Section 151 Officer and Treasurer as well as Senior Management Board and was brought before Committee on 22nd January 2020 for consideration. The original audit programme provided a total audit provision of 111 audit days; 88 operational and 23 management days.

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). The 2020/21 Internal Audit Plan was agreed at the 22nd January 2020 Committee for commencement from April 2020 however the pandemic and national lockdown delayed this. WIASS continued to use the agreed plan as a benchmark to which to work and report against during 2020/21. Adjustments were made which resulted in potentially rolling 2 reviews forward along with a small reduction in the overall days delivered.

2020/2021 Audit Position

8. There have been no reviews in regard to the 2020/21 plan finalised since the last committee meeting but reviews have continued to progress:
9. Reviews that were ongoing as at the 28th February 2021 and progressing through clearance, draft report and management sign off stages included:
- Payroll
 - Charge Cards
10. Reviews that were ongoing as at the 28th February 2021 and progressing through testing or planning stages included:

- Asset Management Registers
 - Capital Budgets
11. The outcome to the reviews listed in paragraphs 9 and 10 above will be reported to Committee in summary form as soon as they are finalised. There are no indications at this time of any 'high' priority recommendations to be reported with those progressing through clearance and draft report stages.
 12. There has been a need to continue to revise the plan throughout the year based on available resource and ongoing events to maximise coverage. Priorities in regard to audit delivery have been discussed with the Treasurer to ensure that the key risk areas have been considered. The core financial areas will be completed. Two reviews that will not be completed during 2020/21 are Safeguarding and Young Fire Fighters and Volunteering. These will be risk assessed as part of the 2021/22 audit plan and if necessary will be rolled into the 2021/22 plan.
 13. 'Follow up' has taken place in regard to 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. There are no material exceptions to report at this time.

Conclusion/Summary

14. The Internal Audit Plan for 2021/22 was undertaken on a priority basis agreed by the Treasurer and the priority reviews are in various stages of completion. There will be a requirement to consider whether two reviews will be rolled to the 2021/22 audit plan based on risk. With the completion of the revised plan there will be sufficient coverage to draw an overall Opinion conclusion based on the work completed.

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 – 2020/21 Audit Plan summary.

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

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

Appendix 4 – ‘Follow Up’ reporting

APPENDIX 1

FIRE & RESCUE SERVICE INTERNAL AUDIT PLAN FOR 2020/21

Audit Area	Source	Planned days 2020/21		Service	Comment/Outline Scoping	Strategy link	Delivery date
Accountancy & Finance Systems							
Main Ledger (inc Budgetary Control & Bank Rec)	Fundamental to HWFRS CRMP delivery	10		Finance	Increase in days for a full system audit returning to light touch 2021/22	Resourcing for the Future	Finalised – 2 nd December 2020
Creditors (a/c's payable)	Fundamental to HWFRS CRMP delivery	9		Finance	Increase in days for a full system audit returning to light touch 2021/22	Resourcing for the Future	Finalised – 2 nd December 2020
Debtors (a/c's receivable)	Fundamental to HWFRS CRMP delivery	6		Finance	Increase in days for a full system audit returning to light touch 2021/22	Resourcing for the Future	Finalised – 2 nd December 2020
Payroll & Pensions inc GARTAN	Fundamental to HWFRS CRMP delivery	20		Service Support	Full Payroll audit. ToR: to ensure everything has embedded and all scenarios have been encountered depending on Payroll procurement outcome. Pensions to include governance due to changes. (See 'Asset Management Registers' below re. potential budget reallocation).	Resourcing for the Future	Draft Report – 22 nd March 2021
Capital Budgeting	Fundamental to HWFRS CRMP delivery	10		Finance	Full system audit. Required per prudential code. ToR: process -v- reality.	Resourcing for the Future	Testing being undertaken 28 th February 2021

Audit Area	Source	Planned days 2020/21		Service	Comment/Outline Scoping	Strategy link	Delivery date
SUB TOTAL		55					
Corporate Governance							
Key Performance Indicators	Fundamental to HWFRS CRMP delivery	7		Service Support	Critical friend review to consider why the KPI's are useful, process of capture, interpretation, consistency, and the strategic alliance reporting and outcomes. Underpins everything HWFRS report on and are changing.	Fire & Rescue Authority	Finalised 18 th December 2020
SUB TOTAL		7					
System / Management Arrangements							
Young Fire Fighters & Volunteering	Identified risk and priority area	-		All	Potential for reputational risk, cost and value added requirements. Focus will be Droitwich as Redditch has closed. ToR: to be agreed at commencement of review.	Fire & Rescue Authority	Potential roll to 2021/22 Plan
Safeguarding	Priority area	-		All	Continuing risk associated with this area of the business. Last looked at 2016/17. ToR: Corporate ownership and embedded responsibilities.	Fire & Rescue Authority	Potential roll to 2021/22 Plan
Charge cards	Potential for emerging risk	6		Finance	Cards limited to certain requirements but looking to extend the number of card holders which has the potential to increase the risk. ToR: good governance re. process and practice.	Resourcing for the Future & Services	Clearance Stage - 28 th February 2021
Asset Management Registers	Fundamental to HWFRS CRMP delivery	8		Service Support	ToR: consistency with finance asset list and whether the same information is reported. Potential budget to come from unused Payroll (i.e. contingency depending on payroll procurement outcome 2020/21).	Fire & Rescue Authority	Testing being undertaken 28 th February 2021
SUB TOTAL		14					

Audit Area	Source	Planned days 2020/21		Service	Comment/Outline Scoping	Strategy link	Delivery date
Follow up Reviews	Good Governance	7		All	Good governance and best practice	N/a	Q1 – Q4 inclusive
Advice, Guidance, Consultation, Investigations	N/a	5		N/a	Contingency and pull down	N/a	Q1 – Q4 inclusive
Audit Cttee support, reports and meetings	N/a	11		N/a	Delivery Support requirement	N/a	Q1 – Q4 inclusive
SUB TOTAL		23					
TOTAL CHARGEABLE		99					

‘High’ Priority Recommendations Reported for 2020/21 Finalised Reviews.

There are no ‘high’ priority recommendations to report from reviews currently progressing through their final stages of completion that could potentially lead to increased risk for the Fire and Rescue Service.

Appendix 3

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

Definition of Priority of Recommendations

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

Definition of Audit Opinion Levels of Assurance

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

Follow Ups have been limited to the core financial reviews that are undertaken on an annual basis with no exceptions to report before Committee.

Report of the Head of Legal Services

Draft Annual Governance Statement 2020/21

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 2020/21 for approval.
-

Recommendation

It is recommended that the Draft Annual Governance Statement 2020/21 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 2020/21.
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 2020/21. There was one area (shown within Core Principle F) where the direction of travel has improved which is due to improvements made in respect of GDPR compliance.

