



HEREFORD & WORCESTER Fire and Rescue Authority

Audit Committee

AGENDA

1.00pm Wednesday 28 September 2011

The Council Chamber
Brockington
35 Hafod Road
Hereford
Herefordshire
HR1 1SH

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WELCOME AND GUIDE TO TODAY’S MEETING

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

Agenda Papers

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

Chairman

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

Officers

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

The Business

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

Decisions

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

Agenda

Members

Mrs L Duffy, (Chair), Mrs L Hodgson (Vice-Chair),
Mr J Cairns, Mr D Greenow, Mrs G Hopkins, Mr B Matthews, Mrs F Oborski, Mr T Spencer,
Mr J Thomas and Mr P Watts.

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.	Declaration of Interests (if any) The Members' Code of Conduct requires Councillors to declare any interests against an Agenda item, the nature of an interest and whether the interest is personal or prejudicial. If a Councillor has a personal interest, they must declare it but can stay, take part and vote in the meeting. If a Councillor has a prejudicial interest then they must declare what that interest is and leave the meeting room for the duration of the item. 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 29 June 2011 (copy attached).	1 - 3
5.	External Audit Annual Governance Report 2010/11 To consider and note management response for further monitoring if necessary.	To Follow
6.	Statement of Accounts To approve the audited Statement of Accounts.	To Follow
7.	Annual Governance Statement To approve the Annual Governance Statement for 2010/11.	4 - 31
8.	Risk Management Strategy and Strategic Risk Register To consider and recommend the revised Risk Management Strategy and Policy and the live Strategic Risk Register for approval by the Authority.	32 - 69

9. Internal Audit Update	
To provide and update on Internal Audit activities since the Audit Committee meeting on 29 June 2011.	70 - 72
10. Internal Audit Arrangements	
To advise the Audit Committee on the prospective appointment of a replacement Internal Audit Service.	73 - 75
Glossary	76 - 79



Minutes

Members Present

Cllr Lynne Duffy (Chair)
Cllr David Greenow, Cllr Gay Hopkins, Cllr Bob Matthews, Cllr Terry Spencer,
and Cllr John Thomas.

At the outset of the Meeting the Chairman welcomed Cllr. Bob Matthews, Herefordshire Council, to his first meeting of the Audit Committee.

- | No. | Item |
|-----|---|
| 1. | Apologies for Absence
Cllr Liz Eyre, Cllr Lucy Hodgson, Cllr Fran Oborski and Cllr Peter Watts |
| 2. | Named Substitutes
None. |
| 3. | Declaration of Interests (if any)

The Chairman invited any Member to declare an interest in any of the items on this Agenda and there were no such declarations. |
| 4. | Confirmation of Minutes
RESOLVED that the minutes of the meeting held on 28 April 2011 be confirmed as a correct record and signed by the Chairman. |
| 5. | Provisional Annual Statement of Accounts 2010/11

The Treasurer informed the Audit Committee of the changes in the presentational process of the Annual Statement of Accounts resulting from: <ul style="list-style-type: none">i. The changes arising from the Accounts and Audit Regulations 2011; andii. The requirement to present the Statement of Accounts in accordance with the International Financial Reporting Standards.
The Treasurer told the Committee that he would present the audited Statement of Accounts for detailed consideration and approval on the 28 September.

The meeting requested that the Members be given basic training in the IFRS presentation so that they could analyse the Statement of Accounts better and this was agreed (Mr Grant Patterson of the Audit Commission offered his assistance in this training).

RESOLVED that the Report be noted. |
| 6. | Internal Audit Update

Mr Gordon Smith, Chief Internal Auditor, Worcestershire County Council, provided |

an update on Internal Audit Activities since the Audit Committee meeting on 21 April 2011.

Mr Smith reported that audit examination of the financial systems found that, in general, the internal controls appear reliable and effective and operating satisfactorily. The audits identified some areas that should be addressed to strengthen the existing controls and the management response was awaited.

The Committee noted that Worcestershire County Council no longer provides the Treasurer to the Authority and had given notice to withdraw from providing Internal Audit services to HWFRA. However since receiving this notice the Authority had been advised that Worcestershire County Council wish to reconsider this position, and the matter was under review.

RESOLVED that the Internal Audit Update be noted.

7. External Audit Progress Report 2010/11 and Annual Fee 2011/12

7.1 External Audit Progress Report 2010/11

Mr Grant Patterson, District Auditor, Audit Commission, informed the Committee of progress on External Audit for the financial year 2010/11, and presented a report outlining the following:

- Progress of the audit;
- Audit coverage and inputs;
- Planning for 2011/12, its Work with Internal Audit; and
- Conclusion of the Audit.

The report also draws attention to the following topical issues:

- The Fire Futures Review;
- Payment of the Fire Revenue Grant and Fire Capital Grant; and
- The Publication and Consultation Document 'Future of Local Public Audit'.

He reported that the audit was on schedule and that no issues had been identified for attention. He further informed the Committee that if any matter of significance arose before the conclusion of the audit he would bring it to the attention of the Committee through the Chairman.

7.2 External Audit Work Programme and Fees 2011/12

Mr Patterson presented the Audit Commission's proposed work programme and fees for the audit of financial year 2011/12. The Committee noted the reduction in fees from £79,400, indicative, for 2010/11 to £73,048 proposed for 2011/12. Mr Patterson reported that there could be further rebates in the order of 8%.

RESOLVED that the External Audit Update be noted.

8. National Fraud Initiative 2010/11

The Director of Finance informed the Committee of the final position in relation to the National Fraud Initiatives (NFI) 2010/11; the Committee noted that 147 matches had been identified, all of them had been investigated and no fraud had arisen from same.

RESOLVED that the Report be noted.

9. Annual Governance Statement

The Clerk provided the Committee with an opportunity to review the Annual Governance Statement and Supporting Assurances prior to the final approval in September.

She told the meeting that the Authority has in place a Code of Corporate Governance which was robust and worked well. There were three live issues being addressed in the course of this review:

- i. Partnership working;
- ii. The Authority's governance review; and
- iii. The remaining matters from the retirement of the former Chief Fire Officer.

RESOLVED that the Report be noted.

10. The Future of Local Public Audit

The Treasurer told the Committee that following the Secretary of State's proposals to disband the Audit Commission and refocus local public audit the Department of Communities and Local Government had issued a consultation document on "*The Future of Local Public Audit*".

The document outlined some 50 points, giving suggested solutions as appropriate with a return deadline of 30 June 2011. The Treasurer and the Clerk had considered these matters and drafted responses on behalf of the Authority, for consideration and approval by the Audit Committee prior to submission to CLG by 30 June 2011.

The Committee considered the draft responses presented by the Treasurer and the Clerk and approved same.

RESOLVED that the Committee approve the Authority's response to the consultation on the Future of Local Public Audit.

11. Audit Committee Work Programme 2011/12

The Clerk put forward a draft work programme for the coming year for the Audit Committee to consider and amend as appropriate, prior to approval.

RESOLVED that the Audit Committee Work Programme 2011/12 be approved.

The meeting concluded at 11.38 am

Signed: _____

Chairman

Date: _____

7. Annual Governance Statement

Purpose of report

1. To put forward the Annual Governance Statement and Supporting Assurances for approval.
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Recommendation

The Clerk recommends that the Committee approves the Annual Governance Statement and Supporting Assurances.

Introduction and Background

2. 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 they account to and engage with their communities.
3. In 2001, all local authorities were recommended by CIPFA (the Chartered Institute of Public Finance and Accountancy) and SOLACE (the Society of Local Authority Chief Executives) to adopt a local Code of Corporate Governance based on guidance published by CIPFA/SOLACE and endorsed by the Local Government Association and the Audit Commission.
4. The Accounts and Audit (England) Regulations 2011 require that the Fire and Rescue Authority (FRA) reviews its arrangements for Governance and systems of internal control at least on an annual basis. Following such a review the Authority is required to publish an Annual Governance Statement by 30 September.
5. At its meeting on 29 June 2011, the Committee reviewed the draft Annual Governance Statement and supporting assurances prior to the final approval, in line with the best practice as recommended by CIPFA.

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 meets the values, principles and best practice, as set out in the Authority's Code of Corporate Governance. The Statement 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.
7. The Statement is part of the assurances that surround the overall arrangements for corporate governance. Although the document will accompany the Statement of Accounts, best practice is that the Annual Governance Statement is considered separately from the Accounts as it is not part of the Statement on which the Auditor’s opinion is given.
8. The Committee has delegated responsibility to approve the Annual Governance Statement. The Committee’s Terms of Reference state the Committee has a role to “*exercise delegated power in relation to the consideration of the Annual Governance Statement, the procedures followed in its compilation and the appropriateness of supporting documentation, addressing any significant governance weaknesses disclosed within the Statement*”.

Conclusion/Summary

9. The Committee has responsibility to approve the Annual Governance Statement to accompany the Statement of Accounts that will be published by the end of September. The Annual Governance Statement and supporting assurances are attached at Appendix 1 for consideration and approval.

Financial Considerations

Consideration	Yes/No	Reference in Report i.e paragraph no.
There are financial issues that require consideration	N	

Legal Considerations

Consideration	Yes/No	Reference in Report i.e paragraph no.
There are legal issues e.g. contractual and procurement, reputational issues that require consideration	Y	Whole report - assurance provided for Members that effective governance arrangements are in place

Additional Considerations

10. The table below sets out any additional issues arising from the proposals contained in this report and identifies the relevant paragraphs in the report where such issues are addressed.

Consideration	Yes/No	Reference in Report i.e paragraph no.
Resources (e.g. Assets, ICT, Human Resources, Training & Development, Sustainability).	N	
Strategic Policy Links (e.g. IRMP, Authority Plan, Equality & Diversity, Partnerships, Environmental Impact).	N	
Risk Management / Health & Safety (e.g. risk management and control measures, risk register score).	Y	Whole report – assurance provided for Members that effective controls are in place
Consultation with Representative Bodies	N	

Supporting Information

Appendix 1 – Annual Governance Statement and Assurances

Contact Officer

Anne Brown, Clerk to the Authority
(0845 12 24454)
Email: abrown@hwfire.org.uk

Code of Corporate Governance

Executive Summary

In 2007, CIPFA/SOLACE, published advice on a framework for delivering good governance in local government designed to help authorities formulate a code of corporate governance, test the authorities' governance arrangements against its code and formulate an Annual Governance Statement.

This document outlines the Hereford & Worcester Fire and Rescue Authority's Code of Corporate Governance, its latest annual governance statement which focuses upon planned changes for the coming period and provides examples of assurance and evidence in support of the Authority's Annual Governance Statement.

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Updated June 2011	

Code of Corporate Governance

1. Statement of Assurance – Code of Corporate Governance

Hereford & Worcester Fire and Rescue Authority (HWFRA) is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. In discharging this accountability, Members and senior officers are responsible for putting in place proper arrangements for the governance of HWFRA's affairs and the stewardship of the resources at its disposal.

To this end, HWFRA has approved and adopted a Code of Corporate Governance, which is consistent with the principles of and reflects the requirements of CIPFA (Chartered Institute of Public Finance and Accountancy) and SOLACE (Society of Local Authority Chief Executives) framework 'Delivering Good Governance in Local Government'. A copy of the HWFRA's Code is available on the Service's website (www.hwfire.org.uk) or can be obtained on request from Hereford & Worcester Fire and Rescue Service Headquarters, 2 Kings Court, Charles Hastings Way, Worcester WR5 1JR.

During the year 2010/11, HWFRA has reviewed and consolidated appropriate management and reporting arrangements to enable it to satisfy itself that its approach to Corporate Governance is both adequate and effective in practice.

HWFRA is seeking to continually improve the effectiveness of arrangements for the governance of its affairs. We will continue to review compliance with the Code to ensure that the highest standards are maintained.

[Signed:]

Cllr Derek Prodger MBE
Chair

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M Yates
Chief Fire Officer/Chief Executive

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Date:

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2. Code of Corporate Governance

The Code of Corporate Governance sets out HWFRA's values and principles which underpin its governance arrangements. It is against these values and principles that HWFRA's structures and procedures will be tested on an annual basis to ensure that they remain effective.

