

**THE MANAGEMENT OF HEALTH AND SAFETY  
AT GRAMPIAN FIRE AND RESCUE SERVICE**

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

**23-25 FEBRUARY 2010**

## 1. INTRODUCTION

- 1.1 This report presents the findings of an inspection of the management of health and safety at Grampian Fire and Rescue Service (GFRS) carried out by the Health and Safety Executive in February 2010. The framework for the inspection was the guidance published by the Health and Safety Executive in '*Successful Health and Safety Management*' (HSG65).
- 1.2 The HSE team members were Martin Baillie, John Radcliffe, Sarah Wadham and Paul Williams.
- 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. This was a sample inspection and the report is therefore based on that sample. A draft report was therefore passed to a senior manager to allow them to make comment on factual content and indicate any areas where we may have misinterpreted information given to us in the course of the inspection.
- 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 Grampian Fire and Rescue Service to comply with its duties contained within the generality of 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 all the staff at Grampian 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.

## **2. FINDINGS & RECOMMENDATIONS**

### **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 The Service has a system of policies and procedures in place. The General Health and Safety Policy Statement was last reviewed and updated in February 2010 and endorsed and given authority by signature of the Convener of the Joint Fire and Rescue Board and Chief Fire Officer at that time.
- 2.1.2 Several policies and procedures have recently been updated or introduced, covering a number of key topic areas such as breathing apparatus training policy, compartment fire behaviour training policy, incident command training strategy and the policy for the development, dissemination and application of standard operating procedures.
- 2.1.3 The audit and performance review sections of the policy do not reflect the current practice within the service as there was only limited evidence of actual auditing taking place.
- 2.1.4 The Corporate Management Team aim to create a positive culture and demonstrate leadership on health and safety. There was evidence in documents and interviews that health and safety had been well embedded in both operational and non operational activities.

### **Recommendation**

R1 The health and a safety policy will need to be updated to reflect the new management arrangements being introduced in April 2010. The health and safety policy should be updated to reflect the new policies produced, or in development, including implementation arrangements, and should also reflect and strengthen the arrangements for 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 Historically, the three Area Commands (Aberdeen City, Aberdeenshire and Moray) have operated somewhat autonomously. However, there is now evidence of a developing uniformity of

operations with a clearly defined management chain of command which assists with defining roles and responsibilities.

- 2.2.1.2 Health and Safety is an objective in management performance appraisals and there are defined health and safety responsibilities at each level of operation.
- 2.2.1.3 There is a defined meeting structure for health and safety issues to be communicated to service delivery which appears to be effective.
- 2.2.1.4 The Electronic Retained Availability System ensures mobilised retained crews have sufficient numbers of firefighters with the required competencies. An electronic interface to the VISION mobilising system is currently being developed.
- 2.2.1.5 Control and co-ordination of training is currently split between the three Command Areas and the Development Centre which can result in some inconsistency and lack of coordination of training policy and delivery. However, the recently established Operational Standards Development Forum is aimed at improving the standardisation and co-ordination of training delivery in the three commands.
- 2.2.1.6 A 'Safe Person Concept' steering group is taking forward key objectives identified as critical to policy development and service delivery requirements in key areas such as operational information, training support, competent supervision, PPE and equipment and risk information.

### **Recommendation**

R2 The work of the Operational Standards Development Forum should be progressed to facilitate the delivery of operational training policy in a coordinated and a consistent way.

### **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 Health and Safety Committee is attended by representatives from all representative bodies, Health and Safety Department, Head of Functions are represented and elected members of the Joint Fire and Rescue Board. Meetings are held quarterly.
- 2.2.2.2 Quarterly Health and Safety performance reports are discussed at the Health and Safety Committee and at Corporate Team level.

- 2.2.2.3 With the introduction of the new management arrangements in April 2010, the Health and Safety Committee will be chaired by the ACFO who takes over as lead on health and safety.
- 2.2.2.4 Although there is a policy in place for joint accident and near miss investigation FBU representatives believe that there is insufficient involvement of trade union safety representatives in Debriefs and Incident Investigation.
- 2.2.2.5 Whilst the Service believe that representative bodies are consulted during the production of new policies and procedures it is not clear from the Health and Safety Policy how this is undertaken/ achieved.

