

Hereford & Worcester Fire and Rescue Service

HMICFRS Improvement Plan 2018/19

Updated: Q4 2019-20



In March 2018, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service (HMICFRS) announced their intention to inspect all 45 fire and rescue services in England over the next 18 months. The Service was selected as one of the first 14 services to be inspected.

Over summer 2018, inspectors from HMICFRS carried out their in-depth review of our Service, focusing on how effective and efficient we are and how well we look after our people. Their report was published in December 2018, and this is the link to the report.

Report findings

The inspection considered three main questions:

- How effective is the fire and rescue service at keeping people safe and secure from fire and other risks?
- How efficient is the fire and rescue service at keeping people safe and secure from fire and other risks?
- How well does the fire and rescue service look after its people?

The Service was found to be 'good' within the effectiveness area but 'requiring improvement' when considering efficiency and people. The inspection report highlighted a number of areas for improvement and recommended that action be taken to address them. Therefore, the Service has prepared an Improvement Plan which not only focuses on the areas for improvement highlighted in the inspection report. The Improvement Plan is owned by senior managers and is regularly updated and published as progress is made.

The last update was presented to the Fire Authority on 18 December 2019 and the Improvement Plan was published on the Service website.

This report provides an update of progress in implementing the Improvement Plan during Quarter 4 (Jan-Mar), 2019-20. Areas for Improvement noted in the HMICFRS report are highlighted in bold and blue shading.

HMICFRS Inspection – Improvement Plan 2018-19 Update: Quarter 4, 2019-20

| Effectiven | O | A | Darland Outrom Care | Source: Summary finding Areas for Desired Outcome (What is aimed to Undate O4 | | | | | |
|---|---|--|--|---|-------------------------------|--|--|--|--|
| Source: HMICFRS nspection 2018 | Summary finding | Areas for improvement | Desired Outcome (What is aimed to be delivered / achieved?) | Update Q4 2019/20 | Completion / Delivery Date | | | | |
| S1.1 age 8, 9, 1,12 | The Service is good at understanding the risk of fire and other emergencies. Its plan to manage risk is based on a range of information. However, mobile computer systems are not updated fast enough with this risk information. The Service recognises this and has plans in place to address this. | The Service should ensure its firefighters have good access to relevant and up-to-date risk information. | Provide an Intel Risk Management system that can provide risk Intel for end users with the least delay in gathering data to getting data on to MDTs. | A meeting between Service Delivery and Service Support took place to discuss issues with the current quality of Intel gathering and the support being provided to Operational crews. A Service Bulletin item was issued providing crews with further guidance around the INTEL 8 process, and a new guidance document has been developed. Senior Management Board have agreed a new project to be developed in late 2020 to link to a new Fire Control project and consider how a full replacement Intel system could be introduced using a new platform and linked to mobilising and fire safety data. | Complete | | | | |
| | | | Train, coach and mentor other members in Operational Policy to understand the Risk Information and Mapping Manager's role. | Work is ongoing to develop staffing resilience for the Intel processing work of the Risk Information and Mapping Data Manager. their understanding of the process and provide a greater level of resilience within the Service. Ongoing training and mentoring will continue to strengthen the position, which has subsequently been delayed due to the restrictions of Covid-19. | Ongoing | | | | |

| Roll out training aids & guidance for operational staff on use of new MDTs | The Risk Information and Mapping Data Manager and Watch Commander have delivered 'train the trainer' sessions to staff. Further training is pending due to the impact of flooding incidents and Covid-19. This will need to be revisited during the autumn, Covid-19 allowing, to coincide with the lead up to the installation of the new MDTs. | Complete |
|---|--|---------------------------|
| Deliver new MDTs to operational appliances/ vehicles | New MDTs have been procured and testing had commenced to meet the March 2020 completion date, but due to the flooding major incident during February and the Covid-19 outbreak this has now been pushed back to autumn 2020. | Expected autumn 2020 |
| Review operational intelligence gathering/updating process | This review will look at the process in its entirety and identify any inefficiencies and areas where further improvements can be made. A new process to ensure that all care homes are visited and reviewed in 2020-21 is now being developed. | Reporting due autumn 2020 |
| Prioritise the processing and uploading of most urgent operational intelligence updates | This is partially complete and we have recently run MDT updates remoted (excluding mapping) as a risk control measure for the Department. Remote mapping updates will be possible with the new MDTs in autumn, and full processing will recommence when crews are able to visit premises again, post Covid-19. | Deferred to autumn 2020 |