HWFRA's Code of Corporate Governance closely follows guidance 'Delivering Good Governance in Local Government Framework' published jointly by CIPFA/SOLACE and endorsed by the Local Government Association and the Audit Commission.

HWFRA has adopted the following values which set the standard expected of Members and officers responsible for the governance.

- **Openness and Inclusivity**

Openness is required to ensure that stakeholders can have confidence in the decision-making and management processes of Local Authorities and in the approach of the individuals within them. Openness also requires an inclusive approach, which seeks to ensure that all stakeholders and potential stakeholders have the opportunity to engage effectively with the decision-making processes and actions of Local Authorities.

- **Integrity**

Integrity comprises both straightforward dealing and completeness. It is based upon honesty, selflessness, objectivity and high standards of propriety and probity in the stewardship of public funds and management of an Authority's affairs. It is dependent on the effectiveness of the control framework and on the personal standards and professionalism of the Members and staff within the Authority.

- **Accountability**

Accountability is the process whereby Local Authorities and the Members and staff within them are responsible for their decisions and actions, including their stewardship of public funds and all aspects of performance and submit themselves to appropriate external scrutiny.

Principles of good governance

Good governance means:

1. Focusing on the purpose of the Authority and on outcomes for the community and creating and implementing a vision for the local area.
2. Members and Officers working together to achieve a common purpose with clearly defined functions and roles.
3. Promoting values for the Authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour.
4. Taking informed and transparent decisions which are subject to effective scrutiny and managing risk.
5. Developing the capacity and capability of Members and officers to be effective.
6. Engaging with local people and other stakeholders to ensure robust public accountability.

The Authority will test the existing governance arrangements against the principles and values set out above and against current best practice.

An Annual Governance Statement will be prepared to report publicly on the extent to which the authority's governance arrangements meets the above mentioned values, principles and best practice, including how the Authority has monitored the effectiveness of the its governance arrangements setting out any planned changes for the current period.

ANNUAL GOVERNANCE STATEMENT 2010/11

1. Scope of Responsibility

1.1 The Fire and Rescue Authority (FRA) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The FRA also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

1.2 In discharging this overall responsibility, the FRA is also responsible for ensuring that proper arrangements exist for the governance of its affairs and facilitating the exercise of its functions, which includes ensuring a sound system of internal control is maintained throughout the year and that includes arrangements for the management of risk.

1.3 This statement explains how the FRA has complied with these requirements and also meets the requirements of regulation 4(2) (3) and (4) of the Accounts and Audit Regulations 2011

1.4 The FRA has approved and adopted a Code of Corporate Governance, which is consistent of the principles of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government'. A copy of the code is available at our website www.hwfire.org or may be obtained from Hereford & Worcester Fire and Rescue Service Headquarters, 2 Kings Court, Charles Hastings Way, Worcester.WR5 1JR.

2. The Purpose of the Governance Framework

2.1 The Governance Framework comprises of the systems and processes, and culture and values by which the FRA is directed and controlled. It includes the activities through which it accounts to and engages with, the community. It enables the FRA to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services, including achieving value for money.

2.2 The system of internal control is designed to manage risk to a reasonable level (rather than to eliminate all risk) to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the FRA's policies, aims and objectives. It evaluates the likelihood of those risks being realised and the subsequent impact should they be realised and to ensure they are managed efficiently, effectively and economically. The FRA has always maintained a sound system to protect against risks and mitigate their impact upon the FRA. The systems are constantly being reviewed and updated.

2.3 The Governance Framework has been in place at the Authority for the year ended 31 March 2011 and up to the date of approval of the Statement of Accounts.

3. Key Elements of the Governance Framework

3.1 This section of the Statement describes the key elements of the systems and processes that comprise the FRA's Governance arrangements.

- The FRA has adopted an Authority Plan which sets out the FRA's vision and intended outcomes along with an annual IRMP which reviews the FRA's aspirations and implications for its governance arrangements. The FRA has a robust process for establishing priorities using a risk based approach.
- A Business Continuity Plan is in place which incorporates the FRA's risk management system. The FRA reviews and amends its Corporate Risk Register on a regular basis throughout the year. The Audit Committee reviews the Risk Register and an FRA Member has been appointed as the Authority's Risk Champion.
- A Performance Management Framework is in place which measures the quality of service for users ensuring that it is delivered in accordance with the FRA's objectives and best use of resources.
- The FRA's constitution defines and documents roles and responsibilities of the FRA's committees, sets out clear delegation arrangements, Codes of Conduct and Standing Orders. It also includes certain codes including a Scheme of Delegation, the Code of Corporate Governance, Financial Regulations, Contract Standing Orders, Anti Fraud and Corruption Policy, Anti Money Laundering Policy, Member Officer Protocol and advice on the use of resources by Members. The constitution is reviewed through an Annual Governance review and training is provided on a regular basis to Members and officers embedding relevant codes of conduct.
- An Audit Committee is in place whose functions are determined on an annual basis by the FRA as identified in CIPFA's Audit Committees Practical Guidance for Local Authorities.
- As part of our decision making process procedures are in place for ensuring that technical advice is required from professional officers ensuring compliance with relevant laws, regulations, internal policies and procedures and that expenditure is lawful.
- A Confidential Reporting (Whistle Blowing) Policy, Complaints Procedure and Standards Committee are in place for receiving and investigating complaints from the public and staff.
- An Integrated Personal Development Review, allied to the Performance Management Framework is in place and designed to identify the development of senior officers in relation to their strategic roles supported by appropriate training. A training programme for Members is in place and work is ongoing in relation to the development of a system which identifies development needs of Members.
- A Communications Policy and Procedure is in place which establishes clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation.
- A Partnership Management Group is in place which ensures that good governance arrangements relating to partnerships and other group working are identified and embedded.

4. Review of Effectiveness

4.1 The FRA has responsibility for conducting, at least annually, a review of the effectiveness of its Governance Framework including the system of internal control. The review of effectiveness is informed by the work of senior managers in the FRA who have responsibility for the development and maintenance of the governance environment, the Head of Internal Audit's annual report and also by comments made by the external auditors, other review agencies and inspectorates.

- The FRA has carried out a review of the above mentioned processes to ensure that they are both working correctly and relevant to the current environment. The outputs of any review are fed routinely into the Senior Management Board to ensure that there is managerial responsibility and accountability. The Improvement Planning Register is then updated and the review reported to a number of FRA Committees, including where appropriate, the FRA's Audit Committee, Policy and Resources Committee, as well as the main FRA meeting. Specific working groups made up of Members and officers with designated terms of reference have been established to review significant governance areas, for example constitutional governance review and partnership governance review. The IRMP Steering Group is a standing group made up of Members and officers whose role is to formulate the annual IRMP and reports directly to the FRA meeting.
- The FRA has a clear and well established Performance Management regime that provides relevant information to Officers and Members on the achievement of Corporate Objectives throughout the year.
- The process of reviewing key financial systems by the Internal Audit provider is a continuous one and no major weaknesses have been identified in the 2010/11 financial year.
- Budget Monitoring reports have been presented to Member's of the Policy and Resources Committee throughout the financial year and have shown that the budget pressures are being controlled within the overall total and final out-turn is consistent with those reports.
- The SMB have held a series of 'away-days' looking at improving effective budgetary control which has led to a refining of the Asset Management Strategy accepted by the Authority in March 2011.
- The Chief Executive and Chair have received assurances from Principal Officers that controls are operating as expected.
- The S151 and Monitoring Officer have provided assurances on their respective areas of statutory responsibility.
- The Authority an internal audit for operational assurance for the management of Health and Safety based around the national HSE consolidated report. All the recommendations made were accepted by the SMB and have been incorporated into this year's departmental business plan.

5. Significant Governance Issues

Based on the information provided above there are no significant governance issues identified at this time. The constitutional governance review working group and the Partnership Management Group have produced and will continue to produce recommendations over the coming year to address and further enhance our governance arrangements. We are satisfied that those groups will address the need for improvements and we will thereafter monitor the implementation and operation of any agreed recommendations as part of our next annual review. In addition the Authority is awaiting the final report of the District Auditor on his investigation into the retirement of the out going Chief Fire Officer. Any recommendations made by the District Auditor, not already undertaken, will be addressed in the months following its receipt.

.....
Chief Fire Officer/Chief Executive

.....
**Chairman of the Fire and
Rescue Authority**

Date: 30 September 2011

Examples of Assurance and Evidence in Support of the Authority's Annual Governance Statement
Updated April 2011

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<p>Focus on the purpose of the Authority and on outcomes for the community and creating and implementing a vision for Herefordshire and Worcestershire:</p> <p>By:</p> <ul style="list-style-type: none"> • Developing and promoting the Authority's purpose and vision: • Regularly reviewing the Authority's vision for the local area and it's impact on the Authority's governance arrangements: • Ensure that partnerships are underpinned by a common vision of their work and that it is understood and agreed by all parties: • Publish an annual report on a timely basis to communicate the Authority's activities and achievements, its financial position and performance: • Decide how the quality of service to users is to be measured and make sure that the information needed to review service quality effectively and regularly is available: 	<ul style="list-style-type: none"> • The FRA exercises strategic leadership by developing and clearly communicating the Authority's purpose and its vision via its stated intended outcomes for its community and service users. • The Annual Governance review confirms if the FRA's arrangements are fit for purpose to meet the Authority's vision. The FRA regularly reviews its statement of intent as a basis for service planning to also include the wider community and partner priorities. • The FRA is signed up to formal governance arrangements and agreements in its key strategic partnerships based on local community priorities. • The FRA publishes an Authority Plan once agreed on a timely basis to communicate the Authority's activities and achievements, its financial position and performance. • The FRA measures the quality of the service it provides directly or in partnership or by commissioning through independent surveys which are carried out by ORS and more recently through the Joint Citizens Panel. 	<ul style="list-style-type: none"> • Publish a clear statement of the Authority's vision and values in its Integrated Risk Management Plan (IRMP) and the Authority Plan: both of which are endorsed by the FRA. • Extensive public consultations every year, including all stakeholders, on the Service's draft IRMP Annual Action Plan. • Approval by the Authority, each December, of the annual Action Plan, following consultation. • Quarterly review by SMB & P&R Committee of corporate aims and objectives. • Actively participate in strategic partnerships supporting the vision set out in agreements made with partners. • Memorandums of Understanding. • Authority Plan. • Statement of Accounts. • In line with the FRA's Performance Management Framework, all information relating to quality of service is considered and where appropriate acted upon by: <ul style="list-style-type: none"> • SMB Meetings