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 Assurances

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 2020/21

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. Two 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. This is still the case with regards to meetings held virtually during the Covid-19 pandemic. All Authority meetings are 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** - staff groups such as the Organisational Development & Challenge Group, women@hwfire and representative bodies for example via the Joint Consultative Committee (JCC) provide forums for engagement with staff.
- **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 2020/21 (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.
- **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** - aims to support the 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 2020/21 financial year.
- 4.3 2020/21 has been an exceptional year in many ways, but specifically in relation to Authority finances. In February 2020 the Fire Authority approved the Medium Term Financial Plan (MTFP) up to 2024/25. The MTFP was set in light of great uncertainty about future funding arrangements and included a significant range of scenarios. It was also set before the impact of Covid-19.
- 4.4 The continued uncertainty over the delayed Comprehensive Spending Review (CSR) has required some re-allocation of revenue budget to support core business activity and address the short-term impacts of Covid-19. 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:

Annual Governance Statement Assurances 2020/21 and Action Plan 2021/22 - Updated March 2021

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 2020/21 Actions	2021/22 Actions
Behaving with integrity	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	<ul style="list-style-type: none"> • Audit & Standards Committee oversight • Authority Member Role Description • Ethical Framework in place – included in Members' Induction • Two Members identified as 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 Scheme • Staff Code of Conduct • Registers of Interest for Members and Officers • Pay Policy Statement • Payments to Members published 	→	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 2020/21 Actions	2021/22 Actions
	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	<ul style="list-style-type: none"> Local Members Code of Conduct approved by the Authority Authority approval of Equality scheme Authority Committees oversee development and implementation of equality and fairness policies Review of organisational values through staff workshops and surveys 	→	There were no actions identified for 2020/21	
	Leading by example and using the above standard operating principles or values as a framework for decision making and other actions	<ul style="list-style-type: none"> Standard authority report template includes corporate considerations, including equalities Equality Impact Assessments (EIAs) – included in corporate considerations section of Authority reports SMB Sharepoint site SMB visits to stations and departments 	→	There were no actions identified for 2020/21	
	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes	<ul style="list-style-type: none"> Register of Staff Interests Policy Related party disclosure requirements National Fraud Initiative Anti-Fraud, Bribery and 	→	There were no actions identified for 2020/21	Anti-Fraud and Corruption Policy to be reviewed

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 Actions
	which are reviewed on a regular basis to ensure that they are operating effectively	Corruption Policy <ul style="list-style-type: none"> Equality Scheme Whistleblowing Policy Disciplinary Policy Capability Policy Harassment and Bullying Policy Employment Monitoring Information 			
Demonstrating strong commitment to ethical values	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	<ul style="list-style-type: none"> Audit & Standards Committee Review of Equality Objectives revised for 2017-2022 Our Strategy Monitoring complaints Equality, Diversity & Inclusion Plan Equality, Diversity & Inclusion Officer in place 	→	There were no actions identified for 2020/21	
	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	<ul style="list-style-type: none"> Staff Code of Conduct Ethical Framework Whistleblowing Policy Organisational Values in place 	→	There were no actions identified for 2020/21	
	Developing and maintaining robust policies	<ul style="list-style-type: none"> Organisational Development & Challenge 	→	There were no actions identified	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 Actions
	and procedures which place emphasis on agreed ethical values	<p>Group comprises of staff at all levels to challenge plans and processes</p> <ul style="list-style-type: none"> • Organisational Values in place • Register of Staff Interests Policy • Anti-Fraud, Bribery and Corruption Policy • Equality Scheme • Whistleblowing Policy • Disciplinary Policy • Capability Policy • Harassment and Bullying Policy 		for 2020/21	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	<ul style="list-style-type: none"> • Standing Orders for Regulation of Contracts • Procurement guidance – contractors also expected to adhere to Ethical Framework 	→	There were no actions identified for 2020/21	
Respecting the rule of law	Ensuring members and staff demonstrate a strong commitment to the rule of law as well as adhering to relevant laws and regulations	<ul style="list-style-type: none"> • In-house Head of Legal Services to provide advice • Updates in Service Bulletin • Constitution sets out requirements • Ethical framework training • Training for managers on disciplinary 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 2020/21 Actions	2021/22 Actions
	Creating the conditions to ensure that the statutory officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	<ul style="list-style-type: none"> • Member/Officer Protocol • Constitution • Committee Terms of Reference • Scheme of Delegations to Officers • Members Role Description • Members Training 	→	There were no actions identified for 2020/21	Induction for all new Members following Worcestershire County Council elections
	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	<ul style="list-style-type: none"> • Our Strategy • HWFRS/SFRS Principal Officer meetings • Local Strategic Partnership • People & Services Programme Board with West Mercia Police • Strategic Fire Alliance Board • In-house Head of Legal Services to provide advice • CRMP Consultation 	→	There were no actions identified for 2020/21	
	Dealing with breaches of legal and regulatory provisions effectively	<ul style="list-style-type: none"> • In-house Head of Legal Services to provide advice • Whistleblowing Policy • Anti-Fraud, Bribery and Corruption Policy 	→	There were no actions identified for 2020/21	
	Ensuring corruption and misuse of power are dealt with effectively	<ul style="list-style-type: none"> • Disciplinary Policy • In-house Head of Legal Services to provide advice 	→	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 2020/21 Actions	2021/22 Actions
		<ul style="list-style-type: none"> • Whistleblowing Policy • Anti-Fraud, Bribery and Corruption Policy 			

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 2019/20 Actions	2020/21 Actions
Openness	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	<ul style="list-style-type: none"> • Website – your right to know section • Complaints process • Fire Authority Annual Report • Consultation Process • Publication Scheme • Public Participation at Authority meetings – guidance on website • Authority Meetings streamed on Youtube • Protocol for filming / recording meetings • Meetings Schedule • Scheme of Delegation • Transparency Information published on website to meet Government's Transparency requirements • Service Bulletin • Organisational Development & Challenge Group in place • women@hwfire group • Recruitment/Promotion Process Scrutiny Panel 	→	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 2019/20 Actions	2020/21 Actions
		<ul style="list-style-type: none"> • Employment Engagement & Well-being Officer in place 			
	<p>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</p>	<ul style="list-style-type: none"> • 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 2020/21	
	<p>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</p>	<ul style="list-style-type: none"> • Authority reports set out corporate considerations • Minutes / decisions published • CRMP Consultation process • Fire Authority Annual Report 	→	There were no actions identified for 2020/21	
	<p>Using formal and informal consultation and engagement to determine</p>	<ul style="list-style-type: none"> • After the Incident Surveys implemented and end of year report 	→	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 2019/20 Actions	2020/21 Actions
	the most appropriate and effective interventions/courses of action	<ul style="list-style-type: none"> Social Media Policy 			
Engaging comprehensively with institutional stakeholders <i>NB institutional stakeholders are the other organisations that local government needs to work with to improve services and outcomes (such as commercial partners and suppliers as well as other public or third sector organisations) or organisations to which they are accountable</i>	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	<ul style="list-style-type: none"> 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 2020/21	
	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	<ul style="list-style-type: none"> 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 	→	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 2019/20 Actions	2020/21 Actions
		West Mercia <ul style="list-style-type: none"> Community Safety Partnerships and activities West Mercia Local Resilience Forum 			
	Ensuring that partnerships are based on: <ul style="list-style-type: none"> trust a shared commitment to change a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit 	<ul style="list-style-type: none"> 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 2020/21	
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	<ul style="list-style-type: none"> CRMP Consultation Process Day Crewing Plus Consultation 	→	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 2019/20 Actions	2020/21 Actions
	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	<ul style="list-style-type: none"> • Social Media Policy • Fire Authority and Committee meetings streamed live on Youtube • Press releases / media campaigns • Service website • Members Role description • Our Strategy • Our Values 	→	There were no actions identified for 2020/21	
	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs	<ul style="list-style-type: none"> • After the Incident Surveys implemented and end of year report • Complaints and comments procedure • Positive Action • Public Engagement statistics reported through Community Risk dashboard 	→	There were no actions identified for 2020/21	
	Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account	<ul style="list-style-type: none"> • Complaints logged and themes reported to SMB and Audit & Standards Committee 	→	There were no actions identified for 2020/21	
	Balancing feedback from more active stakeholder groups to ensure inclusivity	<ul style="list-style-type: none"> • Positive Action 	→	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 2019/20 Actions	2020/21 Actions
	Taking account of the impact of decisions on future generations of tax payers and service users	<ul style="list-style-type: none"> • Minimum Revenue Provision Policy • Prudential Indicators • Legacy projects as part of 2020 Vision /Strategic Projects Programme which aim to create a sustainable fire and rescue service 	→	There were no actions identified for 2020/21	

