



DEVON & SOMERSET FIRE & RESCUE AUTHORITY

**M. Pearson
CLERK TO THE AUTHORITY**

**To: The Chair and Members of the People
Committee

(see below)**

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**PEOPLE COMMITTEE
(Devon & Somerset Fire & Rescue Authority)**

Wednesday, 25th January, 2023

A meeting of the People Committee will be held on the above date, **commencing at 10.00 am in Committee Room A, Somerset House, Devon & Somerset Fire & Rescue Service Headquarters** to consider the following matters.

M. Pearson
Clerk to the Authority

A G E N D A

PLEASE REFER TO THE NOTES AT THE END OF THE AGENDA LISTING SHEETS

1 Apologies

2 Minutes (Pages 1 - 4)

Of the previous meeting held on 31 October 2022 (attached).

3 Items Requiring Urgent Attention

Items which, in the opinion of the Chair, should be considered at the meeting as matters of urgency.

PART 1 - OPEN COMMITTEE

4 Performance Monitoring Report 2022- 23: Quarter 3 (Pages 5 - 32)

Report of the Director of Finance, People and Estates (PC/23/1) attached.

5 His Majesty's Inspectorate of Constabulary & Fire & Rescue Services Cause of Concern and Areas for Improvement Action Plan Update (Pages 33 - 46)

Report of the Deputy Chief Fire Officer (PC/23/2) attached.

MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Membership:-

Councillors Hannaford (Chair), Best, Clayton (Vice-Chair), Kendall, Peart, Thomas and Trail BEM

NOTES

1. **Access to Information**

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact the person listed in the “Please ask for” section at the top of this agenda.

2. **Reporting of Meetings**

Any person attending a meeting may report (film, photograph or make an audio recording) on any part of the meeting which is open to the public – unless there is good reason not to do so, as directed by the Chair - and use any communication method, including the internet and social media (Facebook, Twitter etc.), to publish, post or otherwise share the report. The Authority accepts no liability for the content or accuracy of any such report, which should not be construed as representing the official, Authority record of the meeting. Similarly, any views expressed in such reports should not be interpreted as representing the views of the Authority.

Flash photography is not permitted and any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

3. **Declarations of Interests at meetings (Authority Members only)**

If you are present at a meeting and you are aware that you have either a disclosable pecuniary interest, personal interest or non-registerable interest in any matter being considered or to be considered at the meeting then, unless you have a current and relevant dispensation in relation to the matter, you must:

- (i) disclose at that meeting, by no later than commencement of consideration of the item in which you have the interest or, if later, the time at which the interest becomes apparent to you, the existence of and – for anything other than a “sensitive” interest – the nature of that interest; and then
- (ii) withdraw from the room or chamber during consideration of the item in which you have the relevant interest.

If the interest is sensitive (as agreed with the Monitoring Officer), you need not disclose the nature of the interest but merely that you have an interest of a sensitive nature. You must still follow (i) and (ii) above.

Where a dispensation has been granted to you either by the Authority or its Monitoring Officer in relation to any relevant interest, then you must act in accordance with any terms and conditions associated with that dispensation.

Where you declare at a meeting a disclosable pecuniary or personal interest that you have not previously included in your Register of Interests then you must, within 28 days of the date of the meeting at which the declaration was made, ensure that your Register is updated to include details of the interest so declared.

	NOTES (Continued)
4.	<p><u>Part 2 Reports</u></p> <p>Members are reminded that any Part 2 reports as circulated with the agenda for this meeting contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Committee Secretary at the conclusion of the meeting for disposal.</p>
5.	<p><u>Substitute Members (Committee Meetings only)</u></p> <p>Members are reminded that, in accordance with Standing Orders, the Clerk (or his representative) must be advised of any substitution prior to the start of the meeting. Members are also reminded that substitutions are not permitted for full Authority meetings.</p>
6.	<p><u>Other Attendance at Committees)</u></p> <p>Any Authority Member wishing to attend, in accordance with Standing Orders, a meeting of a Committee of which they are not a Member should contact the Democratic Services Officer (see “please ask for” on the front page of this agenda) in advance of the meeting.</p>

PEOPLE COMMITTEE

(Devon & Somerset Fire & Rescue Authority)

31 October 2022

Present:

Councillors Hannaford (Chair), Clayton (Vice-Chair), Cook-Woodman (vice Thomas), Kendall, Peart and Trail BEM.

Also in attendance via Teams:

Councillor Best.

Apologies:

Councillor Thomas.

* PC/22/6

Minutes

RESOLVED that the Minutes of the meeting held on 29 July 2022 be signed as a correct record.

* PC/22/7

Performance Monitoring Report 2022-23: Quarter 2

The Committee received for information a report of the Director of Finance, People & Estates (PC/22/7) detailing performance as at Quarter 2 of 2022-23 against those Key Performance Indicators agreed by the Committee for measuring progress against the following three strategic priorities as approved by the Authority:

- 3(a). Ensure that the workforce is highly trained and has the capability and capacity to deliver services professionally, safely and effectively;
- 3(b). Increase the diversity of the workforce to better reflect the communities we serve, promoting inclusion and developing strong and effective leaders who ensure that we have a fair place to work where our organisational values are a lived experience; and
- 3(c). Recognise and maximise the value of all employees, particularly the commitment of on-call firefighters, improving recruitment and retention.

In particular, the report provided information on performance against each of the following key measures:

- operational core competence skills (beathing apparatus; incident command; water rescue; safety when working at heights or in confined spaces; maritime; driving; and casualty care);
- workforce planning;
- health and safety (accidents [including near misses]; personal injuries; vehicle incidents; and reporting against the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR));

- sickness and absence (including mental health) for wholetime, on-call, support, Control and casual staff, by type of sickness. The report also identified health and wellbeing support offered by the Service and featured benchmarking for sickness absence against comparable, neighbouring fire and rescue services;
- fitness testing (including support offered for red and amber groups) and a review of testing to explore a more inclusive, role-related functional fitness test for operational staff;
- diversity, with a particular focus on the representation of women in the Service as requested by the Committee at its last meeting;
- promoting inclusion, developing strong leaders, living Service values and being a fair place to work;
- grievance, capability and disciplinary issues;
- recruitment and retention (including Pay for Availability benefits); and
- employee engagement.

The Committee welcomed the focus on representation of women in the Service but asked that future reports feature information on the overall picture in relation to diversity and representation within the Service.

*(See also Minute *PC/22/8 below).*

* PC/22/8

Core Competency Performance Review

The Committee considered a report of the Director of Service Delivery (PC/22/11(A)) on the outcome of the review, requested by the Committee at its last meeting, of current performance measures for operational core competency skills.

The report identified the factors impacting on these issues, including that not all operational staff required all core competencies to enable effective and efficient service delivery.

In light of these, it was proposed to amend the competency performance thresholds to:

95% - 100% - Green;

90% - 95% - Amber; and

<90% - Red

and to apply a risk-based impact assessment on failures to meet these thresholds enabling the Committee to contextualise the performance figures in terms of actual impact on front-line services. To facilitate enhanced scrutiny, information would also be provided on any remedial actions proposed to address performance shortfalls.

RESOLVED that the proposal for assessing core competency measures, as identified in Section 3 of report PC/22/11(A) and summarised above, and reporting on this to the Committee be approved.

*(See also Minute *PC/22/7 above).*

* PC/22/9

Gender Pay Gap 2022

The Committee received for information a report of the Director of Finance, People & Estates (PC/22/12) to which was appended the latest Gender Pay Gap report for the Service. The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 required all local authority employers with 250 or more employees to publish, annually, statutory calculations showing the pay gap between male and female employees together with a supporting narrative on the organisation's view of the gap and what actions were proposed to address it.

The latest iteration of the Gender Pay Gap indicated that, for the fourth year in a row, the gap was decreasing. The Service recognised, however, that there were still issues to address in terms of recruitment and retention and in this respect the Service had a People Strategy to make diversity and inclusion integral to its business plan.

* PC/22/10

Apprenticeships

The Committee received for information a report of the Head of Learning, Development & Training (PC/22/13) on Service utilisation of the Apprenticeship Levy introduced in 2015.

The Service currently fully utilised apprenticeship levy funds, with a diverse mix of operational and support staff enrolled on programmes. It was anticipated that levy utilisation of £369,547 would be realised over the next twelve months, with the Service receiving income from the apprenticeship provider for the Operational Firefighter Apprenticeship, thereby securing savings from using this apprenticeship rather than by using a stand-alone route.

In addition to being the first Service in the country to achieve the Operational Firefighter Apprenticeship, use of the apprenticeship programme generally had assisted the Service in reinforcing inclusive learning for those with neurodiverse needs.

* PC/22/11

His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) - Action Plan update

The Committee received for information a report of the Deputy Chief Fire Officer (PC/22/14) outlining progress to date against the Action Plans developed to address both the Cause of Concern and Areas for Improvement identified following the most recent Service inspection by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS).

The Cause for Concern Action Plan had been submitted to HMICFRS by the deadline of 31 August 2022 and delivery of measures to address this was currently on track, as was delivery of measures to address the Areas for Improvement.

In addition to the report, the Committee received a presentation of how progress to address these matters would be monitored (using Sharpcloud software) and was advised that future reports would, in addition to reporting progress against the agreed timeline, also feature commentary on evidence gathered to ascertain effectiveness in addressing the issues identified.

*** DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 10.00 am and finished at 12.30 pm

Agenda Item 4

REPORT REFERENCE NO.	PC/23/1
MEETING	PEOPLE COMMITTEE
DATE OF MEETING	25 JANUARY 2023
SUBJECT OF REPORT	PERFORMANCE MONITORING REPORT 2022 – 23: QUARTER 3
LEAD OFFICER	DIRECTOR OF FINANCE, PEOPLE AND ESTATES
RECOMMENDATIONS	<i>That the report be noted.</i>
EXECUTIVE SUMMARY	<p>The strategic priorities against which this Committee is measuring performance are:</p> <p>3(a) - Ensure that the workforce is highly trained and has the capability and capacity to deliver services professionally, safely and effectively;</p> <p>3(b) - Increase the diversity of the workforce to better reflect the communities we serve, promoting inclusion and developing strong and effective leaders who ensure that we have a fair place to work where our organisational values are a lived experience; and</p> <p>3(c) - Recognise and maximise the value of all employees, particularly the commitment of on-call firefighters, improving recruitment and retention.</p> <p>This report sets out the Services' performance against these strategic priorities for the period October 2022 to December 2022 (Quarter 3) in accordance with the agreed measures. A summary is also set out at Appendix A for ease of reference.</p>
RESOURCE IMPLICATIONS	N/a
EQUALITY RISKS AND BENEFITS ANALYSIS	N/a
APPENDICES	<p>A. Summary of Performance against Agreed Measures.</p> <p>B. Forward Plan</p>
BACKGROUND PAPERS	N/a

1. BACKGROUND AND INTRODUCTION

1.1. The Service's 'People' strategic policy objectives are:

- 3(a) - Ensure that the workforce is highly trained and has the capability and capacity to deliver services professionally, safely and effectively;
- 3(b) - Increase the diversity of the workforce to better reflect the communities we serve, promoting inclusion and developing strong and effective leaders who ensure that we have a fair place to work where our organisational values are a lived experience; and
- 3(c) - Recognise and maximise the value of all employees, particularly the commitment of on-call firefighters, improving recruitment and retention

1.2. The performance in quarter 3 of 2022-23 as measured against the agreed indicators is set out in this report for each of these policy objectives.

2. PERFORMANCE MONITORING – STRATEGIC POLICY OBJECTIVE 3(a)

Strategic Policy Objective 3(a) 'Ensure that the workforce is highly trained and has the capability and capacity to deliver services professionally, safely and effectively'.

Operational Core Competence Skills:

2.1. The People Committee agreed on 31 October 2022 to revise the performance measures for operational core competency skills (Minute PC/22/8 refers).

2.2. Operational Core Competence Skills: The Core Competence Skills recognised by the service are Breathing apparatus (BA), Incident Command (ICS), Water Rescue, Working at Height (SHACS), Maritime, Driving and Casualty Care (CC).

