



# STAFFORDSHIRE FIRE & RESCUE SERVICES

## Safeguarding - Mental Health and Wellbeing

Internal audit report 1.20/21

Item 4 (iv)

REVISED FINAL

19 October 2020

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

# 1. EXECUTIVE SUMMARY

With the use of secure portals for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit and provide you with the assurances you require. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely. Based on the information provided by the Service, we have been able to sample test the control framework.

## Background

A review of Safeguarding - Mental Health and Wellbeing was undertaken as part of the approved internal audit periodic plan for 2020/21.

Staffordshire Fire and Rescue Services (SFRS) is the statutory fire and rescue service responsible for fire protection, prevention, intervention and emergency rescue in the county of Staffordshire and unitary authority of Stoke-on-Trent. SFRS has a combination of staff working across all departments on full-time and part-time contracts. As at April 2020, it had 332 on-call operational staff, 165 support staff and 278 full-time equivalent wholetime operational staff. This includes those carrying out specialist roles such as learning and development.

The SFRS underwent its first inspection by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) in the 2018/19 Financial Year. As part of the Inspection, workforce wellbeing was reviewed and was subsequently awarded an 'outstanding' judgement rating. The following comments were provided alongside the rating:

*'Staffordshire FRS understands the wellbeing needs of its staff. They all have access to an employee assistance programme, occupational health and professional support, such as counselling, if needed. The service has a dedicated fitness adviser to support staff health and wellbeing. Staff can access information on wellbeing support through an intranet portal. Following difficult incidents, operational staff are supported by a process known as TRiM to reduce the likelihood of post-traumatic stress.'*

The Service currently has six members of staff in place who are all qualified Management of Traumatic Stress (TRiM) Managers and Practitioners. One of the six staff members is the TRiM Lead, who is responsible for the overall governance of the TRiM Process. The aim of the TRiM Process is to conduct a risk assessment on operative staff members who have been directly involved within a traumatic event. The assessment measures the operatives current state of mind following the event to ascertain the level of support they require. The Service is currently processing an additional eight members of staff through the TRiM Manager Training Process. In the 2019/20 Financial Year there was a total of 41 incidents referred to the TRiM Team which resulted in 133 staff members opting for TRiM support.

As part of our testing an electronic Staff Questionnaire was disseminated to staff members across the SFRS via the 4 Questionnaire Platform. The aim of the questionnaire was to determine the level of awareness and satisfaction of staff members regarding the current mental health and wellbeing provisions in place across the Service. A total of 179 staff members submitted responses to the questionnaire. Overall, the responses received were positive, with 80 per cent of respondents stating that they were aware of how to access mental health and wellbeing support, if necessary. However, a theme arising from the responses was to enhance communication around the offerings and accessing such offering. Further analysis has been documented below in Appendix B.

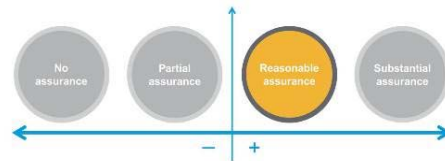
## Conclusion

There is an appropriate control framework in place for governing Mental Health and Wellbeing. Our work confirmed that there are adequate controls in place, however, testing identified that the controls are not always consistently applied.

Areas of improvements have been noted which has resulted in the agreement of three 'medium' and one 'low' priority management actions.

### Internal audit opinion:

Taking account of the issues identified, the Authority can take reasonable assurance that the controls upon which the Service relies to manage the identified area(s) are suitably designed, consistently applied and operating effectively. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk.



## Key findings

**Our audit identified that the following controls are suitably designed, consistently applied and are operating effectively:**



The Service has an Attendance Management (Sickness) Policy in place. The aim of the Policy is to provide procedural guidance to support staff and assist in the management of sickness absence. The Policy acts as a central reference point for all attendance related issues. The Policy was last reviewed in September 2019 and is accessible to all staff members via the Service's local intranet.