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 2020/21 Actions	2021/22 Actions
Defining outcomes	Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions	<ul style="list-style-type: none"> • Our Strategy – Core Purpose • Fire Authority Annual Report • Annual Statement of Assurance • Performance Management Framework 	→	There were no actions identified for 2020/21	
	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	<ul style="list-style-type: none"> • Previous consultations e.g. Wyre Forest Hub Consultation, CRMP, Day Crewing Plus 	→	There were no actions identified for 2020/21	
	Delivering defined outcomes on a sustainable basis within the resources that will be available	<ul style="list-style-type: none"> • 2020 Vision / Strategic Projects programme • Medium Term Financial Plan • Fire Authority Annual Report 	→	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 2020/21 Actions	2021/22 Actions
	Identifying and managing risks to the achievement of outcomes	<ul style="list-style-type: none"> • 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 2020/21	
	Managing service users’ expectations effectively with regard to determining priorities and making the best use of the resources available	<ul style="list-style-type: none"> • CRMP Consultation • Day Crewing Plus Consultation 	→	There were no actions identified for 2020/21	
Sustainable economic, social and environmental benefits	Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision	<ul style="list-style-type: none"> • Fire Authority Annual Report • Environmental Sustainability Plan 	→	There were no actions identified for 2020/21	
	Taking a longer-term view with regard to decision making, taking account of risk and acting	<ul style="list-style-type: none"> • Asset Management Strategy 2017-2020 • Fleet Strategy 2016-2021 • Authority meetings held in 	→	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 2020/21 Actions	2021/22 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	public and decisions published <ul style="list-style-type: none"> • External Audit Plan • ICT Strategy 2017-2020 • People Strategy 2020-2022 • Community Risk Strategy 2017 -2020 • 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	<ul style="list-style-type: none"> • Medium Term Financial Plan, Council Tax Precept 	→	There were no actions identified for 2020/21	
	Ensuring fair access to services	<ul style="list-style-type: none"> • Our Values – we value diverse communities • Organisational Development & Challenge Group • Ethical Framework 	→	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 2020/21 Actions	2021/22 Actions
		<ul style="list-style-type: none"> • Equality Objectives • Equality Impact Assessments • 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 2020/21 Actions	2021/22 Actions
Determining interventions	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks. Therefore ensuring best value is achieved however services are provided	<ul style="list-style-type: none"> • Authority report template requires corporate considerations to be set out for decision makers • Authority Members given professional advice from lead officers i.e. Principal Officers, Treasurer, Head of Legal Services / Monitoring Officer • Procurement process • Quarterly Performance Reports considered by SMB and Policy & Resources Committee • Community Risk Management Plan approval process 	→	There were no actions identified for 2020/21	
	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	<ul style="list-style-type: none"> • Authority report template requires the results of any consultation to be set out for decision makers • Complaints monitored and reported to SMB and Audit & Standards Committee • After the Incident Surveys 	→	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 2020/21 Actions	2021/22 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	<ul style="list-style-type: none"> • Medium Term Financial Plan and budget development process • Annual internal and external audit plans • Regular budget holder meetings • Budget monitoring and performance monitoring undertaken by SMB and Policy & Resources Committee • Strategy Management and Business Planning Policy • Strategic Risk Register 	→	There were no actions identified for 2020/21	
	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	<ul style="list-style-type: none"> • 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 2020/21	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 Actions
		Police e.g. shared assets <ul style="list-style-type: none"> • Strategic Fire Alliance Programme Board • Organisational Development & Challenge Group • Fleet & Equipment Steering Group • On-Call Steering Group • Training Steering Group • Occupational Health User Consultation • Business Planning Meetings 			
	Considering and monitoring risks facing each partner when working collaboratively, including shared risks	<ul style="list-style-type: none"> • 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 2020/21	
	Ensuring arrangements are flexible and agile so that mechanisms for delivering goods and services can be adapted to changing circumstances	<ul style="list-style-type: none"> • Cultural acceptance of the need to be flexible • Horizon scanning through CFOA, Local Government Association and other networks 	→	There were no actions identified for 2020/21	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 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	<ul style="list-style-type: none"> • 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 2020/21	
	Ensuring capacity exists to generate the information required to review service quality regularly	<ul style="list-style-type: none"> • Performance & Information Department supports all areas of the service in <ul style="list-style-type: none"> ○ Active Incident Monitoring (AIM) ○ Information Management ○ Public Services Network ○ Performance ○ Planning ○ Projects • ORH independently reviews data • Regular review of MTFP • Annual Report (with CRMP action plan) • HMICFRS improvement plan 	→	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 2020/21 Actions	2021/22 Actions
	Preparing budgets in accordance with objectives, strategies and the medium term financial plan	<ul style="list-style-type: none"> • Technology One Finance System • Budget Holder meetings • Fire Authority Annual Report • CRMP Annual Action Plan • Business Planning process • Strategy Management and Business Planning Policy 	→	There were no actions identified for 2020/21	
	Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	<ul style="list-style-type: none"> • Medium Term Financial Plan • Capital Budget Programme • Revenue Budget • Reserves Strategy • 2020 Vision / Strategic Projects Programme 	→	There were no actions identified for 2020/21	
Optimising achievement of intended outcomes	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	<ul style="list-style-type: none"> • Medium Term Financial Plan (MTFP) discussed at full Fire Authority meetings • MTFP linked to the CRMP and the Efficiency Plan approved by the Home Office 	→	There were no actions identified for 2020/21	
	Ensuring the budgeting process is all-inclusive, taking into account the full costs of operations over the medium and longer	<ul style="list-style-type: none"> • External Audit Plan • Value For Money Conclusion • Resourcing for the Future is a key foundation for Our 	→	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 2020/21 Actions	2021/22 Actions
	term	Strategy			
	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	<ul style="list-style-type: none"> Community Risk Management Plan Medium Term Financial Plan 	→	There were no actions identified for 2020/21	
	Ensuring the achievement of 'social value' through service planning and commissioning	<ul style="list-style-type: none"> Procurement process Strategic Projects 	→	There were no actions identified for 2020/21	