2.3. The newly agreed (as per the October 2022 People Committee meeting) Core Competency performance thresholds are:

- 95% - 100% Green
- 90% - 95% Amber
- <90% Red

2.4. The performance in quarter 3 as measured against the revised core competencies as at 17 January 2023 are reflected in the table overleaf:

Core Competence inc. subsections of competence.	Measure	Rationale	% as of 17.01. 2023	Impact and action taken
Breathing Apparatus (BA)	< 90% + Risk based impact identified	90% provides tolerance for course failures, personnel returning from long-term absence and non-attendance.	99 %	Within tolerance for each location
Incident Command (ICS) Inc.: Operational, Tactical, Strategic and JESIP	< 90% + Risk based impact identified	Only people required to assume operational command have this skill this is currently 705 members of staff.	98.2 %	Within tolerance for each location
Water Rescue Inc.: Water Rescue 1st Responder Water Rescue Technician	< 90% + Risk based impact identified	<ul style="list-style-type: none"> • Restricted access to training facilities due to river water levels and water quality has impacted the delivery of three courses. <ul style="list-style-type: none"> ➤ Two courses cancelled due to high volume of water ➤ One course cancelled due to low volume of water • A minimum of 2 trained people per appliance is required to enable a response. • 94.4% does not impact Operational Capability as • 90% provides tolerance for course failures, personnel returning from long term absence and non-attendance. 	94.4 %	Within tolerance for each location
Working at Height and Confined Spaces (SHACS)	< 90% + Risk based impact identified	<ul style="list-style-type: none"> • In December 2022 the Service introduced a new SHACS recording system 	93 % (82.9%)	Within tolerance for each location

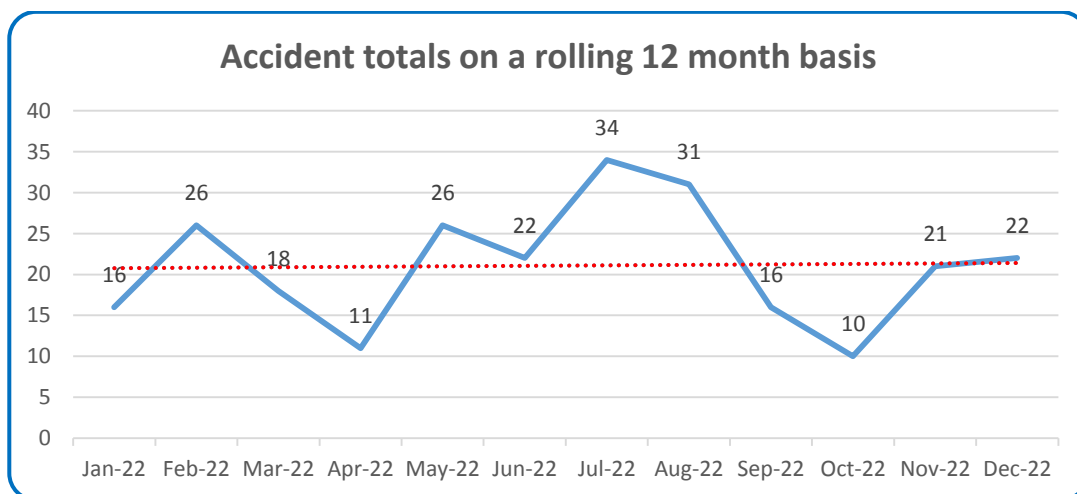
Core Competence inc. subsections of competence.	Measure	Rationale	% as of 17.01. 2023	Impact and action taken
Inc.: Level 1, 2, 3		<p>for training undertaken from December onwards.</p> <ul style="list-style-type: none"> • It is anticipated that all requalification training will be complete by 2025 when we will 'switch off' and archive the old recoding system and data. Until this point we will run the two systems concurrently. • The Service dashboard (New System) for SHACS is 82.9% • The total number of SHACS competency across both recording systems is 93% which does not impact service delivery. • 90% provides tolerance for course failures, personnel returning from long term absence and non-attendance. 		
<p>Maritime Level 2</p> <p>The percentage for Maritime is based on 404 people needing the skill (those on a maritime station).</p>	<p>< 90% + Risk based impact identified</p>	<ul style="list-style-type: none"> • There are 15 stations identified as requiring maritime training. • 90% provides tolerance for course failures, personnel returning from long term absence and non-attendance. 	<p>97.8 %</p>	<p>Within tolerance for each location</p>

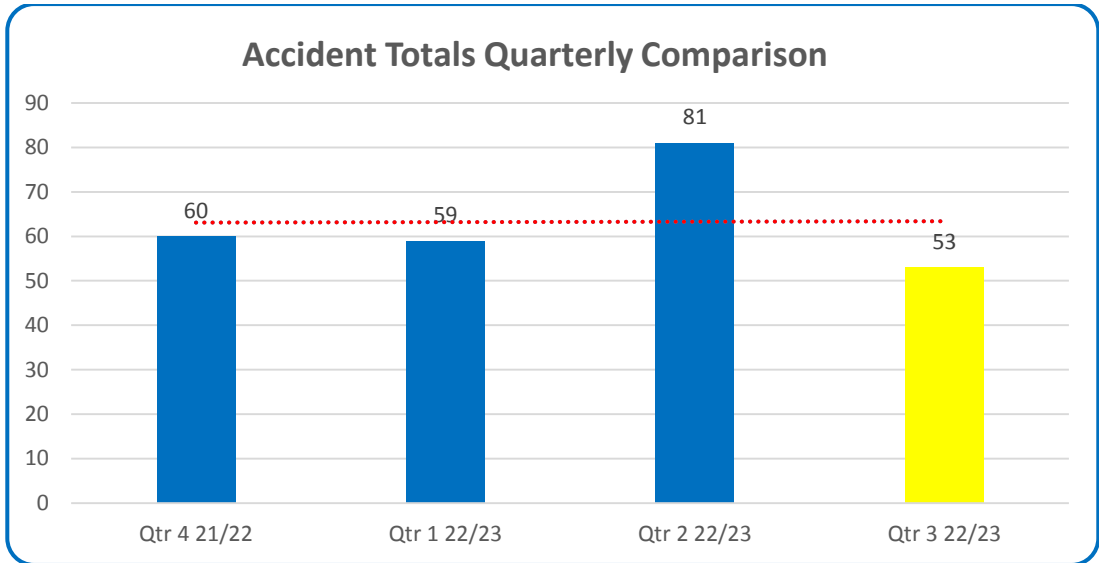
Core Competence inc. subsections of competence.	Measure	Rationale	% as of 17.01. 2023	Impact and action taken
Casualty Care (CC) Inc.: Level 1, 2	< 60% + Risk based impact identified	<ul style="list-style-type: none"> Service policy states 60% of operational personnel trained to this standard. 60% is 950 people. Currently 1343 trained (97.3%) 	141.3 %	Within tolerance for each location
Response Driving Inc.: Primary Response (PRDC) Fire Appliance (EFAD) Specialist Vehicles	< 90% + Risk based impact identified	<ul style="list-style-type: none"> 90% provides tolerance for course failures, personnel returning from long term absence and non-attendance. 	98.8 %	Within tolerance for each location

Health & Safety:

Accidents:

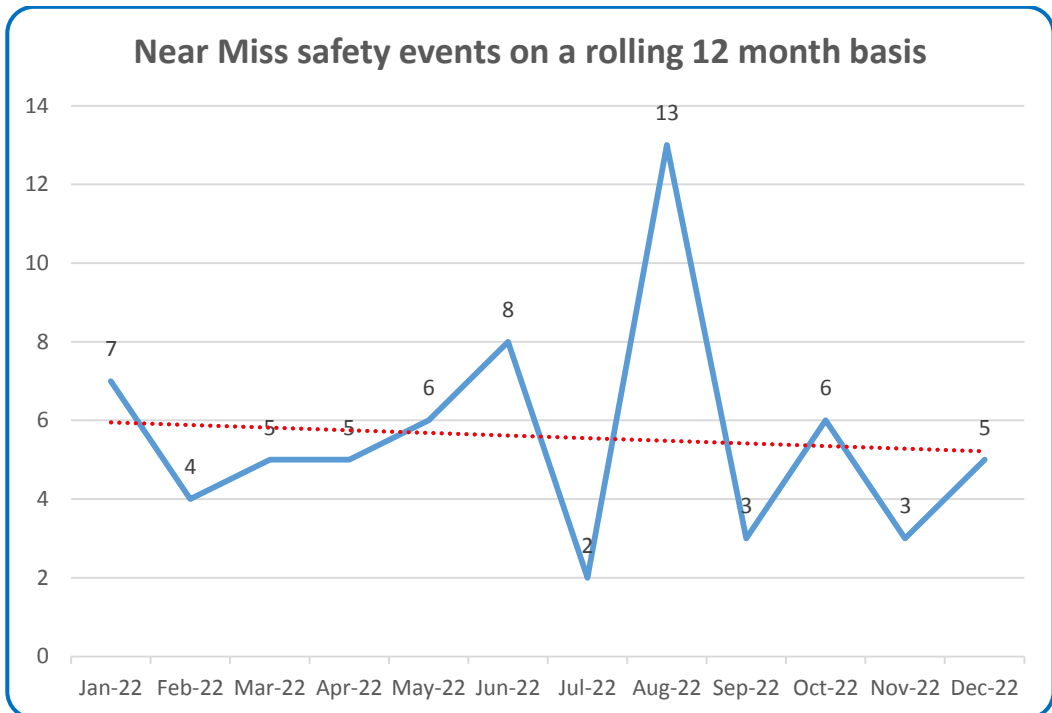
2.5. The overall trend for accidents in 2022 showed a very slight increase. Accident rates fluctuating through the year, which were in general linked to periods of increased operational activity. The quarter 3 accident numbers are down by 28 on the previous quarter. The spike in accidents in quarter 2 has been linked to the period of extreme hot weather, related fires and increase in operational activity.

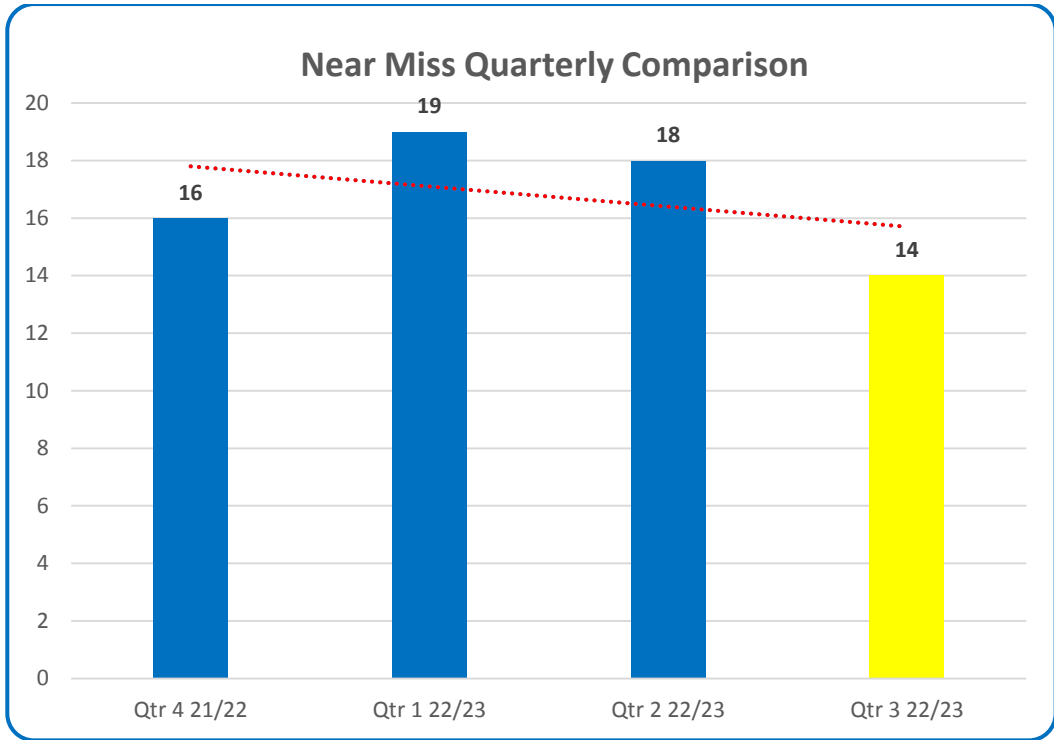




Near Miss:

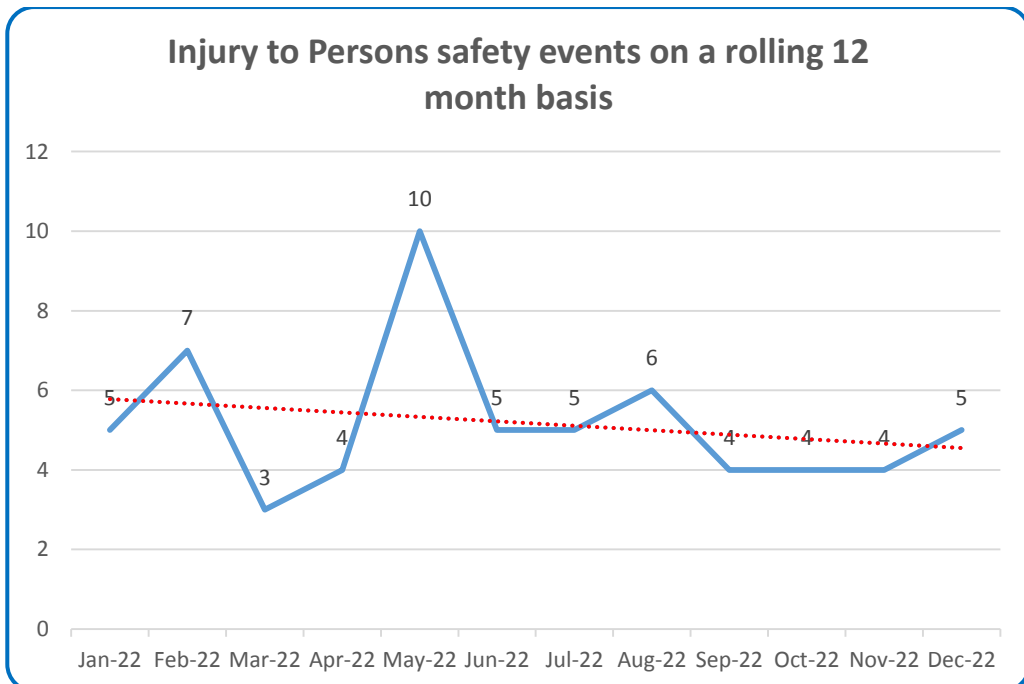
- 2.6. There were 14 near misses in Quarter 3, a 22% (4 events) reduction on reporting from the previous quarter. The benefits of near miss reporting continue to be communicated by the Health and Safety Team and the Organisational Development team. The wider cultural work with the 'Safe to' campaign will help to influence improvements in this area.
- 2.7. The near miss reports during Quarter 3 are varied, there is no trend or ones of a similar nature.

