

**THE MANAGEMENT OF HEALTH AND SAFETY  
AT COUNTY DURHAM AND DARLINGTON FIRE  
AND RESCUE SERVICE**

**REPORT OF THE INSPECTION BY  
THE HEALTH AND SAFETY EXECUTIVE**

**21-23 July 2009**

## 1. INTRODUCTION

- 1.1. This report presents the findings of an inspection of the management of health and safety at County Durham and Darlington Fire and Rescue Service (CDDFRS) carried out by the Health and Safety Executive in July 2009. The guidance published by the Health and Safety Executive in '*Successful Health and Safety Management*' (HSG65) was used as the framework for the inspection and provided a recognised benchmark to assess health and safety management systems.
- 1.2 The team members were Martin Baillie, Jenny Morris, David Shorrock and John Crookes.
- 1.3 The inspection methodology included the examination of key relevant documents such as policy statements, risk assessments, guidance documents and minutes from health and safety committee meetings. Staff were also seen either for formal interviews or during the inspection of selected sample localities and work activities.
- 1.4 As part of the overall assessment of the FRS's health and safety risk management systems, the inspection concentrated on the following issues;
  - Training and competency in core fire fighter skills;
  - Breathing apparatus and associated procedures;
  - Compartment fire behaviour training;
  - Competence for incident command;
  - Provision of risk critical information to inform operational decision making.
- 1.5 The conclusions and recommendations made are based on the sample of localities and activities inspected, where appropriate these should be applied across the full range of localities and activities. Recommendations represent the improvements required to enable County Durham and Darlington Fire and Rescue Service to comply with its duties contained within The Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- 1.6 We would like to express our thanks to the management and staff at County Durham and Darlington Fire and Rescue Service for their assistance and co-operation throughout the inspection.
- 1.7 Copies of this report are being sent to employee representatives, and the fire authority.

## 2. FINDINGS

### 2.1 Health and Safety Policy.

*Is there an effective health and safety policy to set a clear direction for the organisation to follow?*

- 2.1.1 There is a comprehensive system of policies contained within Service Orders which include the Health and Safety Policy document. These policies include the key topic areas of this Inspection.
- 2.1.2 The Auditing Performance and Audit Controls Sections of the policy do not reflect the current arrangements within the service in terms of operational audits.
- 2.1.3 The Health and Safety Policy provides an overview of the current organisation and arrangements for health and safety management. The roles and responsibilities of the management team are clearly identified; the arrangements for Health and Safety within the policy are laid out in a readily comprehensible format.
- 2.1.4 Each of the topic areas (Maintenance of Core Skills, Breathing Apparatus, Compartment Fire behaviour Training, Incident Command and Risk Information) covered by the inspection were supported by policies, and Standard Operating Procedures (SOPs) which detailed the arrangements for the principles set out in the Health and Safety Policy.
- 2.1.5 The management team aim to create a positive culture. The documentation and interviews conducted indicate that health and safety is embedded into the service and the wide ranging experience of the senior leadership team has helped ensure that the health and safety of all activities, both operational and non operational is given appropriate consideration.

### Recommendations

- R1. The Health and Safety Policy Document should be updated to reflect current arrangements with particular reference to audit and review.

### 2.2 Organising for Health and Safety

#### 2.2.1 Control

*Is there an effective management structure and arrangements in place for delivering the policies?*

- 2.2.1.1 Operational personnel are managed through the Operations Directorate for their day to day operational duties. Non operational activities are managed through either the Corporate Services Directorate; the Community Safety Directorate or the Organisational and People Development (OPD) Directorate. Human Resources, Learning and Development and Risk Resilience and Reduction all sit within OPD.
- 2.2.1.2 The Health and Safety Department reports through Risk Management and plays an active part in delivering health and safety training, equipment assessments, and risk assessments. The team has attended operational incidents to carry out audits. These factors have helped to raise the profile of health and safety and embed it into normal operations.
- 2.2.1.3 There is a clearly defined management chain of command which aids in defining roles and responsibilities.
- 2.2.1.4 The Senior Leadership team (SLT) members have all received IOSH Health and Safety Training for Directors.
- 2.2.1.5 The Service benefits from the active involvement of the Fire Authority Health and Safety champion.
- 2.2.1.6 The expertise of the management team in delivering policy is enhanced by the provision of externally accredited health and safety management courses for all supervisory staff (IOSH and NEBOSH).