An Employee Assistance Programme (EAP) is in place which is available to all staff members within SFRS. The Programme is administered as an out-sourced service by a third party (Health Assured). The EAP currently provides the following services to staff members within SFRS:

- 24/7 counselling, legal and information line;

- Critical incident advice and telephone support;
- Online health portal and access to the Health e-Hub Application;
- Relationship management support and usage reporting; and
- Management support line and counselling.

Contact information for the EAP is located on the Service's local intranet which is accessible to all staff members within the Service.



The Service has a Mental Health First Aid Training Programme in place which is delivered by Mental Health First Aid (MHFA) England. MHFA provide training and campaigning to equip staff members with the skills they need to support their own and others' wellbeing.



The Service has a Wellbeing Equality and Culture Committee (WECC) in place. The Committee is chaired by the Deputy Chief Fire Officer and includes the Health, Fitness and Wellbeing Specialist as well as representation from the Health and Safety and Equality and Diversity Departments. The Committee meets on a quarterly basis to review wellbeing practices across SFRS.



The Service has a Management of Traumatic Stress (TriM) Policy in place. The aim of the Policy is to outline the responsibilities and procedures to be followed when conducting TriM Assessment. The Policy was last reviewed in May 2019 is accessible to all relevant staff members via the Service's local intranet.

All six current TRiM staff members have been trained to a TRiM Manager proficiency level, so they can carry out supervision duties along-side conducting TRiM Assessments. Through review of training records, it was confirmed that all six TRiM Managers had received appropriate training via Strongmind Resiliency Training Ltd. The last refresher training session was delivered in 2019 and is scheduled every three years.

The HR Department record the following monthly performance figures in relation to absence management within the SFRS:

- Working Days Lost for Wholetime Staff Members;
- Working Days Lost for On-Call Staff Members; and
- Working Days Lost for Support Staff Members.



All absence performance figures are recorded within the FireWatch System and are reported to the Service Delivery Board (SDB) and Commissioner. Performance figures were reviewed for the month of April 2020 and analysed in line with supporting documentation from within the FireWatch System for all three service types. Through review it was confirmed that the supporting documentation matched the reported figures.

**However, we identified the following exceptions with the Service's established control framework:**

The SFRS Wellbeing Handbook was obtained and reviewed. The Handbook has been developed in conjunction with Drummond HR and is accessible to all SFRS staff members. The Handbook was found to last have been updated in January 2014. Best practice dictates that policy and procedure documents should be refreshed at least every three years.

At the time of audit, the Service Level Agreement (SLA) between the Service and Staffordshire Police for providing an Occupational Health Service could not be located and it was therefore not possible to confirm that the SLA was fit for purpose and had been maintained / was up to date.

At the time of audit, we confirmed that the Service had yet to complete a self-assessment exercise against the Blue Light Wellbeing Framework.

## 2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Area: Mental Health and Wellbeing				
<b>Control</b>	<p>The Service has a Wellbeing Handbook in place. The aim of the Handbook is to provide a resource to help staff members understand, maintain and if appropriate, improve their personal wellbeing.</p> <p>The Handbook is subject to regular review and is easily accessible to all staff members via the Service's local intranet.</p>	<b>Assessment:</b>		
		<b>Design</b>	✓	
		<b>Compliance</b>		×
<b>Findings / Implications</b>	<p>The SFRS Wellbeing Handbook was obtained and reviewed. The Handbook has been developed in conjunction with Drummond HR and is accessible to all SFRS staff members.</p> <p>The Handbook was found to contain the following key information regarding Mental Health and Wellbeing:</p> <ul style="list-style-type: none"> <li>• What is Wellbeing;</li> <li>• Why is Wellbeing Important;</li> <li>• The Wellbeing Insight Model;</li> <li>• Improving Your Wellbeing; and</li> <li>• Wellbeing Action Planning.</li> </ul> <p>The Handbook was found to have last been updated in January 2014. Best practice dictates that policy and procedure documents should be refreshed at least every three years. Additionally, through discussion with the Director of Community Safety it was confirmed that SFRS are in the process of producing a single overarching Wellbeing Strategy Handbook which will encompass all of the mental health and wellbeing resources available across the Service.</p> <p>If the Service's Wellbeing Handbook is not subject to regular review and maintained up to date, there is a risk that the Handbook will not be reflective of current working practices across the Service.</p>			
<b>Management Action</b>	An overarching Wellbeing Strategy Handbook will be produced and uploaded to the Service's Intranet.	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
		Director of Community Safety	31/1/2021	Low
<b>Management Action</b>	Prior to the production and promotion of the Wellbeing Strategy Handbook there is an opportunity to follow up on the theme arising from the questionnaire results around enhancing the communication, evidencing and accessing offerings around Mental Health and Wellbeing.	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
		Director of Community Safety	30/11/2020	Medium