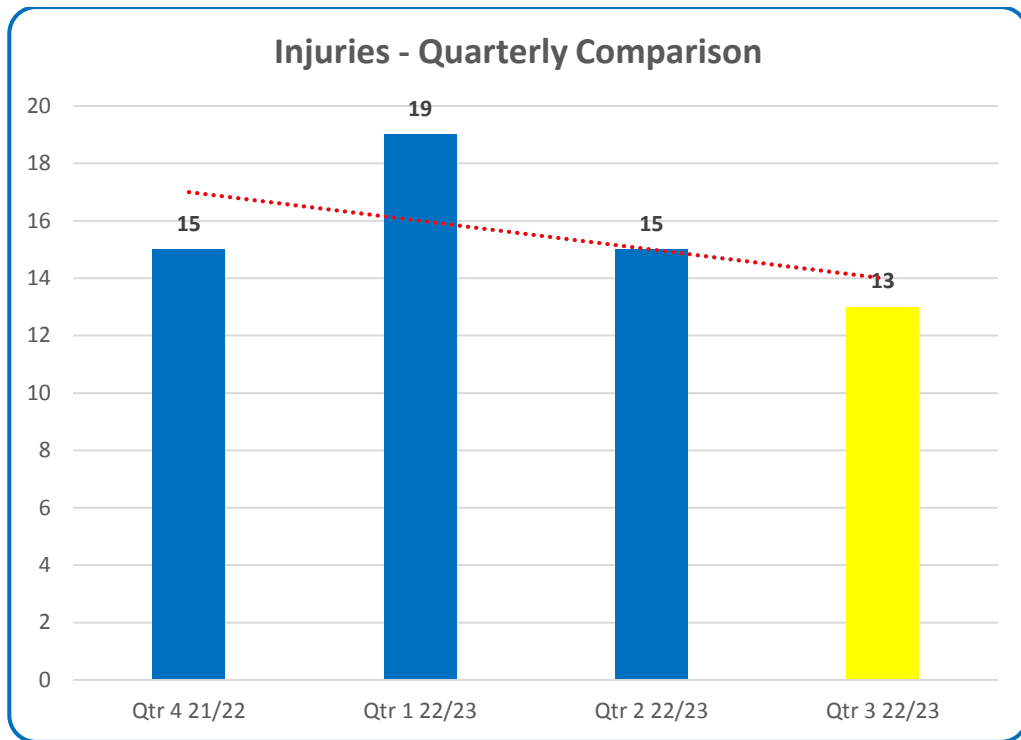




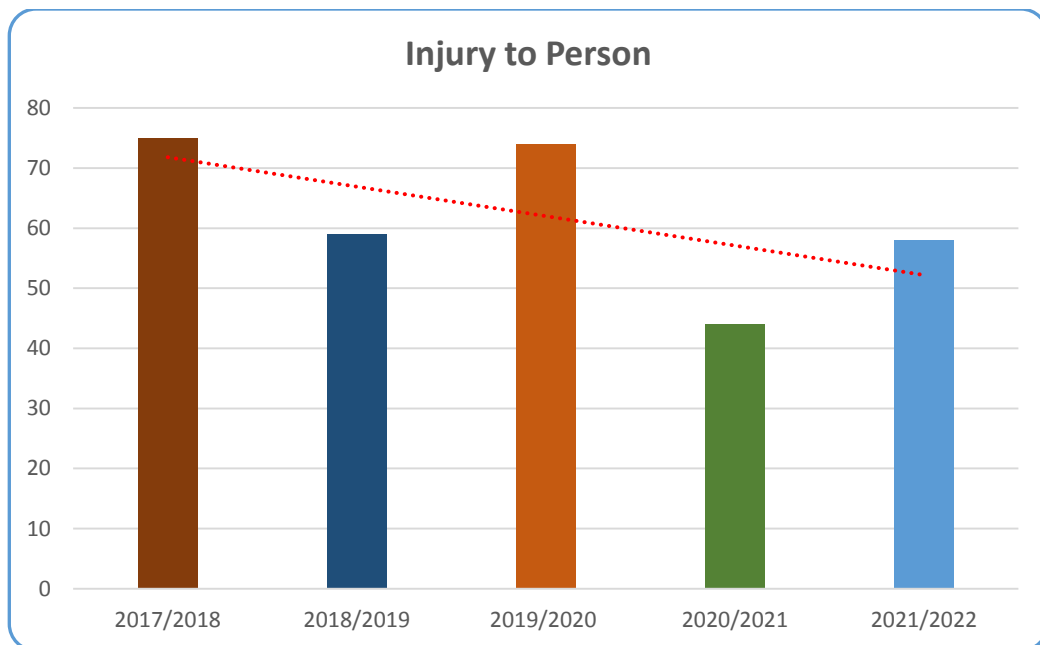
Personal Injuries:

2.8. The charts overleaf compare the Service's injury rates over a rolling 12-month period, as well as highlighting the Quarter 3 figures. The injury figures in general remain low, the trendline showing a reduction over 2022. Quarter 3 showed a decrease of 2 injuries when compared to the previous quarter, a 13% reduction in injuries.



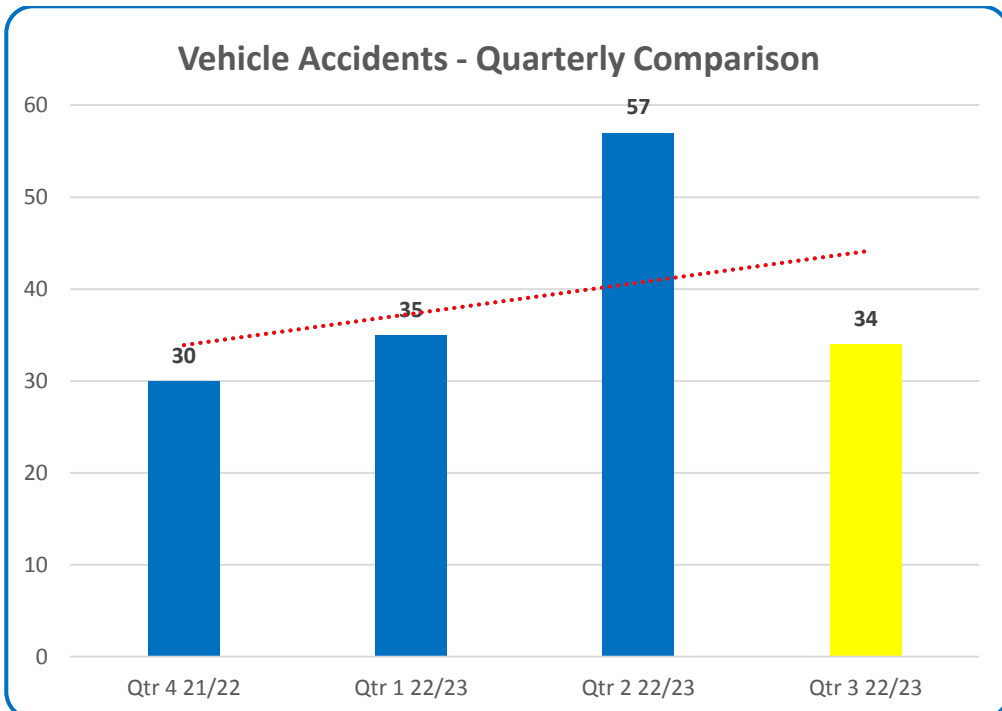
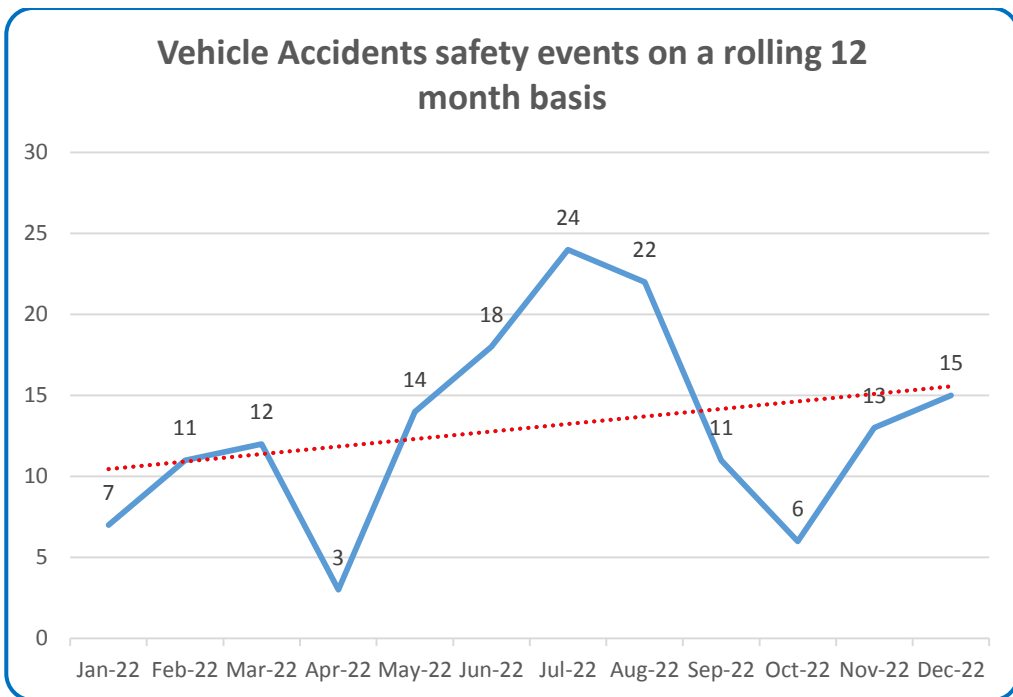


2.9. The annual trend over the last 4+ financial years (2017/18 – 2021/22), however, is reducing as shown on the graph overleaf:



Vehicle Incidents:

2.10. Vehicle related incidents reduced in quarter 3, quarter 2 had seen a spike in vehicle related incidents. This was linked to an increase in operational activity over that quarter. Vehicle related accidents are primarily during non-blue light activity, the majority related to slow speed manoeuvring. Clipping hedges and banks on tight lanes, or another vehicle in congested streets, as well as when manoeuvring at the incident. The Services Occupational Road Risk group meets quarterly to review driving and vehicle related issues. This includes suggesting proactive action to improve individual or organisational driving and vehicle related outcomes.