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Put in place effective arrangements to identify and deal with failure in service delivery: • Decide how value for money is to be measured and make sure that the Authority or partnership has the information needed to review value for money and performance effectively. Measure the environmental impact of policies, plans and decisions: 	<p>This information can be accessed via the internet and intranets as well as hard copy information packs.</p> <ul style="list-style-type: none"> • The FRA has effective arrangements in place to identify and deal with failure in service delivery identified through robust monitoring procedures, its tested Business Continuity Plan, Strategic Risk Register and its Business Impact Analysis process. There is also an Urgent Decisions process to address issues in cases where there is not sufficient time to arrange a meeting of the Authority or the relevant Committee to approve a particular matter • The FRA has put in place arrangements to ensure that it makes best use of its resources and that tax payers and service users receive excellent value for money, by adopting national standards to contract for goods and services supported by robust procurement procedures. This is reviewed on an annual basis 	<ul style="list-style-type: none"> • Policy and Resources Committee • Audit Committee • FRA • The arrangements to meet this requirement are considered, reviewed and acted upon through: <ul style="list-style-type: none"> • SMB Meetings • Policy and Resources Committee • Audit Committee • FRA • Urgent Decisions Process • Business Continuity Plan • Strategic Risk Register • Business Impact Analysis Form (Admin 28A) • Quarterly review by P&R Committee of corporate aims and objectives, including measurement against Performance Indicators. • Internal Audit confirms compliance with national standards and procurement procedures.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<p>To work to achieve the stated objectives of Members and Officers to achieve a common purpose with clearly defined functions and roles:</p> <p>By:</p> <ul style="list-style-type: none"> • Setting out a clear statement of the respective roles and responsibilities of the Executive and the Executive's Members individually and the Authority's approach towards putting this into practice: • Set out a clear statement of the respective roles and responsibilities of the other Authority Members, Members generally and senior officers: • Determine a scheme of delegation and reserve powers within the constitution, including a formal schedule of those matters specifically reserved for collective decision of the Authority, taking account of relevant legislation and ensure that it is monitored and updated when required: • Make a Chief Executive or equivalent responsible and accountable to the Authority for all aspects of operational management: • Develop protocols to ensure that the Chairman and Chief Executive (or equivalent) negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is maintained: 	<ul style="list-style-type: none"> • The FRA has not adopted an Executive Model. • The Constitution, Standing Orders and Delegation Scheme sets out a clear statement of the executive role and responsibilities of Members through the Committee structure which is reviewed on an annual basis. • The FRA has produced a scheme of delegation and reserve powers within the constitution, including a formal schedule of those matters specifically reserved for collective decision of the Authority, taking account of relevant legislation. The delegation scheme is reviewed as part of the governance review. • The FRA has appointed a Chief Executive/Chief Fire Officer who is responsible and accountable to the Authority for all aspects of operational management. • The FRA has adopted a set of informal protocols to ensure that the Chairman and Chief Executive/Chief Fire Officer negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is maintained. This process will be formalised as part of a performance appraisal system due to be introduced in the new municipal year. 	<ul style="list-style-type: none"> • The FRA regularly reviews Member and senior officer roles and responsibilities to ensure they are coherent, comprehensive and continue to focus on delivering the purpose and priorities of the organisation. An effective Rank to Role procedure has been adopted. • Scheme of Delegation. • Organisational Chart and Job Description. • Minute/action points of Chairman's/CFO meetings. • Scheme of Delegation. • Protocol for Member/officer relations.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Make a senior officer (the S151 officer) responsible to the FRA for ensuring that appropriate advice is given on all financial matters, for keeping proper financial records and accounts, and for maintaining an effective system of internal control: • Make a senior officer (usually the Monitoring Officer) responsible to the FRA for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with: • Develop protocols to ensure effective communication between Members and officers in their respective roles: • Set out terms and conditions for remuneration of Members and officers and an effective structure for managing the process, including an effective remuneration panel (if applicable): • Ensure that effective mechanisms exist to monitor service delivery: 	<ul style="list-style-type: none"> • The FRA has appointed a senior officer responsible to the Authority for ensuring that appropriate advice is given on all financial matters, for keeping proper financial records and accounts and for maintaining an effective system of internal control. • The FRA has appointed a senior officer responsible to the Authority for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with. • The FRA has developed protocols to ensure that relationships between the Authority and officers are clear so that each knows what to expect from the other. • The FRA has an agreed Members' allowance procedure whereby remunerative scales are adopted. Officers relate to national schemes of pay and conditions. Members' Allowances Scheme referred to Independent Remuneration Panels of Constituent bodies for their consideration, prior to review by FRA. This will reviewed as part of the next governance review. • The FRA has adopted a Performance Management Framework to measure the quality of the service it provides directly, or in partnership, or by commissioning. This information can be accessed via the inter and intra nets, as well as hard copy information packs. 	<ul style="list-style-type: none"> • This responsibility is performed by the Treasurer of the FRA. • Role of the Chief Financial Officer (Audit Committee May 2010). • SLA to be updated as part of annual review • This responsibility is performed by the Clerk to the FRA. • Protocol for Member/officer relations. • In view of the current financial constraints faced by the FRA a freeze has been placed on the existing Members' Allowances Scheme. • Quarterly review by P&R Committee of corporate aims and objectives, including measurement against Performance Indicators.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Ensure that the organisation’s vision, strategic plans, priorities and targets are developed through robust mechanisms and in consultation with the local community and other key stakeholders and that they are clearly articulated and disseminated: • When working in partnership ensure that Members are clear about their roles and responsibilities both individually and collectively in relation to the partnership and to the Authority: • Ensure that there is clarity about the legal status of the partnership: • Ensure that representatives or organisations both understand and make clear to all other partners the extent of their authority to bind their organisation to partner decisions: 	<ul style="list-style-type: none"> • The organisation’s strategic plans are developed through a series of robust mechanisms and in consultation with the local community and other key stakeholders. They are available through the Service website, local places of interest and hard copy (IRMP). • Members representing the FRA at partnership meetings adhere to the terms of reference for the Partnership Boards, which set out the purpose, responsibilities, principles and membership. • A register of all Partnerships is held. As part of the Partnership review all partnerships are to be evaluated to ensure that there is continuing clarity around the purpose and status of the partnership. • Whilst there may be some formal arrangements in place custom and practice sets out procedures for many others. Partnership agreements will be reviewed to consider the Authority’s role and the Authority will inform partnership representatives, making clear delegated authority for representative attendance. 	<ul style="list-style-type: none"> • IRMP Steering Group which ensures that the organisation’s strategic plans are developed through a series of robust mechanism. • Extensive public and stakeholder consultation on the 3 year IRMP and every year on IRMP Annual Action Plan. • Approval by the Authority of the 3 year IRMP and each December of the annual Action Plan, following consultation. • The Chair and Vice Chair represent the Authority at Strategic partnership level. • Partnership Register. • Minutes from Partnership Management Group. • Partnership Management Group Terms of Reference • FRA will make appropriate arrangements for the Chair, CFO, DCFO and Area/Group Commanders to attend partnership meetings.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<p>To promote values for the Authority and demonstrate the values of good governance through upholding high standards of conduct and behaviour:</p> <p>By:</p> <ul style="list-style-type: none"> • Ensuring that the Authority’s leadership sets a tone for the organisation by creating a climate of openness, support and respect: 	<ul style="list-style-type: none"> • The FRA has adopted a set of core values which are: • We Value Diverse Communities <ul style="list-style-type: none"> ○ We are committed to serving all parts of our communities ○ We recognise that diverse needs, expectations and risks need diverse solutions ○ We remove barriers to entry and seek true diversity to reflect the communities we serve • We Value our People <ul style="list-style-type: none"> ○ We are committed to developing our people ○ We work in an inclusive and ethical way ○ We recognise that everyone has a contribution to make ○ We respect and see difference as a strength • We Value Innovation, Change and Learning <ul style="list-style-type: none"> ○ We encourage critical and lateral thinking and manage constructive challenge ○ We take responsibility for improving our performance ○ We develop ourselves and others to achieve our full potential • We Value our Fire and Rescue Service <ul style="list-style-type: none"> ○ We are passionate about maintaining our great reputation 	<ul style="list-style-type: none"> • The Authority applies Codes of Conduct for both Members and employees. • The Authority has appointed a Standards Committee, with independent, non-elected Members, to investigate allegations of breaches of the Code of Conduct by Members. • The Authority operates a “Confidential Reporting (Whistle-blowing)” policy. • Member/Officer Protocol • Comments/Complaints Procedures • Ethical Framework • Performance Appraisal • Discipline/Competency • E&D Strategy

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Ensure that standards of conduct and personal behaviour expected of Members and staff, of work between Members and staff and between the Authority, its partners and the community are defined and communicated through codes of conduct and protocols; • Put in place arrangements to ensure that Members and employees of the Authority are not influenced by prejudice, bias or conflicts of interest in dealing with different stakeholders and put in place appropriate processes to ensure that they continue to operate in practice; 	<ul style="list-style-type: none"> ○ We focus on priorities by setting clear objectives and accountabilities ○ We provide the right service at the right time and in the right place • These are used in the development of service planning priorities and the adoption of a series of relevant documents as highlighted in areas of compliance. • The FRA ensures by written reference, that the standards of conduct and personal behaviour expected of Members and staffs is easily available to be read, digested and followed. These are available through the Service's intranet/internet and in a hard copy format. • Training for Members and Officers is provided on a regular basis for codes of conduct/protocols. • The FRA adopts and reviews policy and protocols to ensure that Members and employees carry out their respective functions in a fair, equitable, non-discriminatory and inclusive manner. • Processes have been adopted within the decision making processes to alert staff to potential issues of prejudice, bias or conflicts of interests. 	<ul style="list-style-type: none"> • The Authority applies Codes of Conduct for both Members and employees. • The Authority has appointed a Standards Committee, with independent, non-elected members, to investigate allegations of breaches of the Code of Conduct by Members. • The Authority operates a "Confidential Reporting (Whistle-blowing)" policy. • Scheme of delegation. • Protocol for Member/officer relations. • The Authority participates in the National Fraud Initiative. • Performance Appraisal. • The Authority applies Codes of Conduct for both Members and employees. • The Authority has appointed a Standards Committee, with independent, non-elected Members, to investigate allegations of breaches of the Code of Conduct by Members. • The Authority implements its own Equality scheme "Equality for All" throughout the Service. • The Authority appoints an Equality and Diversity Champion to promote and pursue these aims. • The Authority employs a designated Equality and Diversity Officer. • The Authority provides training for Members in Ethics and Equality & Diversity. • Admin 28A.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Develop and maintain shared values including leadership values for both the organisation and staff reflecting public expectations and communicate these with Members, staff, the community and partners: • Put in place arrangements to ensure that systems and processes are designed in conformity with appropriate ethical standards, and monitor their continuing effectiveness in practice: • Develop and maintain an effective Standards Committee: • Use the organisation's shared values to act as a guide for decision making and as a basis for developing positive and trusting relationships within the Authority: • In pursuing the vision of a partnership, agree a set of values against which decision making and actions can be judged. Such values must be demonstrated by partners' behaviour both individually and collectively. 	<ul style="list-style-type: none"> • The FRA has adopted effective organisational values. These values are included within all strategic documentation i.e. IRMP and Authority Plan. • The FRA has adopted an Equality & Diversity Scheme and Code of Conduct which conform to national standards and has put in place performance indicators to continually monitor effectiveness of the E&D Scheme. Governance and Partnerships Reviews are being undertaken to ensure that the systems and processes continue to be fit for purpose. • The FRA has appointed a Standards Committee, in accordance with the guidelines set by the Standards Board for England. The Standards Committee has put in place appropriate Member training and procedures to take action in Member Discipline issues. The Governance review is considering the effectiveness of the current Standards Committee to determine if any change is necessary in order to ensure it remains effective. • The FRA has put into place effective organisational values, which are publicised in the Authority's Plan and IRMP. • The FRA is signed up to the values listed in the Community Safety strategies for Herefordshire and Worcestershire. • Through its membership of key strategic partnerships the FRA upholds its commitment 	<ul style="list-style-type: none"> • The Authority's mission statement is emphasised on all Authority stationery, publications and on the Service website. • The Authority's performance against its own Equality & Diversity Performance Indicators is reviewed on a quarterly basis by the P&R Committee. In 2011-12, this will be reported on an Annual basis. • The Standards Committee's composition, proceedings and procedures are all available to the public on the Service website. • The Committee reports annually to the FRA. • The Authority provides training, both internally and externally, for Standards Committee Members. • The Committee has considered the future for Member Codes of Conduct and procedures for dealing with complaints re Members following the abolition of the Standards for England regime and made recommendations to the Authority in this matter. • The P&R Committee reviews the performance of the Authority in achieving the corporate aims and goals on a quarterly basis. • FRA actions in support of the strategic partnerships are open to peer and public scrutiny through the partnership's performance management framework and public reporting mechanisms.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
	to sharing common values, including sharing collective responsibility with its partners and individual responsibility for its own actions.	