| | | | The actions above are to be achieved in conjunction with go-live of the new Command and Control software. | | Autumn 2020 |
|----------------------------|--|---|--|--|--------------|
| ES1.4 Page 8, 12, 13 | The Service has extended its home fire safety checks to include questions about vulnerable people. Further training is needed to give staff more confidence in this process. | The Service should ensure staff understand how to identify vulnerability and safeguard vulnerable people. | We want all staff to have completed the existing Safeguarding e-learning. This will ensure a comprehensive understanding amongst all staff in relation to safeguarding, including what to look for, what information is required and what to do with that information. | All staff have access to the online E-learning package, due be completed by end September 2019. At the end of Q4, 524 staff (77%) have now completed this training whilst 160 (23%) staff are still required to complete the package and update their CTR record. Outstanding training for staff is now reviewed as part of the Operational Assurance Report and emails have been sent to Managers identifying the relevant personnel. | June 2020 |
| | | | | Domestic Abuse training was delivered in September 2019 via Training & Development Centre. 55 staff from across the Service completed this training. An additional 6 sessions were booked for March 2020 for Level 1 Commanders. Unfortunately due to Covid-19 this training has been postponed. | June 2020 |
| | | | Human Resources staff should be trained in safer recruiting. | Four recruitment officers have completed principles of safer recruitment training | Complete |
| | | | Safeguarding training included in L1 Command training | In the Level 1 incident command assessments, additional questions have been added to confirm understanding of safeguarding. | Complete |
| | | | | From January 2021 new scenarios | January 2021 |

| | | | Continue to work with Operational Crews and how they can report to Community Risk of concerns | introduced to the incident command system will contain safeguarding issues. Community Risk staff have now visited all Wholetime watches and district teams prior to the roll out of the new Safe and Well Check. In total 24 visits have been completed covering the following subject areas: Safe and Well Check History – FBU Vulnerabilities Priorities Bleeping alarms Safeguarding Signposting Attendance at these courses is recorded centrally on the Course Management System. | Complete |
|---------------------|--|---|---|---|------------|
| | | | Station Skills audits checking all staff are trained to the appropriate level. | As part of the 2020-21 Station Assurance Audit, questions regarding safeguarding are now included and will be reviewed on completion of this process. | Complete |
| ES1.5 Page 8, 13 | The Service should also ensure it evaluates all its prevention work. | The Service should evaluate its prevention work, so it understands the benefits better. | We would like to be in a position where all of our preventative work is measured not just in quantity but qualitatively, so we know that the interventions we undertake have been effective. We want to be able to demonstrate that all of our Community Risk work (Safe & Well Checks, BFSCs, Fire Safety Audits, Road Safety & any other intervention work) has an | As part of the forthcoming Community Risk Management Plan 2021-25, a monitoring and evaluation process will be developed to assist in measuring the impact of prevention, protection and response activities. The aim is to develop the process in conjunction with Shropshire FRS using common key performance indicators where appropriate. | April 2021 |

| evaluation that sits alongside it with clear objectives, and which measures not only numbers. The evaluation should show how effective they have been. This should be in the form of both internal and external evaluation. | | |
|---|---|----------|
| Evaluation of Safe and Well GP referral pilot | Safe and Well GP referral pilot evaluation (March 2019 has shown that the actions of the Fire Service, through GP referrals, have had a positive effect on reducing future interventions. As a result, this programme is being rolled out across Worcestershire. | Complete |
| | The Safe and Well evaluation tender was awarded to the University of Worcester and the academic report has been received from the University. The report has now been presented to the partner agencies and the community risk department, but the SMB presentation was postponed, firstly due to flooding activity and most recently due to Covid-19. The presentation will be delivered to SMB as soon as the situation allows. | May 2020 |
| | Agilysis has completed its evaluation of Dying2Drive. The final evaluation report has now been received and contents will be used to improve the delivery of Dying2Drive. The 2020/21 rollout is currently under review due to Covid-19. | Complete |

| MORSE commenced in October 2019 and evaluation proposals were submitted by external companies. The tender has now been assigned and evaluation is now progressing. | Ongoing |
|---|-----------|
| The Protection team have developed a questionnaire using Survey Monkey to evaluate audits carried out. This model will be utilised incrementally for future Community Risk work. | Ongoing |
| A questionnaire has been developed to demonstrate information retention of those that have received Safe and Well Checks. This is being tested by technicians attending faulty smoke alarms. | Ongoing |
| Questions have been added to the Safe and Well Check about how beneficial the check has been. This is based on a Likert scale for crews to ask occupiers at the end of the visit. This will be reviewed and monitored by Community Risk Team. | Complete |
| Investigations are in place to generate a report that will identify outcomes of the newly implemented questions / questionnaires. | June 2020 |
| An evaluation is being developed in digital and paper versions, which will be sent out to recipients of the Safe & Well Check to evaluate performance of the teams and | June 2020 |

| | | | | information retention. | |
|----------------------------|---|---|---|---|----------|
| ES1.6 Page 8, 14, 15 | The Service is good in how it protects the public through fire regulation. It needs to get the right balance between inspections based on risk and those based on intelligence. | The Service should ensure it allocates enough resources to a prioritised and risk-based inspection programme. | We want to use the Risk Based Audit Programme and Intelligence Led Audit Programme along with Business Fire Safety Check referrals to inform what local risks we have in our communities. Using this way of working, we can identify targeted areas of risk and take relevant action. We can then apply a proportionate level of activity to reduce risk. RBAP = Risk Based Audit Programme ILAP = Intelligence-Led Audit Programme BFSC = Business Fire Safety Check | The Audit Strategy (fire safety inspections, as defined by the Regulatory Reform (Fire Safety) Order 2005 was implemented in April 2019. A programme of activity for RBAP and ILAP has been created as reflected in the Audit Strategy document. This programme is currently in operation within the Business Fire Safety Team. An interim report was delivered to SMB in October 2019. Full data sets required for the year-end Home Office report are generated by the CFRMIS Systems Manager, which informed the review for 2019/20. | May 2020 |
| | | | | At the end of Q4 the number of completed audits was 766 (The completed audits target for 2019/20 was 750 under the revised strategy). Of the 204 Intelligence Led Audits required under the strategy, 533 were completed during 2019/20, the increase being due to targeted enforcement activity, based on national, local trends and MATE activity. However, of the 346 Risk Based Audits required under the strategy, 233 were completed during 2019/20. Some audits have been started, but were not able to be completed prior to the end of the | Ongoing |

