

## APPENDIX A

Standards and Governance Committee  
*(electronic submission owing to the May  
Committee being cancelled)*



**HAMPSHIRE  
FIRE AND  
RESCUE  
AUTHORITY**

Purpose: Noted

Date: Electronic submission

Title: **HMICFRS 2018/19 ACTION PLAN & 2020 INSPECTION  
READINESS PROGRESS REPORT, 20<sup>th</sup> April**

Report of Chief Fire Officer

### SUMMARY

1. This report provides the Standards and Governance Committee with an overview of the progress that the Service has made in respect of the Action Plan resulting from the findings of Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) Inspection Report, which was published in December 2018.
2. The Action Plan submitted to HMICFRS is being progressed by accountable organisational leads through business as usual activities. The monitoring of progress is being managed through the Performance and Assurance Directorate and assured via the Integrated Performance and Assurance Board.
3. The report provides members with an update on actions that have closed since the last report to Standards and Governance Committee, as well as actions that remain open beyond their due date, due to the impact of the COVID-19 pandemic. To date, we have closed 39 (95%) of the 41 HFRS actions, leaving 2 overdue actions against which considerable progress has been made. It is, however, important to note that the closure of actions relates to the delivery of activity, which, in some cases, will take some time to be fully embedded culturally with staff.
4. This report also provides an overview of the progress made to prepare for the two future (postponed) inspections of both Hampshire and Isle of Wight Fire and Rescue Services, which have now been postponed until further notice due to the COVID-19 pandemic.

## 2020/21 INSPECTION READINESS PROGRESS

5. Hampshire Fire and Rescue Service (HFRS) and the Isle of Wight Fire and Rescue Service (IWFRS) are currently inspected independently, sharing the same Service Liaison Officer, Samuel Fairman (Organisational Assurance Manager); and the same Service Liaison Lead, Joy Smith (HMICFRS representative), with whom we have had discussions since January. Preliminary pre-inspection visits to both Services were planned to take place between 17-20 March. However, due to the unprecedented COVID-19 pandemic, HMICFRS (in liaison with the Home Office) decided to postpone all inspection activity that involved visits to fire and rescue services until further notice. HMICFRS's Service Liaison Lead does, however, continue to review the IWFRS documentary evidence and data returns that we provided them with earlier in the year.
6. Previously planned dates for discovery visits and inspection weeks for IWFRS have been postponed until further notice, and HFRS is working under the same premise (the visits were previously planned as follows: IWFRS discovery week to commence 30 March 2020, with the inspection week commencing 27 April 2020. HFRS discovery week to commence 31 August 2020, with the inspection week commencing 28 September 2020). We do not yet know the revised inspection dates, but will update the Committee when the inspectorate provides us with the revised schedules.
7. Despite the postponement, the Committee should be aware of the different strands of the inspection activity, and our work and progress in these areas.

## SELF-ASSESSMENT

8. HMICFRS revised the self-assessment process for the second cycle of inspections, now asking only four questions and a general request for additional information:
  - a) *What key changes have there been for your FRS since the last inspection, e.g. governance, funding, staffing?*
  - b) *What action has the FRS taken in response to any causes of concern or areas for improvement identified during the last inspection?*
  - c) *What are the FRS's priorities for the coming year?*
  - d) *What action is the FRS taking in response to the recommendations from the Grenfell Tower Inquiry Phase 1 report?*
  - e) *Please include any other information that you feel would be useful to the inspectors to provide context for the operation of the FRS and its current performance.*
9. The IWFRS self-assessment was signed off by the Executive Group and submitted to HMICFRS on the 9<sup>th</sup> March 2020. We do not yet know the

HFRS submission deadline, with inspection activity in Services postponed until further notice.

#### OTHER INSPECTION ACTIVITY

10. The inspection process involves a range of other activities, including:
  - a) A strategic briefing (to occur on the first day of inspection week) – postponed.
  - b) Regular data collections (the inspection also use other existing data sets including the Home Office – National Fire Statistics).
  - c) Document returns (55 initial requests) – we have submitted the document return for IWFRS on the 9<sup>th</sup> March (total of 87 documents submitted). We expect to submit a similar volume of documents from HFRS in due course
  - d) HMICFRS staff survey – the survey was distributed for IWFRS, however, this was put on hold until further notice due to the pandemic crisis. We do not currently know when the HFRS survey will be distributed.
  - e) Public perception survey (no Service-specific results will be available in the next iteration of this survey).
  - f) Discovery visits (inspection team members to come and explore how we operate before the inspection week) – these are postponed until further notice from HMICFRS.
  - g) Inspection week (a mixture of focus groups, interviews and field work aiming to gather data to inform key findings of the inspection) – this is postponed until further notice from HMICFRS.
11. The HFRS Head of Performance sits on HMICFRS' Technical Advisory Group, which enables the Service to provide input into the HMICFRS' inspection methodology.
12. We will provide further information to members as our inspection planning advances.
13. More widely, until the current pandemic, we were delivering various communications to both HFRS and IWFRS staff on inspection activity and preparations. Prior to the pandemic, this included visits to several stations, teams and forums to explain the inspection process. We are also ensuring that staff are updated on the latest activity and delays due to the COVID-19 pandemic.