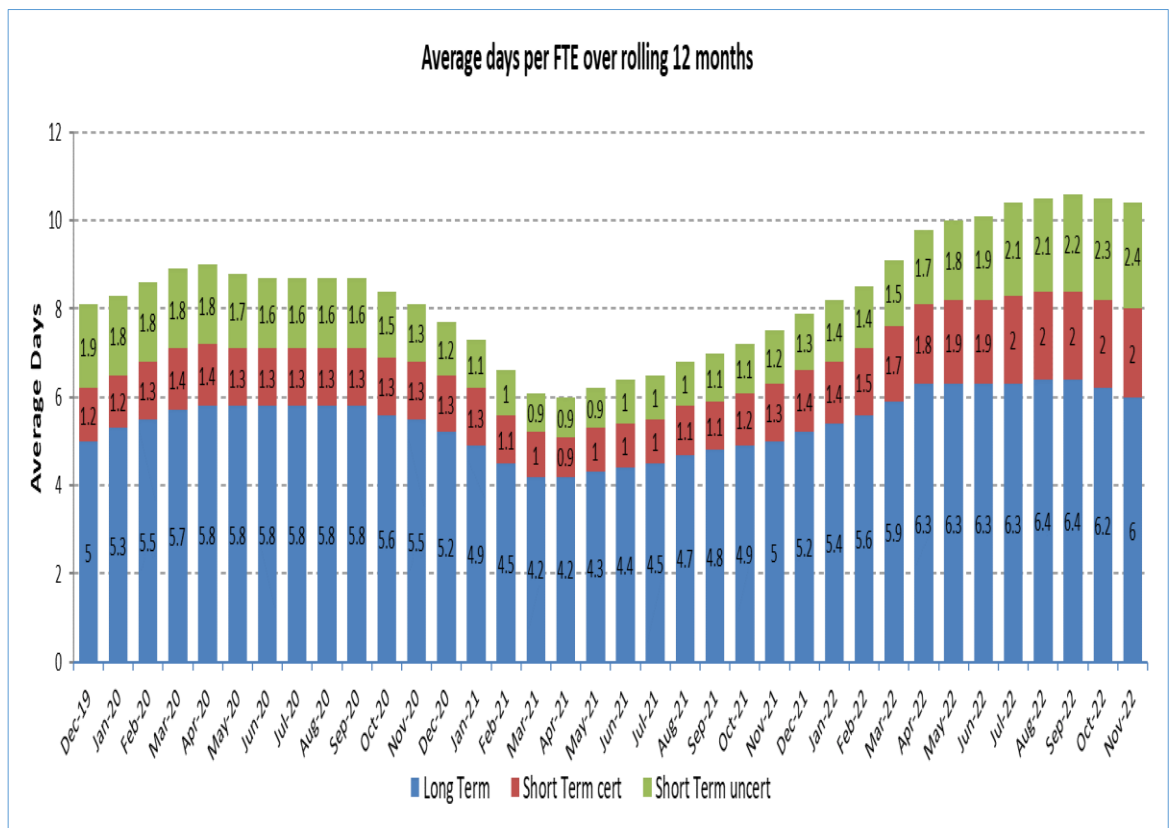


Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR):

2.11. The Service is required to report certain types of work-related safety event outcomes to the Health and Safety Executive (HSE) as required under the RIDDOR regulations. This will be reported on an annual basis as a financial, year by year comparison as at Q1.

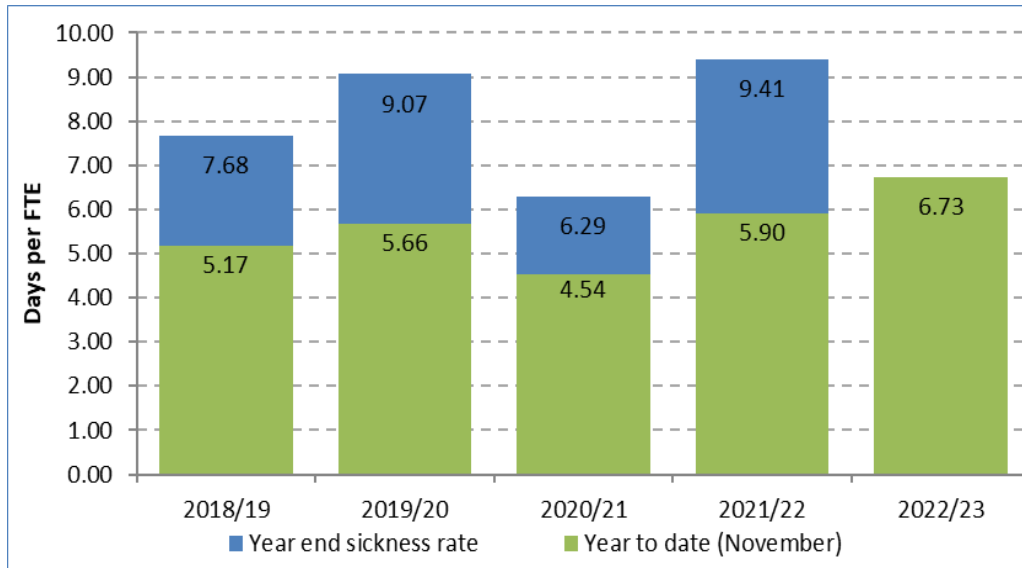
Sickness and Absence:

2.12. There continues to be an overall increase in sickness absence average days lost April to November 2022 across the 3 absence types; long-term sickness, short term certified and uncertified. This is because Covid is calculated within our general sickness absence symptoms.



Annual comparison (average days lost) year on year per FTE

2.13. The Service increase in average days lost at 6.73 April to November 2022 compared to 5.90 for the same period 2021 last year, an increase of .83 days per employee, 13.5%.



2.14. Covid related sickness absence in 2020 and 2021 was not recorded within our sickness data but collated separately. Since 1 April 2022 any Covid related sickness has been recorded, reflecting an increase to our sickness absence figures within the colds/flu category.

National Fire Service Data

2.15. The Cleveland National Fire Service report for Quarter 1 April – Sept 2022, showed a variance between 35 Fire Services, from the lowest at 3.23 to the highest of 10.53 sickness days per FTE. For the same period our Service was at 5.02.

2.16. In comparing our local Fire Services and understanding their workforce population in comparison to our Service, our sickness average days lost per FTE falls below all of them and reflects a lower number when compared to South Wales who have a similar size workforce.

Comparative Neighbouring Fire Service Sickness Days FTE

Service	Total	W/T	On Call	Support	Control	Sickness FTE April-Sept 2022
Cornwall						4.90
Avon	838	478	150	166	44	5.33
Dorset/Wilts	1358	402	590	333	33	5.71
South Wales	1720	800	627	250	43	6.89
DSFRS	1872	415	849	572	36	5.02

2.17. The National Fire Service (NFS) data indicates that, for the period April 2022 to September 2022 compared against the same period for 2021, there has been an increase in sickness across all staff groups:

Wholetime 28% On Call 1% Control 16% Green Book 28%

2.18. The table below depicts % of total working days/shifts lost taken within each staff group, comparing DSFRS with National FRS data.

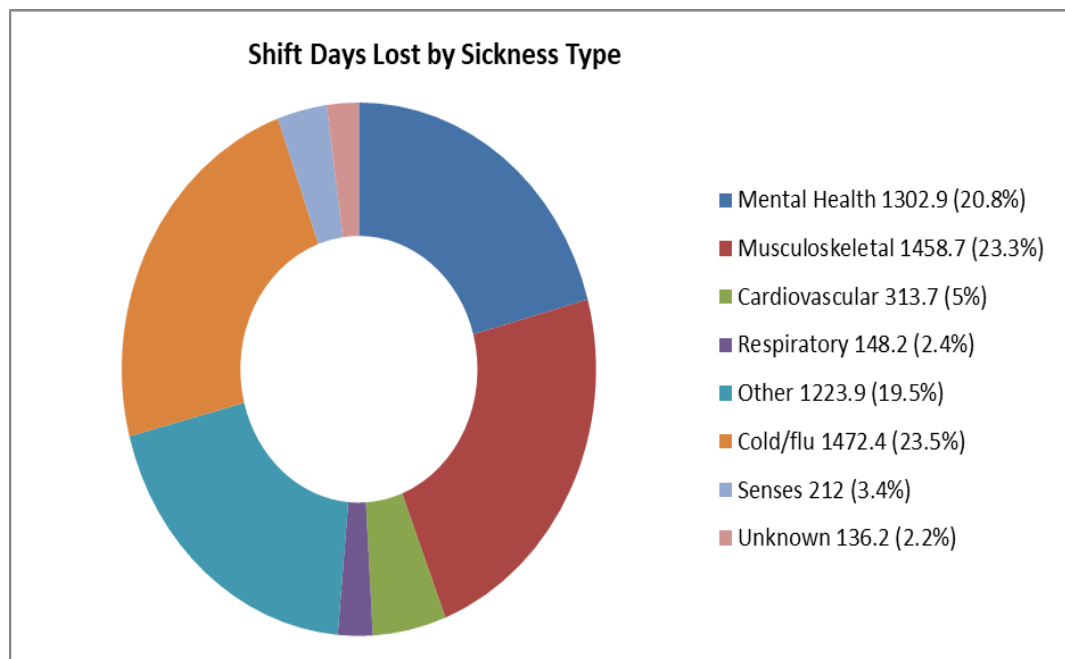
Staff Group for National FRS Data Apr-Sept 22	National FRS % of total working days/shifts lost	DSFRS % of total working days/ shifts lost
Wholetime	2.67 - 14.61	6.21
Control	2.47 - 21.78	7.05
Support	0.83 - 5.18	2.85

2.19. On Call was not included in the National data set for comparison against other FRS's.

2.20. The NFS data also details the main causes of sickness absence to be musculoskeletal, mental health and respiratory (including Covid/colds/flu).

Shift days lost by sickness type

2.21. In quarter 3 'cold and flu' 'mental health' and 'musculoskeletal' are the primary sickness absence reasons across all staff groups, with Colds and flu 23.5%, musculoskeletal at 23.3%, and mental health 20.8%. This reflects a similar upward trend in the NFS data particularly the cold/flu category.



2.22. Understanding this data enables us to understand our wellbeing interventions and we continue to deliver these to our Line Managers and employees through the Human Resource Business Partners and the Health and Wellbeing team. The health and wellbeing services continues to develop iterative education programmes, early interventions, and support.

Mental Health

- 2.23. The table below details stress related sickness reported at the time of absence in the period June 2022 to November 2022 for work related and non-work-related sickness absence. It shows a minor decrease in non-work-related absences.

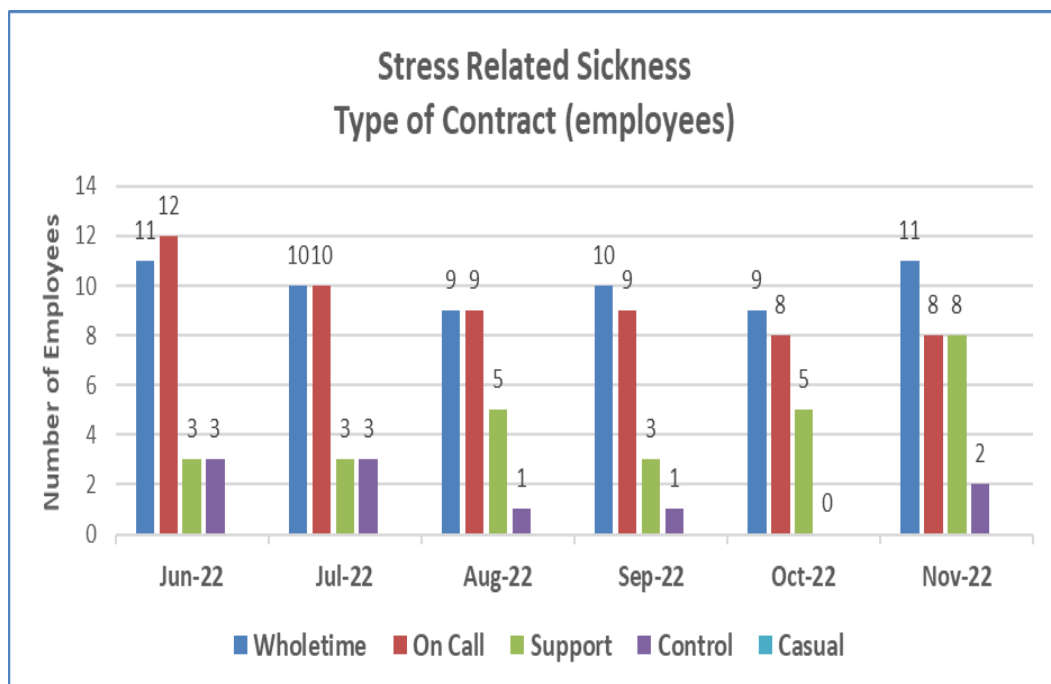
Stress related sickness absences

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Work Related	1	1	1	1	1	1
Non-Work Related	28	25	23	22	21	28
Unknown	0	0	0	0	0	0

- 2.24. Where data has been collated through Personal Stress Assessments, there is a correlation between non-work related and work-related stress. The data collated highlights a noticeable increase in the number of employees affected by difficulties in their personal relationships, financial and childcare issues.
- 2.25. The Service has recently organised Cost of Living workshops with the Firefighters Charity which was well attended. Resources have been made accessible through our Service Intranet.