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<p>Taking informed and transparent decisions which are subject to effective scrutiny and managing risk:</p> <p>By:</p> <ul style="list-style-type: none"> • Developing and maintaining an effective scrutiny function which encourages constructive challenge and enhances the Authority's performance overall and that of any organisation for which it is responsible; • Develop and maintain open and effective mechanisms for documenting evidence for decisions and recording the criteria, rationale and considerations on which decisions are based; • Put in place arrangements to safeguard Members and employees against conflicts of interest and put in place appropriate processes to ensure that they continue to operate in practice; 	<ul style="list-style-type: none"> • Whilst the Authority has not adopted an Executive Model it has none the less developed a separate Audit Committee which reviews the actions of the Authority as well as major future policies. In addition the Audit Committee maintains an overview to ensure the Authority's governance processes remain fit for purpose. The Audit Committee reports are considered by the FRA on a regular basis. The FRA is rigorous and transparent about how decisions are taken and listens and acts upon the outcome of constructive scrutiny. • The FRA has effective mechanisms for documenting evidence for decisions and recording the criteria, rationale and considerations on which decisions are based; As part of the standard report framework officers are required to set out evidence for decisions along with criteria, rationale and considerations on which decisions are based. • The FRA has put in place a register of interests of Members and the Officer Code of Conduct sets out how officers deal with potential conflicts of interests. In addition the Member Code of Conduct sets out how Members should deal with potential conflicts of interests and regular training is provided. 	<ul style="list-style-type: none"> • The proceedings of all meetings of the Authority and of all Committees of the Authority are publicised in advance, and reported on fully on the Service Website. • The Authority has appointed an Audit Committee and a P&R Committee which maintain effective scrutiny of the Authority's performance. • The Authority encourages public scrutiny through consultation, complaints procedures and input into FRA Agenda. • All agendas, papers, reports and minutes of meetings of the FRA are available on the service website. Background papers are also available upon request. • Business Impact Assessments are submitted with papers and reports which recommend changes in policies or procedures. • The Authority applies a Code of Conduct for both Members and employees. • The Authority has appointed a Standards Committee, with independent, non-elected members, to investigate allegations of breaches of the Code of Conduct by Members. • The Authority maintains Registers of Interests for Members. • The Authority has clearly stated policies for both Members and employees regarding Gifts and Hospitality to prevent possible conflicts of Interest.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Develop and maintain an effective Audit Committee (or equivalent) which is independent of the executive and scrutiny functions or make other appropriate arrangements for the discharge of the functions of such a committee: • Ensure that effective, transparent and accessible arrangements are in place for dealing with complaints: • Ensure that those making decisions whether for the Authority or the partnership are provided with information that is fit for the purpose, relevant, timely and gives clear explanations of technical issues and their implications: • Ensure that professional advice on matters that have legal or financial implications is available and recorded well in advance of decision making and used appropriately: 	<ul style="list-style-type: none"> • The FRA has an effective Audit Committee which is independent of the executive and scrutiny functions. The terms of reference of the Audit Committee has been reviewed as part of the Governance Review. • The Authority has put in place arrangements for dealing with complaints from the public on the Service website and from its own employees. • The FRA ensures that good quality information; advice and support are available to ensure that services are delivered effectively and are what the community wants/needs. A system is in place for reviewing best practise on technical matters to ensure that the Authority remains up to date. • The Authority has arrangements in place to ensure proper legal and financial advice. Reports are circulated to appropriate legal and financial officers and there is attendance at appropriate meetings by the Authority's financial and legal advisers. 	<ul style="list-style-type: none"> • The Authority has appointed an independent Audit Committee, which works closely with the Audit Commission and the internal auditors. • The Authority reports on complaints from the public via the monthly Members' Bulletin. • The Authority has put in place the Confidential Reporting Policy and the Listening Ear facility for employees. • Prior to presentation at main meetings of the Authority or Committees, all information presented is considered and reviewed by Committee Services and at briefings of Officers and Chairpersons. • All information is publicised at least 5 clear days before the Meeting, in accordance with legislative requirements and Standing Orders. • The Authority maintains a Glossary of Terms which is circulated with all Meeting agendas. • The Authority has Service Level Agreements for the provision of Legal and Financial advice. • Business Impact Assessments, which identify legal and financial implications, are submitted with papers and reports which recommend changes in policies or procedures.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Ensure that risk management is embedded into the culture of the Authority; with Members and managers at all levels recognising that risk management is part of their jobs. • Ensure that arrangements are in place for whistle-blowing to which staff and all those contracting with the Authority have access. • Actively recognise the limits of lawful activity placed on them by, for example, the ultra vires doctrine but also strive to utilise powers to the full benefit of their communities. • Recognise the limits of lawful action and observe both the specific requirements of legislation and the general responsibilities placed on Local Authorities by public law. 	<ul style="list-style-type: none"> • The FRA has an effective risk management system that is embedded into the culture of the Authority; with Members and managers at all levels recognising that risk management is part of their jobs. This is supported by annual training programmes. • The FRA has arrangements in place for whistle-blowing to which staff and all those contracting with the Authority have access. • The FRA uses its legal powers to the full benefit of the citizens and communities of Herefordshire and Worcestershire. Legal advisors consider all major decisions to ensure that the Authority acts within the limits of lawful activity placed on them. • The impetus and limitations of statutory instruments are respected and adhered to by the appropriate actions of the FRA in carrying out its duties. In the decision making process staff will set out the limits of the legislation and describe the lawful action to be taken within those limits. Also as part of the scrutiny and Audit Committee processes a review of the lawfulness of any action will also be undertaken when appropriate. 	<ul style="list-style-type: none"> • The Authority has a Strategic Risk Register, which is reviewed on an annual basis. • The issue of risk is required to be considered for all reports to members. • The Governance Review Group reviews the Whistle-blowing policy. • The policy is brought to the attention of all Service personnel through the Service Bulletin. • The policy is brought to the attention of all contractors engaged by the Service and is available via the website within 'Procurement'. • Reception/Internet. • The Authority has adopted a Code of Corporate Governance which lists the enabling statutes governing the Authority and the Service. • The Authority utilises powers to the full benefit of their communities, including active participation in Strategic partnerships. • Operation by lawful acts of Government i.e. Fire Services Act, Local Government Act.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> Observe all specific legislative requirements placed upon them, as well as the requirements of general law and in particular to integrate the key principles of good administrative law – rationality, legality and natural justice – into their procedures and decision-making processes. 	<ul style="list-style-type: none"> The FRA inducts its Members and officers in the observance of the legal aspects of performing their roles and responsibilities through appropriate training for the areas of work they undertake. Legal advisers review committee reports and attend committees in order to ensure that the Authority observes specific legislative requirements placed upon them. 	<p>A full induction and training programme for Members is in place, focusing on roles and responsibilities of FRA Members as well as key areas of work.</p> <ul style="list-style-type: none"> Committee Reports & minutes of meetings

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<p>Developing the capacity and capability of Members and officers to be effective:</p> <p>By:</p> <ul style="list-style-type: none"> • Providing induction programmes tailored to individual needs and opportunities for Members and officers to update their knowledge on a regular basis: • Ensure that the statutory officers have the skills, resources and support necessary to perform effectively in their roles and that these roles are properly understood throughout the Authority: • Assess the skills required by Members and officers and make a commitment to develop those skills to enable roles to be carried out effectively: • Develop skills on a continuing basis to improve performance, including the ability to scrutinise and challenge and to recognise when outside expert advice is needed: • Ensure that effective arrangements are in place for reviewing the performance of the executive as a whole and of individual Members and agreeing an action plan which might; for example, aim to address any training or development needs. 	<p>The FRA provides induction programmes for Members and all officers with opportunities to update their knowledge on a regular basis.</p> <ul style="list-style-type: none"> • The Authority has appointed statutory officers with the requisite skills and has provided suitable resources. and support for statutory officers; • All officers undertake appraisals which identify any training needs. • Member Development Champions will review member training to ensure that it remains effective and relevant to members needs. • The Executive Model has not been applied. • The FRA develops the capability of its people and evaluates their performance as individuals and as a group through specific training courses and competence assessments. The FRA has not adopted the Executive Model; however there are arrangements in place for reviewing the performance of the Authority as a whole. 	<ul style="list-style-type: none"> • Induction Programme is in place. • Member Development Programme in place, in addition to Member support services. • All officers are appointed based on required skills and experience. • Further work will be undertaken to ensure their roles are properly understood throughout the Authority after the review of the statutory officer’s roles have been undertaken. • Members are developed through a standard Training programme. • FRA decisions regarding objectives (for example IRMP) reflects necessary allocation of resources to objectives – for example Investment in Training. • Development opportunities delivered based on appraised evidence. • Policy & Resources Committee – Terms of Reference.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Ensure that effective arrangements designed to encourage individuals from all sections of the community to engage with, contribute to and participate in the work of the Authority: • Ensure that career structures are in place for Members and officers to encourage participation and development: 	<ul style="list-style-type: none"> • Consultation Plans incorporate a wide variety of venues/methods and techniques to meet diverse needs. • For officers there is a clear structure for appointment, development and promotion. • The FRA encourages new talent for membership of the Authority so that best use can be made of an individual's skills and resources in balancing continuity and renewal. 	<ul style="list-style-type: none"> • Provision of diverse solutions/options during consultation and community engagement. • Assessment Centres for uniformed officers. • IPDR.

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<p>Engaging with local people and other stakeholders to ensure robust public accountability:</p> <p>By:</p> <ul style="list-style-type: none"> • Making clear to themselves, all staff and the community to whom they are accountable and for what: • Considering those institutional stakeholders to whom the Authority is accountable and assessing the effectiveness of the relationships and any changes required: • Producing an annual report on the activity of the scrutiny function: • Ensuring that clear channels of communication are in place with all sections of the community and other stakeholders, and putting in place monitoring arrangements to ensure that they operate effectively: • Holding meetings in public unless there are good reasons for confidentiality: 	<ul style="list-style-type: none"> • The Authority exercises leadership through a robust scrutiny function which effectively engages local people and all local institutional stakeholders including partnerships and develops constructive accountability arrangements. • The FRA positively promotes an open culture throughout all its areas of operation where the concept of Equality and Diversity is a given. Each year Members and officers consider the Annual Audit Opinion Letter and implement appropriate recommendations. • P&R Committee produces key subject area scrutiny reports. The Authority has not adopted the Executive Model; however, the minutes of the P&R are submitted to the FRA. This will be considered further as part of the Governance Review. • The FRA has an active and planned approach to communication with and accountability to the public to ensure effective and appropriate service delivery whether directly by the Authority, in partnership or by commissioning. • The vast majority of meetings are held in public and papers are published within the specified timelines. 	<ul style="list-style-type: none"> • All consultation and engagement mechanisms follow good practice. • IRMP consultation. • Delegation Scheme. • Worcestershire Citizens Panel. • All FRA and Committee meetings follow statutory guidance and are open to the public. • Annual Audit Report. • Improvement Planning Register. • Consultation procedures (especially during the production of the Equality Scheme) show evidence of continuous engagement and capacity building of excluded groups to become effective consultees. • Utilise a variety of methods which include: <ul style="list-style-type: none"> • Opinion Research Services • Internet • Open Days and partner events • IRMP consultation • Internet • Notice of meetings published at HQ and other public offices throughout the 2 counties • Media invited to attend all meetings (except where exempt items are considered)

The principles of good governance that we have adopted are:	What we will do to meet them	How we will demonstrate compliance
<ul style="list-style-type: none"> • Ensuring that arrangements are in place to enable the Authority to engage with all sections of the community effectively. These arrangements should recognise that different sections of the community have different priorities and establish explicit processes for dealing with these competing demands: • Establishing a clear policy on the types of issues they will meaningfully consult on or engage with the public and service users about including a feedback and mechanism for those consultees to demonstrate what has changed as a result: • On an annual basis, publishing a performance plan giving information on the Authority's vision, strategy, plans and financial statements as well as information about its outcomes, achievements and the satisfaction of service users in the previous period: • Ensuring that the Authority as a whole is open and accessible to the community, service users and its staff and ensuring that it has made a commitment to openness and transparency in all its dealings, including partnerships, subject only to the need to preserve confidentiality in those specific circumstances where it is proper and appropriate to do so. • Developing and maintaining a clear policy on how staff and their representatives are consulted and involved in decision making: 	<ul style="list-style-type: none"> • Communication and consultation procedures recognise diverse needs. • All changes to services (via IRMP) are consulted on annually. All consultation is proportionate and appropriate to changes being considered. • Authority Plan published each year incorporates all listed elements. • Media & Communications Plan outlines areas for consultation and potential methodologies and good practice in communication. • Staff and representative bodies consulted regularly through staff workshops, individual/group consultations etc. • Policing in place on Representative Body involvement and consultation. 	<ul style="list-style-type: none"> • Communication plans incorporate actions to meet the needs of diverse groups. • Consultation Plan. • Authority Plan. • Media & Communications Plan. • Media & Communications Plan. • Joint Protocols for Industrial Relations Policy.

8. Risk Management Strategy and Strategic Risk Register

Purpose of report

1. To consider and recommend the revised Risk Management Strategy and Policy and the live Strategic Risk Register for approval by the Authority.
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Recommendation

The Director of Corporate Services recommends that the revised Risk Management Strategy and Policy and the live Strategic Risk Register be approved by the Authority.