### Area: Mental Health and Wellbeing

This can incorporate a refresh of services available and training in relation to any staff sickness leave as a result of mental health. Any identified changes or suggestions highlighted as part of this exercise can then inform the Wellbeing Strategy Handbook.

### Area: Mental Health and Wellbeing

<b>Control</b>	<p>A Service Level Agreement (SLA) is in place between the Service and Staffordshire Police for providing an Occupational Health Service to staff members within SFRS.</p> <p>Line Managers complete an Occupational Health Referral Form as soon as the Service become aware that an employee absence may relate to one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Mental Ill Health;</li> <li>• Muscular Skeletal Injury; or</li> <li>• Likely to exceed 28 days.</li> </ul>	<b>Assessment:</b>	
		<b>Design</b>	✓
		<b>Compliance</b>	✗

**Findings / Implications** At the time of audit, the SLA between the Service and Staffordshire Police for providing an Occupational Health Service could not be located and it was therefore not possible to confirm that the SLA was fit for purpose and had been maintained up to date.

If the Occupational Health Service SLA is not maintained on file and readily available to relevant staff members, there is a risk that staff members within the Occupational Health Service will not be aware of their roles and duties when actioning referrals received from SFRS.

<b>Management Action</b>	<p>The SLA between the Service and Staffordshire Police for providing an Occupational Health Service will be located and maintained on file so it can be assessed by relevant staff members.</p>	<b>Responsible Owner:</b>	Director of Community Safety	<b>Date:</b>	30/11/2020	<b>Priority:</b>	Medium
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### Area: Mental Health and Wellbeing

<b>Control</b>	<p>The Service is currently part of the Blue Light Programme. The Programme is focused on the following six areas:</p> <ul style="list-style-type: none"> <li>• Tackling Stigma;</li> <li>• Empowering Staff to Lead Change;</li> <li>• Training Line Managers;</li> <li>• Making Support Accessible;</li> <li>• Building Resilience; and</li> </ul>	<b>Assessment:</b>	
		<b>Design</b>	✓
		<b>Compliance</b>	✗

- Establishing networks.

As part of the Blue Light Programme, A Blue Light Wellbeing Framework has been developed which allows organisations to be able to audit and benchmark themselves against an independent set of standards that have been tailored to meet the specialist needs of emergency services staff. The Framework aids in identifying what services already have in place and what gaps there may be in providing the best wellbeing provision for their employees.

**Findings / Implications**

As part of the Blue Light Programme, the SFRS has access to a wide range of literature regarding the promotion of mental health awareness and wellbeing to its staff members.

At the time of audit, it was confirmed that the Service has yet to complete a self-assessment exercise against the Blue Light Wellbeing Framework. It is recommended that the Service complete a self-assessment exercise against the Framework and produce a subsequent action plan based on any areas of improvement identified.

**Management Action**

A self-assessment exercise will be completed against the Blue Light Wellbeing Framework. A corresponding action plan will also be produced based on any areas of improvement identified.