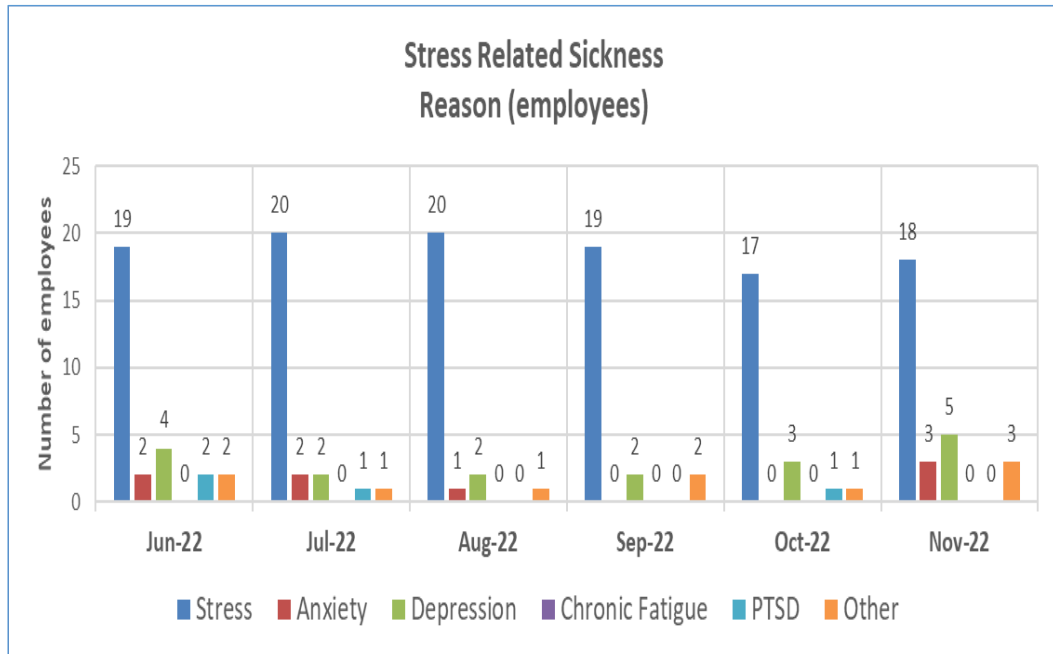
By Contract Type

- 2.26. Contract type shows that there has been a slight increase across staff groups since the last quarter.



2.27. This information can be further broken down into the other reasons which capture stress related absence, with some of the collective mental health conditions cited of anxiety, depression and PTSD. There has been slight increase in the number of stress cases since June 2022 and the Service continues to monitor targeted interventions and the overall impact on these figures.

Stress related absence by reason



Health and Wellbeing Support

2.28. Since the Service recently teamed up with Benenden Health from 1 July 2022 there are 94 active members of which 43 are employees and the remainder are family members. This has given members the opportunity to access several easily accessible health benefits at a reasonable monthly fee. From July 2022 to January 2023 those scheme members who accessed a benefit were 69% for 24-hour GP advice line and 25% for diagnostic consultation & tests.

2.29. Yoga on the Frontline, a recent pilot project has been taken to Barnstaple group after their initial programme was delivered to employees based near SHQ. Feedback and evaluation of those more frequently exposed to stress will be provided. This intervention is built on prevention to deliver much needed access to tools for effectively managing stress and building mental and physical resilience and build on optimising performance in their roles.

2.30. Continued Health and Wellbeing interventions include a recent collaboration with the Firefighters Charity to deliver Wellness Webinars which include, developing resilience, sleep and health, stress management and cost of living advice and support. These have been well attended to capacity and some of these workshops will be targeted internally across the Service.

- 2.31. The current wellbeing network which includes trained Staff Supporters and Mental Health First Aiders is being revamped to a Wellbeing Champions network, to pro-actively support the health and wellbeing agenda across the Service.
- 2.32. The Health and Wellbeing provision has undergone a stringent procurement process in 2022 with 4 lots awarded as follows:
1. Occupational Health to Health Partners who commenced as the new provider from 1st November 2022.
 2. Counselling, went to Work Out Solutions
 3. Physio remained with Exeter Physio
 4. Drugs and Alcohol (with-cause testing) was awarded to Radox Testing Services will be disclosed shortly. Cause testing is conducted when there is suspected drug or alcohol abuse in the workplace, whether allegations are made, suspicion arises, if drugs and alcohol have been found in work or following an accident. Radox will also write a full policy and relevant procedure to ensure compliance, aligned with an education programme for Manager's Awareness Training, to be fully conversant with drug trends, identifying drug use and DSFRS policy and procedure.
- 2.33. The Health and Wellbeing team have been working closely with Diversity and Inclusion and the Dyslexia Support Network to launch the Neurodiversity information pages. The fire service attracts more people with the dyslexia skills of problem solving, leadership, innovation, heightened visual skills and the ability to see "the big picture."
- 2.34. The Equality Act 2010 prohibits unlawful discrimination against people within protected characteristic groups. Dyslexia falls within one of those groups – disability. Some employees already have a medical diagnosis and have reasonable adjustments in place.
- 2.35. In 2020 the Service explored an on-line neurodiversity screening tool 'Do IT Profiler that through a series of questions, gives an indication of one of 14 neurodiversity difficulties (i.e. dyslexia; dyspraxia; dyscalculia; autism; ADHD etc). This tool is not a medical diagnosis but enabled us to better support an employee where they know or suspect they may be neurodiverse. In the last year over 20 employees have used this tool with the majority of outcomes indicating dyslexic traits.
- 2.36. Once the screening questions have been completed, the individual is provided with a report giving recommendations of workplace support such as easy to purchase tools; reader pens or use of MS365 Accessibility tools. HR, Managers and the employee can work together to look at supportive ways of working and the personalised report can also be ported across to any learning or training the employee may encounter on the employment journey with the Service.

Fitness Testing

	Total Number as of 17/01/2023	Percentage as 17/01/2023
Number requiring test (in scope)	1570	100%
Number passed	1550	98.7%
Red & Amber (additional support)	6	0.38%

- 2.37. All in scope staff have taken a fitness test. 1550 met the required standard and 6 did not. Of the remaining 14 individuals, 8 are new recruits with valid fitness tests but do not have a PR number yet so can't be recorded on the system yet. The remaining 6 individuals are out of date for various reasons (long term absence etc) 2 of which have been escalated via the HR Business Partners.

Supporting the Red & Amber groups

- 2.38. The 0.38% Red and Amber (Fail) group equates to 6 individuals who require additional support. Every member of staff in the Red/Amber category is subject to a 3 month retest period and receives a development plan. Including a fitness and nutrition plan and ongoing additional support from the fitness instructor. At 6 months, if staff are still unable to achieve the required standard, then a capability process is started working with the HR business partners.
- 2.39. Every member of staff in the Red/Amber category is subject to a 3-month retest period and receives a development plan. Including a fitness and nutrition plan and ongoing additional support from the fitness instructor.
- 2.40. At 6 months, if staff are still unable to achieve the required standard, then a capability process is started, working with the HR business partners.

A review of fitness testing

- 2.41. The People Development Team have begun engagement both nationally and regionally to ensure that DSFRS continues to explore and develop a more inclusive and proactive approach to fitness and fitness testing. Data is being collected on the impact of fitness testing on characteristics such as age, gender, ethnicity, disability and test type to influence a more realistic and sustainable testing model for all.

3. PERFORMANCE MONITORING – STRATEGIC POLICY OBJECTIVE 3(b)

Strategic Policy Objective 3(b) - 'Increase the diversity of the workforce to better reflect the communities we serve, promoting inclusion and developing strong and effective leaders who ensure that we have a fair place to work where our organisational values are a lived experience.'

Diversity:

3.1. This is an annual measure looking to see a year-on-year improvement and will be next reported in full in Quarter 4 of 2022-23.

3.2. It is clear from the Service's workforce statistics that there is an underrepresentation of women in our organisation. As of 31 December 2022, the figures are as follows:

- female representation in the Devon & Somerset workforce - 14.6%; and
- Wholetime and on-call representation - 7.0% and 6.2% respectively.

3.3. At the meeting in July 2022 (Minute PC/22/5 refers), the Committee asked for a focus on activities aimed at increasing the number of operational women and supporting their development and retention.

Retention:

3.4. Retention figures of 2022 show an increased retention of women, making gender related retention now fairly similar around 10%. It is likely that Pay for Availability has contributed to that for our On Call staff, both men and women, as gives more financial security and therefore independence.

3.5. Maternity pay: with effect from 01 April 2023, the Service will be further enhancing the occupational maternity pay to eligible staff. Work was carried out in 2022 to assess how the Service compared to other FRAs nationally as well as other public sector organisations in terms of what occupational maternity pay was offered to staff.

Promoting Inclusion, developing strong leaders, living the values, a fair place to work:

3.6. Progress against actions related to both this data and other findings in the People Pillar of the HMICFRS report are being reported to this Committee separately to this performance report.

3.7. New training presentation on values, behaviours and ethics has been developed and is due to be delivered face to face to all staff by the end of March. This training, together with an increase in internal communications around cultural reform, will support embedding the expectations of the organisation. Members of ELT visit teams and implementation of cultural leads in groups to support the work in operational teams will further support the messages.

- 3.8. The Diversity & Inclusion policy has been published and implementation has commenced. The purpose of this policy is to ensure we promote an environment and culture that is consistent with our values and code of ethics, where individuals are valued and treated with respect and fairness. As a public sector organisation, DSFRS has a legal duty (Public Sector Equality Duty) to integrate consideration of equality and good relations into its day-to-day business.
- 3.9. The policy includes 8 principles which are based on our values and ethics.
1. Provide equal access to our services for all members of our community.
 2. Facilitate meaningful and inclusive engagement both with staff and our communities, which promotes a culture of dignity and respect.
 3. Assure equality, diversity and inclusion in the workplace through leadership accountability and measurement, by designing it into everything we do.
 4. Create an inclusive working environment promoting dignity and respect for all, free of bullying, harassment, victimisation and unlawful discrimination. A compassionate and safe work culture that enables staff to be their authentic self and be empowered to have a voice, challenge and share their experiences.
 5. Make opportunities for training, development and progression available to all staff, who will be helped and encouraged to develop their full potential, so they can be at their best and their talents can be fully utilised to maximise the efficiency of the Service.
 6. Make decisions concerning staff and applicants, in relation to recruitment, development and progression, based on merit.
 7. Undertake assessments to establish the impact on (certain groups of) people on policies, procedures, strategies, projects and improvement initiatives, with the aim to identify adverse impact or discrimination and take reasonable action where these arise.
 8. Monitor the make-up of the workforce, applicants and community/customers regarding information around protected characteristics.
- 3.10. Two new e-learning packages, one for all staff and one for managers, were introduced in the last quarter of 2022 in respect to equality, diversity and inclusion. All staff were required to complete the relevant training by 31 December. 87% of staff have done so.
- 3.11. Performance /conflict training for managers has been made available through our e-learning platform and advertised to encourage take up. Further e-learning packages will be released throughout the year to develop capability in managers to create a work environment which is inclusive and psychologically safe.

- 3.12. A working group has been created to revise our onboarding and induction process for all staff, specifically but not solely, to include the setting of expectations of behaviour, values and ethics.

Grievance, Capability and Disciplinary

- 3.13. The table below gives a summary of the number of grievances and disciplinary cases that the Service managed for the last 3 years. This is from the spreadsheet that is held in HR. As can be seen from this table the number of grievances has increased this year. The majority of these grievances are linked to allegations of unfair treatment or processes. The majority of disciplinary hearings are linked to inappropriate language and/or behaviour. During last year there were 10 formal capability processes instigated the majority of these being linked to not achieving fitness standards.

