



**HAMPSHIRE
FIRE AND
RESCUE
AUTHORITY**

Standards and Governance Committee

Purpose: Noted

Date: 2 March 2020

Title: **HMICFRS 2018/19 ACTION PLAN & 2020 INSPECTION
READINESS PROGRESS REPORT**

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 closed actions, progress toward imminent completion dates, as well as actions that have had their dates revised. To date, we have closed 31 (76%) of the 41 HFRS actions and are making good progress towards closing the remaining 10 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.
4. This report also provides an overview of the progress made to prepare for the two upcoming inspections of both Hampshire and Isle of Wight Fire and Rescue Services in 2020.

2020/21 INSPECTION READINESS PROGRESS

5. Hampshire Fire and Rescue Service (HFRS) and the Isle of Wight Fire and Rescue Service (IWFRS) will be 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 initial discussions in late January.

Joy will also be carrying out a preliminary pre-inspection visit to both Services, albeit with a primary focus on the Isle of Wight Fire and Rescue Service between 17-20 March.

6. The dates for discovery visits and inspection weeks for both IWFRS and HFRS have now been confirmed. IWFRS discovery week will commence 30 March 2020, with the inspection week commencing 27 April 2020. HFRS discovery week will commence 31 August 2020, with the inspection week commencing 28 September 2020.
7. We have developed revised inspection readiness plans based on the confirmed inspection dates, for which the key milestones and progress against these are listed below.
8. We are currently undertaking an internal self-assessment to make an evidence-based assessment on where we are against HMICFRS' inspection criteria on the three pillars (Effectiveness, Efficiency and People).

SELF-ASSESSMENT

9. HMICFRS have revised the self-assessment process for the second cycle of inspections. The self-assessment return which, for the Isle of Wight Fire and Rescue Service, must be submitted by 9 March (we do not yet know the HFRS submission deadline, although we assume it will be required early August) now asks just 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.*
10. We are, however, adopting a more holistic approach to our internal self-assessment activity, building upon significant activity already undertaken in this area. Significant work to carry out both internal self-assessments is taking place, with an emphasis on completing the IWFRS self-assessment first. In terms of the formal responses to the above questions, the Executive Group will sign them off prior to submission.

OTHER INSPECTION ACTIVITY

11. The inspection process involves a range of other activities, including:
 - a) A strategic briefing (to occur on the first day of inspection week)
 - 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)
 - d) HMICFRS staff survey (distribution date to be confirmed)
 - 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)
 - g) Inspection week (a mixture of focus groups, interviews and field work aiming to gather data to inform key findings of the inspection).
12. The HFRS Head of Performance sits on HMICFRS' Technical Advisory Group, which enables the Service to provide input into the HMICFRS' inspection methodology.
13. We will provide further briefing and information to members as our inspection planning advances.
14. More widely, we are delivering various communications to both HFRS and IWFRS staff on inspection activity and preparations, including visits to a number of stations, teams and forums to explain the inspection process.

NATIONAL HMICFRS REPORT

15. Her Majesty's Chief Inspector of Fire and Rescue Services (Sir Tom Winsor) recently published his first Annual Assessment of Fire and Rescue Services in England. The report makes various recommendations, including to the Home Office, National Fire Chiefs Council and Local Government Association, with the overarching conclusions as follows:
 - a) Significant reform is needed to modernise the sector
 - b) Chief Fire Officers need operational independence
 - c) Operational response is strong, but many services need to improve their protection work. *This is linked to the Effectiveness pillar, against which we had several actions in the 2019 Action Plan.*
 - d) Staff need to be treated better. *This is linked to the People pillar, against which we had several actions in the 2019 Action Plan, including our response to a 'cause for concern'.*
 - e) Some services are financially strapped; others are inefficient. *This is linked to the Efficiency pillar, against which we had no actions in the 2019 Action Plan.*

16. We welcome the various positive findings that the sector has many strengths, for example in terms of operational response. There are, however, various areas for improvement identified across the sector. We are reflecting on the report in the context of both our ongoing improvement activity as part of the action plan from the last inspections, and in terms of the detailed internal self-assessments (of how both Services are performing in terms of their effectiveness, efficiency, and how they look after people) that are ongoing in advance of this year's inspections, alongside preparations for the formal self-assessment submissions to HMICFRS.