#### 2018/2019 HMICFRS ACTION PLAN

14. The HMICFRS Action Plan follow-up and monitoring process is an important part of our overall approach to continuous improvement within the Service, and evidences our performance in respect of efficiency, effectiveness and looking after our people. When an activity has been incorporated into the

Action Plan to address an area for improvement identified by the Inspectorate, it is important that the activity is then implemented as planned.

15. HFRS has appointed Strategic Leads in respect of each of the diagnostic areas as accountable owners for progression of improvement work. These Strategic Leads (all Directors) have assigned Action Owners, typically at a department head level, to progress specific actions. A comprehensive system has been created to enable the accurate tracking of progress of each diagnostic and their actions. This also enables early escalation where progress towards a specific activity is at risk and provides the opportunity for Action Owners to submit updates on their progress.
16. A dashboard has been created to support reporting to the HFRS Integrated Performance and Assurance Board (IPAB), the Standards and Governance Committee, and the Isle of Wight Council's Corporate Scrutiny Committee. Progress is also routinely discussed at Executive Group meetings.

#### OVERVIEW OF DIAGNOSTICS

17. Initially fourteen diagnostics (thirteen classified as 'Areas for Improvement' and one classified as a 'Cause for Concern') were assigned to HFRS. Of these fourteen, twelve diagnostics have been completed and two (including the 'Cause for Concern') are overdue against a completion date of the end of March 2020. Significant progress has been made in these areas – with some final activity being impacted by current the COVID-19 situation.

#### CLOSED DIAGNOSTICS

18. To date, twelve diagnostics ('Areas for Improvement') have been completed and closed, the following seven of which have already been reported to previous Standards and Governance Committee meetings.
  - *“The Service should assure itself that its commitment to the trading arm does not conflict with its main protection responsibilities or its public service duties” (due in June 2019, completed in June 2019).*
  - *“The Service should ensure it allocates enough resources to a prioritised and risk-based inspection programme” (due in September 2019, completed in August 2019).*
  - *“The Service should evaluate its prevention work, so it understands the benefits better” (due in September 2019, completed in September 2019).*
  - *“The Service should ensure it gathers and records relevant and up to date risk information” (due in November 2019, completed in November 2019).*

- *“The Service should ensure it has an effective system for staff to use learning and debriefs to improve operational response and incident command” (due in November 2019, completed in November 2019).*
  - *“The Service should ensure its expected values and behaviours are understood and demonstrated at all levels of the organisation and that managers actively promote these standards” (due in December 2019, completed in December 2019).*
  - *“The Service should ensure its selection, development and promotion of staff is open, transparent and fair, including its position on the use and length of temporary positions” (due in March 2020, completed in December 2019).*
19. The remaining five closed diagnostics, which have been completed since the last update to Standards and Governance on 2 March 2020, are detailed below:
  20. ***“The Service should understand why it completes proportionately fewer Home Fire Safety Checks than other services.”***
  21. Community Safety Officers (CSOs) are now line-managed from the central Prevention Team which ensures that priority across the county is achieved for the vulnerable across Hampshire, not just within the locality. As a result of this approach, there is now consistency in training and underpinning knowledge.
  22. There has been a significant amount of work and engagement activity to drive up Safe and Well visit numbers; however, this work has been (and continues to be) clearly impacted by the COVID-19 situation, which properly commenced in the last month of the financial year.
  23. We are below the targeted levels for the number of station Safe and Well visits. However, if you compare 2019/20 figures for the total number of Safe and Well visits (8,689) to 2018/19 figures (6,293), there was a 38% increase, which is significant. This increase would have been greater were it not for the COVID-19 outbreak, which resulted in Safe and Well visits having to be significantly downscaled to just cover safety critical visits to the most vulnerable (preceded and supported by telephone risk assessments).
  24. ***“The Service should ensure it targets its prevention work at people most at risk.”***
  25. In addition to paragraph 23, which also satisfies the needs of this diagnostic, the 2019/20 Safe and Well Visit Evaluation carried out by Organisational Assurance found that, based on a sample review of 80 Safe and Well visits, they were rightly targeted at the most vulnerable, at-risk individuals.