### **2.2.3 Communication**

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

- 2.2.3.1 The 'Infozone' intranet system provides a 'one-stop shop' for operational staff requiring access to Standard (Safe) Operating Procedures, Safety Awareness Notes, some structured debriefs, technical documents and other supporting documents. IRIS cards and Memoranda of Understanding are also accessible through this system.
- 2.2.3.2 Concerns were raised at some retained stations visited that staff do not see senior management regularly. However, themed events are held every year, and other updates are given as and when considered appropriate, to provide information to RDS firefighters. The themed events occasionally include health and safety topics.
- 2.2.3.3 The Service has a recognised suggestion scheme that incorporates health and safety.
- 2.2.3.4 Representatives from GFRS are involved in UK national, Scotland national and local forums to share best practice and to maintain awareness of current developments.

### **2.2.4 Competence.**

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

### **Health and Safety**

- 2.2.4.1 The Service has competent advice from the health and safety team, currently led by a Group Manager. External recruitment of a non uniformed HSEQ Manager is currently underway who will report directly to the ACFO under the new management arrangements.

- 2.2.4.2 Station Managers and above complete the NEBOSH General Certificate and staff in the R & D team have received IOSH Managing Safely training.

### **Core Skills Training**

- 2.2.4.3 There is a comprehensive, very well equipped, in-house Development Centre facility, which is currently being redeveloped and extended, offering a full range of live fire training. The Centre operates at nights and weekends in order to maximise the potential training opportunities for RDS firefighters.
- 2.2.4.4 Core skills training is aligned to the National Firefighter Development Process, and is consistent across retained and wholetime.
- 2.2.4.5 Command Support Teams have been put in place to facilitate and provide training on stations. These play an important role in ensuring consistency of training delivery at station level, particularly for RDS firefighters.
- 2.2.4.6 There is a recognition that training recording systems are fragmented and that a consistent approach is required. The Development Centre uses a PWA system for recording training but difficulties were encountered during the Inspection interrogating the system to identify if any firefighters are still awaiting BA Refresher training.
- 2.2.4.7 On station training records are maintained and monitored using the PDR pro system. Individual recording of training at Firefighter, Crew and Watch Manager level is carried out using this system in all but 16 RDS stations (these stations use a paper based system). Organisational training and training undertaken by Station Manager level and above is recorded in PWA.
- 2.2.4.8 The introduction of specialist equipment and associated response requirements has the potential to dilute core skills, at the stations to which it is deployed therefore, a balance must be sought, between providing the capacity to deliver an effective and competent response, and the maintenance of core skills at these stations.
- 2.2.4.9 There was no ascertainable gap between training for RDS firefighters and Wholetime firefighters, although the limited training time, to ensure skills and competence, for RDS firefighters has been identified as a challenge by GFRS. Efforts have been made to maximise RDS firefighter training time whilst on station by paying RDS staff to carry out maintenance and checking of equipment outwith training time and by contracting out cleaning duties.

- 2.2.4.10 Appliance driver shortages have led to a skill rotation issue. It was noted that one command had attempted to address appliance driver shortages by making it mandatory for all firefighters to have driver training periodically.

### **Breathing Apparatus Training**

- 2.2.4.11 BA refresher training is currently available one day yearly at the Development Centre. A new BA refresher course is being introduced from April 2010 consisting of 2 consecutive days: the theory will be delivered on-station on day 1 and the practical will take place at either the Development Centre or the Elgin LPG facility on day 2.
- 2.2.4.12 BA training is supplemented with training exercises at station level.
- 2.2.4.13 BA Instructors are trained at either the Fire Service College (FSC) or the Scottish Fire Service College (SFSC). However, Instructors based at the Development Centre do not undertake a structured refresher training package as they generally move on to new posts every 3 years. Command Support Team BA Instructors similarly do not have Portfolios of evidence to confirm the maintenance of their competence.
- 2.2.4.14 Any firefighters failing their BA refresher training are taken off the run.

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

- 2.2.4.15 CFB training is provided to firefighters every 3 years at the Development Centre at Portlethen. It was encouraging to note that GRFS was continuing to invest in improving the facilities for realistic firefighting training with the on-going redevelopment and extension of the Development Centre facilities.
- 2.2.4.16 Positive pressure ventilation (PPV) training is included in the CFB refresher training programme.
- 2.2.4.17 The CFB training was universally well received.