2018/2019 HMICFRS ACTION PLAN

17. 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.
18. 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.
19. A dashboard has been created to support reporting to the HFRS Integrated Performance and Assurance Board, 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

20. Initially fourteen diagnostics (thirteen classified as 'Areas for Improvement' and one classified as a 'Cause for Concern') were assigned to HFRS. Of these fourteen, seven diagnostics have been completed, six remain on track to deliver by the original completion dates and one is in progress against a revised completion date.

CLOSED DIAGNOSTICS

21. To date, seven diagnostics ('Areas for Improvement') have been completed and closed, two 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"*** and ***"The Service should ensure it allocates enough resources to a prioritised***

and risk-based inspection programme". The remaining five closed diagnostics, which have been completed since, are detailed below.

22. ***"The Service should evaluate its prevention work, so it understands the benefits better" (due in September 2019, completed in September 2019).***
23. An evaluation that incorporated a case study of 80 Safe and Well forms, discussions with several members across the Service and consideration of other national and local reviews has been concluded. The initial findings were presented to the Integrated Performance and Assurance Board in October 2019, with ongoing liaison between our Operations and Performance and Assurance directorates in this thematic area.
24. ***"The Service should ensure it gathers and records relevant and up to date risk information" (due in November 2019, completed in November 2019).***
25. The Site-Specific Risk Information (SSRI) policy has been the subject of a comprehensive review. Within the revised procedure, which has been in effect since 9 December 2019, the responsibilities for the collation, management and quality assurance of risk information are clearly identified. This is supported through the provision of an on-line training provision (via MOODLE).
26. In addition, on-call support officers have risk information as one of their references and will decide the most appropriate way of completing the work.
27. Unnecessary information for low risk premises has been amended to alerts and this will continue as an ongoing process. The number of SSRIs out of date is also reducing and will continue to be monitored and reported on internally.
28. ***"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).***
29. Improvements have been made to the debriefing process, and the Operational Assurance procedure (including a poster identifying roles in organisational learning) has been revised and was launched on 9 December 2019. This is supported by a new 'Submit Learning' application for reporting operational learning, and performance management tools to support the 'hot debrief'.
30. ***"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).***

31. Following a series of workshops and a staff survey, a new set of statements in respect of values and behaviours has been developed and these were finalised by a staff-led Working Group and approved by the Executive Group. These were shared with the organisation during the Breakfast Briefing on 28 January 2020, and are as follows:

Showing respect

Fairness, honesty and integrity in everything we say and do

Supporting others

Listening and acting with compassion and empathy

Everyone playing their part

Recognising the contribution we all make

Reaching further

Inspiring and challenging ourselves and others

The implementation and embedding of the values and behaviours across the organisation is a longer-term commitment that will be progressed as a separate piece of work monitored through the People and Organisational Development (POD) Board.

32. ***“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).***
33. We have reviewed the revised promotion process and the resultant evaluation report has now been completed, with the latter discussed at two separate Integrated Performance and Assurance Board (IPAB) meetings. Following further discussions between our People and Organisational Development and Performance and Assurance directorates, supplementary analysis (collecting additional feedback from staff) has and continues to be collected to provide further assurance in this area.
34. More widely, temporary promotions have decreased from 95 as at 1 July 2018 to 59 as at 13 February 2020 – a reduction of 38%. Temporary promotions are forecast to reduce further upon completion of the Watch Manager process taking place during the second week in March 2020.

IMMINENT DIAGNOSTICS

35. All of the remaining diagnostics are due to be completed by the end of March 2020, with progress to date reported as below.
36. ***“The Service should understand why it completes proportionately fewer Home Fire Safety Checks than other services.”***