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 2020/21 Actions	2021/22 Actions
Developing the entity's capacity	Reviewing operations, performance and use of assets on a regular basis to ensure their effectiveness	<ul style="list-style-type: none"> • Performance Management Framework • Senior Officer appraisals • Quarterly performance reports to Policy & Resources Committee and SMB • Complaints process • Quality assurance audits • Electronic Incident De-brief Process • Active Incident Monitoring Process • Station Assurance Audits • Practical Skills Audits • IPDR process 	→	There were no actions identified for 2020/21	
	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently	<ul style="list-style-type: none"> • Performance Management Framework • KPIs set by SMB • Business Planning • Annual performance report and quarterly performance monitoring • Risk based planning e.g. CRMP informing budget setting process 	→	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 2020/21 Actions	2021/22 Actions
		<ul style="list-style-type: none"> • CRMP Action Plan • Fire Authority Annual Report 			
	Recognising the benefits of partnerships and collaborative working where added value can be achieved	<ul style="list-style-type: none"> • 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 2020/21	
	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	<ul style="list-style-type: none"> • Our Strategy – Foundations: People • Our Values • Workforce Profile Data • Monthly Workforce Planning meetings to project effects of future retirement • Budget Strategy Reduction Reserve • Employment Monitoring – Annual Report considered by Audit & Standards Committee • People Strategy 2020-2022 	→	There were no actions identified for 2020/21	
Developing the capability of the entity's leadership and other	Developing protocols to ensure that elected and appointed leaders	<ul style="list-style-type: none"> • Members' Role Description • Senior Management Job 	→	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 2020/21 Actions	2021/22 Actions
individuals <i>NB Executive / Cabinet and Leader Model not in place</i>	negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	Descriptions <ul style="list-style-type: none"> • Senior Management Board Terms of Reference and Membership • Terms of Reference for Group Leaders' Meetings • Protocol for Member/Officer Relations 			
	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	<ul style="list-style-type: none"> • Scheme of Delegations to Officers in place • Matters reserved for the Authority in Constitution • Committee Structure and Terms of Reference • Standing Orders 	→	There were no actions identified for 2020/21	
<i>NB Executive / Cabinet and Leader Model not in place</i>	Ensuring the leader and the chief executive have clearly defined and distinctive roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and balance for each other's authority	<ul style="list-style-type: none"> • Members' Role Description • 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 2020/21	
	Developing the capabilities of members	<ul style="list-style-type: none"> • Members' Role Description • Members' Induction 	→	Members' Induction being developed	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 Actions
	<p>and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by</p> <ul style="list-style-type: none"> ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development 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 responsibilities and ensuring that they are 	<p>Session and Pack</p> <ul style="list-style-type: none"> 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 training eg ELP De-brief process provides shared learning through lessons learned Development Programme for Middle Managers e.g. ILM Level 7 Promotions Charter 		for new Authority Members appointed following WCC elections in May 2021	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 Actions
	<p>able to update their knowledge on a continuing basis</p> <ul style="list-style-type: none"> ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external 				
	Ensuring that there are structures in place to encourage public participation	<ul style="list-style-type: none"> Public participation scheme for Authority meetings Complaints Procedure 	→	There were no actions identified for 2020/21	
	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	<ul style="list-style-type: none"> HMICFRS Report, Improvement Programme and Quarterly Progress Reports 	→	There were no actions identified for 2020/21	
	Holding staff to account through regular performance reviews which take account of	<ul style="list-style-type: none"> Appraisal (IPDR) process for staff 	→	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 2020/21 Actions	2021/22 Actions
	training or development needs				
	Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing	<ul style="list-style-type: none"> • Occupational Health • Annual Fitness Tests available for all staff • Mind Blue Light Pledge • Critical Incident Support Team • Mediation and Listening Ear Service 	→	There were no actions identified for 2020/21	

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 2020/21 Actions	2021/22 Actions
Managing risk	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	<ul style="list-style-type: none"> Community Risk Management Plan (CRMP) Strategic Risk Register Risk Management Strategy Audit & Standards Committee Terms of Reference Authority Standard Report Template requires any risk issues to be set out External Audit Internal Audit Statement of Assurance 	→	There were no actions identified for 2020/21	
	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	<ul style="list-style-type: none"> 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 2020/21	
	Ensuring that responsibilities for managing individual risks	<ul style="list-style-type: none"> Strategic Risk Register Departmental Risk Registers 	→	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 2020/21 Actions	2021/22 Actions
	are clearly allocated	<ul style="list-style-type: none"> Information Asset Register Internal & External audit Health and Safety Committee 			
Managing performance	Monitoring service delivery effectively including planning, specification, execution and independent post implementation review	<ul style="list-style-type: none"> Community Risk Management Plan (CRMP) 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 2020/21	
	Making decisions based on a relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	<ul style="list-style-type: none"> Fire Authority and Committee report template – specific reference to implications and risks Equality Impact Assessment 	→	There were no actions identified for 2020/21	
	Encouraging effective and constructive challenge and debate on policies and	<ul style="list-style-type: none"> Members Role description Policy & Resources Committee 	→	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 2020/21 Actions	2021/22 Actions
	objectives to support balanced and effective decision making	<ul style="list-style-type: none"> • Audit & Standards Committee • SPI Consultation Process • Organisational Development & Challenge Group • women@hwfire 			
	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	<ul style="list-style-type: none"> • Quarterly Performance Monitoring reports considered by SMB and Policy & Resources Committee • 2020 Programme Board • Strategic Alliance Board 	→	There were no actions identified for 2020/21	
	Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (eg financial statements)	<ul style="list-style-type: none"> • Constitution – responsibility for functions • Financial Regulations • Budget and precept setting process – Fire Authority • Quarterly financial monitoring by Policy & Resources Committee • Strategy Management and Business Planning Policy 	→	There were no actions identified for 2020/21	
Robust internal control	Aligning the risk management strategy and policies on internal control with achieving objectives	<ul style="list-style-type: none"> • Risk Management Policy and Risk Assessment Process • Business Continuity Policy • Financial Regulations 	→	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 2020/21 Actions	2021/22 Actions
		<ul style="list-style-type: none"> Anti-Fraud and Corruption Policy 			
	Evaluating and monitoring risk management and internal control on a regular basis	<ul style="list-style-type: none"> Quarterly reviews of departmental risk registers Internal Audit Plan External Audit Plan 	→	There were no actions identified for 2020/21	
	Ensuring counter fraud and anti-corruption arrangements are in place	<ul style="list-style-type: none"> Anti-Fraud and Corruption Policy Whistleblowing Policy 	→	There were no actions identified for 2020/21	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	<ul style="list-style-type: none"> Worcestershire Internal Audit Shared Services Objectives Internal Audit Plan Quarterly Internal Audit reports 	→	There were no actions identified for 2020/21	
	<p>Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the governing body:</p> <ul style="list-style-type: none"> provides a further source of effective assurance regarding arrangements for managing risk and 	<ul style="list-style-type: none"> Audit & Standards Committee has delegated decision making authority Restrictions on membership of Audit & Standards Committee to prevent conflict of interests 	→	There were no actions identified for 2020/21	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 Actions
	<p>maintaining an effective control environment</p> <ul style="list-style-type: none"> that its recommendations are listened to and acted upon 				
Managing data	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data	<ul style="list-style-type: none"> Information Governance Policy Information Asset Register Information Asset Owners Data Protection Officer Information Governance Officer GDPR Audit and Improvement Plan Data Transfer Policy Data Protection Policy Freedom of Information Act and Environmental Information Regulations Policy Records Management Policy Information Security Incident Management Policy 	↑	GDPR Audit undertaken in September 2020 identified very good progress made since January 2019.	Plans in place to further develop Information Governance Policies

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 Actions
	Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies	<ul style="list-style-type: none"> • Information Sharing Protocol • Data Transfer Policy • Information Asset and Retention Register 	→	There were no actions identified for 2020/21	Plans in place to further develop Information Governance Policies
	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring	<ul style="list-style-type: none"> • Information Governance Policy (Data Quality and Version Control) • Information Asset and Retention Register • Quarterly performance monitoring reports to SMB and Policy & Resources Committee 	→	There were no actions identified for 2020/21	
Strong financial management	Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance	<ul style="list-style-type: none"> • Treasurer / Director of Finance in place • Budget Holder meetings • 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 2020/21	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 Actions
	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	<ul style="list-style-type: none"> Financial Regulations Technology One Finance System Internal Audit recommendations Standing Orders for the Regulation of Contracts 	→	There were no actions identified for 2020/21	