### **Incident Command Training**

- 2.2.4.18 Gold commanders have all completed the SFSC course. Silver commanders are currently undertaking training at SFSC.
- 2.2.4.19 All Incident Commanders have been trained and assessed using the VECTOR Command Support System provided at the Development Centre.

- 2.2.4.20 The draft Incident Command Training Strategy (Ref; MAN; I020k) proposes that a failure to undertake regularly programmed Incident Command System (ICS) refresher training and assessment will result in the individual being withdrawn from operational duties until they are able to complete the required training and demonstrate competence under assessment.
- 2.2.4.21 Incident Command assessments form part of the promotion process.
- 2.2.4.22 A new 5 day 'First Tier Management Course' (comprising 1 day risk assessment, 3 days incident command and one day methods of instruction) is being introduced from April 2010 for newly promoted Crew Managers and Watch Manager and will form part of the 'ticket to ride' system.
- 2.2.4.23 There was evidence of inconsistencies in training at sector command level and that there was inconsistent training delivery across the three command areas. All three commands use the VECTOR Command Support System for incident command development, but not necessarily for sector incident command training. This was not structured by a Service policy.

## **Recommendations**

- R3 Senior managers should have training in managing health and safety at a strategic level, e.g. the IOSH Safety for Senior Executives course.
- R4 Plans to extend the IT version of PDR pro to all RDS stations should be progressed to improve the arrangements for recording and monitoring of core skill maintenance.
- R5 With the rollout of PDR pro, and the move to Vehicle Mounted Data Systems (VMDS), the training needs of specific system users, including their general IT skill needs, requires to be recognised and appropriate training provided.
- R6 Development of the skills maintenance programme for Flexible Duty Officers needs to be progressed.
- R7 Arrangements need to be put in place to ensure consistent delivery of training across the three command areas. The new QA post planned for the Development Centre, to verify the quality of training, should be pursued.
- R8 The BA instructors in the Command Support Teams should develop Portfolios of evidence to confirm the maintenance of their competence.
- R9 The draft Incident Command Training Strategy (Ref; MAN; I020k) needs to be issued once the necessary arrangements have been put in place. This should ensure that the 'ticket to ride principle' is implemented, in

particular, introducing more formal assessment, reassessment and auditing of incident command skills. Sector incident command arrangements should also be addressed.

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

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

### **Health and Safety Planning**

- 2.3.1 GFRS's 'Three Year Plan 2009-2012', a document which '*sets out a direction of travel to further improve the efficiency and effectiveness of the Service*', sets out a strategic health and safety management plan and identifies that applying the organisational and personal responsibility principles of the Safe Person Concept is key to ensuring firefighter safety. The Safe Person Concept project is a strategy that pulls various initiatives and projects together. The steering group provides a vehicle to feedback, raise awareness and make effective use of resources.
- 2.3.2 Staff from the Health and Safety Department, the Development Centre and R & D staff form working groups to select new equipment and PPE. Representative bodies are invited to take part in the groups.

### **Risk Assessment**

- 2.3.3 Generic risk assessments are used as the foundations for SOPs and specific Risk Assessments which are placed on 'Infozone' intranet. Training in how to carry out risk assessment has been provided to wholtime stations and consideration is being given to further rolling out this training to RDS stations so that ownership of the issue is not perceived as residing solely in the Health and Safety Department.
- 2.3.4 Concerns were raised by several representative bodies regarding the absence of specific risk assessments for some hazards, in particular, for confined space, work at height and water rescue incidents. These concerns appear several times in the Minutes of the Joint Meetings of the Service/Fire Brigades Union from 2006 onwards but do not appear in the sample 2009 Minutes of the General Health and Safety Committee requested by, and provided to, HSE in advance of the inspection. There would appear to be an over reliance on Dynamic Risk Assessment being applied at such incidents.

- 2.3.5 There was some evidence that risk assessments are carried out before training events/scenarios.