financial year. Any remaining very high, high and sleeping risks that were not inspected have been prioritised in the 2020/21 audit strategy. BFSCs are carried out by Operational crews and are limited to 'Low Risk' Factories, Offices & Shops. Some of these premises are not deemed suitable for the Operational crews to inspect, and therefore are referred back to the BFS Inspecting Team. Under previous inspection strategies these premises would never be inspected, so they were included in the 2019/20 Audit strategy. None of these premises were inspected during 2019/20. The inability to achieve some of the targets identified within the audit strategy is due to a number of experienced, trained staff leaving the organisation. This has impacted on the team's workload, which includes establishing prosecution procedures and training and support for other departments. While the Intelligence Led Audits have led to an increase in identifying non-compliance and a subsequent increase in enforcements required, this has also impacted on the number of Risk Based Audits carried out. In Q4 of 2019/20, the required changes to follow the national guidance (NFCC & Government) on Business Fire

| | COVID- impacte | protection activities due to -19 have also adversely ed on the number of ted enforcement visits |
|--|------------------------------|--|
| | Home (CFRMI) year rev 2020/2 | 19/20 (year-end) Protection Office report (generated by the S data) will inform the end of view and determine the 1 BFS Strategy and the r of audits to be carried out ar. |

| Efficiency | | | | | |
|--|---|--|---|---|-------------------------------|
| Source: HMICFRS nspection 2018 | Summary finding | Areas for improvement | Desired Outcomes (What is aimed to be delivered?) | Update Q4 2019/20 | Completion / Delivery Date |
| Y1.3 Page 22, 24 | We found that staff do not fully understand the proposed changes to the role of watch | The Service should assure itself that its workforce is | On 1st November 2018, the temporary crewing structure was made permanent following | The new crewing system is now in place (closed action.) | Complete |
| changes to the role of watch managers. The Service needs to address this situation. workforce is productive. It needs to clarify the role of watch manager. | managers. The Service needs to address this situation. | productive. It needs to clarify the role of | consultation with the representative bodies. This maintained appliance crewing at 4 and maintained a WC B available to carry out the WC role, including riding the appliance where appropriate. The benefit to the organisation in this change was: | Two Standard Setting days for Station, Watch and Crew Commanders have taken place in May and June 2019. Attendance has been recorded and there is a saved copy of the presentation delivered. The sessions build on the values workshops outlining the Watch Commander Roles. | Complete |
| | Increased effective a of the WC role Increased resilience | Increased effective and efficient use | In addition, further dates have been delivered to ensure all staff have received the input. | Complete | |
| | | | Ability to effectively coach and mentor new Crew Commanders Improve standardisation across the watches Improve the development | Additional feedback from the Standard Setting days is currently being reviewed. This has been moved from January 2020 due to staffing changes. | May 2020 |
| | | | opportunities for WC, CC and FF • Improve the flexibility in deployment of WC • Improved personal flexibility for individuals • All WCs across the Service are now working the same duty system (interchangeability and resilience) • No contractual changes required | The Crew Commander promotion process has now concluded. The Watch Commander process has also been delivered to enable decisions taken at Workforce Planning. The newly promoted Crew Commanders were presented in the Service Bulletin in Q1 2019/20. | Complete |
| | | | On 19th December 2018, the FRA | A Service Delivery Management day was hosted on the 6 th Jan 2020 where | Complete |

| | | | confirmed the decision for Wholetime appliances to be crewed with crews of 4. 12 Hr Day Duty SPI now live. Staff and managers have been consulted on resetting the Service Delivery Structure. | managers received input regarding the revised structure, contributed to amending it ready for changes needed in 2021, along with Standard Setting for contract management linked to the Gartan Availability System. | |
|-------------------------|---|--|--|---|-----------|
| EY1.4 Page 22, 24 | Progress made in the Service's prevention work is likely to increase workloads in other areas. We found that specialist prevention officers already have a lot of work to do. This is a risk. The Service should review the situation and consider how to deal with this problem. | The Service should assure itself that its workforce is productive. | We want to clear the backlog we have for the specialist prevention officers and allocate sufficient resources to both prevention and protection to allow successful enforcement and follow up activity. Implementation of Community Risk Strategies 2019/2020: Accidental Dwelling Fires Deliberate Fires Health and Well Being Road Traffic Collisions | These strategies are currently in draft. A Strategic CRMP Workshop took place in January 2019 where a common definition of risk was agreed with Shropshire FRS. The updated strategies are drafted and awaiting SMB sign off. Progress against the strategies will be reviewed on a quarterly basis once they have gone live. Due to flooding events in February affecting staff availability and the current situation with Covid-19 the sign off of these documents has been delayed. | June 2020 |
| | | | Allocate sufficient resources to prevention | As a result of the SMB paper (December 2018) additional budget has been allocated in 2019/2020 to fund additional posts in Community Risk. | Complete |
| | | | | Two Community Risk Technicians have been appointed and are now in position | Compete |