**Responsible Owner:**  
Director of Community Safety

**Date:**  
30/11/2020

**Priority:**  
Medium

## APPENDIX A: CATEGORISATION OF FINDINGS

### Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Area	Control design not effective*		Non Compliance with controls*		Agreed management actions		
	0	(11)	4	(11)	Low	Medium	High
Mental Health and Wellbeing	0	(11)	4	(11)	1	3	0
<b>Total</b>					<b>1</b>	<b>3</b>	<b>0</b>

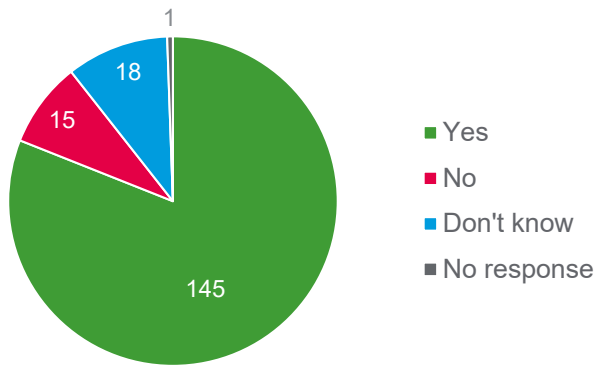
\* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.



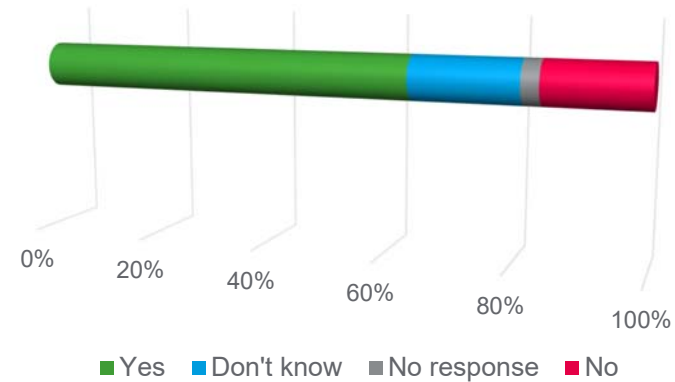
# APPENDIX B: 4QUESTIONNAIRE RESULTS

To supplement our discussions with staff, we created a survey using our Insight '4questionnaire' system. The survey was circulated to across all staff at Staffordshire Fire and Rescue Service's (SFRS) staff. A total of 179 responses were received for this survey, with the results displayed in the following charts. The final pages of the appendix detail the comments received in the 'free text' parts of the survey.

**Questions 1:** Has SFRS communicated its Mental Health and Wellbeing offerings?



**Question 2:** Do you consider the communications around Wellbeing offerings to be sufficient and appropriately evidenced across SFRS?



## How would you like this improved?

Some of the feedback in the questionnaire included the following comments:

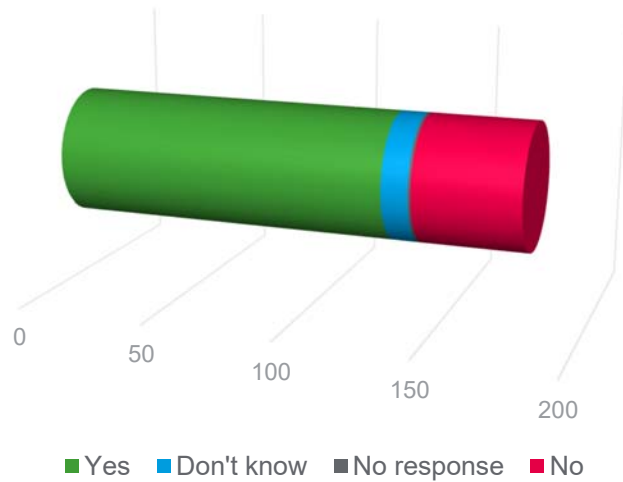
'There is always more that we can do in terms of communication. However, we also have to ensure that we provide an approach that allows people to find the information easily.'