Performance Process	2019	2020	2021	2022
Grievance	10	13	12	22
Disciplinary	16	12	31	21
ET	1	0	0	3

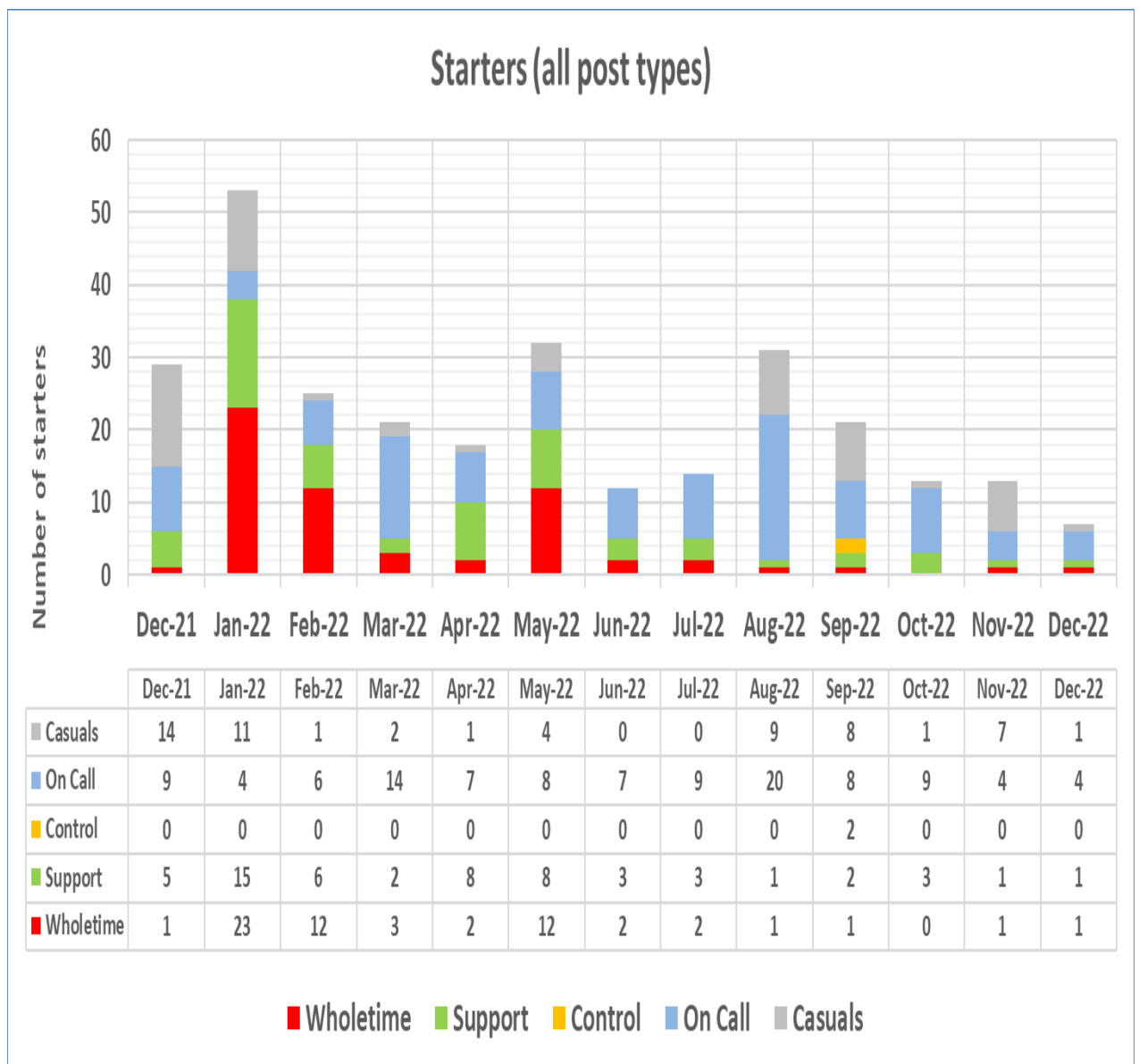
Update on strategic Workforce Planning

- 3.14. On a monthly basis, the People Services team provide to the Strategic Workforce Planning Meeting a minimum of the following information:
- Current position on the overall establishment to provide an overview of current establishment figures, starters and leavers for staff groups
 - Sickness Absence Data, Health & Wellbeing including current sickness absence data, including long term and short-term sickness and restricted duties cases update on diversity profile data.
 - Recruitment information providing updates on recruitment and selection processes and progress. Provides information on uniformed positions to give clear indication on where current vacancies are, and the overall effect on workforce. On call station recruitment
 - Development Programme updates to outline and inform the number of individuals progressing through assessments centres to be ready to apply crew, watch, station manager roles as and when they become vacant
 - Diversity Information which tracks starters, leavers and overall diversity across the organisation
 - Apprenticeships update

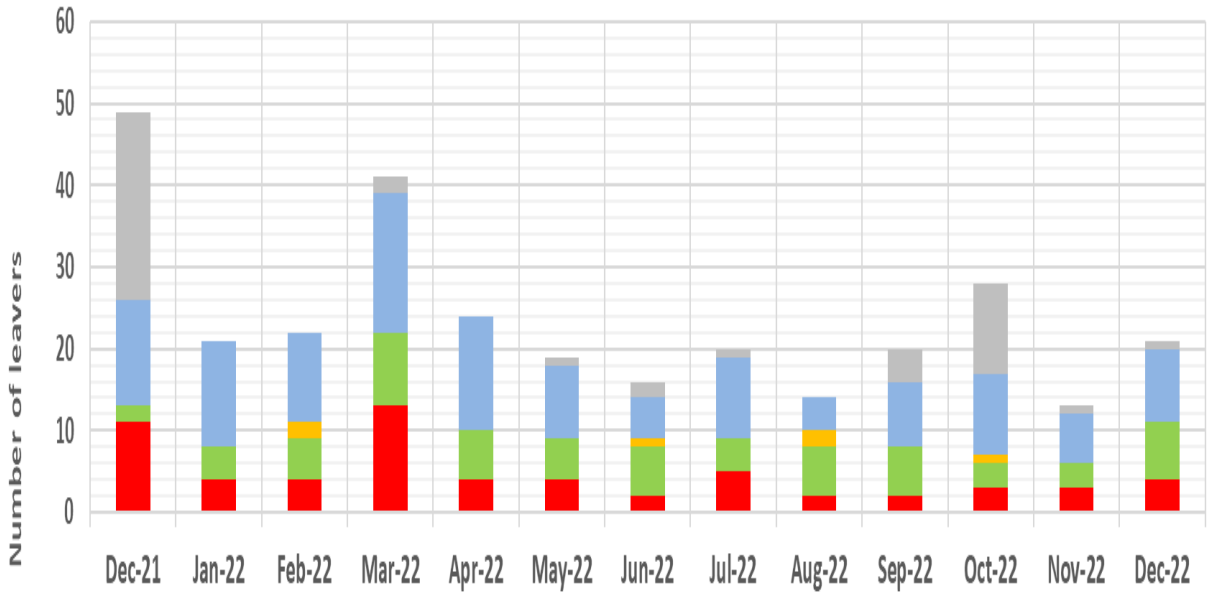
- 3.15. This data enables the Service to workforce plan effectively in a proactive way, gives assurance on overall establishment numbers and will enable us to identify trends more easily.
- 3.16. During the coming months the following iterations of the data presentation will start to inform the Committee on trends.

Turnover

- 3.17. There are indications that turnover is increasing across all occupational groups. This could be due to a number of factors an aging workforce who are coming to the point that they can draw their pension benefits and a competitive employment market.
- 3.18. The tables below show the last 12 months of starters and leavers.



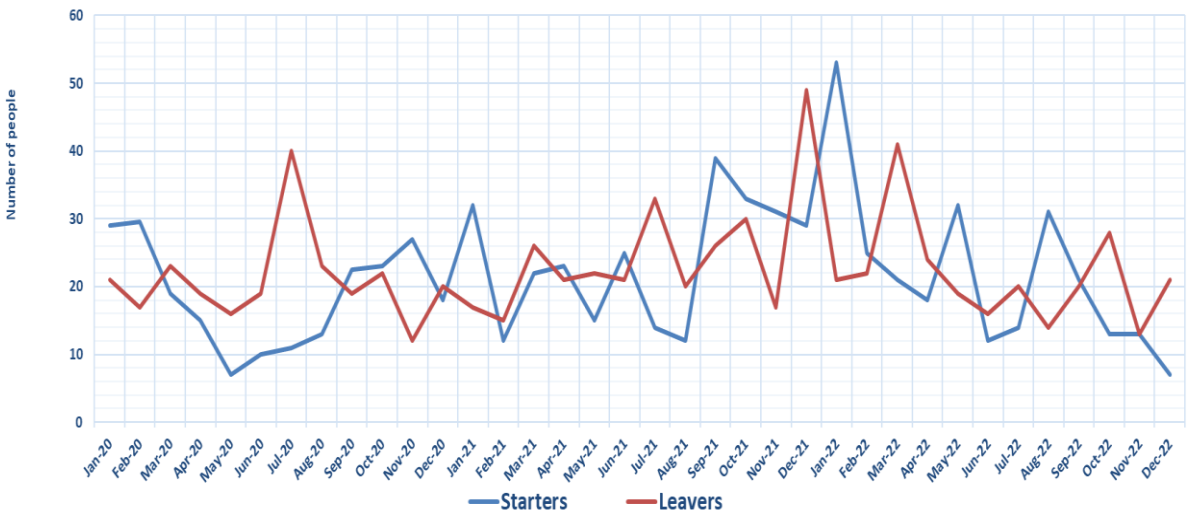
Leavers (all post types)



	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Casuals	23	0	0	2	0	1	2	1	0	4	11	1	1
On Call	13	13	11	17	14	9	5	10	4	8	10	6	9
Control	0	0	2	0	0	0	1	0	2	0	1	0	0
Support	2	4	5	9	6	5	6	4	6	6	3	3	7
Wholetime	11	4	4	13	4	4	2	5	2	2	3	3	4

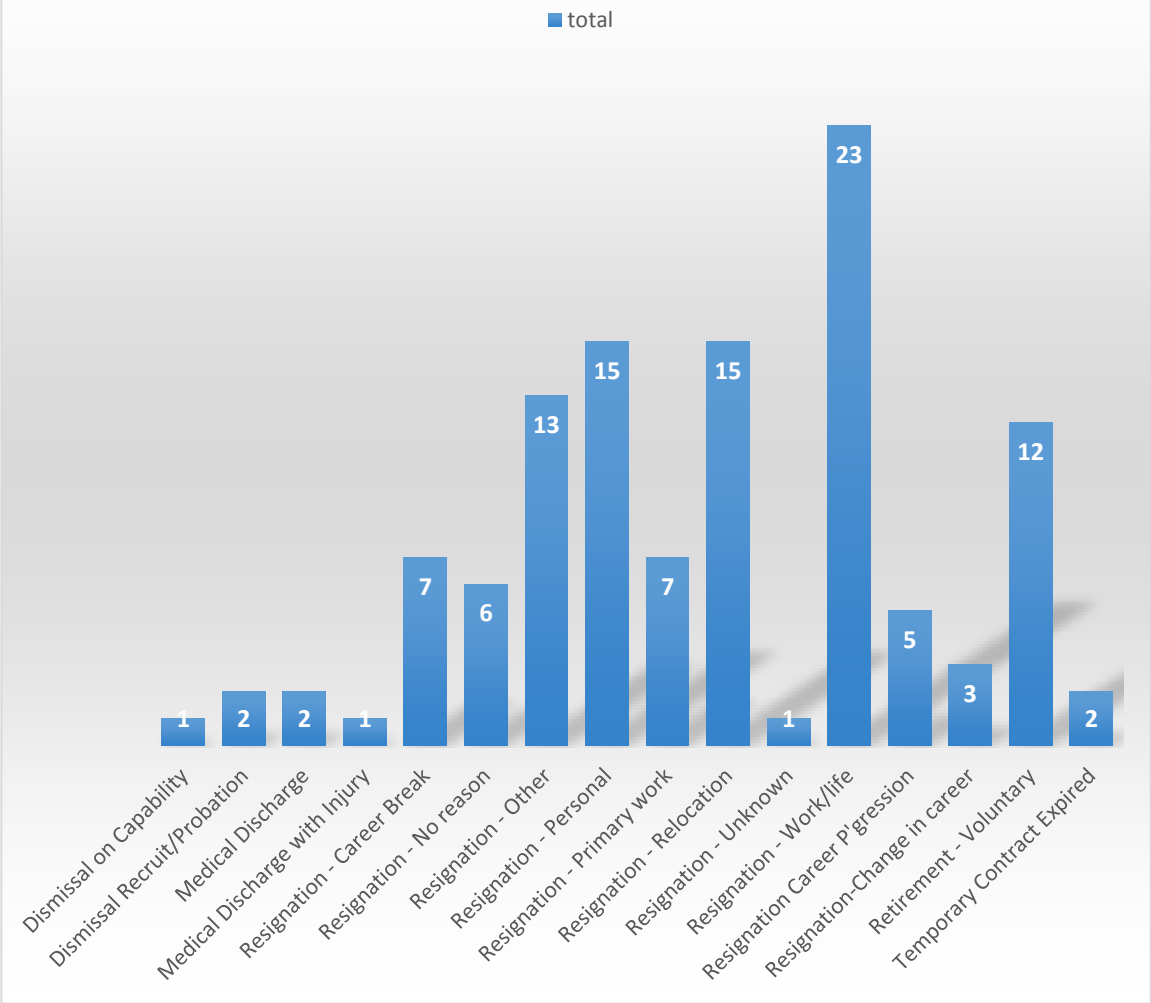
Wholetime Support Control On Call Casuals

Starters and Leavers (all post types)