26. ***“The Service should assure itself that staff understand and have confidence in the Service’s grievance and absence management policies.”***
27. As per the last update to Standards and Governance Committee on 2 March 2020, a 3-day course for middle managers has been designed to improve their confidence in the application of grievance, disciplinary, performance management and sickness absence management policies. This is supported by the Leadership Framework (originally to be launched in April 2020 but postponed owing to the COVID-19 situation) and the roll-out of the new Personal Development Review (PDR) process from April 2020.
28. ***“The Service should ensure it has an effective system in place to manage staff development, performance, promotion and productivity.”***
29. The evaluation report on previous promotional activities has now been supplemented by additional analysis of survey data on how managers and staff ‘feel’ about the process:
  - The survey of managers who had recently received a promoted candidate from the promotions processes (9 respondents), found that 89% (8 of 9) felt the process was effective at selecting the right individuals.
  - A survey of 43 candidates (21 unsuccessful and 22 successful) following the conclusion of these processes, rated the fairness of the process 3.1 out of 5 with those who were successful, rating the process 4.1 and those unsuccessful 2.1. Candidates, however, rated the transparency of the process slightly higher with 3.4 out of 5. Those who were successful rated the process 4.3 and those unsuccessful 2.5. Other feedback from candidates has been very positive during the most recent Crew and Watch Manager promotions processes. This feedback demonstrates that changes made to the processes has been recognised by staff as a positive improvement.
30. This report has been shared with key stakeholders internally and will be reported to the Integrated Performance and Assurance Board.
31. ***“The Service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders”*** (original date was September 2019, revised completion date is March 2020).
32. Communication of the new Personal Development Review (PDR) process (which incorporates the new set of statements in respect of values and behaviours) has commenced, in readiness for its roll out from April 2020. A SharePoint site has been built to enable line managers and staff to conduct effective conversations and supporting procedure and policy has been

approved. Additionally, IWFRS will be implementing at the same time as HFRS, a year earlier than previously planned.

### OVERDUE DIAGNOSTICS

33. There are two diagnostics which remain open beyond their due date of the end of March 2020. Progress since the last report to Standards and Governance in March 2020 against one of these diagnostics is detailed below, with the second reported separately, within the 'Cause for Concern' section of this report.
34. ***“The Service should assure itself that staff are confident using its feedback mechanisms, so these help the Service gather valuable information.”***
35. As reported previously, numerous areas of the Service have been assessed to ensure we reach out to staff and that they feel confident in feeding back to the organisations. A review of the feedback mechanisms was completed in March 2020 and will be reported to the Integrated Performance and Assurance Board.
36. The results of the 2018 cultural survey were shared with the entire workforce and remain available on our intranet.
37. In respect of POD Framework, there will be specific information available on the HFRS intranet and portal, with all comms relating to the POD framework being directed back to this framework to provide clarity for staff. In addition, a comms plan is being created to support the Leadership Framework and PDR process for April 2020 which will also support the POD framework and incorporate our new values.
38. However, it has been necessary to pause the roll-out of the Leadership Framework for six months, given the current COVID-19 situation. Furthermore, whilst the new PDRs have been rolled out, further work to refine the PDR recording tool is being undertaken. This is slightly later than planned owing to the team working on the tool supporting our Covid-19 Information Cell within the HFRS and IWFRS Pandemic Management Team (PMT), as well as the impact of staff having to work from home and link into systems in a new way (following support from ICT team). The PDR recording tool will be finalised in the coming weeks.
39. Considering the above, the diagnostic will be closed once the PDR tool is finalised and associated further comms launched. In terms of the remaining activity around the roll-out of the Leadership Framework, this will be managed as business as usual within the POD directorate.

## 'CAUSE FOR CONCERN' UPDATE

40. ***"The Service does not do enough to be an inclusive employer."***
41. Under the leadership of the Chief Fire Officer and the Head of People and Organisational Development, a comprehensive programme of work encompassing six areas has been initiated to address this action, which was identified by HMICFRS as a 'Cause for Concern'. The six areas are as follows:
- a) Embed a programme to ensure that inclusion, fairness, equalities and professional development are priorities for the Service;
  - b) Ensure that its recruitment activities are open and accessible to all of Hampshire's communities;
  - c) Treat employees according to their needs so they feel valued;
  - d) Ensure that each person's potential can be developed so they can perform to their very best;
  - e) Ensure that the chief officer team leads the programme, promoting the values of the organisation; and
  - f) Ensure that everyone knows how they contribute to the values.
42. Significant work has taken place since the 'Cause for Concern' was identified and since the last report to the Standards and Governance Committee.
43. The Leadership Framework, which has been signed off by the POD Board, articulates the Service's commitment to professional development by mandating both inclusion and diversity training for all our employees, and appropriate management and leadership development for all those in managerial roles.
44. The POD Board, via RMG, commissioned a review of our wholetime duty systems (WDS) recruitment process which was successful in increasing the number of applications from females. We will continue to improve this process to ensure we remove any potential barriers for under-represented groups in our community and are continuing with our positive action events across the County. Changes made to our RDS recruitment have also been successful at targeting female applicants and we have seen a 64% increase in numbers of female RDS firefighters. More needs to be done to attract applicants from our black, Asian, and minority ethnic (BAME) communities and we are working with our community inclusion officers and members of the Fire Reach group to better understand the barriers they face.
45. The new values framework has been created through our workforce and is actively supported and promoted by the Chief Fire Officer and the Executive Group. A working group has been established that will play a key role in developing, implementing and embedding our values across the Services. Our new values are also core to the Safety Plan 2020-25 and also form a fundamental part of the new PDR process.