'More visibility on the Intranet, regular communications via email.'

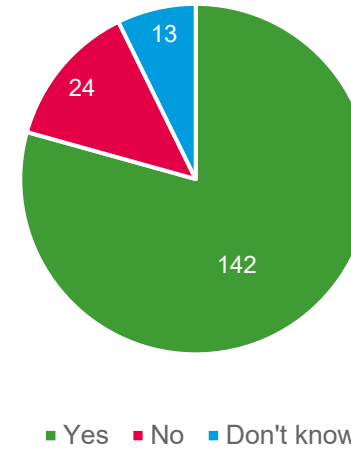
'A list of services and ways to refer personnel online/intranet.'

'I'm happy with the support I am receiving.'

**Question 3:** Are you aware of any specialist support services that are available at SFRS, for example peer support, specialist counselling?



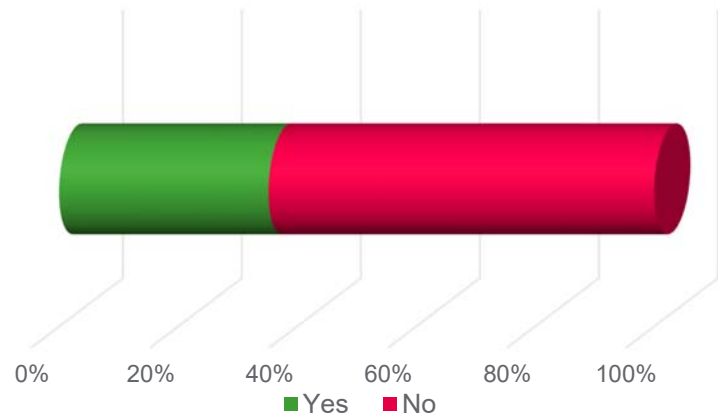
**Question 4:** Are you aware of how to access Mental Health and Wellbeing support, if necessary?



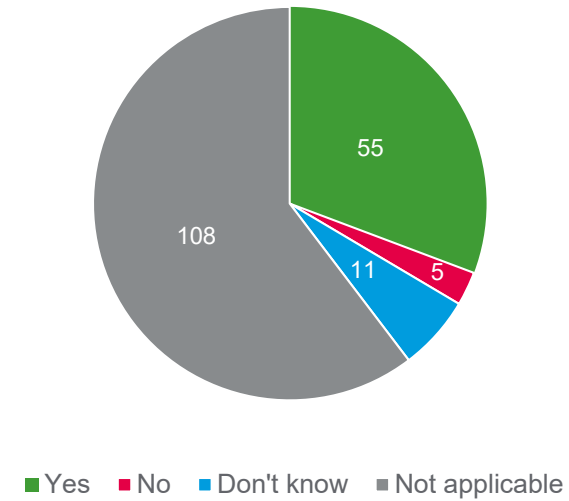
#### If you are not aware who would you ask?

Most responses to this supplementary question indicate staff would refer to their line manager or occupational health. A small number of staff also commented that they would consult HR, colleagues or the Fire Fighter's Charity.

**Question 5:** Have you accessed such support yourself, during your time at SFRS?



**Question 6:** Would you recommend that support and service that you received?



 **What was the impact of this, i.e. what difference did it make?**

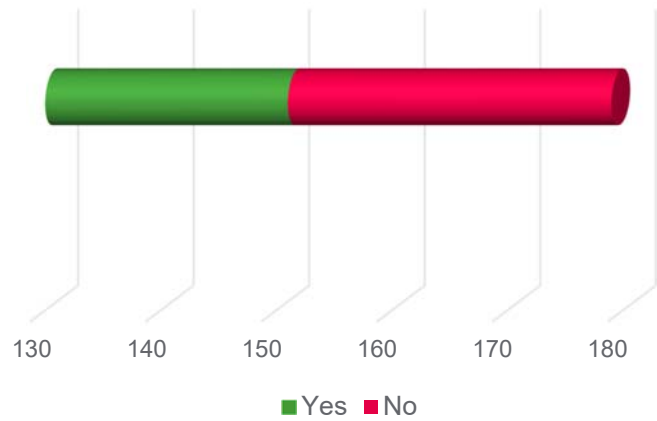
A selection of the comments received were:

'Massively helped me through difficulties, within work and out of work.'