37. A new 'Fire Safety Development Group', has been established by HFRS as a sub-group to the Safeguarding Adult Board (LSAB). A draft fire safety framework document has been developed which will provide practitioners with guidance and support on managing fire risk within the home. Once finalised, it is envisaged that the document will be formally endorsed by each LSAB, promoted as a 'Practice Guidance' resource, and become fully embedded within the policies and procedures of all relevant 4 Safeguarding Adult Boards (4LSAB) partner agencies (Hampshire, Isle of Wight, Portsmouth and Southampton).
38. Since January 2019, the HFRS Community Safety team have delivered 'face-to-face' training to approximately 750 practitioners from a variety of agencies who provide support services to individuals with needs of care and support within their homes. The training package will shortly be available in an electronic format which partner agencies will be able to access via the HFRS external website.
39. In order to ensure that delivery of the highest risk visits, or those people that need multiple interactions, are carried out by an appropriately trained person, as identified by the local Community Safety Delivery Manager, Community Safety Officer (CSO) standardisation meetings and training requirements are now in place. Their workloads and job descriptions have also been reviewed and standardised. A new triage system is being developed as part of the Safe and Well visit to reduce admin time.
40. Other activity includes, but is not limited to:
 - a) HFRS are working with the Police Multi-Agency Safeguarding Hub (MASH) teams to gather appropriate referrals identified from the Public Protection Notice 1 (PPN 1) forms; and
 - b) The requirement to significantly increase the number of Safe and Well visits undertaken has been delegated to Group Commanders and it is anticipated that progress will be better reported when the online form is developed, reducing the lag time in the recording and reporting.
41. ***"The Service should ensure it targets its prevention work at people most at risk."***
42. It has been identified that the primary cause of accidental dwelling fires and injuries is cooking, with the three main risk groups being elderly, rented accommodation and social renters.
43. 'Amber's Warning' (a successful online video media campaign to our communities) is an example of bespoke messaging we have developed to target residents of social housing in Southampton City Council (SCC) blocks. Working in partnership with SCC, we directly targeted 1,922 flats over 18 blocks. Our subsequent social media launch gave us a further reach of 76,544 views. Comparing incident data captured during this campaign,

ending 31 March 2019, and previous incident data from the 18 SCC residential blocks we targeted, kitchen fires have been reduced during this time period by over two thirds.

44. During the next stage of the cooking campaign, following our key message of 'never leave cooking unattended,' we will target residents defined by Mosaic (demographic profiling tool) data as 'Young Single People' in their 20s and 30s who live in urban locations and rent their homes from private landlords, whilst in the early stages of their careers or pursuing studies.
45. Additionally, our student cooking campaign '#NetflixandGrill' launched in February 2020 through our social media channels. Using spoof content, as well as a competition draw to win a Netflix voucher for signing up and interacting with our content, we hope to reduce kitchen fires in student homes, reduce our attendance at accidental fire alarms and to avoid near misses in this age bracket.
46. Following this we will target the third stage of our cooking campaign at the elderly, to tie in with the updates in our Safe and Well visits, staff training, targets and awareness, whilst continuing to develop our relationships with housing providers and safeguarding partners through the Hampshire Safeguarding Board.
47. To ensure we continue to target the most vulnerable members of our communities and further reduce risk, we have also reviewed our Community Safety policies and procedures.
48. ***"The Service should assure itself that staff understand and have confidence in the Service's grievance and absence management policies."***
49. Following the success of a pilot in May 2019, a 3-day course is now available for middle managers to improve their confidence in the application of grievance, disciplinary, performance management and sickness absence management policies. This is supported by the creation of a Leadership Framework, designed to enhance development programmes at all levels, which was approved by the POD Board in November 2019. The Framework will be implemented in line with the roll-out of the new Personal Development Review (PDR) process from April 2020.
50. We continue to promote HR resources and support, and to update our staff on relevant information as this is developed and becomes available.
51. An Occupational Health Improvement Plan, signed off by the Health and Safety Committee, has put in place, since 17 June 2019, a simplified/more effective referral process, a more comprehensive line manager report following a referral to assist them better with signposting the individual, and the introduction of a helpline number for Occupational Health to assist with any queries.