## **2.2.2 Cooperation**

*Are there adequate and appropriate arrangements to secure the trust, participation and involvement of all employees?*

- 2.2.2.1 The main Safety Committee is the Joint Health and Safety Committee which meets quarterly. Employee representation is actively sought at an early stage in working committees and assessments. There appears to be a responsible working relationship between senior management and representative bodies.
- 2.2.2.2 The terms of reference for the Joint Health and Safety Committee are clearly set out in the health and safety policy.

## **2.2.3 Communication**

*Are there adequate arrangements to secure an information flow into, within and from the organisation?*

- 2.2.3.1 Health and Safety is a standing agenda item at SLT meetings and in the Chief Executive Officers reports to the Fire Authority.

- 2.2.3.2 There are good formal systems for communication in the form of Email newflashes, Service Bulletins, Service Orders and Policy Directives. Incident Debriefs, Accident and near miss notifications, investigations and actions are managed through a centrally managed system, (OSHENS Occupational Health Safety and Environment Notification System).
- 2.2.3.3 Regular Service Management visits to stations provide opportunities for direct communication between all levels of the organisation.
- 2.2.3.4 Health and safety information is communicated to the Service Leadership Team in bi-monthly reports, including operational health and safety issues, such as significant issues arising from Incident Debriefs.
- 2.2.3.5 Examples were noted of good communication between departments and with external agencies in particular with reference to the collation of Risk Information and regional inter service working.
- 2.2.3.6 The involvement of number of key personnel in national and regional forums is effective in facilitating the exchange of information, and maintaining awareness of current developments. Whilst the Chief Executive has the greatest involvement with forums outside of the Fire Service arena, managers at both SLT and SMT level take an active role in outside partnerships.

#### **2.2.4 Competence.**

*Are there systems and arrangements to secure the competence of all staff?*

#### **Core Skills Training**

- 2.2.4.1 Learning and Development are responsible for ensuring Core Skills training is delivered. This training is delivered centrally, by District Trainers and by Crew and Watch managers.
- 2.2.4.2 There were clear training requirements for Fire Fighters in an eighteen month training and assessment cycle to ensure ongoing operational competence. This includes annual and six monthly assessments for issues identified as risk critical, which includes BA but currently not Compartment Fire Behaviour Training.
- 2.2.4.3 CDDFRS use a PDR (Personal Development Record) system known as Redkite to identify training needs and frequencies in order to ensure that competence in core skills are maintained. The system relies on self declaration, supported by evidence and ratified by the appropriate manager or trainer. Redkite is also used to help plan local training at a Watch Manager level.
- 2.2.4.4 The Red Kite system appears to be established and understood by staff at all levels. However some RDS found the quantity of inputting to be burdensome with the limited time available particularly at Crew and Watch Manager level and concerns were expressed centrally as to the quality of the inputting by

some staff. The evidence from looking at some individual records on Red Kite suggested that Core Skills were being maintained on a quantitative basis.

