APPENDIX 1

Protecting local communities

HMICFRS Inspection Report

CFB Improvement Plan 2023/24 onwards

Oct 2023

Introduction

In January 2023 HMICFRS issued their Inspection Report on Cleveland Fire Brigade for 2021/22. The Report followed Cleveland Fire Brigade's 'Round Two' Inspection which took place over the period May to Jul 2022.

The Inspection aimed to answer three main questions.

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

For each question a graded judgement is applied of either outstanding, good, requires improvement or inadequate with good being the expected graded judgement for all fire and rescue services.

Cleveland Fire Brigade was graded good for all three questions and all underpinning sub questions.

We were pleased to see that the Inspection team recognised those things we do well (our strengths) and there are many of these detailed throughout the report. However, the Report set out some areas for improvement and as we strive to be an outstanding fire and rescue service, it is important that we capture and address these within our improvement planning processes. Therefore, this Improvement Plan sets out those 'Areas for Improvement' identified by the HMICFRS Inspection team.

Effectiveness

Prevention

Areas for Improvement

SSC 14.1: progress our Programme of Quality Assurance Compliance Audits aligned to each of the Prevention Activities

Quality assurance processes are now in place for safer home visits and the delivery of school education sessions.

Brigade procedures SH1 and SN5 document the procedures in place for quality assurance which covers five different tiers for each activity. These tiers include direct workplace observation of activities, feedback from service users to ensure their expectations are met and dip sampling of documentation.

Trends in performance and the delivery of quality assurance processes are delivered using Microsoft forms. Corrective actions identified from the quality assurances processes are tracked and monitored by a newly established Quality Assurance Group to ensure their progress and completion. From January 2024, all outcomes from prevention quality assurance processes will be reported into the Community Protection directorate and the ELT quarterly performance meeting.

Emergency Response

Areas for Improvement

SSC 110.1: improve the way we that we plan and carry out familiarisation visits by operational crews at high-risk premises.

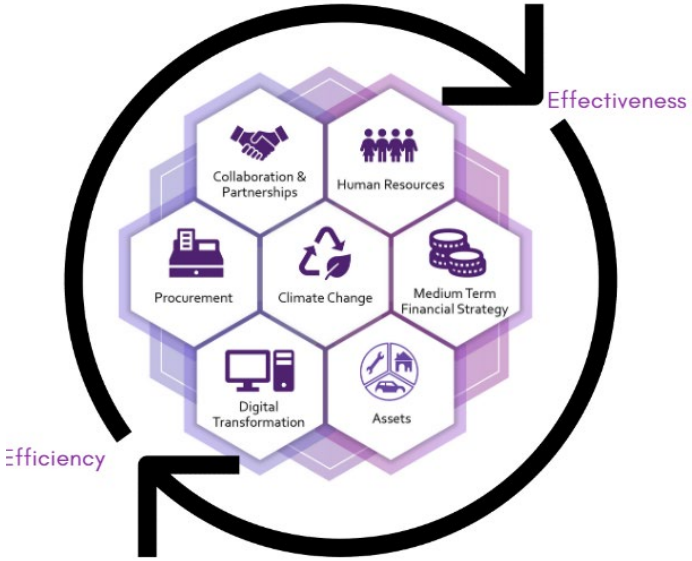
Following the feedback received in our previous inspection report, we reviewed our procedures for gathering risk information. Prior to the inspection, we completed basic familiarisation visits at our Level 3 & 4 risk premises annually, across a 4-year watch cycle. This resulted in all four watches visiting the Level 3 & 4 risk premises in their station footprint across the cycle. These visits did not include the collation of Site-Specific Risk Information (SSRI) that is then used to produce a detailed risk information document to be used by crews which we currently perform at our Level 4 and Level 5 risk premises.

It was agreed that we would change our approach and that operational staff would gather SSRI at all higher risk Level 3 & Level 4 premises, whilst continuing to continue the same process at all Level 5 risk premises on an annual basis. We achieve this by manually creating re-inspection dates within the CFRMIS database.