52. ***“The Service should assure itself that staff are confident using its feedback mechanisms, so these help the service gather valuable information.”***
53. 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.
54. These areas include:
- a) The Service runs several surveys and focus groups to gather feedback from staff about priority topics for our people.
 - b) A comprehensive analysis has also been undertaken of our last cultural survey which included qualitative results. These results have led to a number of key areas of work within our POD framework which most recently includes our values and behaviours work and our leadership framework.
 - c) We have a wide range of networks and working groups that meet regularly and provide opportunity for staff to share how they feel. These lead on key workstreams and, most importantly, provide valuable feedback; these networks include; FireINSPIRE, FireABLE, FireOUT, Operational Management team (OMT), Group Managers (GM) forum, Retained Duty System (RDS) forum, Station commanders (SC) forum, the values and behaviours working group.
 - d) The Breakfast Briefing event has also been created to provide our staff with an opportunity to hear directly from and feedback to our Executive Group. This event occurs every two months and is live-streamed to both HFRS and IWFRS. It updates staff on the key priorities and provides the Service with an opportunity to gather feedback about the topic of the event and how staff feel.
 - e) Our values and behaviours work has also provided an opportunity to engage the Service and gather feedback from staff, which will continue through the values and behaviours working group. This work has also led to other areas of improvement, such as the recognition and awards system, and improved Personal Development Review (PDR) process.
 - f) Station visits from our senior team also continue to happen across the Service, these also provide opportunity for staff to feedback directly.
55. To support HFRS and IWFRS in carefully and effectively managing ongoing change, a Change Management Framework has also been developed and was approved by the Executive Group in December 2019 and will formally be launched to HFRS and IWFRS staff later in 2020. The Framework ensures that the impacts of Service changes are analysed, and that evaluation of benefits realisation is undertaken. A review of the feedback mechanisms will also be complete by March 2020 and subsequently discussed at the Service’s Integrated Performance and Assurance Board (IPAB).

56. ***“The Service should ensure it has an effective system in place to manage staff development, performance, promotion and productivity.”***
57. The Resource Management Team (RMT), on behalf of the Resource Management Group (RMG), now run the centralised recruitment processes. Policy, procedures and guidance have been reviewed and updated to support both consistency and clarity, and Representative Bodies were consulted with on 17 January 2020. Reviewing appointment and promotion processes is also part of the new POD Framework.
58. In October 2019, following individual process reviews, a new round of promotional activity was undertaken to the same model as previously, to provide staff with a consistency of approach to promotional activities.
59. As noted in paragraph 33, an evaluation report on previous promotional activities has been completed and is being supplemented by additional analysis of survey data on how managers and staff ‘feel’.

‘CAUSE FOR CONCERN’ UPDATE

60. ***“The Service does not do enough to be an inclusive employer.”***
61. ***“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).
62. Progress towards this diagnostic was first reported to the Standards and Governance Committee on 22 October and the following represents the additional activities that have taken place since.
63. Following a successful pilot which concluded in May 2019, a new Personal Development Review (PDR) process has been developed, incorporating the new set of statements in respect of values and behaviours, and will be rolled out from April 2020. In support of this new process, a Personal Development Review (PDR) data capture tool has been developed through collaborative work between our POD and Performance and Assurance directorates. To date, forms and processes have been designed, support material is being incorporated into SharePoint online learning, HR policy and procedure has been written as part of HR policy re-writes and communications have commenced with Group Commanders.

SUPPORTING OUR SERVICE PLAN AND PRIORITIES

64. The HMICFRS inspection report highlights areas of risk and supports the Service in achieving its aim for the Creating Safer Communities, Responding to Incidents, Assets and Money and People and Leadership

priorities, through delivery against the HMICFRS pillars of efficiency, effectiveness and looking after people.

RESOURCE IMPLICATIONS

65. 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

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

LEGAL IMPLICATIONS

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

EQUALITY IMPACT ASSESSMENT

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

OPTIONS

69. To note or not the progress towards completion of the HMICFRS Action Plan and towards preparing the Service for the next HMICFRS Inspection.
70. 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

71. 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.
72. 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.
73. 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

74. 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 have sufficient resource dedicated to them that they remain on track for completion in March 2020. Overall, we are making good progress and have closed 31 (76%) 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.
75. Building on this successful approach to monitoring the HMICFRS Action Plan, we have developed a robust Inspection Readiness Plan, with associated communications and engagement activity, that is monitored by the Executive Group to ensure the Service is fully prepared for this year's inspection.

RECOMMENDATION

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

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