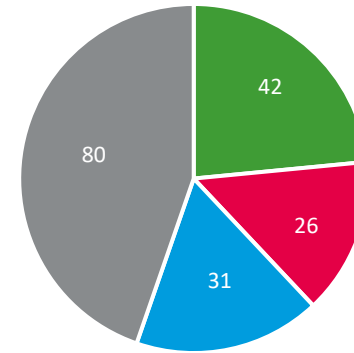
'It helped put me back on track and feel more confident within my abilities.'

'The type of counselling recommended by the Occupational Health doctor was not available internally - recommended to see my GP.'

**Question 7:** Are you familiar with TRIM services?

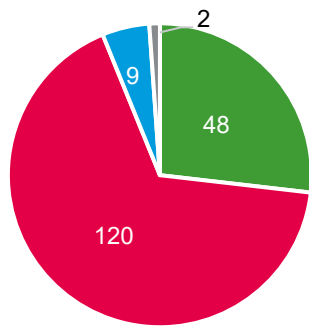


**Question 9:** Have all staff you manage received guidance on Mental Health and Wellbeing?



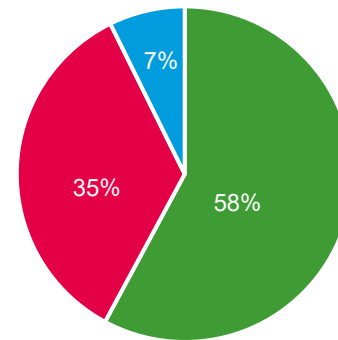
■ Yes ■ No ■ Don't know ■ Not applicable

**Question 8:** Have you, in your current role, received and training with regards to Mental Health and Wellbeing support?



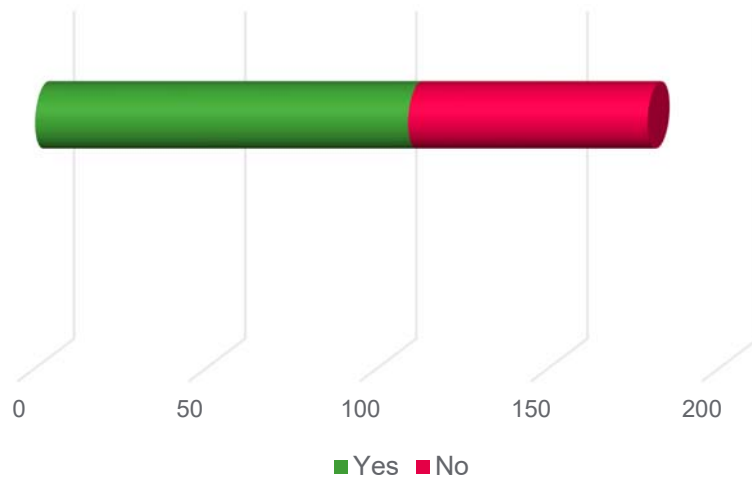
■ Yes ■ No ■ Don't know ■ Not applicable

**Question 9a:** Do people talk about their mental health at work?



■ Yes ■ No ■ Don't know

**Question 10:** Are you aware of the process to be followed if you or a member of your staff reports sickness and mental health is the cause?



**Have you seen any articles which involve people from the Service talking about their health - what impact did this have with you?**

Comments received included:

'I have seen some previously and this had no impact on myself.'

'It's a positive thing and would make me feel more open to asking for help should I need it.'

'I have read them, and it is encouraging to see these types of articles.'

'I haven't. I feel each situation and person is individual and should be managed as such.'