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 2020/21 Actions	2021/22 Actions
Implementing good practice in transparency	Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	<ul style="list-style-type: none"> • 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 2020/21	
	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	<ul style="list-style-type: none"> • 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 2020/21	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 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	<ul style="list-style-type: none"> • Fire Authority Annual Report • Annual Assurance Statement • Council Tax Information webpage 	→	There were no actions identified for 2020/21	
	Ensuring members and senior management own the results reported	<ul style="list-style-type: none"> • Fire Authority Annual Report • Annual Assurance Statement • Annual Performance report 	→	There were no actions identified for 2020/21	
	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)	<ul style="list-style-type: none"> • Internal Audit and External Audit of the Annual Governance Statement and assurances 	→	There were no actions identified for 2020/21	
	Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate	<ul style="list-style-type: none"> • Worcestershire Internal Audit Shared Services is run by steering group comprising the relevant local authorities who abide by the Framework 	→	There were no actions identified for 2020/21	

Supporting Principle	Behaviours and actions that demonstrate good governance in practice	Evidence of compliance	Status of compliance	Progress on 2020/21 Actions	2021/22 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	<ul style="list-style-type: none"> • Statement of Accounts prepared prior to deadline • Audit of Accounts • Statement of Assurance presented at the same time as the Statement of Accounts • Family Group 4 Benchmarking Report 	→	There were no actions identified for 2020/21	
Assurance and effective accountability	Ensuring that recommendations for corrective action made by external audit are acted upon	<ul style="list-style-type: none"> • Audit & Standards Committee considers external audit reports and adequacy of management response to recommendations 	→	There were no actions identified for 2020/21	
	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	<ul style="list-style-type: none"> • Worcestershire Internal Audit Shared Service • Internal Auditor reports to Audit & Standards Committee and attends meetings 	→	There were no actions identified for 2020/21	
	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	<ul style="list-style-type: none"> • Operational Assurance • HMICFRS Improvement Plan and Quarterly Progress reports 	→	There were no actions identified for 2020/21	
	Gaining assurance on risks associated with	<ul style="list-style-type: none"> • 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 2020/21 Actions	2021/22 Actions
	delivering services through third parties and that this is evidenced in the annual governance statement	suppliers <ul style="list-style-type: none"> • Standard contract terms include requirements for suppliers to have business continuity arrangements in place 		for 2020/21	
	Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met	<ul style="list-style-type: none"> • Strategic Fire Alliance Board terms of reference • Local Strategic Partnerships • Worcestershire Partnership Executive Group Terms of Reference • Shenstone Group Objectives • JESIP Framework • Collaboration Brochure 	→	There were no actions identified for 2020/21	

Report of the Treasurer

National Fraud Initiative 2020/21

Purpose of report

1. To update Members on the National Fraud Initiative (NFI)
-

Recommendation

The Treasurer recommends that the Committee notes:

- i) that the process of examining all National Fraud Initiative matches is almost complete and no fraud has been detected so far; and*
- ii) that two matches are still under review and outcomes will be reported back to the next meeting of this Committee.*

Introduction and Background

2. The NFI is a biennial exercise carried out since 2006/07 for local government and other public bodies currently undertaken by the Cabinet Office.
3. Authorities are required to provide certain mandatory datasets; for the Fire Authority, the mandatory datasets comprise of creditors, payroll and pensions payroll. Payroll and pensions payroll data is subject to a series of data matches against data provided by other public bodies including payroll, pensions, Housing Benefit, Home Office (removed and failed asylum seekers), UK Visas and Department for Work and Pensions deceased persons. Creditor payments are matched only within Authorities.
4. The data provided is processed by a specialist contractor on behalf of the Cabinet Office. Data matches are notified to Authorities for examination to eliminate the possibility of fraud and/or error. The existence of a match in an NFI report does not mean that there is a fraud, only that there is a need to investigate further to eliminate the possibility of fraud or error.
5. The initial NFI reports were received on 29 January 2021 and, as usual, the very low overall number of matches means that everyone can be examined in detail, and this is largely complete. A summary list of matches is shown at Appendix 1.

Analysis of Reports

6. Each NFI report is produced with a particular purpose which will be stated and comprises of a number of matches and a number of items. There will be more items than matches and each match may have more than two items.

Report 66 – Payroll to Payroll – between bodies

7. The purpose of this report is to identify if there are inappropriate dual employments – e.g. risking safety by long working hours or claiming sick pay from one job whilst working on another elsewhere.
8. The criteria for the match are a person having one full time post plus at least one other post elsewhere.
9. The report produced 15 matches, the reasons for these were validated and are detailed below:
 - 14 are RDS personnel with legitimate second jobs
 - 1 is a WT firefighter who provides RDS cover in another service

Creditor Matches – General

10. The main purpose of these data matches, which are based solely within bodies, is to identify potential duplications and errors which could result from or lead to fraud.
11. In each case an explanation of the Fire Authority matches will be given to demonstrate why there is no fraud.

Report 701 – Duplicate Creditors by Creditor Name

12. Duplicates identified in this match suggest poor creditor management as the system has permitted a creditor reference to be used more than once.
13. The Report produced 6 matches:
 - a. 4 relate to suppliers that require different references for different contractual relationships. E.g. Worcestershire County Council as the County and as the Pension Fund.
 - b. 2 – are genuine duplicates; in one case as Limited/Ltd and in the other where the format of the address is slightly different. In each case payments to both are legitimate, but these duplicates will be removed.

Report 702 – Duplicate Creditors by Address Detail

14. The purpose of this report is to identify instances where the same supplier has been set up with more than one reference number on the finance system thus increasing the potential for creditors to obscure fraudulent activity

15. The process has identified 4 matches that have been correctly set up on the system. They relate either to different companies with the same registered address (3) or the South Worcestershire Revenues & Benefits Shared Service which collects Business Rates separately for the three District councils, but at the same address.

Report 703 – Duplicate Creditors by Bank Account Number

16. This report shows where the same bank account details appear on more than one record. Of particular interest is where the same bank details are shown against suppliers with different names. These may indicate where a supplier has changed trading name but the standing data has not been updated to reflect this or there are links between companies with different trading names.
17. The two matches are duplicate supplier records, with slight variation in format of name or address. In each case payments to both are legitimate, but these duplicates will be removed.

Report 707 – Duplicate Records by reference, amount and creditor reference

18. This match highlights possible duplicate payments in excess of £500 that may have arisen as a result of poor controls or fraudulent activity by suppliers and/or staff.
19. The 44 matches relate to stage payments e.g. NDR payments or individual invoices for multiple supplies e.g. purchase of more than one vehicle at a time

Report 708 – Duplicate records by invoice amount and creditor reference

20. There were 146 matches relating to 292 individual invoices. As in previous years the matches were annual monthly payments to the same supplier, or the same type of goods/services at different periods, or multiple purchases made separately, e.g. software licenses.

Report 709 – VAT Overpaid

21. The report identifies where VAT may have been overpaid, by comparing the actual VAT to the 20% rate. The one match reported relates to a VAT only invoice in respect of an insurance excess and is legitimate and correct.

Report 711 – Duplicate Payments by Invoice Number and Amount – with different creditor name and reference

22. This report highlights possible duplicate payments for the same good/services but to creditors with different reference numbers, which may have arisen as a result of poor controls or fraudulent activity by suppliers and/or staff.
23. One match was found involving 2 invoices, one being entered as a temporary creditor. The duplication had been identified and one invoice was matched against a supplier Credit Note. Only one invoice was actually paid.