### **Provision of Risk Information**

- 2.3.6 GFRS recognised in 2005 that risk information required improving. This was also highlighted following the deaths of four firefighters in Warwickshire in 2007. As a result, GFRS employed a number of ex-firefighters to gather and update relevant information.
- 2.3.7 The information collected by this GFRS inspection team, historical incident data, fire safety data local knowledge from fire safety personnel and operational crews (which watches were encouraged to proactively obtain), information from Building Control, Chambers of Commerce and from a proforma sent to known premises is fed into a risk rating system, the Fire Service Emergency Cover (FSEC) toolkit, to provide a risk profile of the service.
- 2.3.8 The Incident Risk Information System (IRIS) which has been developed will prepare the Service for the move to the use of Vehicle Mounted Data Systems (VMDS). In the interim, the information on high risk premises is being issued in card format.
- 2.3.9 There was an issue about whether all the high risk premises are being identified and then being passed through on the IRIS cards. During the inspection, it was noted that at Laurencekirk, only 3 cards were present on the appliance and at Peterhead, only 7 cards were present. Concerns were raised by firefighters that this was not enough and not an accurate reflection of high risk premises in the area.
- 2.3.10 Processing of the risk information collected by the GFRS appointed inspectors was not expedient. Only one person was processing the information into cards and there was evidence of some backlog in risk card generation.
- 2.3.11 There was an inconsistency with respect to the information available on appliances e.g. 1-1-D information had been removed from the appliance in Peterhead but was being kept on the appliance at North Anderson Drive, Aberdeen. This could lead to confusion as to what is up-to-date information. Due to deficiencies with respect to the availability of risk information to Service operational crews HSE considered taking enforcement action to require more rapid dissemination of the risk information collected. However, GFRS immediately produced an improved action plan to expedite the provision of the outstanding risk information for high risk premises held up in the IRIS process. As an interim measure, until laminated cards can be produced, stations will now be able to

access the information on the Service 'Infozone' intranet site and have been instructed to print it off for inclusion on the appliance and for other familiarisation purposes, such as for training and exercising purposes. As this plan addressed the immediate shortcomings, the HSE inspection team did not consider it necessary to take enforcement action.

- 2.3.12 Control room staff have access to the risk cards to assist with the deployment of appliances to incidents.

## **Recommendations**

R10 Proposals to roll out risk assessment training further at station level, to encourage a transfer of ownership of the issue from the Health and Safety Department to operational delivery should be taken forward.

R11 The Service's existing generic risk assessments should be reviewed against the new national generic risk assessments as and when they are issued e.g. GRA 5.10: Working at Heights (issued October 2009).

R12 As there is no definitive date on the introduction of Vehicle Mounted Data Systems (VMDS) continued emphasis must be placed on the production and dissemination of the risk information material gathered. Consideration needs to be given as to how risk management information will be maintained and managed to ensure that it is relevant and current.

## **2.4 Measuring Health and Safety Performance**

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

- 2.4.1 There were a number of examples of active monitoring of standards including a system of workplace inspections by the Health and Safety Department on a 3 year rolling programme basis.
- 2.4.2 Individuals Training Plans are monitored by Managers and there were examples of Station Managers monitoring standards by regularly drilling crews themselves.
- 2.4.3 The Command Support Teams provide a valuable monitoring and feedback function at station level following exercises.
- 2.4.4 The Service produces an 'Annual Report on Management of Health and Safety' (most recent issue 1 April 2008 - 31 March 2009) which provides a summary of health and safety performance data.
- 2.4.5 The Service Improvement Group (SIG) appears to have played a pivotal role in measuring performance at station level with a number of audits being carried out since the Group's inception focusing on

topics including station management, appliances and equipment, PPE, personal development records and practical exercises. However, at the time of the inspection this team had been disbanded which has led to a stalling of proactive performance monitoring across service delivery, including at operational incidents.

- 2.4.6 The Health and Safety Department co-ordinates and controls a system of accident/near miss reporting and investigation.
- 2.4.7 An operational debrief system was introduced in 2001. However, there does not appear to be a consistent framework or formalised process for debriefs e.g. what triggers a debrief, who should be involved in them and how the information should be communicated. Whilst it was noted that control room and R & D staff are invited to attend or feedback to structured debriefs, staff from the Health and Safety Department and the Development Centre do not appear to be included. These shortcomings mean that opportunities are being lost for corporate learning following an incident.
- 2.4.8 The PDR Pro and PWR IT systems, despite their shortcomings, have the potential to act as tools for active monitoring and identifying gaps in individuals' training.