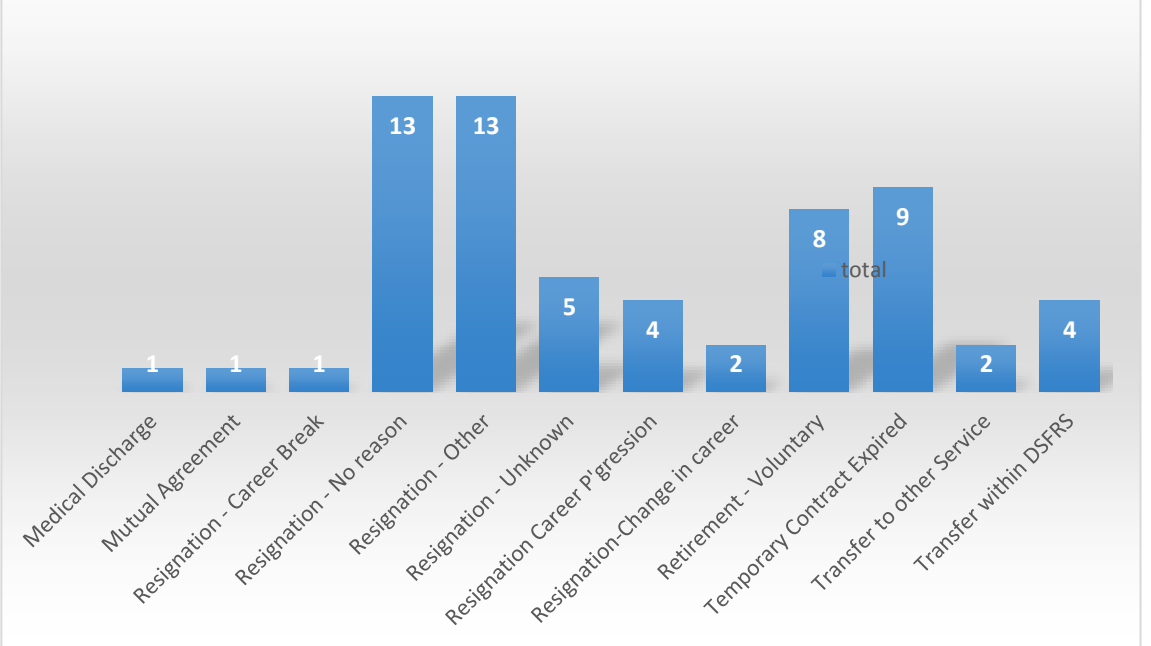


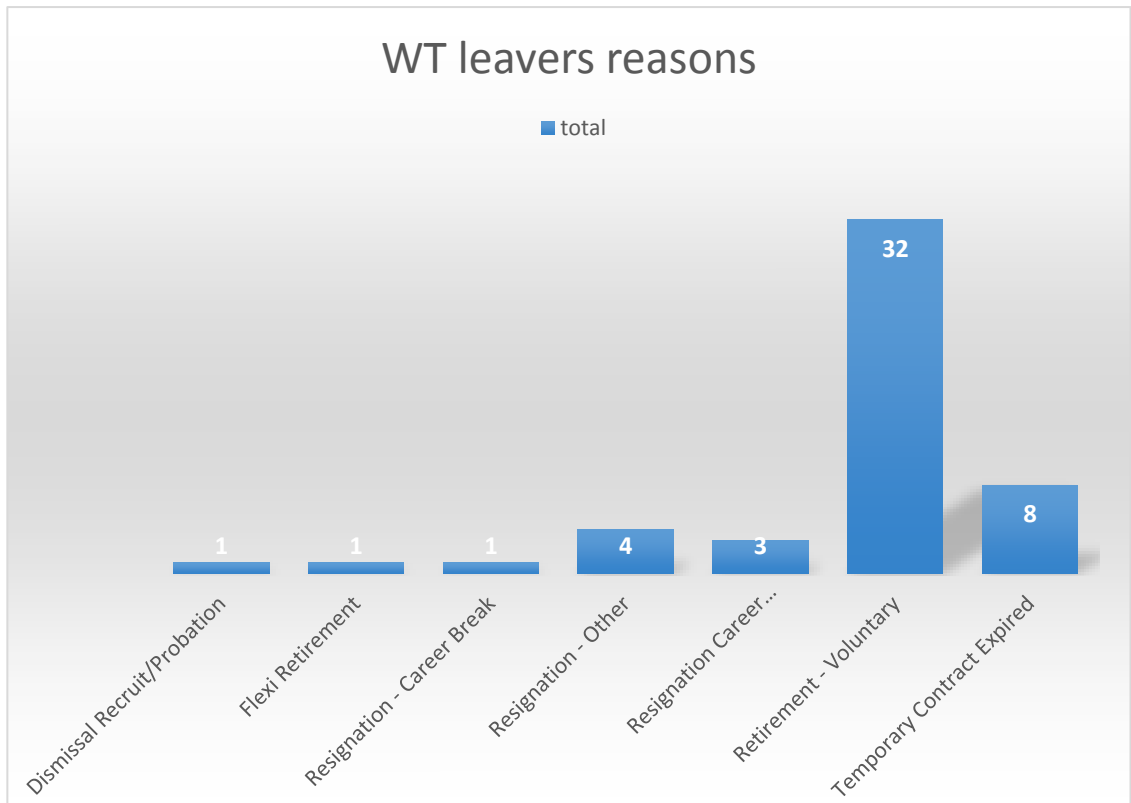
- 3.19. Looking at data that is currently available, the highest turnover is on-call. Looking at the data for the last 12 months on-call staff had an average actual leavers of 11 per month, support staff 6 leavers per month, wholetime staff 5 leavers per month.
- 3.20. In terms of starter averages:
- Support staff: 5 actual
 - On call average: 9 actual
 - Whole time: 6 actual
- 3.21. As can be seen from this brief analysis the trend is the Service is losing more staff than it is recruiting in support and on call staff. Whilst on-call recruitment continues across the majority of on-call stations it will require continued concentrated effort to achieve numbers required to maintain operational requirements.
- 3.22. The impact of pausing recruitment for all “non-essential roles” within the professional and technical in the middle of last year has meant that 23 roles have not been recruited too. The Service will need to monitor this closely to ensure that the impact is minimalised.
- 3.23. In terms of reasons for leaving the tables overleaf provide a summary of reasons. As can be seen from these tables, the top reasons for leaving in each group are as follows:
- Support staff are leaving for other/unknown reasons;
 - On call staff indicate that work life balance is the top reason for leaving. This may be due to trying to balance both primary and secondary jobs and the nature of the work for the Service; and
 - The greatest number of Wholetime staff leaving are those taking pension benefits.
- 3.24. A new exit policy, procedure and exit form is being published and it is hoped that this will enable the Service to review reasons for leaving in more detail in the coming months.

On Call leavers reasons



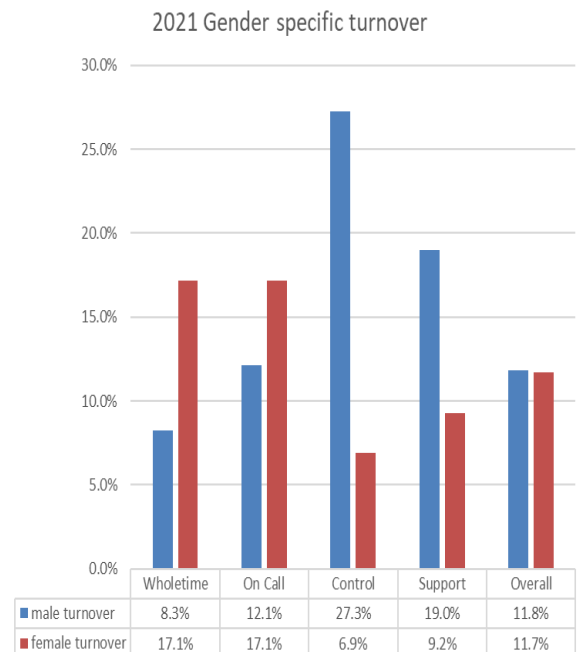
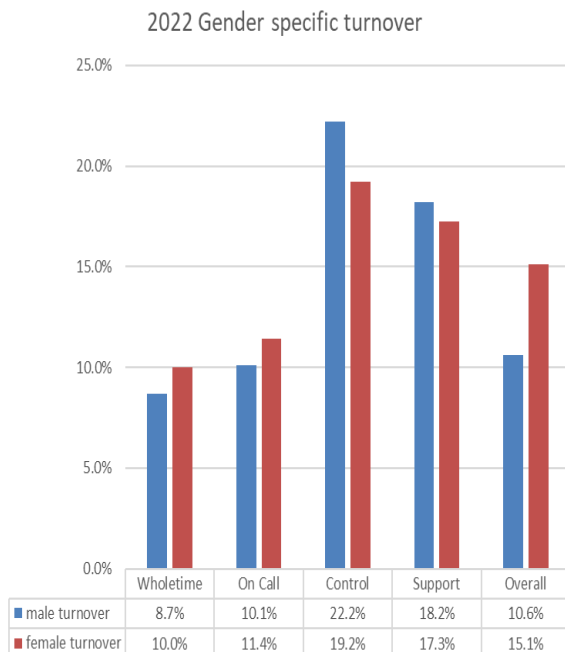
Support leavers reasons





Diversity and Inclusion

- 3.25. The Service continues to have at least 92% of it's workforce identified as "white", Figures indicate that less that 3% identify as LGB, less than 3% identify as being "disabled", less than 15% are female.
- 3.26. The tables below compare male and female turnover across the main occupational groups and it can be seen that in 2022 female turnover has increased from 2021 by 3.6%. Whilst not included in this report diversity across the Service has not significantly changed.



4. PERFORMANCE MONITORING – STRATEGIC POLICY OBJECTIVE 3(c)

Strategic Policy Objective 3c) ‘Recognise and maximise the value of all employees, particularly the commitment of on-call firefighters, improving recruitment and retention.’

Recruitment & Retention

- 4.1. Reported above within the update on Strategic Workforce Planning.

Employee Engagement

- 4.2. Annual or ad hoc measures from internal and external staff surveys aiming to see an increase in participation. No data was available at present, however, a staff survey is due to be carried out in 2023 and the results will be presented in a future report to this Committee.










SHAYNE SCOTT

Director of Finance, People and Estates

APPENDIX A TO REPORT PC/23/1

SUMMARY OF PERFORMANCE AGAINST INDICATORS

Quarterly Reporting:

Target area:	Agreed performance measure:	Q3 performance: 2022-23	Q4 performance:	Q1 (2022-23)	Q2 (2022-23)	Trend
Firefighter Competence	95%	1 of 7 core competencies below 95%		1 of 7 core competencies below 95%		
Accidents	Decrease	53		59	81	
Near Miss-	Monitor	14		19	18	
Personal injuries	Decrease	13		19	15	
Vehicle Accidents	Decrease	34		35	57	
Short term (average days per person, per month)	Improvement	0.90		0.95	1.04	
Long term (average days per person, per month)	Improvement	0.75		1.55	1.53	 
Stress related absence (average number of people per month)	Improvement	25.5		30.33	24.33	
% Vacancies	Reduction	Not available	N/A	N/A		N/A

APPENDIX B TO REPORT PC/23/1

People Committee Performance Reporting Forward Plan

Meeting Quarter	Subjects
April – June 2022	Quarter 4 Performance Monitoring report including financial year data: <ul style="list-style-type: none">• RIDDOR reporting,• Workforce planning
July – September 2022	Quarter 1 Performance Monitoring report including financial year data: <ul style="list-style-type: none">• National FRS Sickness comparisons• National FRS H&S comparisons,
September – December 2022	Quarter 2 Performance Monitoring report including 6 - monthly data: <ul style="list-style-type: none">• Workforce planning
Jan-March 2023	Quarter 3 Performance Monitoring report including Calendar Year data: <ul style="list-style-type: none">• Fitness testing,• Diversity,• Grievance, Capability & Disciplinary

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Agenda Item 5

REPORT REFERENCE NO.	PC/23/2
MEETING	PEOPLE COMMITTEE
DATE OF MEETING	25 JANUARY 2023
SUBJECT OF REPORT	HIS MAJESTY'S INSPECTORATE OF CONSTABULARY & FIRE & RESCUE SERVICES (HMICFRS) CAUSE OF CONCERN AND AREAS FOR IMPROVEMENT ACTION PLAN UPDATE
LEAD OFFICER	Deputy Chief Fire Officer
RECOMMENDATIONS	<i>That the Committee reviews progress in delivery of the action plan.</i>
EXECUTIVE SUMMARY	<p>On Wednesday 27th July 2022 HMICFRS published the DSFRS 2022 inspection report. The inspection report identified one Cause of Concern and 14 Areas for Improvement (AFIs). Of these AFIs, eight have been linked to the People Committee.</p> <p>The paper appended to this report outlines the progress that has been made against the HMICFRS Cause of Concern and Areas for Improvement action plans since the last update to the Committee on 31 October 2022. The key highlights are that:</p> <ul style="list-style-type: none"> • Four actions within the Cause of Concern action plan are currently recorded as 'In Progress – Off Track'. This is due to the following factors: <ul style="list-style-type: none"> - 01a.01: As at 16/01/2023, completion of Equality, Diversity & Inclusion (EDI) eLearning across the Service is 90% (1998 of 2223 members of staff). A target of 95% compliance for the wholetime workforce has been set. A target for the on-call workforce is to be determined; - 01a.08/ 01b.01: The Head of Communications has designed the core brief, which will now be presented to the Chief Fire Officer for approval; and - 01b.04: The Deputy Chief Fire Officer (DCFO) is currently in discussion with the CFO and Director of Finance, People and Estates on what the Service can and cannot publish from a legal perspective. Once this is established, the appropriate data will be made available to the workforce. • Delivery of the Areas for Improvement action plan is on track.
RESOURCE IMPLICATIONS	Considered within the Action Plan where appropriate.