| | | | | The Data administrator vacancy has been filled with an Apprentice administrator commenced December 2019 and will start college in January 2020. | Complete |
|-------------------------|---|--|---|---|----------|
| | | | | To support the MORSE initiative, an additional Watch Commander and Technician have joined the department. These positions are funded through the PCC budget allocation. | Complete |
| | | | Periodic review of progress against back log for Technicians | A quarterly report is being developed to review the number of outstanding jobs for the Community Risk Technicians. This will assist in monitoring workloads now that additional technicians have been appointed. The delivery date for this work has been extended to include the previous year's data in its entirety. | May 2020 |
| EY1.5 Page 22, 24 | In particular, it may be able to introduce a better system for replacing faulty smoke alarms. | The Service should assure itself that its workforce is productive. It needs to consider alternative ways to manage the replacement of faulty smoke alarms. | We want to see a reduction in defective alarms and see the need for us to replace faulty alarms decrease. In turn we want to see a reduction in false alarm calls due to faulty alarms. Our priority is those at risk groups to ensure they have working smoke alarms in their homes and premises to ensure they are protected in this way. | | |
| | | | New Smoke Alarm supplier (procurement took place in Summer 2017) | A procurement process took place in the summer of 2017 for a new smoke alarm supplier with a more reliable product. The procurement exercise was from the national framework. The outcome of that saw the contract awarded to Fireblitz. | Complete |

| | | All faulty alarms are replaced and the | |
|--|---|--|-----------|
| | | manufacturer of the faulty alarms is | |
| | | recorded. As yet there have been no reports of any faulty alarms from the | |
| | | new manufacturer. | |
| | Produce Service wide communication | A Smoke Alarm update was issued in | Complete |
| | outlining procedures around replacing faulty alarms | the Service Bulletin on 07 June 2019. This detailed responsibilities of crews to | |
| | iduity diamie | attend any urgent requests received out | |
| | | of office hours and how these would be dealt with by the Community Risk teams | |
| | | in office hours. | |
| | Allocate sufficient resources to | As a result of the SMB paper | Complete |
| | prevention | (December 2018) additional budget has been allocated in 2019/2020 to fund | |
| | | additional posts in Community Risk. | |
| | | Two Community Risk Technicians have | Complete |
| | | been appointed and are now in position. Part of their role will be to attend | |
| | | defective alarms which will reduce the number attended by crews. This will be | |
| | | monitored through a quarterly report of | |
| | | faulty alarms attended to see if there is a decrease in crews attending. | |
| | Monitor number of false alarm calls | Incidents attended by crews are now | Ongoing |
| | as a result of faulty alarms | being monitored. This report will be | Oligoling |
| | | cross-matched with faulty alarm HFSC visits on a quarterly basis by the CR | |
| | | Systems Officer. There are two reports | |
| | | to identify faulty alarms visits that Service personnel attend. The IRS | |
| | | report gives detail on incidents that are attended, following a phone call to Fire | |
| | | Control. The crews attend these in an | |

| | | | | emergency, as alarms sounding. The 'Faulty Alarm' report provided from CFRMIS indicates the number of visits that crews / Technicians have attended as a result of members of the public calling in to the Community Risk team with smoke alarms that are bleeping or are showing as faulty. A 'Faulty Alarm' HFSC visit is carried out and recorded on CFRMIS From Q1 2020/21 these two reports will be cross-matched on a quarterly basis to ascertain if there is any duplication. In Q4 2020 there were 105 faulty alarms visits were carried out (52 by watches / 53 by Technicians) In addition there were 17 Automatic Fire Alarm calls to dwellings with a faulty smoke detector. | |
|------------------|---|--|--|---|-----------------------------|
| EY1.6 Page 24 | The Service's fire protection programme of work is risk-based and is increasingly targeted at sites where the risk to community and firefighter safety is greatest. However, this better targeting of protection activity means that inspections are leading to more enforcement and follow-up activity. This affects the workloads of other staff and could soon lead to current resourcing levels becoming stretched. | The Service should assure itself that its workforce is productive. | We want to clear the backlog we have for the specialist prevention officers and allocate sufficient resources to both prevention and protection to allow successful enforcement and follow up activity. Allocate sufficient resources to prevention | As a result of the SMB paper (December 2018) additional budget has been allocated in 2019/2020 to fund additional posts in Community Risk. All Community Risk Watch Commanders are now in place. There are currently no end point assessors available to support the Apprentice Business Fire Safety auditor. However, the Office of Product Safety | Complete Complete June 2020 |