'It's ok to be more open and talk about things.'

## Detailed responses included in the 'free text' boxes of the questionnaire:

Question	Comments
<b>Question 2:</b> Do you consider the communications around Wellbeing offerings to be sufficient and appropriately evidenced across SFRS?	
How would you like this improved?	<ul style="list-style-type: none"><li>• I think the offerings in circulation have been good.</li><li>• I believe a more direct approach should be taken, and the topic discussed by experts from occupational health with new fire-fighters starting in the service during their induction. They will at some point be exposed to distressing scenes and their own personnel resilience will be affected by the demands of the job role they are doing.</li><li>• We need to be in a position where we can suitably evidence action that the organisation has taken to help individuals suffering from Mental Health challenges. The ethos of its OK not to be OK will only gain traction if people can see real, tangible evidence that this is the case.</li><li>• In the current situation I believe Fire service support exercise for support staff as with WT staff would have been welcomed by staff to help with the isolation.</li><li>• Probably group or watch workshops on the range of mental health illnesses and issues would be useful along with a single point for access to help.</li><li>• Following the lock down this can be incorporated in to face to face meetings wellbeing section.</li><li>• A list of services and ways to refer personnel online/intranet.</li><li>• Although communicated that there is help provided, perhaps a brief overview on a drill night (possible just by SM or guest) what is available, where it is and an initial discussion as a watch about mental health.</li><li>• The internal staffnet needs improving and to be made more user friendly.</li><li>• I still think there is quiet a stigma around mental health and wellbeing and needs to be spoken about more freely.</li><li>• As a new starter I wouldn't know where to look in terms of information about Mental Health and Wellbeing. It would be good to have a generic communication sent round or link.</li><li>• I think it simply needs to be made clear that it's ok to suffer with mental health and that they service will support us rather than attach a stigma.</li></ul>
<b>Question 4:</b> Are you aware of how to access Mental Health & Wellbeing Support, if necessary?	
Who would you ask?	<ul style="list-style-type: none"><li>• Line manager.</li><li>• Watch manager.</li><li>• Occupational health.</li><li>• There are links to these support services at the bottom of the home page of our website and referrals can be made through Occupational Health.</li></ul>

Question	Comments
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- Intranet.
- Station Manager.
- Peers and line management, direct self-referral to Occupational Health.

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**Question 5:** Have you accessed such support yourself, during your time at SFRS?

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What was the impact of this, i.e. what difference did it make?

- Improved my ability to deal with anxiety.
- Massively helped me through difficulties, within work and out of work.
- It was extremely helpful. Simply having someone who was impartial and able to actively listen to me in a non-judgemental way was extraordinarily liberating and allowed me to fully explore how I was feeling.
- My appointment was cancelled, and nobody called me back to rearrange.
- Huge, saved me after suffering a mental breakdown.
- It was with Occupational Health, it was nice to speak to someone that didn't know me, and you could speak to them confidential, it was good that I was not bottling it all up.
- It helped me deal with my first traumatic situation I've had to attend in my career, and I felt the process was well structured and definitely helped in my case.
- I've received support from occupational health and from the Firefighters charity during a period of recuperation from an operation. Both gave me reassurance and in particular the Firefighters charity provided me with expert advice and encouragement both mentally and physically in my return to work.
- It helped me to implement coping methods into my daily routine. It still helps me day to day.
- It helped put me back on track and feel more confident within my abilities.
- Occupational health were very supportive, although recommendations to support my needs fell flat when communicated to HR.
- The help was immediate, and I would state that I would not be here today without it. It was from an external source which had regular updates from our service on the progress of my recovery.

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**Question 9:** Have you seen any articles which involve people from the Service talking about their health?

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What impact did this have with you?

- Haven't seen any articles but have worked closely with a number of people who have struggled with mental health. Makes me feel we still have a way to go, though moving in the right direction.
- Yes, gives the impression that its ok to talk.
- I do not recall having seen any, if I have then they were not particularly impactful.
- Yes - most impactful was when our Chief said she had reached out for support - we are all human and need help every now and again.