- 2.2.4.5 The provision of District Trainers was unanimously perceived as a positive development helping to ensure consistent delivery of training with particular benefit to the RDS. The allocation of a District Trainer to a 3 or 4 stations enables central training to be delivered but has enough flexibility to allow local training needs to be addressed. This role is used to augment but not replace the training provided by the Crew and Watch Managers.
- 2.2.4.6 An externally accredited quality assurance process is in place to assess the delivery of training by crew and watch managers involved in the NVQ process. However, there is no formal system in place for to quality assure those managers not involved in the NVQ process.
- 2.2.4.7 CDDFRS RDS are allocated 2 hours a week for training. An additional 2 hours are allocated to RDS staff each week for other duties and it is apparent that there is an element of discretion as to how those hours are allocated.
- 2.2.4.8 The total of 4 hours available to CDDFRS RDS staff compares favourably with the allocation to RDS in other Services.
- 2.2.4.9 It was noted that where additional equipment is deployed at an RDS station (e.g. The Mass Decontamination Vehicle at Wheatley Hill), additional training time is allocated.
- 2.2.4.10 Some of the stations visited are in remote locations with very limited training facilities available.
- 2.2.4.11 Concern was expressed by RDS staff that internal and external visits to Stations on Drill nights impact negatively on the limited training time available.

### **Breathing Apparatus Training**

- 2.2.4.12 BA training is only carried out by accredited trainers who have received external training either from Tyne and Wear FRS or the Fire Services College. In addition they have CPD days programmed in to maintain their competence.
- 2.2.4.13 The BA training module in initial Fire Fighter training is currently 15 days.
- 2.2.4.14 Learning and Development provide Breathing Apparatus (BA) training using only accredited instructors although Drills are carried out by watch managers and crew managers. Assessments are currently carried out at different frequencies; monthly for Telemetry, 3 months for BA set wearing, and 6 months for Guideline. The Telemetry assessments are currently carried out by District Trainers as the system is new. The BA and guideline Assessments are carried out by Crew and Watch Managers unless the assessment is carried out

as part of programmed realistic training when the assessment will be carried out by the trainers/instructors involved.

- 2.2.4.15 Centrally, the Service provides one day BA development training every 18 months to all operational Fire Fighters which appears to be at variance with the two to three day BA assessments at two year intervals recommended in Fire and Rescue Service Circulars 18/2009 and 17/70. However the Service is providing a 2 day Compartment Fire Behaviour (CFB) training over 2 years which will by its nature incorporate an element of BA refresher training.
- 2.2.4.16 The Service has recently introduced telemetry (which uses personal tallies to register the Fire Fighter with the Control Board enabling the transfer of data via radio. The data available to the Fire Fighter is repeated on the display of the control board) to augment their BA entry control procedures and is delivering 1 days training in the use of the boards. This is a positive development.
- 2.2.4.17 Concern was expressed by the representative bodies that the policy of staffing appliances at 2 pump stations with four fire fighters (instead of the 5 at 1 pump stations); then deploying these appliances to another station area, may lead to an increase in the number of times Rapid Deployment entry control procedures are used.

### **Compartment Fire Behaviour Training (CFBT)**

- 2.2.4.18 CFB training is currently carried out at a purpose built facility at Meadowfield. It was encouraging to note that the service was continuing to invest in improving the facilities for realistic firefighting training with the imminent construction of the new 'firehouse' complex.
- 2.2.4.19 The CFB training was universally well received.
- 2.2.4.20 There was concern amongst some Fire Fighters that there has historically been a backlog of CFB training due to a lack of resource although the evidence indicated that most of those who had not received the CFB training within the last 2 years were programmed to do so in the near future.
- 2.2.4.21 Concern was expressed by the representative bodies that the equipment used by Fire Fighters during CFB training was different to that used during operational incidents. CDDFRS indicated that some of the equipment such as kneepads were introduced as Fire Fighters will spend longer on their knees in training than they would at operational incidents. The BA masks used were to introduce Fire Fighters to new equipment that is to become standard issue.
- 2.2.4.22 The Service has identified that when the capacity for CFB training increases they need to keep under review the level of exposure of instructors to heat.