Introduction and Background

2. Through the Fire Authority's Governance arrangements a systematic strategy, framework and processes to manage risk are in place. An assessment of the effectiveness of these arrangements is reviewed and published regularly. Risk Management is a key objective and active part of the Fire and Rescue Service.

Risk Management Strategy and Policy

3. The overall objective of this revised strategy is to ensure that the Authority identifies strategic risks and applies the most cost effective control mechanisms to manage those risks. This ensures they are eliminated or reduced to an acceptable level and that systems are in place to monitor and report. The Strategic Risk Register is then prepared to identify controls which mitigate the inherent identified risks. The residual risk demonstrates the revised risk assessment as a result of the action taken and any opportunities that have been identified.

Strategic Risk Register

4. The reviewed and updated Strategic Risk Register consultation took place with Principal Officers and was shared with Mr. Peter Watts, Risk Management Member Champion and Group Leaders for their input in preparation for presentation to this Committee. The Register is then presented to the full Authority meeting on 14 December for final approval.
5. The overall responsibility for ensuring risks are managed effectively lies with the Authority as advised by the Service. The live Strategic Risk Register outlines to Members the risk scoring for both likelihood and impact. A number of changes are recommended to the document, which reflects the National, Regional and Local perspective. Both Members and Officers recommend that the Register continues to be split into Strategic,

Operational, Regulatory, Financial, Reputational and Environmental risks.

6. Based upon the revised scores it is pleasing to report the direction of travel for Strategic Risk for 2011/12 continues moving downwards. It is suggested from the information gathered this is a result of stronger management at the top level, continuity and improved control mechanisms. It is highlighted that due to the current economic climate there is still potential for some key suppliers to encounter difficulties within the market place, which may have an impact on the Service.
7. Two risks that have been identified as red are:
 - Risk 17 - Ineffective contingency in the event of an emergency under the Civil Contingencies Act (2004) due to potential industrial action and the recent civil disturbances.
 - Risk 23 - Change in economic and/or political environment causing reduction in real terms of grants etc whilst is scored red the residual score has gone down.
8. The Strategic Risk Register reflects both the updated National Risk Register which is intended to capture the range of emergencies that may have a major impact on all, or significant parts of, the UK. The National Register drives the Community Risk Register held by the Local Resilience Forum (LRF) and is recognised in the Service's live Strategic Register.
9. From a Service perspective the live Strategic Risk Register acknowledges departmental, project and partnership risks. The Director of Corporate Services will escalate any outstanding exposures where necessary to SMB who will report to Audit Committee and the Risk Management Member Champion.
10. These strengths are demonstrated in the successful achievement of Corporate, Strategic and Operational objectives and using risk management to identify opportunities. Whilst pursuing those objectives and embedding corporate risk, it is now an integral component of effective Corporate Governance.

Conclusion/Summary

11. The Authority's live Strategic Risk Register will be monitored and updated on an ongoing basis with exception reporting to Senior Management Board Members and will be formally reported to Members annually, with significant changes being reported to the Audit Committee in a risk update.
12. Following approval from Members, the information from the Strategic Risk Register will be incorporated into Corporate Planning, highlighting any resilience issues through the management of Business Continuity in compliance with the Civil Contingencies Act (2004).

Financial Considerations

Consideration	Yes/No	Reference in Report i.e. paragraph no.
There are financial issues that require consideration	Yes	Strategic Risk Register Paragraph 7

Legal Considerations

Consideration	Yes/No	Reference in Report i.e. paragraph no.
There are legal issues e.g. contractual and procurement, reputational issues that require consideration	Yes	Strategic Risk Register Paragraph 7

Additional Considerations

13. The table below sets out any additional issues arising from the proposals contained in this report and identifies the relevant paragraphs in the report where such issues are addressed.

Consideration	Yes/No	Reference in Report i.e. paragraph no.
Resources (e.g. Assets, ICT, Human Resources, Training & Development, Sustainability).	Yes	Strategic Risk Register Paragraph 7
Strategic Policy Links (e.g. IRMP, Authority Plan, Equality & Diversity, Partnerships, Environmental Impact).	Yes	Strategic Risk Register Paragraph 8
Risk Management / Health & Safety (e.g. risk management and control measures, risk register score).	Yes	Strategic Risk Register Paragraph 7, 8
Consultation with Representative Bodies	Yes	Strategic Risk Register Paragraph 7

Supporting Information

Appendix 1 – Revised Strategic Risk Register
 Appendix 2 – Risk Management Strategy & Policy

Contact Officer

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Hereford & Worcester Fire and Rescue Authority Strategic Risk Register

This register details key risks which the Service has identified and links into the Local Resilience Forum Community Risk Register and National Risk Register. These risks are supported by departmental and project risk registers. They are live documents which are updated on a regular basis to reflect changes in the Service and levels of risk and aligned to the Strategic objectives. To assist in the management of key risks they have been placed in the following sections: **Strategic, Operational, Regulatory, Financial, Reputation and Environmental**. [Please note all amendments/additional risks are indicated in blue.](#)

Review Risk Score

(2011 Inherent Score 141) 2011 Residual 116

Overall Direction of Travel continues downwards - suggests stronger management, control mechanisms and continuity

A Strategic Risk	Key Risks	Likelihood	Impact	Score	Direction of Travel
	1. Changes to political balance or focus creating difficulties in the strategic and operational direction of the Service	Medium	Medium	5	↔
	2. Loss of key supplier/partnership	Medium	Medium	5	↔
	3. Poor leadership leading to ineffective practices and failure to deliver services to required standard	Low	Medium	3	↓
	4. Inability to attract and/or retain key individual or groups of staff	Low	Medium	3	↔
B Operational Risk	5. Death or serious injury to a member of staff (RIDDOR reportable)	Low	High	6	↔
	6. Inability to maintain Operational functionality of Fire Control	Low	Medium	5	↓
	7. Failure to successfully defend legal action taken against the Authority	Medium	Medium	3	↓
	8. Failure to maintain adequate staffing levels	Medium	Medium	3	↔
	9. Failure of key ICT or other infrastructure system	Low	Medium	3	↔
	10. Death or serious injury to member of the public through our actions (RIDDOR reportable)	Low	Medium	3	↔
	11. Natural disaster or deliberate act effecting a major part of the local community including potential impacts of climate change on the Service	Medium	Medium	5	↔
	12. Maintain Risk Critical training	Low	Medium	3	↔

B Operational Risk (cont'd)	13. Unavailability of key item of equipment	Low	Medium	3	↓
	14. Failure to integrate Local Resilience Forum Community risk register into the Service continuity planning	Low	Medium	3	↔
	15. Inadequate Water Supplies	Low	High	3	↓
	16. Failure to comply with key regulatory requirements, including Fire and Rescue Services Act/Civil Contingencies Act/Health & Safety at Work Act	Low	Medium	3	↔
	17. Ineffective contingency in the Event of an emergency under CCA	Medium	High	8	↑
C Regulatory Risk	18. Failure to maintain satisfactory audit assessment	Low	Medium	3	↔
D Financial Risk	19. Failure to maintain effective financial planning and management processes including ineffective budgetary control	Low	High	6	↔
	20. Failure to manage major projects effectively	Low	Medium	5	↑
	21. <i>Now incorporated into Risk 18 above</i>				
	22. Major fraud or corruption case	Low	Medium	3	↔
	23. Change in economic and/or political environment causing a reduction in real terms of grants and/or other income	High	Medium	7	↓
	24. Failure of Financial System (i.e. payroll and payment to suppliers)	Low	High	3	↔
E Reputation Risk	25. Failure to effectively manage the media and obtain the desired media coverage	Medium	Medium	5	↔
	26. Inappropriate behaviour by employees or Members	Medium	Medium	5	↔
	27. Poor quality key information provided to Members/Personnel of the Authority/Service	Low	Medium	3	↔
	28. Failure to communicate key information effectively				
F Environmental Risk	29. Failure to comply with relevant environmental legislation and directives	Medium	Medium	5	↔

Key: ↑Risk escalated, ↔ Risk unaltered, ↓Risk decreased over last 12 months.

Risk Maps

<u>HIGH</u>	<p>IMPORTANT RISKS - MAY POTENTIALLY AFFECT PROVISION OF KEY SERVICES OR DUTIES</p> <p><u>6</u></p>	<p>KEY RISK- MAY POTENTIALLY AFFECT PROVISION OF KEY SERVICES OR DUTIES</p> <p><u>8</u></p>	<p>IMMEDIATE ACTION NEEDED - SERIOUS THREAT TO PROVISION AND/OR ACHIEVEMENT OF KEY SERVICES OR DUTIES</p> <p><u>9</u></p>
<u>IMPACT</u>	<p>MONITOR AS NECESSARY - LESS IMPORTANT BUT STILL COULD HAVE A SERIOUS EFFECT ON THE PROVISION OF KEY SERVICES OR DUTIES</p> <p><u>3</u></p>	<p>MONITOR AS NECESSARY - LESS IMPORTANT BUT STILL COULD HAVE A SERIOUS EFFECT ON THE PROVISION OF KEY SERVICES OR DUTIES</p> <p><u>5</u></p>	<p>KEY RISKS - MAY POTENTIALLY AFFECT PROVISION OF KEY SERVICES OR DUTIES</p> <p><u>7</u></p>
<u>LOW</u>	<p>NO ACTION NECESSARY</p> <p><u>1</u></p>	<p>MONITOR AS NECESSARY - ENSURE BEING PROPERLY MANAGED</p> <p><u>2</u></p>	<p>MONITOR AS NECESSARY- LESS IMPORTANT BUT STILL COULD HAVE A SERIOUS EFFECT ON THE PROVISION OF KEY SERVICES OR DUTIES</p> <p><u>4</u></p>
	<u>LOW</u>	<u>LIKELIHOOD</u>	<u>HIGH</u>

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
1	Changes to political balance or focus creating difficulties in the strategic and operational direction of the Service	Chair of FRA CFO	8	<ul style="list-style-type: none"> Group leaders meet regularly with CFO/DCFO Good open communication channels Availability of local working groups Members seminars and training take place to reinforce good communication Stable and competent SMB Effective SMB structure Interface with external bodies Formal structure of reporting to FRA Audit, P & R, Committee Chairman and Vice Chairman re-elected 2010 Reviewed and audited Governance arrangements Strong link to new risk 23 Member Communication strategy Committees and reporting structure CFO group total place 	5 5 ↔ ↔	<p>Monitor central government guidance etc/circulars/bulletins</p> <p>Extend links/communication with partners/groups both internally and externally (e.g. LRF)</p> <p>Regularly update Members/Officers on Risk/Business Continuity/Emergency Planning issues Privatisation (part or full)</p> <p>Change in political direction/policy changes</p> <p>Impact of Comprehensive spending review</p>	Monitor closely political activity local, regional and national government agencies and regulatory guidance	March 2012	<p>Strengthen inter-agency relationships (LRFs)</p> <p>Improved engagement with Category 2 Responders</p> <p>CFO group total place</p>


Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
3	Poor leadership leading to ineffective practices and failure to deliver services to required standard	Chair of FRA	6	<ul style="list-style-type: none"> • Key Performance Indicators • Good support mechanisms • Internal/External Audit • Charter Mark • Group Leaders support/assistance • Member Champions • Communication Strategy • Standards Committee Audit Committee monitoring • Monitoring/Clerk Officer • Reviewed Corporate Governance arrangements • Service policies/ instructions • Leadership Training Programme • Centre of Excellence • People Strategy (HR) • Cultural change programme • Members communication strategy • SMB formed/integrated (live) Refocused senior management team • Live SMB Sharepoint site • SMB departmental visits/discussion 	6 ↓ 3	Restructure of individual directorates	Member and Officer Training	March 2012	