46. The POD Board also continues to promote and support the health, wellbeing and safety of our employees. Prior to Christmas we gave access to free flu jabs and have established a provision for early access to (magnetic resonance imaging) MRI scans to avoid lengthy NHS waiting times. We have increased our investment in providing free physiotherapy for those injured at work or to expediate a return to work.
47. There has been significant investment in supporting the mental health of our employees through access to psychological screening and increased numbers of mental health first aiders. We have also worked with partner agencies to provide support and guidance in respect of menopause and men's health issues, both from a personal and managerial perspective.
48. The activity that has taken place thus far, along with the planned future activity, demonstrates the Service's commitment to address this 'Cause for Concern'. The Service will continue to focus on and review performance in this area as it transitions to business as usual under the management of the POD Board.
49. The only outstanding element of this diagnostic relates to the roll-out of the Inclusion and Diversity initiative 'A Bit More' training to all staff and teams, which has been halted owing to COVID-19. Prior to the COVID-19 pandemic, this training was in the process of being trialled, with the intention to launch by the end of March 2020. However, under the current circumstances, this is not classified as 'essential' training and, therefore, roll-out has been postponed, with the intention to launch after a completed trial is possible.

#### SUPPORTING OUR SAFETY PLAN AND PRIORITIES

50. The HMICFRS inspection report highlights areas of risk and supports the following Safety Plan priorities:
  - *Public Value* – to ensure our decisions and actions deliver efficient and effective public services against the HMICFRS Inspection Framework.
  - *Learning and Improving* – In that we use the findings of the inspection programme to ensure we make improvements where required and learning from other Fire and Rescues Services that performed well in specific areas.

#### RESOURCE IMPLICATIONS

51. Delivery of the Action Plan is planned into existing organisational resources, however where the inspection identified required improvements, specifically around looking after people, organisational restructures are being

developed to ensure that resources are being concentrated where they are most needed.

#### ENVIRONMENTAL AND SUSTAINABILITY IMPACT ASSESSMENT

52. There are no anticipated positive or negative impacts to the environment or sustainability arising from this report.

#### LEGAL IMPLICATIONS

53. There are no legal implications arising from this report.

#### EQUALITY IMPACT ASSESSMENT

54. The contents of this report are considered compatible with the provisions of equality and human rights legislation.

#### OPTIONS

55. To note or not the progress towards completion of the HMICFRS Action Plan and towards preparing the Service for the next HMICFRS Inspection.
56. Noting the progress will ensure that Hampshire Fire and Rescue Authority (HFRA) receives assurance on the Service's performance and is able to scrutinise the Service on behalf of Hampshire's communities.

#### RISK ANALYSIS

57. Failure to deliver actions committed to within the HMICFRS Action Plan leaves the Authority exposed to the risk of a Fire and Rescue Service with declining organisational performance.
58. The HMICFRS Action Plan is a key element of ensuring that the Service continues to improve and to deliver benefits to communities in Hampshire. The updates on progress of the Action Plan ensure that Members are fully aware of any problems associated with addressing the issues raised and the priority given to driving down or eliminating specific risks.
59. Failure to adequately prepare for and deliver the key aspects of the Inspection Readiness Plan will leave the Service at risk for this year's HMICFRS Inspection.

#### CONCLUSION

60. The Service has created a robust monitoring and assurance process to support progress of all activities within the HMICFRS Action Plan. All actions against five diagnostics have been completed since the last report to the Standards and Governance Committee. The remaining activities are overdue for the reasons as explained above. Overall, we are making good progress and have closed 39 (95%) of the 41 HFRS actions. It is, however,

important to note that the closure of actions relates to the delivery of activity, which, in some cases, will take some time to be fully embedded culturally with staff.

61. Due to the COVID-19 pandemic, all inspection activity in Services has been suspended until further notice, but the inspectorate continues to review documents and data that they have been sent, for example from the March IWFRS document return. Furthermore, we continue to engage virtually with colleagues across the organisations, as much as possible, so that we are fully prepared for the inspection once HMICFRS activity resumes.

#### RECOMMENDATION

62. That the progress made towards the delivery of the HMICFRS 2018/19 Action Plan is noted.
63. That the progress made against the Inspection Readiness Plan 2020/21 is noted.

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