

REPORT REFERENCE NO.	APRC/21/6
MEETING	AUDIT & PERFORMANCE REVIEW COMMITTEE
DATE OF MEETING	5 MARCH 2021
SUBJECT OF REPORT	HER MAJESTY'S INSPECTORATE OF CONSTABULARY & FIRE & RESCUE SERVICE (HMICFRS) INSPECTION - PROGRESS UPDATE
LEAD OFFICER	DIRECTOR OF SERVICE IMPROVEMENT
RECOMMENDATIONS	<i>That the report be noted.</i>
EXECUTIVE SUMMARY	<p>HMICFRS completed their first round of inspections of every Fire & Rescue service in England and published the reports to the public. The report on Devon & Somerset Fire & Rescue Service was published in December 2019.</p> <p>The inspection highlighted some areas for improvement as well as identifying some good practice.</p>
RESOURCE IMPLICATIONS	Nil.
EQUALITY RISKS AND BENEFITS ASSESSMENT	Not applicable.
APPENDICES	1. Summary of RAG Rating against HMICFRS Recommended Actions
BACKGROUND PAPERS	Effectiveness, efficiency and people 2018/19 - Devon and Somerset Fire and Rescue Service (<i>HMICFRS, Dec 2019</i>)

1. INTRODUCTION

- 1.1. Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) completed their first round of inspections of every Fire & Rescue service in England and published the reports to the public. The report on Devon & Somerset Fire & Rescue Service was published in December 2019.
- 1.2. The inspection highlighted some areas for improvement as well as identifying some good practice. The Committee received a presentation at its meeting on 4 March 2020 that set out the progress that had made towards implementation of the recommendations made.
- 1.3. This report provides a highlight review of the Service's current progress against the identified HMICFRS findings. It will identify, via a RAG rating, the risk to progress, with a rationale and actions required to support.

2. SERVICE IMPROVEMENT

- 2.1. The Service has undergone extensive internal change over recent months regarding its Directorships and Portfolios. The office for '*Service Improvement*' has been established in its own right, allowing for the development of an Office Portfolio (OP).
- 2.2. The OP will be designed to provide a complete overview of the Service's activity. This will include Programme and Project information, progress against department plans, areas identified for improvement with progress, identifying inter-department dependencies with performance indicators at relevant levels. The OP will also bring together the various strands on how improvement and suggested improvements, are captured, analysed and progressed, whilst capturing the decisions. This OP way of working will allow staff at every level to engage and have ownership.
- 2.3. The OP will ensure an un-biased view is provided and accessible across the Service. An advantage of this approach is the reduction of complex update reports. The performance management software being procured will support real time performance, allowing our managers to focus and set realistic objectives for their teams.
- 2.4. It is worth noting, despite the current change in the way the Service is working due to the Pandemic, good progress has been made in general.
- 2.5. The overall Red Amber Green (RAG) rating for each HMICFRS identified improvement can be seen in Appendix 1. The action number associated with the findings, was logged initially on the Service Assurance Tracker. It was felt to ensure consistency and audit that these action numbers remained.

3. **PROGRESS TO DATE**

3.1. This section sets out only the actions that remain unresolved to date as follows together with an indication of the action required:

No.	Outstanding action	Status	Action required
482	The service should ensure it allocates enough resources to a prioritised and risk-based inspection programme. This should include its arrangements for providing specialist protection advice out of hours.	Status – Delay against original completion date	Executive Board sign-off on High Risk Premises Definition, agreement on High Risk premises numbers. Decision regarding out of hours options. An agreed revised target date for completion.
486	As at 31 December 2018, the service had identified 7,734 high risk premises and set itself a target of auditing 920 of these in the year ending March 2019. However, in the nine months to 31 December 2018, the service had only audited 169 high risk premises. Review and identify methodology including definition for High Risk premises.	Delay against original completion date	As per No.482
490	The results of the [staff] survey are recorded in an action plan which also shows the future plans to address any issues. However, there are no dates or targets for these plans.	Delay against original completion date	Confirmation from Executive Board Portfolio holder on ownership as this action was initially assigned to Organisational Development (OD) but passed onto Communications & Engagement (C&E)
491	The service should make sure that its values and behaviours are understood and demonstrated at all levels of the organisation	On going	Decision on whether to close this action as it's a continual review.

No.	Outstanding action	Status	Action required
503	The service should make sure it has effective arrangements in place to monitor service wide and cross border exercises.	No significant progress identified from Action owner.	Establish the priority for this piece of work and set target completion.

3.2. Appendix 1 of this report sets out the summary of the actions on a RAG rated basis as included within the assurance tracker for reference.