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
4	Inability to attract and/or retain key individual or groups of staff	CFO	6	<ul style="list-style-type: none"> Staff evaluation all personnel Recruitment awareness days Intermediary system in place Flexible working arrangements Training and personal development Cultural work – Communication Strategy IPDR' s Induction/Exit Interviews National firefighters standard testing (FFST) Improved arrangements for RDS Waiting lists – awaiting appointment wholetime Rolling programme recruitment and awareness days Performance indicators (female/ethnic minority recruitment. Succession planning for Retained personnel (HR) 	3 ← → 3	Failure to maintain operational competence because of lack of skills base/operational experience/no succession planning. Retained recruitment	<p>Monitor female/ethnic minority recruitment (HR)</p> <p>Introduce succession planning for support staff</p>	<p>Ongoing</p> <p>October 2011</p>	<p>Large pool of potential staff due to the current economic climate</p> <p>Monitor apprentice scheme opportunities</p> <p>Accelerated training opportunities enhanced</p>

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
5	Death or serious injury to a member of staff (RIDDOR reportable)	CFO	8	<ul style="list-style-type: none"> Statutory compliance Operational procedures in place Regular Training given Information readily available Operational debriefs Near miss reports Personal protective equipment - first class equipment (Total Care package) Research and development on any equipment that is purchased Senior Accident Investigators Operational assurance Peer review Debriefs Operational/Risk Assurance in place Major Incident protocol in place/tested Corporate manslaughter training completed Monitor equipment note information and subsequent guidance 	6 ↓ ↓ 6		<p>Consider further training implications for the Service</p> <p>Continue to monitor injury performance statistics</p> <p>Training element of RDS plan</p>	<p>October 2011</p> <p>Ongoing</p> <p>October 2011</p>	Funding opportunity for RDS

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
6	<p>Inability to maintain Operational functionality of Fire Control</p> <p>1. Technical Director of Finance and Assets</p> <p>2. Staff Director of Corporate Services</p> <p>3. Operational Director Service Delivery</p> <p>4. Fire Control Project Director of Corporate Services</p> <p>5. Financial Director of Finance and Assets</p>	Director Service Delivery	9	<ul style="list-style-type: none"> Internal Operating procedures in place Mutual assistance arrangements with Shropshire Regular testing of evacuation arrangements. ICT Secondary Fire Control Droitwich strengthened to enable resilient call handling to be maintained (Stand-alone laptop) Call-out arrangements which support ICT networks (internal/externally) in place Reviewed current Emergency Plan procedures/exercised Task & Finish group Regular FRA updates 	6	<ul style="list-style-type: none"> Incident call management arrangements Review all Fire Control functionality. (Priority) Resilience Fire Control Project Unable to support current mobilising equipment (Integrity of existing systems) Loss of control due to breakdown in call-management systems Failure to secure data. Loss of key staff, knowledge and skills Retention arrangements for staff See project risk register 	<p>Ongoing costs for maintaining Fire Control</p> <p>Evaluation of tenders/for transitional resilience mobilising arrangements</p> <p>Implement mobilising equipment (Integrity of existing systems)</p> <p>Control resilience project SHQ</p> <p>Data Sharing – (Replacement Fire Control Contractor)</p>	<p>March 2012</p> <p>February 2012</p> <p>March 2012</p> <p>January 2012</p>	<p>Shared MOU with Shropshire</p> <p>CLG Grant Funding</p>

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
7	Failure to successfully defend legal action taken against the Authority	CFO	6	<ul style="list-style-type: none"> • Right systems and processes in place. • Good professional advisors and legal advice (SLA approved/adopted/reviewed and monitored annually) • Incident investigated with trained personnel • Strong case studies records in place. • Debrief documentation available • Insurance for third party losses • Annual review of insurance provision • Investigation systems in place/tested • Preventative training in place • Legal support for employment matters • Reviewed process in place • External legal advice available • Dedicated Clerk arrangements 	5 ↓ 3	<p>Outcome of tribunals</p> <p>Potential increase insurance claims</p> <p>Compliance levels within technical fire safety</p> <p>Ongoing staff training required for investigative/legal procedures (interviewing/note taking information gathering)</p> <p>Employment tribunals training</p>	<p>Live Outstanding claims</p> <p>Quarterly meeting with SLA provider needs monitoring</p> <p>Track costs</p>	<p>As required</p> <p>October 2011</p> <p>Quarterly</p>	<p>Collaboration with other agencies</p>

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
8	Failure to maintain adequate staffing levels Likelihood increased	Members CFO Director Service Delivery Director Corporate Services Director of Finance and Assets	6	<ul style="list-style-type: none"> Regular meetings with Representative Bodies NJC direction developed Trade Union Protocol National resilience (Mutual aid/new dimensions) BCM Plan Supplements Critical departmental BC plans in place including fall-back arrangements Home working policy ICT Portal access for critical staff Command structure Resilience Register live Monitoring sickness/absence SharePoint operational resilience arrangements (degradation) Employment contractual arrangement Monthly establishment review meeting Skills Audit Consultation forums 	3 	Potential budget reduction Succession planning Link to funding reduction possibility IRMP reviews (potential risk rise)	Monitor resource levels through monthly SMB	ongoing	Multi-skilling Shared Services

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
9	Failure of key ICT or other infrastructure system For Fire control see Risk 6	Director of Finance and Assets	8	<ul style="list-style-type: none"> Continuity plans in place Secondary/Mirror back up systems in place 24/7 technical cover in place Annual Health check – major supplier Alternative internet route in place Business contingency and disaster recovery arrangements finalised Critical equipment checks/register Training and specialist skills ongoing Debriefs – lesson learnt 	3 8 power outage ← → 3	<p>Potential budget cuts - some ICT problems may take longer to resolve</p> <p>Insufficient server capacity for maintenance arrangements</p> <p>ICT interdependencies</p> <p>Link to RCC project</p>	<p>Monitor Business Continuity arrangements</p> <p>Absence of systems administrator</p> <p>Lack of a centralised database management</p> <p>Purchase back-up server</p>	<p>Dec 2011</p> <p>March 2011</p>	

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
10	Death or serious injury to member of the public through our actions (RIDDOR reportable)	CFO	6	<ul style="list-style-type: none"> • Dedicated programme for training of drivers • Incident Command system in place • Operational procedures in place • Legal guidance available • Operational assurance • Command training • Reviewed Operational Assurance • Debriefs/Accident investigation • Major incident Protocol in place • External legal services available outside of office hours for hours • 	3 ↓ ↓ 3		Continue to track trends in statistics		

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
11	Natural disaster or deliberate act effecting a major part of the local community including potential impacts of climate change on the Service	Members CFO	8	<ul style="list-style-type: none"> • Business continuity plan implemented and exercised • Regional and Local Resilience Forum in place (RRF & LRF) • Corporate Risk Group in place • Joint Emergency response arrangements (JERA) • National Coordination arrangements • LRF exercise programme in place • Member scrutiny report in place • National Risk Register updated • Work with National resilience Board embed protocols into the Service standard operating arrangements • Governments response to Pitt (GRIP) ongoing • SPI Spate conditions • Exercises/training/Watermark/Hydra/Unite/Fireplace • Experience bank expanded • New Dimensions USAR • Severe Weather plans 	5 ↓ ↓ ↓ 5	Build Business Continuity Supplements Review/Monitor/Exercise plans. Monitor potential impact to climate change Public/Civil disturbances	Exercises Debriefs Exercise Sully		Audits: National Capability, Audit Commission) Enhancement programme External Agencies

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
12	Failure to maintain Risk Critical training	ACFO Service Support Director of Service Delivery	6	<ul style="list-style-type: none"> • IPDRs • Competence levels monitored • Service Performance Indicators • National Guidelines • Operational assurance • Hot fire training • Recruitment programme • People strategy • Training programme • Resilience Register • Monitoring protocol for assessing operational competencies utilising Vector and Minerva Systems • Active incident monitoring based on West Midlands model • Training calendar • Identified key players for BCM • Assurance project group monitoring risks • RDS training following RDS review • Skills Audit 	3 ↓ ↓ 3	Potential budget implications could affect training volume and standard	Prioritise training requirements		

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
13	Unavailability of key item of equipment	ACFO Service Support Director of Finance and Assets	6	<ul style="list-style-type: none"> Asset Manager appointed Procurement systems in place Firebuy in place Back-up suppliers Maintenance agreements in place Contract Directory Equipment testing programme in place Audit of equipment on a regular basis Monitor Contracts on a regular basis Redkite/Asset registers. Communication tool (sharepoint for BA) Vehicle maintenance records Management of Fire Kit resilience BA kit interoperability with border Services Improved testing protocols for all equipment (mitigating actions strong) 	6 3 ↓	VMDs Link to Resilience Fire Control Project Ladder maintenance (RL)	<p>A number of injuries with new BA under investigation</p> <p>Review current contractual arrangements</p> <p>Cross border mutual aid for key items of equipment</p> <p>BA cylinder investigation ongoing</p>		<p>Purchasing power / resilience through FIREBuy /</p> <p>Shared Services combining with other FRS</p>

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
14	Failure to integrate Local Resilience Forum Community risk register into the Service continuity planning	Chief Fire Officer Director Corp Services	6	<ul style="list-style-type: none"> • Community Risk Register • Members of LRF forum • Collation of lower tier Risk Register • Improved resilience performance with LRF partners Silver/Gold training • Embed INTEL process into CRR including exercise and training • Sites identified within critical National RR to be included into INTEL process • FSEC populated with flood risks • Water Rescue/flood linked into IRMP • Severe weather/Fuel plan implemented • Local risk register (Identifies multi agency lower tier risk) • Reviewed BC plans • Improved monitoring and reporting of risk through the LRF 	3 ↓ 3		Monitor Industrial action		Shared specialist information

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
15	Inadequate Water Supplies	ACFO Service Support Director of Assets	8	<ul style="list-style-type: none"> Hydrant inspections based on risk. Two full time technicians employed. Mains water failure notification Water Officer resources increased 	6 ↘ ↘ 3	Hydrant checks risk based. Monitor supply failure Report completed for inspection program based on national risk based model – awaiting PMM decision	Hydrant checking resources Consider outsourcing		


Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
17	<p>Ineffective contingency in the Event of an Emergency under CCA (2004) eg</p> <ul style="list-style-type: none"> Major Ill Health Epidemic Industrial Action Severe loss of ICT Fuel shortages Severe Weather Natural Disaster Terrorist Incident Loss of Utilities/Comms 	Director of Corp. Services	9	<ul style="list-style-type: none"> Pandemic Flu Plan Business Impact Analysis completed Membership of Herefordshire & Worcs - Influenza pandemic planning group (IPPG) Internal exercise completed Participate in national, regional and local exercises COBR/Top line brief/Regional coordination/Silvers multi agency/HPA Live experience BC triggered – Pandemic Resilience Register Reviewed BC departmental plans Critical functions indentified Fall-back arrangements agreed CRMG/SRWG activated SharePoint – generic resilience arrangements Enhanced Industrial Action arrangements Severe weather plans developed Fuel plan refreshed Local monitoring of ongoing events through active silvers in Worcs/Hfd SMB training workshops as required. 	3 8	<p>BC Training ongoing Plans for terrorist incident</p> <p>Industrial action likelihood increased – impact dependant which union and different combinations</p> <p>Industrial action plan reviewed</p> <p>Monitoring Civil disturbances</p> <p>Middle East conflict (fuel etc)</p>	<p>Monitor current activity and national picture</p> <p>Induction and refresher training</p> <p>Exercise Programme: Finance HR ICT Facilities Ops logistics</p> <p>Industrial action</p> <p>Test JOCC arrangements</p>		<p>Streamline processes and procedures</p> <p>Regional/local collaboration</p>

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
18	Failure to maintain satisfactory audit assessment and/or local transparency	Deputy Chief Fire Officer Director of Corporate Services	6 ↓	<ul style="list-style-type: none"> • Audit self assessment • Annual Charter Mark status maintained • IRMP consultation and action plan • Performance Framework in place • Quarterly Performance update to Senior Officers • Peer assessment and feedback • Members updated on a regular basis • CORVU performance software in place • Consultation workshops in place • Updated Key Lines of Enquiries • Annual Governance Statement/Evidence • Continue to review through performance planning • Annual Corporate planning 	3 ↔ ↔ 3	Retention of key staff Internal audit	Identify areas for improvement from CAA process Charter Mark status		Improved results Potential cost savings Potential for increased productivity Informs budget planning process Governments relaxation of Auditing (light touch)