| | | and Standards have established apprentice regulators. Investigations are underway to determine suitability for HWFRS. Due to Covid-19 this is delayed. Budget has been allocated to incrementally upskill Watch Commanders towards the NFCC competence framework for inspecting. This would provide further resilience and succession planning for the Technical Fire Safety Department. This training has been booked, but postponed due to Covid-19. | June 2020 |
|--|--|--|-----------|
| | Introduce new Business Fire Safety Audit Strategy | A Business Fire Safety Audit Strategy (known as the Audit Strategy) document has been drafted and is being used to inform activity within the protection elements of Community Risk as of April 2019. | Complete |
| | Monitor Progress against targets within the Audit Strategy | At the end of Q4 the number of completed audits was 766 (HWFRS completed audits target for 2019/2020 was 750 under the revised strategy) Of the 204 intelligence audits required under the strategy, 533 were completed during 2019/2020, the increase being due to targeted enforcement activity, based on national, local trends and MATE activity. However, of the 346 risk based audits required under the strategy, 233 were completed during 2019/2020. Some audit jobs have been started but were not able to be completed prior to the end of the financial year. Any remaining very high, | Ongoing |

high & sleeping risks that were not inspected have been prioritised in the 2020/2021 audit strategy. BFSCs are carried out by Operational crews and are limited to 'Low Risk' Factories, Offices & Shops. Some of these premises are not deemed suitable for the Operational crews to inspect, and therefore are referred back to the BFS Inspecting Team. Under previous inspection strategies these premises would never be inspected, so they were included in the 2019/2020 Audit strategy -none of these premises were inspected during 2019/2020. The inability to achieve some of the targets identified within the audit strategy is due to a number of experienced, trained staff leaving the organisation, leaving the detachment of an inspector to establish prosecution procedure and training and support for other departments including the drone. This has been exacerbated through additional enforcements, as a result of the Intelligence Led element of the Strategy. Although this has provided an increase in identifying non-compliance, it has impacted on risk based audit. In Q4 of 2019/2020, the required changes to follow the national guidance (NFCC & Government) on BFS protection activities due to COVID-19 have adversely impacted on the number of completed enforcement visits (audits). The 2019/2020 (year-end) Protection May 2020

| | | | Home Office report (generated by the CFRMIS data) will inform the end of year review and determine the 2020/2021 BFS Strategy and the number of audits to be carried out next year. | |
|-----------------------------|---|---|--|----------|
| EY1.7 Page 22, 24, 26 | The Service should ensure it effectively monitors, reviews and evaluates the benefits and outcomes of any future collaboration. | Every project prior to commencing will have a Business Case document which will include the expected benefits involved with delivering the project. In addition, key metrics to enable evaluation for each project will clearly identified at the outset and documented in a benefits realisation exercise post project. A close down meeting will take place with an end project report being produced fully evaluating the strengths and weaknesses of a project. | | |
| | | Amend 2020 Vision Programme and project templates amended to align with Shropshire FRS and capture as much information as possible regarding the project. | All programme and project templates have been refreshed and are now aligned with Shropshire FRS. A paper was submitted to SMB in April 2019 to reflect changes to the 2020 programme and project management process. | Complete |
| | | Introduce Benefit Realisation process introduced to departmental planning. | Benefit Realisation process introduced to departmental planning. Templates are submitted to Performance & Information. | Complete |
| | | Create Business Case/PID document created for each project | Each project moving forward will have a business case/PID. | Complete |
| | | Create End Project Report for each project | Every completed project in the 2020 Vision Programme has an End project report including Evesham Fire Station | Complete |

| Benefits Realisation included in end project report for each project to include measurable KPI's for each project | Hindlip OCC PSN Each project moving forward will have benefits realisation with KPI's included in the end project report. Examples included in projects listed above. | Complete |
|---|---|-----------|
| Collaboration brochure updated annually | The Collaboration brochure provides an overview of the collaborative work we do and will be updated annually. This document has been updated for 2019/20 and will include updates on projects that are part of the Strategic Fire Alliance with Shropshire FRS. | June 2020 |

| People | | | | | |
|---------------------------------------|--|--|--|--|-------------------------------|
| Source: HMICFRS Inspection 2018 | Summary finding | Areas for improvement | Desired Outcomes (What is aimed to be delivered?) | Update Q4 2019/20 | Completion / Delivery Date |
| P1.1 Page 29, 30, 36 | A Fire and Rescue Service that looks after its people should be able to provide an effective service to its community. It should offer a range of services to make its communities safer. This will include developing and maintaining a workforce that is professional, resilient, skilled, flexible and diverse. The Service's leaders should be positive role models, and this should be reflected in the behaviour of the workforce. Overall, Hereford and Worcester Fire and Rescue Service requires improvement at looking after its people. | The Service should put in place a regular and effective system to measure and monitor staff engagement (across the whole service.) It needs to improve its two-way communication channels with staff, and its face-to-face communication by and with senior leaders. | As a Service we want to ensure that staff are engaged with utilising multiple methods improving two way communication. Sufficient monitoring systems are required to confirm the effectiveness of each engagement method. As part of the development of the new Service values engage staff in values workshops and online survey to collate and feed into new service values | SMB Away Days to review Service Values were completed November 2018. All staff workshops to determine Service Values were completed by end April 2019 and the results from the workshops and online survey were submitted to SMB in a report. SMB have signed off new Values and this was communicated in the Service Bulletin on 1 st May 2019. The new, refreshed values are available on the Service Website (September 2019). | Complete |
| | | | Area Commander Service Delivery to visit all On-Call | All 27 On-call units were visited by Area Commander Palmer between October 2018 and June 2019. | Complete |
| | | | Assistant Chief Fire Officer to visit Stations and Departments | Between August 2018 and September 2019 Assistant Chief Fire Officer Chance | Complete |