This new approach ensures that we provide detailed risk information on all higher Level 3, Level 4 and Level 5 risk premises to our operational crews which helps to improve their situational awareness if required to attend operational incidents at these locations.

Moving forward, in early 2024, we will carry out a full review of our Operational Procedure Note 79 – Operational Intelligence Gathering, which will include all Level 3 & 4 premises as part of the annual inspection schedule. We will also implement a more robust Quality Assurance for the inspection process.

Efficiency



Using Resources to Manage Risk

Area for Improvement

ESR1.1: ensure we effectively monitor, review, and evaluate the benefits and outcomes of any collaboration.

We have:

- ✓ invested in a **new Partnership and Evaluation Manager** (PEM).
- ✓ developed the Brigade's **new digital 'Better Together' Partnership Framework**. This included:
  - engaging our Middle and Senior Managers in gathering an understanding of the Brigade's current partnership working arrangements and legislative duties.
  - creating a digital platform for the Framework on the Brigade's new Intranet site, 'The Bridge' which included functionality for staff to submit partnership proposals, undertake reviews and exiting partnerships, and the presence of a live digital **Partnership Register**.
  - The Framework split collaborative working arrangements with external organisations into:
    - **Partnerships** (for formal agreements requiring resource and where there are shared objectives and risks) and
    - **Networks** (for more informal collaboration meetings).

- This means we are making the best use of resources to review and evaluate arrangements proportionately by focusing the most in-depth monitoring, reviewing and impact evaluation on the arrangements which take up the most time and resources.

✓ introduced good **governance arrangements for partnership working**; this includes a standardised step-by-step process for the submission and approval of proposals to start and end partnerships, as well as to review partnership impact.

✓ **delivered training on the Partnership Framework** as part of its launch; training will be provided on induction for new staff and on an annual basis for existing staff.

✓ **populated the Partnership Register** by adopting a strategic, staged approach with entries for all statutory partnerships being prioritised.

✓ introduced **a Benefit Realisation Spreadsheet Template** to enable staff to evaluate the impact of our partnerships.

✓ undertaken key **corporate evaluation projects** to gain a comprehensive understanding of the impact of our Partnership work; these include Safer Homes Visits Evaluation and Risk Based Inspection Programme Evaluation

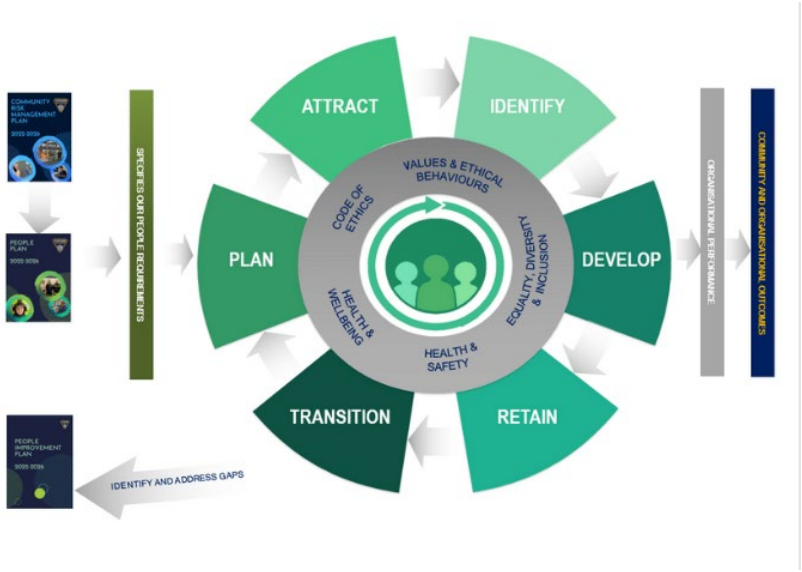
✓ developed approaches to **support best practice in working in partnership with other organisations;** this includes:

- embedding a consistent approach to Community Safety Partnerships with the four local authorities in Teesside
- improving our referral agreement with external agencies relating to the intention of agencies to identify and refer vulnerable individuals to CFB for a Safer Homes Visit.
- improving the quality of our Service Level Agreements
- working/membership with local and national groups such as the Consultation, Engagement and Research Officers Network (national group specialising in evaluation across FRSs) and Serious Violence Duty Evaluation & Research Steering Group

✓ in place an **ongoing plan** to:

- develop a **one-stop shop of Partners' priorities** to align strategic objectives and work activities.
- develop **a 'live' data dashboard** of partnerships and networks, enabling evidence-based decision-making regarding collaborative working and a deeper understanding of impact and benefits for the Brigade.

People



Using Resources to Manage Risk

Area for Improvement

PPP 113.1: ensure the system to record and monitor operational staff competence is aligned to its policy for maintaining skills and knowledge.

Our new personal development recording system, 'PDR Pro' records the maintenance of competence for all operational and non-operational personnel. At the time of inspection this was complimented with a paper-based portfolio for those staff that were working towards gaining their competence in role, either as a new starter or following a successful promotion process.

The paper-based system was a requirement of awarding bodies for operational and Control staff aligned to national vocational qualifications, as it was possible, at the time, for the electronic system to be plagiarised, as well as providing insufficient robust information to meet the standards and base an assessment decision on.

The 'Core Skills' requirement for each member of staff are a fundamental component of 'PDRpro' and are the minimum requirements that must be completed each year – we refer to this as the 'Core Skills Competency Framework' plan.

The RAG (Red, Amber, Green) system shows whether a person has maintained their competence for a particular core skill. Red meaning that the timeframe for completing has lapsed, amber showing that a member of staff is working towards maintaining their competence and green is where the core skill has been achieved.

The RAG system is applied in the same way across all roles within the Brigade, for instance, there is no difference in how the RAG rating is applied for firefighters or managers, nor is there a difference between green and grey book personnel. The only differences are the core skills that are being claimed, are aligned to each individual role profile.

As part of the maintenance of skills and knowledge, all operational personnel are required to take part in the 'Advanced Professional Development' (APD) programme, which is a series of risk critical competency themes ran over a three year period, that allow for professional updating aligned to those risk critical areas.

Following successful completion of an APD, a risk critical frequency is set for reattendance to maintain that particular skill. For example, for BA there is a requirement to attend the APD every 12 months, whereas for RTC, this is every 36 months.

The RAG rating for this part of the system is:

Green – in date and deemed as competent.
Amber – in date and deemed as competent but will run out within 60 days.
Red – out of competence.

Following the last HMICFRS Inspection we commenced the transition of all staff onto the electronic recording system, as the previous issue with awarding body requirements for Operational and Control staff no longer applied as the NVQ qualifications have ceased. To date we have:

- ✓ **provided all Grey and Green Book staff with electronic folders** on 'PDRPro'.
- ✓ ran a Watch Managers Managing Incidents course in Sep 2023, with those that were successful being the first Grey Book staff to have a **fully electronic route to competence portfolio**.
- ✓ **provided training** to staff as they move into different roles **on the correct methods of recording their competence.**
- ✓ provided **our whole-time firefighter apprentices with a robust route to competence process, including an End Point Assessment, which is fully electronic** as well as adding evidence to their PDrPro account.
- ✓ **updated our RAG System** to show when someone is either in or out of competence.
- ✓ **updated our Maintenance of Competence policy** (training procedure note 13) to reflect changes that have been made.

- ✓ **provided extra training for staff** to support their use of the PDRPro system.

- ✓ held **PDR workshops for Heads of Service to gain feedback** or concerns that they may have had around the practical application of PDRPro for their staff.

- ✓ **implemented improvements from staff feedback** including:
  - claimable operational incidents.
  - monthly to quarterly training planner.
  - alignment of Development Gateway programmes to individual accounts.
  - revision of sub roles for all staff to rationalise Core Skills.