EQUALITY RISKS AND BENEFITS ANALYSIS	Considered within the Action Plan where appropriate.
APPENDICES	A. HMICFRS People Committee Update
BACKGROUND PAPERS	None



DEVON &
SOMERSET
FIRE & RESCUE SERVICE

HMICFRS Action Plan People Committee Update

HMI Team

Devon & Somerset
Fire & Rescue Service

January 2023

1. **INTRODUCTION**

1.1. On Wednesday 27th July 2022, HMICFRS published the Devon & Somerset Fire & Rescue Service (DSFRS) 2022 inspection report. The inspection report identified one Cause of Concern and 14 Areas for Improvement (AFIs).

1.2. This report provides an update on the Cause of Concern and Areas For Improvement action plans that have been produced following the inspection, which concluded in October 2021.

2. **CAUSE OF CONCERN ACTION COMPLETION STATUS**

2.1. The Cause of Concern is as follows:

The service has shown a clear intent from the executive board to improve the culture of the service. However, more needs to be done throughout the organisation. We have found evidence of poor behaviours that are not in line with service values. Some staff didn't have the confidence to report these issues. By 31st August 2022, the service should develop an action plan to:

- Make sure that its values and behaviours are understood and demonstrated at all levels of the organisation.
- Make sure that staff are trained and supported to identify and challenge inappropriate behaviour when identified and that they have clear mechanisms in place to raise their concerns.

2.2. 23 actions have been established to address the Cause of Concern. Table 1 below outlines the completion status of these actions.

Table 1: Summary of progress against the 23 individual actions					
Cause of Concern – Values and Behaviours					
Not started (on track)	Not started (off track)	In progress (on track)	In progress (off track)	Completed	Closed
1 * (→ at 1)	0 (→ at 0)	10 (↓ from 20)	4 (↑ from 0)	8 (↑ from 2)	0 (→ at 0)

* Please note that the action which has not yet started is the evidence and assurance required once all other actions have been completed.

2.3. Table 2 below outlines the individual actions within the Cause of Concern action plan, progress against completing them and their current status.

Table 2:

Ref.	Description	Progress Update	Target Completion	Status
01a.01	EDI e-learning to be repeated for all staff.	As at 16/01/2023 completion of EDI eLearning across the Service is 90% (1998 of 2223 members of staff). A target of 95% compliance for the wholetime workforce has been set. A target for the on-call workforce is to be determined.	31/12/2022	In Progress – Off Track
01a.02	EDI eLearning to be an annual assessment and made a core skill on the competency dashboard.	The EDI e-learning modules have been made an annual required assessments and are a core skill on the competencies dashboard. This action will now be marked as completed	01/04/2023	Completed
01a.03	New training presentation on values, behaviours and ethics to be delivered to all staff and support to embed the expectations of the organisation (as part of the Safe To programme).	A target completion date for development of materials and supporting mechanisms for recording has been set for 31/01/2023. A target completion date for all staff to have had the new training delivered has been set for 31/03/2023.	31/03/2023	In Progress – On Track
01a.04	All inappropriate material to be removed from Service premises. This includes inappropriate mugs, which was an issue highlighted by HMICFRS.	Action marked as completed by DCFO 30/09/2022.	N/A	Completed

Ref.	Description	Progress Update	Target Completion	Status
01a.05	Mandatory PPD questions to be introduced: Have you experienced or witnessed any bullying, harassment or unwanted behaviour since our last meeting? Have you seen any inappropriate material?	Mandatory PPD questions have now been introduced and added to the PPD system. Action marked as completed by ACFO 20/09/2022.	30/11/2022	Completed
01a.06	PPDs to be completed in line with policy and recorded on Workbench.	<p>The CFO has asked for reports on the following:</p> <p>The number of people who have answered yes to witnessing bullying</p> <p>The percentage of individuals who have not had an entry inputted onto their PPD (year to date timeframe)</p> <p>The solution within the new HR system will be up to six months away, so we need to ensure that the current model is improved. The reports requested will provide an understanding around which individuals have had a PPD and the total number undertaken.</p>	28/02/2023	In Progress – On Track
01a.07	Expectations documents x4 (charters) between: <ul style="list-style-type: none"> a. Managers and staff b. Trainers and recruits c. Staff and staff d. Staff and clients/ customers/ partners 	Work against this action is continuing to progress.	28/02/2023	In Progress – On Track

Ref.	Description	Progress Update	Target Completion	Status
01a.08	Comms team to build a core brief on culture to be included in a regular programme of awareness (produced on a quarterly basis – sent to all stations and departments in advance and discussed during station/ department visits).	The Head of Communications has designed the core brief, which will now be presented to the CFO for approval.	31/12/2022	In Progress – Off Track
01b.01	Pre-recorded quarterly updates to all staff (leading conversations tone) on expectations to reinforce core brief, with CFO and DCFO. Followed up by face-to-face engagement session (See 01b.02).	The Head of Communications has designed the core brief, which will now be presented to the CFO for approval. Additional information discussed at Leading Conversations events will be cascaded to teams via their managers.	31/12/2022	In Progress – Off Track
01b.02	Senior Managers (SM and equivalent, and above) to attend a leading conversations presentation which will include input on expected behaviours, role modelling and accountability via an external trainer (follow up to quarterly process).	Evidence has now been provided by the communications department. 138 people attended out of a possible 208 members of staff at SM/ Grade 7. The presentations from the event are available via Yammer for those unable to attend the event. This action will now be marked as completed.	28/02/2023	Completed
01b.03	Performance/ conflict training for managers.	The e-learning modules are now online. They are voluntary and accessible for everyone, not just managers. Organisational Development will work with Learning and Development to discuss how these courses can be embedded into development programmes. The	30/09/2023	In Progress – On Track

Ref.	Description	Progress Update	Target Completion	Status
		<p>courses currently available are as follows:</p> <ul style="list-style-type: none"> • Avoiding workplace conflict • Dealing with sensitive issues: overview • Handling difficult conversations • Tackling problem behaviour <p>Over time, more leadership and management courses will be made available.</p>		
01b.04	Monthly communication to the workforce on concluded disciplinarys including sanctions and rationale for those sanctions.	The DCFO is currently in discussion with the CFO and Director of Finance, People and Estates on what the Service can and cannot publish from a legal perspective. Once this is established, the appropriate data will be made available to the workforce.	30/11/2022	In Progress – Off Track
01b.05	Report to the Executive Board on grievance and disciplinary cases to include type of case, speed of completion and outcome (e.g. improve speed of investigations and reconsider the use of outside investigators).	Report presented to the Executive Board on 15/12/2022. Action marked as completed by the Director of Finance, People and Estates 13/01/2023.	30/11/2022	Completed
01b.06	Every presentation to include a slide on values, expected behaviours and ethics.	The standard DSFRS presentation template now includes a slide on values, expected behaviours and ethics. Paul Compton will confirm that these are now available to all staff and will provide a sample and the template location for evidence. Comms will also be	31/01/2023	In Progress – On Track

Ref.	Description	Progress Update	Target Completion	Status
		produced for the workforce outlining the changes and how to access the new templates.		
01b.07	Create and publish effective confidential reporting mechanisms which include several avenues for staff. To include, a confidential reporting line directly to the DCFO, direct to ACAS, HMICFRS confidential reporting line, and whistle blowing policy.	A confidential reporting line has been established and work is underway to develop this further before it goes live to the organisation.	28/02/2023	In Progress – On Track
01b.08	Establish 'Speak Up' champions in each group and workplace that are accessible to all staff. Individuals will be interviewed and selected by senior staff (training allowance required). Individuals will support station visits and training/awareness.	<p>The ACFO has discussed this further with the Head of Organisational Assurance who has been in contact with the NHS Trust in the South West to see how their 'Speak Up' champion model has progressed. The Service is in contact with Greater Manchester FRS as they have implemented 'Speak Up' champions within their Service. Learning from initial models of the 'Speak Up' initiative, organisations now specifically train and support individuals in these roles rather than asking for volunteers. Questions to establish as next steps:</p> <ul style="list-style-type: none"> • What is the governance to support these? • How do we develop the staff supporter scheme to become 	28/02/2023	In Progress – On Track

Ref.	Description	Progress Update	Target Completion	Status
		<p>'Speak Up' champions?</p> <ul style="list-style-type: none"> • How do we then support these individuals in a sustained way to enable them to continue providing support to the workforce over time? <p>It is anticipated that the model for 'Speak Up' champions will be established by the target completion date (28/02/2023) but the process will continue to develop beyond this.</p>		
01b.09	<p>All recruitment and selection processes will include elements to assess applicants' cultural awareness and how this links to the Service Values. Internal processes, including promotional processes, will include questions and/or assessment to evidence cultural awareness and how applicants demonstrate and/or embed behaviours that link to the Service Values, Code of Ethics and NFCC leadership framework.</p>	<p>The on-call to wholetime interview process (running at the moment) has questions linked to culture and ethics.</p>	30/06/2023	In Progress – On Track
01b.10	<p>Equality, Diversity and Inclusion commission to be established. To include representation from representative bodies, staff support groups and key leaders.</p>	<p>Action marked as completed by DCFO 30/09/2022.</p>	N/A	Completed

Ref.	Description	Progress Update	Target Completion	Status
01b.11	Exit process to be formalised. This to include specific questions on cultural improvements.	The process is currently out for consultation.	28/02/2023	In Progress – On Track
01b.12	Revise induction process for all staff to include the setting of expectations of behaviour, values and ethics.	This action is on track for completion by 30 Jun 2023. Currently the HR/OD team are waiting for the revised exit process to be completed before progressing this action any further.	30/06/2023	In Progress – On Track
01b.13	To identify where other services are doing well in the People Pillar and State of Fire Annual Review. Contact them to understand the areas of best practice that they have implemented and how this may improve our Service.	Meetings have now been held with departments heads in People Services from Merseyside and Oxfordshire FRSs. Learning has been captured by SLT leads and the HMI Team and this will be discussed at HMI Governance Board on Wednesday 04 January 2023. This action will now be marked as completed.	31/10/2022	Completed
01b.14	To review best practice with our Service leads in order to enhance improvement plans.	A meeting held with SLT on Wednesday 04 January to discuss best practice from other Services. Any learning will be included within individual actions by the responsible SLT lead and captured as part of the wider action plan. This action will now be marked as completed.	31/10/2022	Completed

3. **AREAS FOR IMPROVEMENT ACTION PLAN COMPLETION STATUS**

3.1. Table 3 lists the Areas For Improvement linked to the People Committee and their individual implementation status.

Table 3:

Reference	Description	Target Completion Date	Status
HMI-3.1-202208	The service should monitor secondary contracts to make sure working hours are not exceeded.	31/01/2024	In Progress - On Track
HMI-3.2-202209	The service should make sure its workforce plan takes full account of the necessary skills and capabilities to carry out the integrated risk management plan.	30/09/2024	In Progress - On Track
HMI-3.2-202210	The service should address the high number of staff in temporary promotion positions.	30/09/2023	In Progress - On Track
HMI-3.3-202211	The service should make sure that it has effective grievance procedures. It should identify and implement ways to improve staff confidence in the grievance process.	31/01/2024	In Progress - On Track
HMI-3.3-202212	The service should improve staff understanding of the purpose and benefits of positive action.	30/09/2023	In Progress - On Track
HMI-3.4-202213	The service should make sure its selection, development and promotion of staff is open and fair, and that feedback is available to staff.	31/01/2025	In Progress - On Track
HMI-3.4-202214	The service should improve all staff understanding and application of the performance development review process.	30/04/2024	In Progress - On Track
HMI-3.4-202215	The service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders.	31/10/2024	In Progress - On Track

3.2. Table 4 overleaf outlines the completion status of all actions designed to address the Areas for Improvement linked to the People Committee, as outlined above.

Table 4: Summary of progress against the 39 individual actions **					
Areas for Improvement (People Committee)					
Not started (on track)	Not started (off track)	In progress (on track)	In progress (off track)	Completed	Closed
13 * (→ at 13)	0 (→ at 0)	23 (↓ from 26)	0 (→ at 0)	3 (↑ from 1)	0 (→ at 0)

* Please note that eight of the actions which have not yet started are the evidence and assurance required once all other actions have been completed.

** The total number of actions has reduced from 40 to 39 as one action within HMI-3.4-202214 (PDR Process) has been merged with action 01a.06 in the Cause of Concern action plan.

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