## **Incident Command Training**

- 2.2.4.23 The Service has a new in-house training and assessment suite for Incident Command System Levels 1 – 4 known as Hydra Minerva. This has enabled them to prioritise their own training needs without having to depend on 3<sup>rd</sup> parties for delivery.
- 2.2.4.24 All Fire Fighters who are to be promoted to Crew Manager on a permanent or temporary basis have to receive Incident Command assessment/training before they can take up their appointment.
- 2.2.4.25 The current assessment/training has been well received at all supervisory levels within the Service.
- 2.2.4.26 There was evidence that some Crew Managers had not yet received the new Incident Command assessment/training.
- 2.2.4.27 Centrally based Incident Command assessment and training will be provided to all Incident Commanders every 2 years and for those Fire Fighters who may be asked to “Act up” to Crew Manager, assessment, and where necessary, training, is provided every 8 months to help ensure that competence is maintained.

## **Recommendations**

- R2. The Service should ensure that non operational activities which impact on the delivery of Core skills training in particular to RDS staff are kept to a minimum.
- R3. The Service should independently audit the Core Skills training delivered by Crew and Watch managers to assure itself that a consistent quality of training in Core Skills is being delivered across the Service.
- R4. The Service should actively monitor the use of the BA entry procedures to ensure that its own procedures for rapid deployment are followed.
- R5. The Service should ensure that all Crew Managers receive the new Incident Command assessment/training package to help ensure consistency across the Service.

## **2.3 Planning and Implementing Risk Controls**

*Is there a planned and systematic approach to implementing the health and safety policy?*

- 2.3.1 The system for carrying out Risk Assessments appears to be robust with the provision of a Risk Reduction Manager. The Health and Safety Department through the Health and Safety Advisors provide assistance and training for the risk assessment process as well an overseeing role where all assessments come through the department which helps in assuring consistency. The provision of

specific Risk Assessment training for all staff being asked to carry out Risk Assessments enhances this process.

- 2.3.2 There is a system for recording dynamic risk assessments as part of a Command Support Log at incidents. Analytical Risk assessments are recorded on a separate form.
- 2.3.3 There are a number of projects set out in the CDDFRS Driving Improvement Document. However, this document does not provide target dates or indications as to what improvements have taken place or how they have been implemented on the plan although it was noted that progress on individual projects was monitored through “Driving Improvement” Quarterly Monitoring Report given to the Fire Authority.

### **Provision of Risk Information**

- 2.3.4 Following the death of four Fire Fighters from Warwickshire Fire and Rescue Service in 2007, CDDFRS identified weaknesses in its own procedures for the provision risk information at incidents.
- 2.3.5 CDDFRS have been proactive in introducing Mobile Data Terminals on all appliances linked to a centrally managed Command and Control Database to provide risk information.
- 2.3.6 These projects provide interim measures until the implementation of the national Firelink and FiReControl projects, which will provide Mobile Data Terminals for appliances and risk information software.
- 2.3.7 CDDFRS is currently facing choices in common with all Fire Services as to whether to further develop the new technologies further in relation to the provision of Risk Information or whether to wait for the implementation of the delayed National Firelink and FiReControl projects.
- 2.3.8 The Command and Control Database includes accurate mapping, Hydrant information, aide memoires, SOPs and where appropriate Site Specific Risk Information.
- 2.3.9 Printers are shortly to be introduced onto the appliances to provide a hard copy of the risk control information.
- 2.3.10 The new Risk Information Database, the Central Management System, (CMS) appears to be well structured and organised, with premises being prioritised on a risk basis.
- 2.3.11 All 13,000 non domestic properties in the County have a risk rating either through Fire Safety Officer visits or through Fire Fighter visits. There are approx 1,700 audits of non domestic premises planned annually and these are based on risk rating.