| | Human Resources in conjunction with Organisational Development & Challenge Group put in place a regular and effective system to measure and monitor staff engagement | visited 46 units and departments across the Service The Organisational Development & Challenge Group sub-groups of 'employee engagement' and 'values' have merged and have planned a number of staff workshops to discuss how staff would like to be engaged with, and to revisit our values to understand how they are being demonstrated in practical terms and examples of what they mean to them. A briefing paper was delivered to the ODCG meeting on 27 January 2020 and a selection of 6 workshops were available to attend by staff across the Service to explore what good employee engagement means to them facilitated by members of the ODCG. Unfortunately these workshops have been postponed due to the current working conditions as a result of Covid-19. Once completed results from these workshops will be collated and fed into a report for consideration by SMB. In the newly aligned HR | Ongoing |
|--|--|--|----------|
| | | department, an Employee Engagement and Wellbeing | Complete |

| | | | CRMP staff workshops in progress as part of consultation process. Between September and December, 57 visits will be completed to all units and departments. | Officer has been appointed who will co-ordinate and implement innovative employee engagement across the Service. At the end of Q3 all visits had been completed. Nearly 300 staff have been engaged with through this process. | Complete |
|-------------------------|--|---|---|--|----------|
| | | | SMB visits across the service to continue across the service to both operational and non-operational departments/teams/watches to increase visibility and engagement with the workforce. | SMB visits continue to be carried out across the Service to promote visibility and engagement with the workforce. Following each visit, themes are recorded and shared with Corporate Communications for monitoring of commonalities. Any issues raised are dealt with by visiting SMB member. | Ongoing |
| P1.2 Page 29, 31, 32 | The Service needs to improve how it promotes the right values and culture. It particularly needs to improve how senior leaders communicate with the workforce. It is making changes to make the workforce more adaptable and take on different work. Staff do not fully understand the reasons for these changes. The Service should address this, so that it can improve trust and move forward with its plans. | The service should put in place a regular and effective system to measure and monitor staff engagement (across the whole service). It needs to improve its two-way communication channels with staff, and its face-to-face communication by and with senior | As a Service we want to ensure that staff are engaged with utilising multiple methods improving two way communication. Sufficient monitoring systems are required to confirm the effectiveness of each engagement method. We want to ensure that the Service culture and values are promoted to all staff and that any changes being made are communicated effectively. As part of the development of the new | SMB Away Days to review | Complete |

| | leaders. | Service values engage staff in values workshops and online survey to collate and feed into new service values | Service Values were completed November 2018. All staff workshops to | |
|--|----------|--|--|----------|
| | | | determine Service Values were completed by end April 2019 and the results from the workshops and online survey were submitted to SMB in a report. SMB have signed off new Values and this was communicated in the Service Bulletin on 1st May 2019. The new, refreshed values are available on the Service Website (September 2019). | |
| | | Area Commander Service Delivery to visit all On-Call | All 27 On-call units were visited by Area Commander Palmer between October 2018 and June 2019. | Complete |
| | | Assistant Chief Fire Officer to Stations and Departments | Between August 2018 and September 2019 Assistant Chief Fire Officer Chance visited 46 units and departments across the Service | Complete |
| | | Human Resources in conjunction with Organisational Development & Challenge Group put in place a regular and effective system to measure and monitor staff engagement | The Organisational Development & Challenge Group sub-groups of 'employee engagement' and 'values' have merged and have planned a number of staff workshops to discuss how staff would like to be engaged with, and revisit our values to understand how they are being demonstrated in | Ongoing |

| | | practical terms and examples of what they mean to them. A briefing paper was delivered to the ODCG meeting on 27 January 2020 and a selection of 6 workshops were available to attend by staff across the Service to explore what good employee engagement means to them facilitated by members of the ODCG. Unfortunately these workshops have been postponed due to the current working conditions as a result of Covid-19. Once completed results from these workshops will be collated and fed into a report for consideration by SMB. | Complete |
|--|---|--|----------|
| | CRMP staff workshops in progress as part of consultation process. Between September and December, 57 visits will be completed to all units and departments. | department, an Employee Engagement and Wellbeing Officer has been appointed who will co-ordinate and implement innovative employee engagement across the Service. At the end of Q3 all visits had been completed. Nearly 300 staff have been engaged with through this process. | Complete |
| | SMB visits across the service to continue across the service to both operational and non-operational departments/teams/watches to | SMB visits continue to be carried out across the Service to promote visibility and engagement with the | Ongoing |