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
19	Failure to maintain effective financial planning and management processes including ineffective budgetary control	Director of Finance and Assets Treasurer Members	8	<ul style="list-style-type: none"> • Finance System • SLAs reviewed Payroll/Pensions/Tres Management • Budget Planning • Asset Management Plan • Monthly meetings with budget holders • Regular reports to PMM • Financial regulations in place • Data Quality process • Reports to the FRA/Budget/Audit Committee • Procurement strategies agreed • Budget monitoring reports • Maintain effective budgetary control • Internal /External Audit • Annual Governance Statement/Code of Corporate Governance • Qualified professional staff • Medium term financial strategy in place • Cost benchmarking • SLA Assurance monies securely invested (Financial Investment Controls) Bank of England • Financial BC Plan in place 	6 ↓ 6	Financial Signatory protocol Corporate Credit Card	Monitor current economic downturn Exercise finance BC arrangements Insufficient funding to address planned and audited work		

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
20	Failure to manage major projects effectively	Deputy Chief Fire Officer	6	<ul style="list-style-type: none"> Officer responsible for project office Risk assurance/monitoring Reporting mechanisms in place including risk escalation - residual risk rating above 7 SMB & P&R, Audit and FRA reports Identification of current and project forecasting in place. Programme management and specialist support available Project managers trained CDM regs used in management of building project Leadership with clear understanding of project responsibility Robust arrangement for contractual monitoring Improved resources/specialism in facilities to manage new building projects External scrutiny where appropriate 	3 ↑ 5	<p>Fire Control Project</p> <p>ICP/PPE absolute deadline for replacement is 31 March 2011</p> <p>Risk Assurance indicates resource capacity shortfall with numerous projects coming on line at the same time</p> <p>CARP snagging issues</p> <p>ICT interdependencies</p> <p>Likelihood increased SMB minutes</p>	<p>FireBuy awareness of deadline of ICP/PPE replacement</p> <p>Control resilience Project on Red</p>		Improved efficiency

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
21	Now incorporated into Risk 18 above								
22	Major fraud or corruption case	Director of Finance and Assets Treasurer Members	5	<ul style="list-style-type: none"> Financial regulations in place Policies/Instructions in place and reviewed regularly Audit investigation protocol ICT controls Audit anti-fraud checklist (Good Practice) National Fraud Initiative Reviewed Policies Fraud Corruption/ Whistleblowing Insurance arrangements in place SLAs with specialist Advisors Money laundering policy Audit plan Staff Training/Awareness SPI reviewed 	3 ↔ ↔ 3	Monitor closely	Continue staff Training		

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
23	Change in economic and/or political environment causing a reduction in real terms of grants and/or other income	CFO Treasurer Chairman	8	<ul style="list-style-type: none"> • Good financial planning • Strategic planning • Financial Investment Controls in place with SLA with Wores CC • Vigilant to future implications through monitoring • Total Place • SMB team preplanning options • Meeting the challenge workshops with all staff • IRMP refers and Service streamlining. 	9  7	<p>Change of Government policy</p> <p>Economic downturn</p> <p>Comprehensive Spending Review outcomes</p> <p>National, regional and local financial pressures</p> <p>Changes in funding formula/allocation</p> <p>Inability to deliver corporate/business objectives</p>	Staff briefings timely/accurate		Funding opportunities

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
24	Failure of Financial System (i.e. payroll and payment to suppliers)	Director of Finance and Assets	6 ↓	<ul style="list-style-type: none"> Finance System in place SLA with Worcestershire County Council Resilience arrangements in place 	3 → ← 3	Signatory	Test BC plan		Shared services
25	Failure to effectively manage the media and obtain the desired media coverage	Members Clerk Chief Fire Officer	5 ↓	<ul style="list-style-type: none"> Press and PR Officer in place Good relationships with media Media training for key staff/member Media/ centrally coordinated Communications strategy in place Media manager Media Manager member of LRF communication working group Members handbook Prepared press releases for major events 	5 → ← 5	Effective 24 hour cover Use of Social media			Shared Services

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
26	Inappropriate behaviour by employees or Members	Chairman of FRA Clerk Chief Fire Officer	5 ↓	<ul style="list-style-type: none"> • Revised Code of Conduct in place • Sufficient systems to reduce the likelihood of inappropriate behaviour in the workplace • Regular reports to Standards Committee • Management and Members training • Ethical Framework adopted and cascaded through Service • Behavioural standards included in Contracts of employment • Rank to role including core values • Whistleblowing • Inductions and Exit Interviews • Policies reviewed annually • Continuation training • Discipline procedures in place • Complaints procedure • Investigation protocol in place 	5 ↑ ↓ 5	Abolition of standards board for England Resilience Project Use of Social media	Monitor behavioural standards by reference to internal/external complaints and discipline actions Improved protocol and guidance arrangements for YFA		

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
27	Poor quality key information provided to Members/Personnel of the Authority/Service	Chief Fire Officer Chairman of Authority Clerk Group Leaders	8	<ul style="list-style-type: none"> Open and accessible organisation Members training and handbook Meetings Minutes, matrix and action plans Minutes of PMM available to staff/Members Business Impact Analysis Review policies annually Group Leaders meet with CFO Dedicated Committee Service team in-house SharePoint Members bulletin with key information published monthly Staff Communications Strategy inc staff bulletin Effective ICT infrastructure Developed effective communication with partner agencies through the LRF Information Sharing protocol in place BCM Exercise programme implemented Service Policy and Instructions eg Data Quality IPDRs Press & PR role PO visits to Service location Information Governance Group Staff Workshops H & S Liaison Committee Consultation with Representative Bodies SMT News Authority Plan NVQ process VMDs information IRS 	3 ↓ 3	Management of e-mail Social media	Further development of Intranet communication (Sharepoint)		Commercial opportunities? Commitment to improve Intranet capability (portal)

Risk	Risk Description KEY RISKS	Risk Owner	Inherent	Key Controls	Residual	Emergency Planning and resilience issue	Actions	Complete Date	Opportunities
28	<i>Now incorporated into Risk 27 above</i>								
29	Failure to comply with relevant environmental legislation and directives	Members CFO Director of Finance and Assets	8	<ul style="list-style-type: none"> Asset Manger conducted a gap analysis Skills internally Member of Worcestershire/Herefordshire Partnership Climate Group Insurance covers specific actions. 	5 ↓ ↓ 5	Limited insurance for clean up costs. Provided standard industry insurance conditions are met.	Energy Manager Real time energy monitoring Carbon footprint		

Completed by:	Head of Corporate Risk
Date completed/Version Control	September 2011 Version V4.13
Risks reviewed	29
New Risks added	0
Risk escalated in the previous 12 month period	0
Risk removed	
Reviewed by:	PO Consultation SMB Risk Champion Group Leaders Audit Committee FRA Membership
Date reviewed:	15 September 2011
Interim review	May 2012
FRA approved	December 2010
Next FRA Approval due	December 2011

Risk Management Strategy & Policy

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Risk Management Strategy & Policy

1. Introduction

1.1 Risk Management is fundamental to any modern organisation and is an issue that all Fire and Rescue Services and Local Authorities have addressed to meet the expectations now being placed on them in respect of this discipline. The terms of reference for the Audit Committee gave them responsibility for consideration of regular reports on business risk environment and associated management action.

1.2 Formalised Risk Management was introduced in the private sector, as part of the strengthening of corporate governance (The Turnbull Committee Report). Risk Management has since continued to be recognised as a valuable discipline across all the other sectors of the economy and the Audit Commission recommended the introduction of formalised Risk Management in Local Authorities. During the same period corporate governance within Local Authorities was evolving and this led to the publication, jointly by CIPFA and SOLACE, of a framework and guidance note on the subject. Within that framework, one of five dimensions through which the fundamental principals of corporate governance need to be reflected is Risk Management and Internal Control. Accordingly, this strategy outlines the responsibilities, scope and steps that have been taken to fully embed Risk Management processes into the Hereford & Worcester Fire and Rescue Authority

1.3 The overall objective of this strategy is to ensure that the Fire and Rescue Authority (FRA) adopt effective practices in the identification, evaluation and cost effective control of risks. This will ensure that they are eliminated or reduced to an acceptable level and that systems are in place to track and report upon existing and emerging risks that could cause damage to both the Service and the Authority, or its stakeholders.

1.4 Overall responsibility for ensuring that risks are effectively managed, lies with the Members of the Fire and Rescue Authority as advised by Senior Management Board (SMB).

1.5 SMB are responsible for managing the operational aspects of the process and for ensuring appropriate resources are made available to support the process where necessary.

1.6 Risk Management is not a subject that exists in isolation and is viewed in terms of the way in which acts or omissions could impact on the Authority and its ability to achieve its plans and objectives. The Authority appreciates Risk Management is about empowerment and the creation of value and opportunity as well as prevention. Risk Management is therefore a two way process - top to bottom and bottom up, involving all levels of staff. There is a clear understanding that risk is embedded within the working practices and culture of the Authority.

2. Scope of Risk Management

2.1 All risks are considered not simply as a sub-set, such as financial risks or the risks to human life. Similarly it is not just the impact of an incident in financial terms that need to be evaluated, but also the potential damage that such an incident could inflict upon the operations of the Authority or upon its reputation. It is anything that could prevent the Authority from achieving its objectives. A working definition of risk:

“The threat that an event or action will adversely affect the Authority’s ability to achieve its objectives, perform its duties or meet the expectations of its stakeholders”.

2.3 The responsibility for managing these risks is not restricted to any one person or group of specialists; it is the duty of every member of staff. It is the formalisation of normal working practices and management. All members of the Senior Management Board are risk managers in their own field. They have responsibility for ensuring risks within their area are properly managed.

2.4 Support is available from our specialist Insurers should the need arise.

2.5 The Risk Management process will be co-ordinated centrally through Corporate Services (Corporate Risk) to ensure that key risk data is analysed, compiled and reported in a consistent manner and that best practice is disseminated throughout the Authority.

3. Benefits

3.1 Amongst the benefits the Service gains from a formalised Risk Management process are:

- A fully documented representation of all its key risks and the actions being taken to mitigate them;
- Better understanding of risks and exposures faced by the organisation;
- Greater ownership of risks by all personnel and their systems of internal control;
- An understanding of how risks are moving and the ability to model how they are accumulating;
- Integration of Risk Management into systems and project based development and contracting and partnership arrangements;
- Efficient and effective integration of recovery and contingency plans;
- More focused use of insurance as a method of transferring risk;
- The implementation of a more cost effective control environment;
- More effective working practices between Managers, Auditors and other specialists;
- Improved management information when considering governance of the organisation; and
- Improved cost effectiveness and opportunities.

4. Risk Management Programme

4.1 In managing a programme for Risk Management there are a number of clearly defined steps that are undertaken:

RISK MODEL: A consistent and tailored model for determining whether an identified risk is material to a specific activity has been established together with a table with agreed parameters to assist in the assessment of likelihood and potential impact both in terms of Strategic, Operational, Regulatory, Financial, Reputation damage and Environmental. Risk categories and definitions are identified to ensure consistency in the identification, tracking and reporting of the key risks using business impact analysis.

4.2 At a Service level departmental managers are responsible for cascading and embedding the process within their area (departmental risk registers). The risks at each level are cross referenced with each other and Strategic risk cross referenced to business objectives. Similarly risk assessment has become an integral part of the annual planning process to ensure plans and objectives are linked to the Authority's risk profile.

RISK TRACKING: key risk indicators in Strategic, Departmental, Partnership and Project Risk Registers are documented to enable tracking and monitoring of risks identified:

- changes in risk performance are monitored; and
- a full audit trail to the process is provided.
- opportunities are identified and reported
- any outstanding exposures and actions are documented and reported to SMB. A process to manage risk escalation has been adopted

The generation of this information has:

- promoted an awareness of changes and opportunities in risks;
- provided risk management information where appropriate;
- focused management attention, prioritising and supporting the overall risk management process; and
- has linked performance management and risk management within a single process.

RISK REPORTING: Risks, even at the strategic level, do not remain static. Therefore a programme of risk reporting is in place through the quarterly performance reports presented to SMB and an annual report for the Audit Committee and the FRA. These reports cover changes to the known risks, the analyses of any emerging risks and the progress of any actions plans. All risks are formally considered at the commencement of any major organisational change or project.