### **Recommendation**

R13 Staff from the Health and Safety Department and the Development Centre should be invited to attend structured debriefs and a formal system should be put in place for communicating the outcomes.

## **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 Health and Safety Quarterly Performance Reports are produced by the Health and Safety Department, providing data on accidents and near misses.
- 2.5.2 As several of GFRS's policies are new or have recently been updated, and implementation may be at an early stage, it was therefore difficult to benchmark the performance of GFRS against some written policies.
- 2.5.3 It does not appear that the auditing and review arrangements described in the Health and Safety Policy (reference is made to the use of ROSPA Quality Safety Audit Systems, internal self assessment etc.) are being fully implemented. This suggests that the level of performance review going on at corporate level may be

insufficient. There is potential for the reinstated Service Improvement Group (SIG) to provide summary reports, based on the finding of operational audits and debriefs, to the corporate team for review of performance.

### **Recommendation**

R14 Plans to reinstate the Service Improvement Group (SIG) should be progressed as this Group will have an important role in operational debrief and audit procedures. This should ensure that the Corporate Team receives the appropriate information needed to undertake a sufficient review of the arrangements.

### 3. SUMMARY and CONCLUSIONS

- 3.1 This report is based on a sample inspection, which focused on specific operational topics. The findings of this inspection lead us to believe that Grampian Fire and Rescue Service has a positive health and safety culture which it is continuously striving to improve.
- 3.2 At the time of the inspection, the evidence obtained indicated that operational personnel are well equipped and trained to carry out the tasks associated with the operational activities covered by this inspection.
- 3.3 Particular strengths are the excellent facilities provided by the Development Centre, the level of support provided by the Command Support Team to ensure consistency of training delivery at station level, particularly for retained firefighters. In addition, the 'Infozone' intranet system and IRIS (Incident Risk Information System) have the potential, once fully developed and applied, to be excellent health and safety information communication tools.
- 3.4 In January 2010, in anticipation of the HSE inspection GFRS had carried out a comprehensive health and safety management Gap Analysis. Actions and timescales have been developed in an attempt to close the gaps identified. The Service has therefore demonstrated that it has the potential to identify areas for improvement and to react to these in a structured manner.
- 3.5 As a result of this inspection, HSE has made 14 recommendations which are listed in full at the end of this report. We believe that the key areas requiring improvement at this time are:
- Implementation of the training policy in a more coordinated and consistent way.
  - Progressing monitoring arrangements for training delivery.
  - Ensuring the production and dissemination of the risk information material gathered and that it will be maintained and managed to ensure that it is relevant and current.
  - Developing the arrangements for both operational and organisational audit and review.
- 3.6 Grampian Fire and Rescue Service should now produce an action plan to identify how and when it will implement the recommendations in this report.

## Summary of Recommendations

R1 The health and a safety policy will need to be updated to reflect the new management arrangements being introduced in April 2010. The health and safety policy should be updated to reflect the new policies produced, or in development, including implementation arrangements, and should also reflect and strengthen the arrangements for audit and review.

R2 The work of the Operational Standards Development Forum should be progressed to facilitate the delivery of operational training policy in a coordinated and a consistent way.

R3 Senior managers should have training in managing health and safety at a strategic level, e.g. the IOSH Safety for Senior Executives course.

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R5 With the rollout of PDR pro, and the move to Vehicle Mounted Data Systems (VMDS), the training needs of specific system users, including their general IT skill needs, requires to be recognised and appropriate training provided.

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R11 The Service's existing generic risk assessments should be reviewed against the new national generic risk assessments as and when they are issued e.g. GRA 5.10: Working at Heights (issued October 2009).

R12 As there is no definitive date on the introduction of Vehicle Mounted Data Systems (VMDS) continued emphasis must be placed on the production

and dissemination of the risk information material gathered. Consideration needs to be given as to how risk management information will be maintained and managed to ensure that it is relevant and current.

R13 Staff from the Health and Safety Department and the Development Centre should be invited to attend structured debriefs and a formal system should be put in place for communicating the outcomes.

R14 Plans to reinstate the Service Improvement Group (SIG) should be progressed as this Group will have an important role in operational debrief and audit procedures. This should ensure that the Corporate Team receives the appropriate information needed to undertake a sufficient review of the arrangements.