| | | | increase visibility and engagement with the workforce. | workforce. Following each visit themes are recorded and shared with Corporate communications for monitoring of commonalities. Any issues raised are dealt with by visiting SMB member. | |
|---------------------|---|--|--|--|---------|
| P1.6 Page 29, 34 | The Service needs to improve how it ensures fairness and promotes diversity. We found that some staff do not understand the importance of diversity. The Service should | The Service should assure itself that staff are confident using its feedback mechanisms. | We want to ensure effective communication across the Service of the key principles of fairness, inclusion and diversity within our overall culture and values. | | |
| | focus on developing this understanding, so that the workforce can build trust and confidence with its community. | The Service should ensure any change processes it proposes are visible to all staff. | Attend regular AFSA events and promote learning | The Head of HR attended the Asian Fire Service Association (June 2019) and a summary of key learning has been shared with the Organisational Development and Cultural Challenge Group. | Ongoing |
| | | | Regular Service bulletin items on diversity, equality and inclusion | Service Bulletins have been issued covering key subjects: diversity, equality, inclusions and LGBT issues: • outlining the meaning of equality, diversity and inclusion. (May 2019) | Ongoing |
| | | | | promoting the Service attendance at Malvern Pride in July 2019. promoting the Service attendance at Worcestershire Pride in | |

| | | | |
|------|--|--|----------|
| | | September 2019. reporting Service attendance at Worcester Warriors Sepsis Event in December 2019. | |
| | | regarding Wholetime recruitment positive action programme (January.2020). | |
| | | reporting Service attendance at Worcestershire Skills Show (March 2020). | |
| | | outlining the Positive Action Plan 2020-2022 (March 2020). | |
| | | introducing the Women@HWFire network (March 2020). | |
| | | outlining gender pay gap report for 2019 (April 2020). | |
| | | introducing new EDI Officer post (April 2020). | |
| | Create, consult on and implement a Transgender policy | Transitioning at Work Guidance for Managers circulated for consultation on in July 2019. Transgender Guidance Document went live in August 2019. | Complete |

| Inclusion Officer department, we have appointed an Equality, Diversity and Inclusion Officer who will work proactively within the Service to develop and embed equality and diversity practices and provide inclusion and diversity advice. The role will also promote awareness of equality issues and develop and deliver training to promote a culture of inclusion across the organisation. Produce a Positive Action Plan for Wholetime recruitment Produce a Positive Action Plan for Wholetime recruitment has been approved; this includes training framework document to promote importance of diversity and the role of positive action plan for | | ODCG Group – Inclusion Task Group set up | A sub-group set up to examine issues and formulate plans to address issues such as equality and diversity training, gender pay gap report, lack of diversity within the fire service amongst others. | Ongoing |
|---|--|---|---|----------|
| Wholetime recruitment Wholetime recruitment Wholetime recruitment has been approved; this includes training framework document to promote importance of diversity and the role of positive action to achieve this. Positive action plan for | | | department, we have appointed an Equality, Diversity and Inclusion Officer who will work proactively within the Service to develop and embed equality and diversity practices and provide inclusion and diversity advice. The role will also promote awareness of equality issues and develop and deliver training to promote a culture of inclusion across the | Complete |
| presented to SMB on 14.01.20. | | | Wholetime recruitment has been approved; this includes training framework document to promote importance of diversity and the role of positive action to achieve this. Positive action plan for Wholetime recruitment presented to SMB on 14.01.20. | Complete |

| | | | | January 2020 to support On call and Wholetime recruitment. Training delivered to all units and departments by line managers highlights the importance of diversity and the information on positive action. Positive action plan 2020-2022 is now live on the Service website. Delivery frameworks for Year 1 and | Ongoing June 2020 |
|---------------------|---|---|---|--|--------------------|
| | | | Prepare a gap analysis of recommendations from Inclusive Fire Service Group (IFSG) | Year 2 are being finalised. A gap analysis has been prepared identifying where the Service can make improvements to be delivered over the next two years as part of the Equality, Diversity and Inclusion delivery framework. | Complete |
| | | | | Equality, Diversity and Inclusion Plan 2020-2025 has been developed and is with SMB for sign off (delivery framework incorporates a number of IFSG recommendations). This plan is due to go to FRA in June 2020. | June 2020 |
| P1.8 Page 30, 34 | The Service should improve how it manages performance and develops leaders. | The Service should put in place an open and fair process to | The appraisal process will help to ensure future leaders are identified, with support and development | | |

| identify, deve support high | | | |
|--------------------------------|--|---|-----------|
| potential sta | | | |
| aspiring lead | | | |
| | capture specific development actions. | | |
| | Appraisals will be tracked and action to | | |
| | address delays will be prioritised. The | | |
| | appraisal process will help to ensure | | |
| | future leaders are identified, with | | |
| | support and development provided. | | |
| | Ensure specific development actions | A bulletin item was published | Complete |
| | are being captured as part of the | to remind managers and staff | |
| | review of the appraisal process/policy | that appraisal's need to be | |
| | | carried out and the process | |
| | | through which courses can be | |
| | | requested. This will also | |
| | | highlight with managers those who do not have a current | |
| | | appraisal. | |
| | | appraisan | |
| | | Appraisals currently take place | June 2020 |
| | | between January and the end | |
| | | of April so the completion will | |
| | | be monitored around this time. | |
| | | Unfortunately appraisal completion has been affected | |
| | | by COVID-19. A bulletin item | |
| | | was published to update staff | |
| | | and an email sent to | |
| | | managers communicating this | |
| | | flexibility and update regarding | |
| | | CPD payments. | |
| | Building on the success of the Crew | Toolkit templates for each | Complete |
| | Commanders promotion process | stage of the promotion | Complete |
| | create toolkit for future promotion / | process available in HR to | |
| | recruitment events | support Service Delivery e.g. | |
| | | advert template, candidate | |