Embedding the process into the culture is assisted by aligning staff development and training to perceived risk areas and by introducing risk management awareness into staff induction and communication activities. Regular awareness training sessions with groups of personnel are carried out. Risk Management is a part of Senior Management culture and is inclusive within all department meetings to reinforce the Risk Management message and to include all levels of staff in the dissemination of business objectives and significant risks to their achievement.

Risk Management is an integral part of Code of Corporate Governance and the statement of Internal Control.

9. Internal Audit Update

Purpose of report

1. To provide an update on Internal Audit activities since the Audit Committee meeting on 29 June 2011.
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Recommendation

The Treasurer recommends that the report be 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 2011. This includes considering, where appropriate, the need for and the effectiveness of anti fraud controls. This duty has been delegated to the Treasurer, and Internal Audit was provided during the 2010/11 year by the Internal Audit Section of Worcestershire County Council.

Progress Against Plan

3. As reported to the Audit Committee meeting on 21 April 2011, Worcestershire County Council no longer provides the Treasurer to the Authority and therefore is no longer contracted to provide Internal Audit services to HWFRA. A meeting took place on 12 September to finalise the arrangements for transferring responsibility for the provision of the service to the Worcester City Council hosted Internal Audit Service. It was agreed that Worcestershire County Council would manage out the assignments discussed at paragraphs 5 – 7 of this report and that the Worcester City Council hosted team would take over responsibility for the provision of the service for the second half of 2011/2012.
4. At its meeting on 29 June 2011 the Committee received and noted the amended Internal Audit Plan for 2010/11. Due to a serious long-term illness within the section, a small number of audits are still in the process of being finalised and completed. Progress is as detailed below.

Clearance of Audit Reports

5. Responses have been received to the following audit reports:

- Risk Management
- Computer Audit – ICT Strategy
- Corporate Governance/Annual Governance Statement

and final reports have been issued.

6. Draft reports have been issued in respect of the following audits and management comments are awaited:

- Payroll and Pensions
- Business Continuity

7. The following audits are currently in progress:

- Procurement/Revenue Contracts
- VAT
- Capital Expenditure
- Budgets and Budgetary Control

Financial Considerations

Consideration	Yes/No	Reference in Report i.e paragraph no.
There are financial issues that require consideration	Yes	Paragraph 3

Legal Considerations

Consideration	Yes/No	Reference in Report i.e paragraph no.
There are legal issues e.g. contractual and procurement, reputational issues that require consideration	Yes	Paragraph 3

Additional Considerations

8. The table below sets out any additional issues arising from the proposals contained in this report and identifies the relevant paragraphs in the report where such issues are addressed.

Consideration	Yes/No	Reference in Report i.e paragraph no.
Resources (e.g. Assets, ICT, Human Resources, Training & Development, Sustainability).	No	
Strategic Policy Links (e.g. IRMP, Authority Plan, Equality & Diversity, Partnerships, Environmental Impact).	No	
Risk Management/Health & Safety (e.g. risk management and control measures, risk register score).	Yes	The whole report
Consultation with Representative Bodies	No	

Contact Officer

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10. Internal Audit Arrangements

Purpose of report

1. To advise the Audit Committee on the prospective appointment of a replacement Internal Audit Service.
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Recommendation

The Treasurer recommends that the report be noted for information.

Introduction and Background

2. At previous meetings this Committee has been informed of WCC's initial wish to withdraw as the provider of Internal Audit to the FRA from 2011/12. The initial request was, however, followed by a further request to reconsider the position.

Current Position

3. Following the initial indication of WCC your officers made enquires for an alternative supplier.
4. For some time now a Consortium has been generated from several local district authorities' internal audit sections to provide an internal audit service around the area.
5. More recently to reach a conclusion to the identification of an internal audit supplier, WCC arranged a meeting between the Consortium, the FRA and themselves.
6. This meeting served to satisfy all parties with a view to an agreed way forward.

Conclusion/Summary

7. 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 2011. This includes considering, where appropriate, the need for and the effectiveness of anti fraud controls. This duty is delegated to the Treasurer.
8. Following a decision earlier in the year by the Treasurer for WCC to complete outstanding 2010/2011 Audits, (a report to this Committee addresses that progress and any outstanding work), it is appropriate now to engage the Consortium on a 3 year contract subject to agreeable terms and conditions being received.

9. A report has been considered by the FRA today upon this appointment.

Financial Considerations

Consideration	Yes/No	Reference in Report i.e paragraph no.
There are financial issues that require consideration	No	Considered by the FRA

Legal Considerations

Consideration	Yes/No	Reference in Report i.e paragraph no.
There are legal issues e.g. contractual and procurement, reputational issues that require consideration	No	FRA decision

Additional Considerations

10. The table below sets out any additional issues arising from the proposals contained in this report and identifies the relevant paragraphs in the report where such issues are addressed.

Consideration	Yes/No	Reference in Report i.e paragraph no.
Resources (e.g. Assets, ICT, Human Resources, Training & Development, Sustainability).	No	
Strategic Policy Links (e.g. IRMP, Authority Plan, Equality & Diversity, Partnerships, Environmental Impact).	No	
Risk Management / Health & Safety (e.g. risk management and control measures, risk register score).	No	
Consultation with Representative Bodies	No	

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Hereford & Worcester Fire and Rescue Authority

GLOSSARY OF TERMS

ACAS	Advisory Conciliation and Arbitration Service
ACFO	Assistant Chief Fire Officer
AFA	Automatic Fire Alarm
AFD	Automatic Fire Detection
ALP	Aerial Ladder Platform
AC	Area Commander
AMP	Asset Management Plan
ARCC	Aeronautical Rescue Co-ordination Centre
BA	Breathing Apparatus
BACS	Bankers' Automated Clearance System
BCM	Business Continuity Management
BCP	Business Continuity Plan
BME	Black and Minority Ethnic
BVPI	Best Value Performance Indicator
BVPP	Best Value Performance Plan
CAA	Combined Area Assessment
CAFS	Compressed Air Foam Systems
CARP	Combined Aerial Rescue Pump
CBRN	Chemical Biological Radiological Nuclear
CCA	Civil Contingencies Act
CDRP	Crime and Disorder Reduction Partnership
CERMIG	County Emergency Response to Major Incidents Group
CFA	Combined Fire Authority
CFO	Chief Fire Officer
CFOA	Chief Fire Officers Association
CFRMIS	Community Fire Risk Management System
CFS	Community Fire Safety
CIMAH	Control of Industrial Major Accident Hazards
CIPFA	The Chartered Institute of Public Finance and Accountancy
CLG	Department for Communities and Local Government
CC	Crew Commander
COSHH	Control of Substances Hazardous to Health
CPA	Comprehensive Performance Assessment
CPS	Chemical Protection Suits
CRR	Community Risk Register
CS	Community Safety
CSR	Comprehensive Spending Review
CSU	Command Support Unit
DC	District Commander
DCFO	Deputy Chief Fire Officer
DDA	Disability Discrimination Act
DIM	Detection, Identification and Monitoring
DOFA	Director of Finance and Assets
DoH	Department of Health
DoT	Direction of Travel
DPA	Data Protection Act
EA	Environment Agency

Hereford & Worcester Fire and Rescue Authority

GLOSSARY OF TERMS

EAS	Electronic Availability System
ECS	Enhanced Command Support
EIR	Environmental Information Regulations
EPU	Environmental Protection Unit
ESLG	Equality Standard for Local Government
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FBU	Fire Brigades Union
FDR	Fire Damage Report
FDS	Flexible Duty System
FireLink	The National Fire Service Radio System
FOIA	Freedom of Information Act
FRA	Fire and Rescue Authority
FRD	Fire Resilience Directorate
FRS	Fire and Rescue Service
FRSNCC	Fire and Rescue Service National Co-ordination Centre
FSC	Fire Service College
FSCA	Fire Service Consultation Association
FSEC	Fire Services Emergency Cover
FSPA	Fire Service Procurement Association
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GC	Group Commander
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HAZMAT	Hazardous Materials
HERMIT	Herefordshire Emergency Response to Major Incidents Team
HFSC	Home Fire Safety Check
HMI	Her Majesty's Inspector or Inspectorate
HPA	Health Protection Agency
HR	Human Resources
HRIS	Human Resources Information System
HSE	Health & Safety Executive
HWFRS	Hereford & Worcester Fire and Rescue Service
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ICP	Integrated Clothing Project
ICS	Incident Command System
ICT	Information and Communications Technology
IEG	Implementing Electronic Government
IIP	Investors in People
IOSH	Institute of Occupation Safety and Health
IPDR	Individual Performance and Development Review
IPDS	Integrated Personal Development System
IRMP	Integrated Risk Management Plan
IRS	Incident Recording System
IRU	Incident Response Unit
ISU	Incident Support Unit
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JERA	Joint Emergency Response Arrangements
JFS	Juvenile Fire-setters Scheme
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KPI	Key Performance Indicator
KLOE	Key Lines of Enquiry
LASER	Learning about Safety by Experiencing Risk
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LEA	Local Education Authority
LGA	Local Government Association
LGV	Light Goods Vehicle

Hereford & Worcester Fire and Rescue Authority

GLOSSARY OF TERMS

LIBID	London Interbank Bid Rate
LPG	Liquid Petroleum Gas
LPSA	Local Public Service Agreement
LRF	Local Resilience Forum
LRI	Learning Resource International
LSGCM	Long Service and Good Conduct Medal
LSP	Local Strategic Partnership
LTCM	Long Term Capability Management
LTF	Local Training Facilities
MDT	Mobile Data Terminals
MIS	Management Information Systems
MISAR	Mercia Inshore Search and Rescue
MMFE	Management of Major Flood Emergencies
MoU	Memorandum of Understanding
MTFP	Medium Term Financial Plan
NCFSC	National Community Fire Safety Campaign
NEBOSH	National Examination Board in Occupational Safety and Health
NEET	Not in Education, Employment or Training
NFST	National Flood Support Team
NJC	National Joint Council for Local Authorities' Fire Brigades
NOS	National Occupational Standard
NVQ	National Vocational Qualification
OASD	Operational Assessment of Service Delivery
ODPM	Office of the Deputy Prime Minister
OJEU	Official Journal of the European Union
ORS	Opinion Research Services
PDR	Personal Development Review
PFI	Private Finance Initiative
PI	Performance Indicator
PMM	Principal Management Members
PMSO	Project Management Support Office
PO	Principal Officer
PPE	Personal Protective Equipment
PPP	Policy, Planning and Performance
PSA	Public Service Agreement
PSHE	Personal, Social, Health Education
PSRP	Public Services Radio Project
PWLB	Public Works Loans Board
QSA	Quality Systems Audit
R2R	Rank to Role
RB	Representative Body
RBIP	Risk Based Inspection Programme
RCC	Regional Control Centre
RCCC	Regional Civil Contingencies Committee
RDS	Retained Duty System
RHSCG	Regional Health and Safety Collaboration Group
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulation
RMB	Regional Management Board

Hereford & Worcester Fire and Rescue Authority

GLOSSARY OF TERMS

RoSPA	Royal Society for the Prevention of Accidents
RPE	Respiratory Protective Equipment
RRF	Regional Resilience Forum
RRO	Regulatory Reform Order
RRT	Regional Resilience Team
RSIG	Road Safety Implementation Group
RTA	Road Traffic Accident
RTC	Road Traffic Collision

SARA	Severn Area Rescue Association
SBE	Standards Board for England
SCC	Strategic Command Centre
SCE	Supported Capital Expenditure
SCG	Strategic Command Group
SDA	Service Delivery Agreement
SFSO	Senior Fire Safety Officer
SFU	Small Fires Unit
SHA	Strategic Holding Area
SHEBA	Safety in the Home and Electric Under Blanket Assessment
SLA	Service Level Agreement
SC	Station Commander
SOLACE	Society of Local Authority Chief Executives
SoRP	Statement of Recommended Practice
SPI	Service Policy Instruction
SRT	Swift Water Rescue Team
SSI	Special Service Incidents

TDC	Training and Development Centre
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UoR	Use of Resources
USAR	Urban Search and Rescue
UWFS	Unwanted Fire Signal

VMDS	Vehicle Mounted Data System
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WAN	Wide Area Network
WC	Watch Commander

YFA	Young Firefighters' Association
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