Question	Comments
	<ul style="list-style-type: none"><li data-bbox="414 199 1971 263">• The monthly wellbeing newsletter. It makes me feel like I am not alone. I can relate to some of the articles although I feel I am managing my own mental health well.</li><li data-bbox="414 279 1971 343">• Yes, gave me some understanding of why they had been off and not just what I heard from the rumour mill which is often worse.</li><li data-bbox="414 359 1971 422">• People do not talk due to there being a stigma around mental health issues. I came to work every day smiling but inside I was fighting another world.</li><li data-bbox="414 438 1971 470">• Yes. It's a positive thing and would make me feel more open to asking for help should I need it.</li><li data-bbox="414 486 1971 550">• I think as some of the information states it's okay to not be okay, personally I encourage people to discuss when it is right for them and look out for staff who are not themselves and ask them if they are okay.</li><li data-bbox="414 566 1971 598">• Yes, though this was good to see and understand how it has affected people and how they are managing it now.</li><li data-bbox="414 614 1971 678">• Some stories have made me angry as they told a story that did not accurately frame mental health and the impact on others. Some though have resonated with me and made me reflect on my own experience that makes me want to share my story.</li><li data-bbox="414 694 1971 734">• Yes - thought it was a promising start to introducing the subject into people's consciousness, but maybe a little subtle and the message will be lost if not followed up on.</li></ul>

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# APPENDIX C: SCOPE

## Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following risks:

### Objective of the risk under review

Community Safety and Wellbeing - The Service has an appropriate framework in place to create a positive and healthy culture in support of the FRS's commitment to improve staff wellbeing within the workplace.

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When planning the audit, the following areas for consideration and limitations were agreed:

#### Areas for consideration:

- The Authority has a wellbeing strategy in place that has been communicated to staff and clear aims have been set and objectives are monitored / reported;
- Training has been provided to staff to assist in the early identification of wellbeing concerns;
- To determine if the Authority has performed a self-assessment, for example, against the Blue Light Wellbeing Framework and appropriate actions have been identified. We will confirm and substantively test to confirm an appropriate framework is in place to monitor and report on actions identified as part of the self-assessment (as appropriate);
- The promotion of health and wellbeing is completed through policies, guidance, dedicated campaigns, training and appraisals.
- Support routes are in place and communicated to staff;
- TRiM assessments have been undertaken in a timely manner following a traumatic event and a follow-up assessment has been performed;
- Reporting of data through the governance structure on wellbeing. We will validate the information reported back to source documentation. We will also confirm how data has been used to inform existing plans / offers; and
- As part of the review, we will interview staff (via questionnaire) to ascertain if they are aware of the wellbeing strategy and welfare offers.

**Limitations to the scope of the audit assignment:**

- We will not re-perform any self-assessment exercises that may have been completed;
- We will not confirm the FRS has discharged its statutory duties, with reference to Health and Safety at Work Act 1974, Human Rights Act 1998 and Equality Act 2010;
- We will not review the whole control framework of the areas listed above. Therefore, we will not provide assurance on the entire risk and control framework;
- We will not review policies and procedures for adequacy or confirm their application in practice;
- We will not comment on the appropriateness of the actions taken, but confirm they are in place or being worked towards;
- We will not confirm all actions identified as part of the self-assessment will be completed in the required timeframe (if applicable);
- We will not review the performance or service provided by support services;
- The results of our work are reliant on the quality and completeness of the information provided to us; and
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

**Debrief held** 18 May 2020 & 11 June 2020  
**Draft report issued** 11 June 2020  
**Responses received** 24 July 2020  
**Final report issued** 24 July 2020  
**Revised Final report issued** 19 October 2020

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**Client sponsor** Howard Watts, Director of Community Safety

**Distribution** David Greensmith, Chief Finance Office  
Howard Watts, Director of Community Safety

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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