| | Review promotion policy and recruitment policy to support implementation | guidance, shortlisting matrix, etc. Updates on progress through each promotion process have been provided through regular bulletin items. The outcome of the promotion process debrief has now been completed and the promotion principles have been revised. The changes have been recently adopted and used during the recent Group Commander promotion process in March 2020. The Promotion policy is in final draft format. Recruitment policies have | May 2020 June 2020 |
|--|---|---|--------------------------|
| | Implement the National Fire Chiefs Council (NFCC) Leadership Framework and Introduce the leadership behaviours as assessment criteria for promotion processes. This will assist the Service in mapping clear career / development pathways for all roles built on leadership development programmes that underpin the framework | completed formal consultation. Currently in the process of responding to feedback. This work has been delayed slightly due to the impact of work being carried out in response to Covid-19. Both the Recruitment and Promotion policies will inform the Service's adoption of the NFCC Leadership Framework. The NFCC Leadership Framework is being used in the 2020 Wholetime Firefighter recruitment as well as the Watch Commander (A) | September 2020 June 2020 |

| | | process in May 2020. The framework will also be used in future promotion activity, wherever possible. It should be noted there is currently a limited number of developed tools available to Fire Services based on the Leadership Framework. | |
|--|---|---|------------|
| | Look into providing coaching and mentoring courses to managers | Three places on an initial coaching course were offered to ODCG members in collaboration with Shropshire FRS. Feedback has been provided to inform future options within HWFRS. | Complete |
| | | A coaching and mentoring roadmap paper has been developed for ODCG consideration; and shared with Head of HR and Area Commander lead. This paper will inform the SMB paper outlining the implementation of coaching and mentoring within the Service. | April 2020 |
| | Review and update capability / performance policy | This will be added to the Human Resources 2020/21 work plan. | 2020/21 |
| | Continue to have a regular workforce planning meeting and publish / promote TOR. To include succession planning | Workforce Planning Meetings scheduled every 6 weeks. Terms of reference have been drafted. | Ongoing |

| P1.12 | The Service should do more to | The Service should | We want to put in place a process that | | |
|-------------|----------------------------------|--------------------------------------|--|---|----------|
| Page 30, 36 | make sure staff are confident in | put in place an open | is deemed to be open and transparent | | |
| | the promotion process. It is not | and fair process to | and communicated to all. It should be | | |
| | as open as it could be. | identify, develop and | built on clear guidelines and policies | | |
| | | support high- potential staff and | and informed through a robust feedback process. | | |
| | | aspiring leaders. | reedback process. | | |
| | | aspiring leaders. | Form promotion process group to review structure of all processes. | Following feedback from the Cultural Review and HMICFRS inspection, the Promotion Process group was formed to review the structure of all processes. This group has outlined a consistent approach to all promotion processes. The purpose of this group has been communicated to all staff via the Bulletin. | Complete |
| | | | Formalise independent scrutiny of promotion process | The terms of reference have now been agreed for this element of the promotion process. A scrutiny panel will now be part of every promotion process. | Complete |
| | | | Building on the success of the Crew Commanders promotion process create toolkit for future promotion / recruitment events | Toolkit templates for each stage of the promotion process are available in HR to support Service Delivery e.g. advert template, candidate guidance, shortlisting matrix, etc. Updates on progress through each promotion process have been provided through regular Bulletin items. | Complete |

| | Continue combined working with operational staff and leaders | All promotion processes are Service Delivery led with advice and guidance from HR. There is a nominated Service Delivery lead for each promotion process. | Ongoing |
|--|---|--|-----------|
| | Agree Recruitment and Promotions Charter and update associated policies is agreed and promoted. | The Charter has been agreed. The outcome of the promotion process debrief has now been completed and the promotion principles have been revised. The changes have been recently adopted and used during the recent Group Commander promotion process in March 2020. The Promotion policy is in final draft format. | May 2020 |
| | | Recruitment policies have completed formal consultation. Currently in the process of responding to feedback. | June 2020 |
| | Continue to develop positive relations with Representative Bodies as observers in key processes | These relationships have been established Representative Bodies who are now utilised as part of the part of the scrutiny panel. | Complete |
| | Ensure post process debriefs are conducted to capture learning | Feedback will now be collected with specific reference to each stage of the process, rather than at the end of the process for candidates who have attended the | Ongoing |

| | selection day. This w collation of feedback early stages, for exar Application Form, rig through to the final st | from the nple |
|--|--|---------------|
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