3.3. The Committee will be kept apprised of the progress made on these actions at future meetings.

ACFO GAVIN ELLIS
Director of Service Improvement

Summary of RAG Rating

- Blue – Complete
- Green – On Track
- Amber – Risk to completion / Delay
- Red – Significant Risk liable to fail

Assurance tracker ID	HMI Finding	Status
479	We found little evidence of any quality assurance to understand whether home fire safety checks were consistent and done in line with staff training. The service should assure itself that the home fire safety checks that are conducted by staff are consistent.	Complete
480	The service should evaluate whether prevention campaigns can be better supported by operational crews. The service should ensure that operational crews are aware of their requirement to conduct fire safety checks.	Green
481	We found some inconsistencies where operational staff were unclear about whether they were required to undertake these visits. (Protection)	Green
482	The service should ensure it allocates enough resources to a prioritised and risk-based inspection programme. This should include its arrangements for providing specialist protection advice out of hours.	Amber
483	The service can't offer an effective response to out of hours (business safety) complaints. This is because of staff availability and the fact that not all staff have the right training to respond out of hours. This can cause a delay if the service needs to restrict a premise's use outside normal business hours. This is because there'll be a delay before it can complete the appropriate documents.	Green

Assurance tracker ID	HMI Finding	Status
484	The service should ensure that business engagement is conducted consistently across the service.	Complete
485	The extent the service engages with local business and large organisations is inconsistent. Locally, operational crews engage with low risk premises as part of fire safety checks. However, wider business engagement to share compliance information and expectations isn't consistent.	Complete
486	<p>As at 31 December 2018, the service had identified 7,734 high risk premises and set itself a target of auditing 920 of these in the year ending March 2019. However, in the nine months to 31 December 2018, the service had only audited 169 high risk premises.</p> <p>The overall number of audits in the year to 31 March 2018 increased to 683 from a recent low of 470 in the year to March 2014. This equates to 0.7 audits per 100 known premises, which is lower than the England rate (3.0).</p> <p>As at 31 December 2018, the service had identified 7,734 high risk premises and set itself a target of auditing 920 of these in the year ending March 2019. However, in the nine months to 31 December 2018, the service had only audited 169 high risk premises so is unlikely to meet its target.</p>	
487	<p>The service should improve the availability of its on-call fire appliances.</p> <p>Despite these systems to manage and relocate resources, matching staff availability to resource requirements remains a challenge. This means that on-call appliance availability is an issue.</p>	
488	<p>The service should improve performance against its response standards.</p> <p>Between 1 April and 31 December 2018, the service only achieved these times in 72.4 per cent of fires where people live, and 75.4 per cent of road traffic collisions. So it didn't always meet the response times it set itself.</p>	
489	Some managers were described by staff as approachable and supportive others felt they didn't want to be challenged or listen to alternative viewpoints. Staff described times when operational managers would only talk to operational staff and not corporate staff. Or when they only listened to uniformed staff of a certain rank.	

Assurance tracker ID	HMI Finding	Status
	<p>When we spoke to staff about how often they saw senior and middle leaders we were told their visibility around the service was limited. Some stations didn't know who their group commander was and hadn't seen them for some time.</p> <p>Staff weren't clear on who was now responsible for what role. Some staff have not been told where they are working or their job description. Staff felt that communications around the restructure were not very clear, with limited opportunity to feedback.</p>	
490	The results of the [staff] survey are recorded in an action plan which also shows the future plans to address any issues. However, there are no dates or targets for these plans.	
491	The service should make sure that its values and behaviours are understood and demonstrated at all levels of the organisation.	
492	The service should review workplaces to ensure that the facilities are accessible and suitable for female staff that may work there.	
493	The service's workforce does not fully reflect the diversity of the communities it serves.	
494	<p>There were times when operational staff used gender exclusive language, such as a fireman. There were also locations where access to female facilities were locked to prevent repeated use by male colleagues. Women were required to request a key. We hope management will change this.</p>	
495	<p>The service can't assure itself staff are working to policies and procedures. For example, some staff work extra hours, sometimes on a casual contract. The service doesn't oversee arrangements to make sure these staff meet working time regulations, or that staff are well rested and safe to work.</p> <p>The service has a lone working policy, but staff have a very limited awareness of it. The service currently has no effective process to monitor staff working alone.</p>	
496	The service has not done fitness tests for operational staff for over three years. We're concerned that the service cannot assure itself that all members of operational staff can meet the minimum fitness levels required to perform the role of a firefighter.	

Assurance tracker ID	HMI Finding	Status
	Devon & Somerset FRS cannot assure itself that operational members of staff meet the minimum fitness requirements to perform their role. By 31st August 2019, the service should provide an action plan that details how they will address this issue.	
497	<p>Inspectors were given examples where managers told staff not to submit a grievance as it may impact on their career. This contradicts the service's values. It also means some staff aren't confident about the grievance process.</p> <p>The service should assure itself that it has effective grievance procedures.</p> <p>Staff who had registered a grievance were not offered any kind of welfare support according to the record we looked at.</p>	
499	<p>The service should assure itself that it has robust business continuity plans for all aspects and functions of the service.</p> <p>After an internal review, the service saw current arrangements were not as robust as they should be. The service identified record keeping and training as issues. There are limited plans in place for some functions and locations across the service.</p>	Complete
500	<p>The service needs to assure itself that its risk management and control process has a mechanism that allows escalation of risks to the appropriate level in the organisation.</p> <p>Inspectors reviewed some service and directorate plans and found no way to score the risk or any guidance on taking the risk to the corporate risk register.</p>	Complete
501	<ol style="list-style-type: none"> 1) The service should assure itself that the current arrangements for the management of health and safety in the workplace are effective. 2) We found no process where the service could assure itself staff had read and understood safety critical information. 3) We found some inconsistencies in how often local health and safety station audits were taking place. Inspectors were told conflicting information about health and safety audits. Some said they had stopped. Others told us they still completed them, although they were unclear if they needed to. 	

Assurance tracker ID	HMI Finding	Status
502	The service should ensure that its procedures for responding to terrorist-related incidents are understood by all staff and are well tested.	
503	The service should make sure it has effective arrangements in place to monitor service wide and cross border exercises.	