Report 713 – Duplicate Postcode and amount but with different creditor reference, invoice reference and amount

24. The purpose of this report is to highlight the possible duplicate payments for the same goods/services but to creditors with different reference numbers, which may have arisen as a result of poor controls or fraudulent activity.
25. The one match relates to two separate entities located at the adjacent addresses. One supplier being the Chief Fire Officers Association (CFOA) and the other being CFOA Service Ltd. Coincidentally, both submitted an invoice of the same value for totally different supplies, matched by relevant different approved Purchase Orders.

Procurement Matches

Report 750 – Payroll to Companies House (Director)

26. The purpose of this report is to identify undeclared interests that may have given a pecuniary advantage. This matches payroll data to Companies House information and then to creditor data.
27. The report produces 4 matches:
 - a. One relates to the directorship of Place Partnership Ltd (PPL) held by the Chief Fire Officer on behalf of the Authority – where there is no pecuniary interest.
 - b. The second relates to a disclosed directorship of “Lawyers for Local Government” – where again there is no pecuniary interest.
 - c. The third relates to the one invoice where the Community Safety department used a company where one of the directors is an RDS member of staff – it is known, monitored and low value and the employee is not involved in the procurement.
 - d. The final match is still under review but is anticipated that it will be similar to c) above.

Report 81 – Payroll to Creditors

28. This match identifies instances where an employee and creditor are linked by the same address and identifies employees with interests in companies the Fire Authority is trading with. It may indicate potential undeclared interests or possible procurement corruption.
29. The report produced 1 match, which is currently being reviewed. Where such matches have occasionally occurred in the past, the employee has had no involvement in the procurement decisions,

Conclusion

30. The majority (99%) of matches have been reviewed and no fraud has been detected, however there are two matches currently still under review.

31. Four duplicate supplier records (Reports 701 and 703) will be de-activated.
32. A final report will be brought to the next Audit and Standards Committee to provide final details in relation to:
- Report 81: 1 outstanding match
 - Report 750: 1 outstanding match
 - Any new reports published in the interim.

Corporate Considerations

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

Supporting Information

Appendix 1 – National Fraud Initiative – 2020/21 Raw Data Match

Appendix 1

Hereford & Worcester Fire Authority National Fraud Initiative – 2020/21 Raw Match Data

	2018/19 Raw Matches	2020/21 Raw Matches
<u>Employee Related</u>		
65 Payroll to Payroll (<i>within bodies</i>)	2	
66 Payroll to Payroll (<i>between bodies</i>)	35	15
Total Raw Matches - Payroll	37	15
<u>Creditor Related</u>		
700 Duplicate creditors by creditor reference	50	
701 Duplicate creditors by creditor name	7	6
702 Duplicate creditors by address detail		4
703 Duplicate creditors by bank account number	15	2
707 Duplicate records by reference, amount and creditor reference	97	44
708 Duplicate records by amount and creditor reference	121	146
709 VAT over Paid		1
711 Duplicate records by invoice number and amount but different creditor reference and name	2	1
713 Duplicate records by postcode, invoice amount but with different creditor reference and invoice number reference and date	1	1
Total Raw Matches - Creditors	293	205
<u>Procurement Related</u>		
81 Payroll to Creditors		1
750 Procurement - Payroll to Companies House (Director)	3	4
Total Raw Matches - Procurement	3	5
 Total Raw Matches	 333	 225

Report of the Head of Legal Services

Annual Compliments, Complaints, Concerns and Requests for Information 2020/21

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 2020 to 31 March 2021:

- i) a total of 276 requests for information containing 1,224 queries about the Service were received;***
- ii) a total of 50 compliments were received from the public;***
- iii) 40 complaints about Service activities were made; and***
- iv) 13 complaints or concerns were received about activities carried out by other organisations or individuals;***
- v) four of the complainants appealed the response provided and one was 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 and concerns made by the public about the Service.

Complaints and Concerns Received 1 April 2020 to 31 March 2021

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

3. The Service received a total of 53 (53) complaints and concerns from the public, with 40 (40) being concerned with Service activities and 13 (13) concerning activities carried out by other organisations or individuals. 6 (13) 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	2	Staff Reminders and Apology
Staff Behaviour	2	Staff Education Apology Passed to line manager
Use of facilities	2	Remedial Action and Apology

4. Four of the complainants appealed to the Assistant Chief Fire Officer regarding dissatisfaction with the response provided by the Service and one complaint was subsequently passed to the Local Government Ombudsman. The Ombudsman did not investigate this complaint further as they found insufficient evidence of fault by the Service. Two appeals are still in progress. The other 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 Community Risk.
6. All complaints and concerns were acknowledged within 3 working days of receipt and all received a response within 10 working days.

Compliments Received 1 April 2020 to 31 March 2021

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

7. The Service received 50 (100) compliments during this period and it should be noted that the majority came following Service attendance at a fire or flooding incident or conducting a Safe and Well Check. There were a number of compliments following Service attendance at an event or making a visit with the remainder noting miscellaneous compliments from animal rescues to missing children.

Freedom of Information (FOI) and Subject Access Requests (SAR) Received 1 April 2020 to 31 March 2021

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

8. The Service received 276 (325) requests for information including 14 (15) subject access requests 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 1,224 queries within the 276 FOI requests during the last year.

Conclusion/Summary

9. 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; The new categorisation system that was introduced last year has helped to better support data tracking and monitoring trends.
10. 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)
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

Report of Head of Operational Support

Health and Safety Committee Update

Purpose of report

1. The purpose of this report is to provide a Health & Safety update on activities and items of significance.

Recommendation

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

- (i) *The involvement of the Service in Health and Safety initiatives*
- (ii) *Health and Safety performance information recorded during October to December 2020 (Quarter 3)*

Introduction and Background

2. A key aim of Hereford & Worcester Fire Authority is to ensure the safety and wellbeing of its employees and to reduce and prevent accidents and injuries at work as outlined in the People Strategy 2020-2022.
3. The Health and Safety Committee is established to provide effective arrangements for the liaison and review of matters of a common interest in regards to Health and Safety (H&S). The Committee provides the opportunity for the Service to discuss general H&S matters and to consult with the workforce via employee representatives. It is chaired by the Assistant Chief Fire Officer and last met on 10th March 2021.
4. The Committee has the facility to task work to the Health & Safety Working Group, which sits beneath it and is chaired by the Area Commander Operational Support. The group meets as and when required.

Health & Safety Initiatives Update

National Activities

5. The National Fire Chiefs Council (NFCC) continues to publish guidance and risk assessments to support with managing Covid-19; these are available on the NFCC website. HWFRS has utilised this facility and has used this as the basis of internal guidance, issuing regular updates to staff as required.

6. HWFRS has undertaken a GAP analysis of the updated NFCC 'Death in the Workplace' guidance. The Health and Safety advisor has been working with HR and Corporate Communications to enhance our current procedures. Further updates will be reported to the committee when available, ensuring HWFRS guidance is aligned to this best practice information.

Regional Activities

7. Since the beginning of the Covid-19 outbreak, regional H&S business planning activities have been deferred. However, H&S staff from the five regional FRSs are in regular contact with each other to discuss Covid-19 related concerns and to share best practice.