- 2.3.12 Concern was expressed as to the resource implications of carrying out these audits, particularly at RDS stations.
- 2.3.13 There are approximately 140 full SSRI's (risk 5 or 4) on the CMS Database. These have CAD plans (Site diagrams) as well as other Site Specific Risk Information. Medium Risk Premises have tactical information notes. The sites with risk control information are readily identifiable on the MDT's with coloured triangles used to signify whether they are high, medium or low risk.
- 2.3.14 The Risk Information Database is currently managed by the Risk Information Manager; although a new policy is in place detailing how this process is to be managed, the collation of information and the sharing of data between sections and outside agencies should be kept under review to ensure the process is sustainable and meets future demands.
- 2.3.15 Concern was expressed as to the number of tasks the Crew Manager is being asked to perform on the way to an incident who as well as the Crew manager role may be acting as navigator and trying to access risk information while on the way to an incident.
- 2.3.16 Concern was expressed as to the large number of steps currently required to access the risk information held on the MDTs with up to 26 steps required from inputting the address to displaying the SOPs.
- 2.3.17 There was evidence of MDTs crashing and requiring a reboot.
- 2.3.18 There was a wide range of familiarity and competence demonstrated in accessing the information on the system on the MDTs with some crew managers indicating they still use the paper based system.
- 2.3.19 Some crew managers felt that the training they had been given on the operation of the MDTs was insufficient for their needs.

## **Recommendations**

- R6. The Driving Improvement Document should be reviewed to give clear detailed timescales and include procedures included for evaluation of the measures introduced.
- R7. Consideration should be given as to how the risk information held on the CMS database is to be maintained and managed on an ongoing basis, in order to ensure that the information held is relevant and current.
- R8. CDDFRS should ensure that crew managers and others who may be expected to access Risk Information at Incidents are able to do so in an efficient and timely manner and that the information provided is suitable for their needs.

## 2.4 Measuring Health and Safety Performance

*Is performance measured against agreed standards to reveal where and when improvement is needed?*

- 2.4.1 The Red kite system is centrally based and enables Crew Managers, Station Managers and Learning and Development to monitor individual Fire Fighters and ensure that their competencies are kept up to date.
- 2.4.2 Learning and Development along with Risk reduction carry out themed qualitative themed skills audits such as the recent BA audit. In addition Learning and Development carry out audits to evaluate the training being carried out on stations. These audits are presently 'quantitative' i.e. they check that competencies are maintained by date and by number and although the quality of the written evidence is audited, a practical audit process i.e. observing crews training and recording the results, is not in evidence.
- 2.4.3 Training Plans are monitored by Managers and there were examples of Watch Managers monitoring standards by regularly drilling crews themselves.
- 2.4.4 If an incident is significant enough to merit the attendance of a Flexible Duty Officer who does not take command, they either leave or carry out an operational audit of the incident according to a set format. This is fed into the OSHENS system and where required drives electronic action points which can then be monitored and progressed.
- 2.4.5 There is an Operational Improvement Team in place. This team comprised of managers from all the relevant departments takes the areas for improvement identified by investigations into accidents, near misses, debriefs or audits create action points and drive the improvements forward.
- 2.4.6 There is a system of Incident Audits, where Audit Officers attend designated types of incidents, or where that is not possible monitor a training exercise and this appears to be a good mechanism for monitoring compliance and establishing learning points, and there is evidence of this leading to the review of SOPs (Coop Building Fire, Stanley).
- 2.4.7 There is a system of Themed Audits (Incident Command, Compartment Fire Behaviour Training and Water Rescue are programmed in for this year).
- 2.4.8 The Redkite system relies on the line manager of an individual to assess their Core Skills and sign them off as competent.
- 2.4.9 There are fewer operational incidents attended by fire fighters and consequently there is greater reliance on training at all levels to maintain competence in core skills. There is currently no independent auditing carried out of training delivered by crew or watch managers other than during operational incidents or informally during centrally delivered training.

- 2.4.10 Site Specific Risk Information forms are centrally monitored by a Risk Information Manager.
- 2.4.11 The Health and Safety Advisors produce quarterly summaries of accidents and injuries and analyse trends. There is evidence of this analysis helping to shape Learning and Development Policy.

## **Recommendations**

R9. Where the Service relies on line managers affirming that staff are competent, these competencies should be independently audited to help ensure a consistent standard throughout the Service.

## **2.5 Auditing and Reviewing health and safety performance**

*Are lessons learnt from the performance measurement and auditing processes which are effectively put into practice?*

- 2.5.1 There are regular audits by a number of external bodies e.g. ROSPA, The Audit Commission, Durham County Council and more recently through OHSAS 18001, an international occupational health and safety management system with which the Service is seeking to gain accreditation.
- 2.5.2 There are a number of examples of incidents/ notices in other Fire and Rescue Services, and Fire and Rescue Service Circulars, being used as a prompt for the Service to review its own performance. The themed audits in part informed by this as was the BA Audit and skills assessment carried out in March 2009 (prompted by FRS Circular 18/2009).
- 2.5.3 There is a robust system of incident debriefs. Reports on the outcomes of debriefs are published through the OSHENS system which drives action points forward and there was evidence it has led to SOPs being reviewed. There is evidence of incident debrief leading to changes in SOPs.

### 3. SUMMARY AND CONCLUSIONS

This report is based on a sample inspection which focused on specific operational topics. Based on this inspection we found County Durham and Darlington Fire and Rescue Service to be a well structured, forward thinking organisation with a positive health and safety culture.

The evidence indicates operational staff are well equipped and adequately trained to carry out the tasks associated with the operational activities covered by this inspection.

Particular strengths were shown in the provision of Risk Control Information and while this is work in progress, recognition should be given to the Service for the work it has carried in this area.

The Service has demonstrated that it has the ability to identify areas for improvement and to react to these in a structured manner.

During this inspection HSE gave 9 recommendations for County Durham and Darlington Fire and Rescue Service (CDDFRS) to action. Those recommendations are listed below under 'Summary of Recommendations'. However, in order to assist CDDFRS with prioritising we believe there are 3 priority areas, namely:

1. The Service should ensure that where it relies on line managers to affirm that staff are competent, these competencies should be independently audited to help the Service assure itself that a consistent quality of training in Core Skills is being delivered across the Service;
2. The Service should ensure that personnel required to access Risk Information at or on the way to an incident are able to do so in the required time frame taking into account other tasks they may be required to carry out at the same time.
3. The Service should ensure that it has a robust system in place for maintaining Risk Information for operational staff at incidents on an ongoing basis to ensure that the information remains current and relevant.

#### **Action now required by CDDFRS**

The Service should produce an action plan that identifies how and when it intends to implement all the recommendations from this report. The action plan should be agreed with the lead inspector within a mutually agreed timescale. It is our intention to return to the Service in due course to ascertain progress with implementing the action plan.

## **Summary of Recommendations**

- R1. The Health and Safety Policy Document should be updated to reflect current arrangements with particular reference to audit and review.
- R2. The Service should ensure that non operational activities which impact on the delivery of Core skills training in particular to RDS staff are kept to a minimum.
- R3. The Service should independently audit the Core Skills training delivered by Crew and Watch managers to assure it that a consistent quality of training in Core Skills is being delivered across the Service.
- R4. The Service should actively monitor the use of the BA entry procedures to ensure that its own procedures for rapid deployment are followed.
- R5. The Service should ensure that all Crew Managers receive the new Incident Command assessment/training package to help ensure consistency across the Service.
- R6. The Driving Improvement Document should be reviewed to give clear detailed timescales and include procedures included for evaluation of the measures introduced.
- R7. Consideration should be given as to how the risk information held on the Command and Control database is to be maintained and managed on an ongoing basis, in order to ensure that the information held is relevant and current.
- R8. CDDFRS should ensure that crew managers and others who may be expected to access Risk Information at Incidents are able to do so in an efficient and timely manner and that the information provided is suitable for their needs.
- R9. Where the Service relies on line managers affirming that staff are competent, these competencies should be independently audited to help ensure a consistent standard throughout the Service.