HWFRS Local Activities

8. Following on from the last update that was provided in the Quarter 2 report, HWFRS have continued to monitor and implement safe systems of work to protect workers and members of the public from the risks of Covid-19. As part of the Recovery Group the H&S advisor has shared best practice guidance with departmental managers to ensure the 'Covid Secure' assessments are regularly reviewed and updated.
9. The Service fully utilised government and NFCC guidance and facilitated agile working for support departments, with additional PPE and social distancing measures being introduced for all staff who remained operational. The H&S Advisor has provided assurance that all guidance is integrated into our own procedures. An individual risk assessment process has been introduced to identify if individuals have any specific requirements.
10. The Service has continued to work to ensure all current H&S policies, procedures and databases are being transferred onto the Service's new SharePoint site.
11. Risk Assessment Database: During Quarter 3, a total of 319 risk assessments (RA) were reviewed and 47 new RAs were created, see table below. The database is maintained by the owners of the RAs, with automatic email prompts sent when the RAs are due to be reviewed. If they are no longer applicable, they are archived from the database.

	Quarter 4 (19/20)		Quarter 1 (20/21)		Quarter 2 (20/21)		Quarter 3 (20/21)	
Location	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	59	7	36	5	115	12	119	6
South District	62	12	135	19	99	15	75	20
West District	86	13	123	57	128	112	95	8
Training Centre	65	3	8	0	56	1	29	2
Others	2	7	57	15	8	20	1	11
Total	274	42	359	96	406	160	319	47

Quarter 3 Performance Report

12. Appendix 1 provides details relating to all safety events that were reported and investigated during Quarter 3 (October to December 2020) of the 2020-21 reporting year.
13. The total number of safety events reported in Q3 decreased by 10 compared to the previous quarter. The key drivers in the decrease in accident reporting are; Personal Injuries (-10) and Near Hit / Cause for Concerns (-5). Increases occurred in Property and Equipment failure (+2) and Violence/Aggression (+3). Vehicle Collisions and Exposure reports remained the same.
14. The Violence and Aggression reported incidents were of a minor nature and were of general frustration from members of public, which were controlled by the local officer in charge with no requirement for police assistance.
15. The majority of Vehicle Collisions and Near Hit/Cause for Concerns happened during slow manoeuvring routine activities. A Service bulletin article has been issued for crews to review the 'bankperson' online training package.
16. No injuries were reported to the Health & Safety Executive (HSE) under the RIDDOR regulations. One Specialist Investigation occurred, relating to a vehicle collision that occurred during an emergency response where the fire engine proceeded with caution through a red light but a collision occurred with a third party vehicle. No medical treatment was required and the Police are not taking any further action following investigation.

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

Supporting Information

Appendix 1: Quarter 3 (October - December 2020) Event Reporting and Summary

Health and Safety Quarterly Report Quarter 3 (Oct 20 - Dec 20) Event Reporting and Summary

1. Overview

In the period of October 2020 to December 2020 a total of **34** Health and Safety (H&S) events were reported. They fall into the categories of:

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

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

2. Breakdown of Events

By Activity

Table 1 shows that during Q3, vehicle collisions and near hit/cause for concerns were the most frequently reported incidents. Personal injuries occurred during training. The majority of the near hit/cause for concerns tended to happen during routine activities. Violence and aggression events were of a verbal nature however no Police assistance was requested.

	Total	Training	Operational Activities	Routine Activities	Non-Service Related Activities
Total H&S Events Q3	34	6	11	9	8
Personal Injury	4	4	0	0	0
Vehicle Collision	12	1	5	3	3
Property or Equipment Failure	2	0	0	0	2
Near Hit or Cause for Concern	12	1	2	6	3
Exposure or Contamination	1	0	1	0	0
Violence or Aggression	3	0	3	0	0

Table 1: Safety Event Breakdown Q3 2020-2021

By Injury Type

Table 2 identifies an equal spread of incidents in the categories of manual handling, slips, trips and fall, hit by a moving object and other. The incidents classified as other related to a firefighter feeling faint and nauseous.

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

Table 2: Personal Injury Breakdown Q3 2020-2021

By Vehicle Type

Table 3 highlights that vehicle collisions involving fire engines are mostly whilst non-blue light driving, which is the same for the car and van collisions.

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	7	0	1	0

Table 3: Vehicle Breakdown Q3 2020-2021

Vehicle Mileage Statistics

Vehicle mileage statistics for the year 2019-2020 were provided by the Operational Logistics Fleet Department and have been used to predict vehicle mileage for 2020-21. These are summarised in Table 3A below. It can be seen that there was one white fleet safety event out of approximately 213,911 miles driven, which equates to one event for every 213,911 miles driven.

The 10 safety events involving red fleet vehicles were out of approximately 52,024 miles driven, which equates to one event for every 5,202 miles driven, however not all events are due to HWFRS drivers and mostly are minor in nature and can be as a result of unusual circumstances due to attending operational incidents.

Fleet	Total Mileage 2019-2020	Predicted Mileage Q3 2020-2021
White Fleet	855,645	213,911
Red Fleet	208,095	52,024
	Totalling 1,063,740 miles	Totalling 265,935 miles

Table 3A: Vehicle Mileage Statistics Q3 2020-2021

3. Events Requiring Investigation during Quarter 3 (Oct 20 – Dec 20)

Tier One Investigations

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

Tier Two Basic Specialist Investigations

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

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

One safety event reported during Q3 required a Tier Two Basic Specialist Investigation:

- 1) Whilst responding to an emergency call the fire engine was involved in a collision with another vehicle. The Service vehicle continued through a red traffic light and contact with a third party vehicle was made. The Police attended to investigate but no further action was taken against the Service driver. The Service driver has been referred to driver training for re-assessment.

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 (Oct 20 – Dec 20)

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 2019-20 & Q3 2020-21

Table 4 below compares the number of events reported in Q3 2019-20 and Q3 2020-21 for the different categories. For events over the last 12 months, one of the categories experienced a significant decrease, two remained equal and three reported an increase. Overall, event reporting as a whole decreased by five over the period, with 34 reports in Q3 2020-21 compared to 39 in Q3 2019-20. The decrease was driven by a significant drop in Personal Injuries.

Event Type	Q3 2019-20	Q3 2020-21	Increase/Decrease
Personal Injuries	15	4	-11
Vehicle Collisions	11	12	+1
Property or equipment	1	2	+2
Violence & Aggression	3	3	+/-
Near Hits	8	12	+4
Exposure / contamination	1	1	+/-
Overall	39	34	-5

Table 4: Quarterly Events Reported Q3 2019-20 and Q3 2020-21

Trend Analysis

In summary compared with the previous year, there was a decrease in the number of events reported during Q3 (-5). The main decrease was Personal Injuries (-11). The main increase was Near Hit/Cause for Concerns (+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.

12 Month Trend Analysis

Table 5 below breaks down the latest 4 quarters by reported accident type. Q3 figures are below the four previous quarters. Personal Injuries have significantly decreased over the last three quarters, as well as Near Hit/Cause for Concerns. Property/Equipment Damage and reports of Violence/Aggression have increased this quarter, compared to last.

Two of the categories showed a decrease and two an increase, based on last quarter.

	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
Total H&S Events	54	43	44	34
Personal Injury	21	15	14	4
Vehicle Collision	18	5	12	12
Property or Equipment Failure	3	4	0	2
Near Hit or Cause for Concern	7	11	17	12
Exposure or contamination	3	6	1	1
Violence or Aggression	2	2	0	3

Table 5: 12 Month Trend Analysis Q4 2019 – 2020 to Q3 2020 – 2021

Brief Description of all Safety Events

A1. Personal Injury

Of the **34** H&S events reported, **4** relate to the category of Personal Injury. These are described in Table A1 below:

Sub-Categories	Break-down of Injuries in Each Sub-Category
4 events/injuries were during training	1233 - 1 relates to a personal injury. Whilst attending trauma training session a firefighter looked unwell. They then collapsed on the floor and started to vomit. An ambulance was called. The firefighter had been talking about an incident they attended in the past, CIST support arranged.
	1234 - 1 relates to a personal injury. Member of staff pulled a muscle in their back, carrying a smoke generator down some stairs.
	1237 - 1 relates to a personal injury. Whilst taking part in an exercise and carrying a training dummy the firefighter lost their footing and fell down 4 steps. Bruising to their left shin and a twisted ankle. 4 working days lost.
	1243 - 1 relates to a personal injury. Whilst taking part in an RTC drill a piece of plastic trim from the vehicle shattered and hit the firefighter in the eye. Crews reminded to use full face visor when in close proximity of RTC activities.
	Totalling 4 personal injuries
	6 Calendar Days / 4 Working days lost.
	Totalling 0 RIDDOR events

Table A1: Personal Injuries Reported during Q3 2020 - 2021

A2. Vehicle Collisions

Of the **34** H&S events, **12** relate to the category of Vehicle Collisions, which are further described in Table A2 below. **10** of these events could be attributed to the FRS driver; these events are highlighted in grey. If these collisions occurred whilst on response to an operational incident the category of response has been provided in bold. The majority of the events involved slow manoeuvring contact with objects, driver training have sent out a bulletin item for crews to familiarise themselves with the 'Bankperson' CTR and when contact is made with tree branches crews should contact the local highways team to get the hazard removed..

Sub-Categories	Breakdown of Vehicle Collisions in Each Sub-Category
5 events were responding to operational incidents	1225 - 1 relates to a vehicle accident. Whilst responding to an emergency call the fire engine was involved in a collision with another vehicle. The fire service vehicle passed (legally under response conditions) through red lights when the collision occurred. No medical treatment was required and the Police investigation required no further action. The driver has been referred to driver training for standard re assessment. EMERGENCY RESPONSE. Basic SI.
	1240 - 1 relates to a vehicle accident. Whilst manoeuvring the appliance to make room for the water carrier the appliance hit a fencepost causing damage to the locker door.
	1241 - 1 relates to a vehicle accident. Whilst driving down a narrow muddy, uneven road the appliance tilted and made contact with a tree branch dislodging the roof ladder. EMERGENCY RESPONSE
	1245 - 1 relates to a vehicle accident where driving in spate

	conditions the appliance near front side step struck a rock on edge of roadway. EMERGENCY RESPONSE
	1246 - 1 relates to a vehicle accident. Whilst driving along a highway the appliance made contact with an overhanging tree branch.
1 event was during operational training	1219 - 1 relates to a vehicle accident. The appliance nearside locker collided with a gate post whilst leaving the Station. Further training and support being given to the driver.
6 events were during routine activities	1210 - 1 relates to a vehicle accident. The vehicle was reversed into a fence post.
	1215 - 1 relates to a vehicle accident. The fire engine made minor contact with another vehicle whilst travelling round a roundabout.
	1220 - 1 relates to a vehicle accident. A parked third party vehicle rolled into the parked fire engine causing damage to the front bumper.
	1230 - 1 relates to a vehicle accident. The fire engine made contact with a metal structure, causing a dent to the rear bumper.
	1231 - 1 relates to a vehicle accident. Whilst reversing the appliance made contact with the bay pump door.
	1238 - 1 relates to a vehicle accident. Whilst driving down a country lane the appliance hit a low hanging branch resulting in a broken mirror.
	Totalling 12 vehicle collisions

Table A2: Vehicle Collisions Reported during Q3 2020 - 2021

A3. Property or Equipment Damage

Of the **34** H&S events, **2** relate to the category of Damage to Property or Equipment.

Sub-Categories	Break-down of Property or Equipment Damage in Each Sub-Category
2 events were during routine activities	1211 - 1 relates to equipment damage. A lorry leaving the fire station caught the external control box used for the appliance bay door operation, leaving electrical wire exposed. Reported and made safe.
	1217 - 1 relates to equipment damage. The vehicle sustained a broken nearside rear window. Criminal act.
	Totalling 2 property/equipment damage events.

A4. Near Hits or Causes for Concern

Of the **34** H&S events, **12** relate to the category of Near Hits or Causes for Concern - these are further described in Table A4 below.

Sub-Categories	Break-down of Near Hits or Causes for Concern in Each Sub-Category
1 event was during training activities	1221 - 1 relates to a near hit/cause for concern. During CFBT training the vent got jammed. The defect has been reported and rectified.
9 events were during routine activities	1216 - 1 relates to a near hit/cause for concern. Whilst changing the coolant in the building generator there was a strong smell of diesel fumes that entered the whole building through the air conditioning system. Engineer checked and confirmed no spillage.
	1222 - 1 relates to a near hit / cause for concern. A chair broke whilst being adjusted by its operator.
	1226 - 1 relates to a near hit/cause for concern. A firefighter tested positive for CV19
	1227 - 1 relates to a near hit/cause for concern. A firefighter tested positive for CV19
	1232 - 1 relates to near hit/cause for concern. A firefighter tested positive for CV19
	1236 - 1 relates to a near hit/cause for concern. Following a strong smell of burning and melted plastic the electrician found a light switch to be burning and melting. Checked and repaired.
	1239 - 1 relates to a near hit/cause for concern. During a training exercise it was noted that there was an issue with the Scott thermal imaging camera. It would turn itself off whenever the Motorola hand held radio was being used to transmit a message. Crews notified of the potential defect.
	1242 - 1 relates to a near hit/cause for concern. Issues with the Brigid mobilising system in Fire Control. To be investigated further to prevent reoccurrence
	1247 - 1 relates to a near hit/cause for concern. A firefighter tested positive for CV19.
2 events were during operational activities	1212 - 1 relates to a near hit/cause for concern. A gas monitor failed to actuate at an incident involving a strong smell of gas. The equipment was defected and taken off the run for maintenance.
	1218 - 1 relates to a near hit/cause for concern. Water rescue crews trained to level two water rescues, performed a swim rescue in dynamic water. Swimming is not expectancy of the role but the individual performed a life saving rescue.
Totalling 12 near hits or causes for concern	

Table A4: Near Hits or Causes for Concern Reported during Q3 2020/21

A5. Violence or Aggression

Of the **34** H&S events, **3** relate to the category of Violence or Aggression.

Sub-Categories	Break-down of Violence/Aggression in Each Sub-Category
3 events were during operational activities	1229 - 1 relates to an act of violence/aggression. The firefighter was verbally abused whilst attending an incident, from a frustrated homeowner.
	1235 - 1 relates to an act of violence/aggression. Whilst dealing with an RTC incident an officer's car was parked in front of a

	driveway, and access to the area was restricted. The owner of the driveway directed aggressive behaviour at the crews with foul language and gesticulations.
	1244 - 1 relates to violence/aggression. Whilst dealing with an RTC incident the crew were subjected to verbal abuse from people within the vehicle and bystanders.
	Totalling 3 violence/aggression events.

A6. Exposure or Contamination

Of the **34** H&S events, **1** relates to the category of Exposure or Contamination.

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

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

Sub-Categories	Break-down of Exposure or Contamination in Each Sub-Category
1 event was during operational activities	1224 - 1 relates to an exposure. Whilst rescuing a sheep from the river the fire fighter got river water on their skin, which caused minor reddening.
	Totalling 1 exposure or contamination event

Table A6: Exposure or Contamination Reported during Q3 2020/21

There were 0 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.

26 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.