

NOTICE OF MEETING

<i>Meeting</i>	HFRA Standards and Governance Committee	<i>Clerk to the Hampshire Fire and Rescue Authority</i> John Coughlan CBE
<i>Date and Time</i>	Wednesday, 27th February, 2019 9.15 am	<i>The Castle, Winchester</i>
<i>Place</i>	Meeting Room Y, Fire and Police HQ, Leigh Road, Eastleigh	<i>Hampshire SO23 8UJ</i>
<i>Enquiries to</i>	<u>members.services@hants.gov.uk</u>	

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Agenda

1 **APOLOGIES FOR ABSENCE**

To receive any apologies for absence received.

2 **DECLARATIONS OF INTEREST**

To enable Members to disclose to the meeting any disclosable pecuniary interest they may have in any matter on the agenda for the meeting, where that interest is not already entered in the Authority's register of interests, and any other pecuniary or non-pecuniary interests in any such matter that Members may wish to disclose.

3 **MINUTES OF PREVIOUS MEETING** (Pages 3 - 8)

To confirm the minutes of the previous meeting.

4 DEPUTATIONS

Pursuant to Standing Order 19, to receive any deputations to this meeting

5 CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6 HMICFRS ACTION PLAN REPORT (Pages 9 - 30)

To receive a report of the Chief Fire Officer seeking approval for the proposed HFRS action plan.

ABOUT THIS AGENDA:

This agenda is available on the Hampshire Fire and Rescue Service website (www.hantsfire.gov.uk) and can be provided, on request, in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

Agenda Item 3

AT A MEETING of the HFRA Standards and Governance Committee held at Fire and Police HQ, Eastleigh on Thursday 31st January, 2019

Chairman:
* Councillor Liz Fairhurst

* Councillor Jonathan Glen
* Councillor Roger Price

* Councillor Geoffrey Hockley
* Councillor Sharon Mintoff

*Present

Also present with the agreement of the Chairman:
Councillor Chris Carter, Chairman of the Fire Authority

48. **APOLOGIES FOR ABSENCE**

All Members were present and no apologies were noted.

49. **DECLARATIONS OF INTEREST**

Members were mindful of their duty to disclose at the meeting any disclosable pecuniary interest they had in any matter on the agenda for the meeting, where that interest was not already entered in the Authority's register of interests, and their ability to disclose any other personal interests in any such matter that they might have wished to disclose.

50. **MINUTES OF THE PREVIOUS MEETING**

The minutes of the last meeting were reviewed and agreed, and signed by the Chairman.

51. **DEPUTATIONS**

There were no deputations for this meeting.

52. **CHAIRMAN'S ANNOUNCEMENTS**

There were no Chairman's announcements.

53. EXTERNAL AUDIT PLANNING REPORT AND ANNUAL AUDIT LETTER

The Committee received the External Audit Planning Report and Annual Audit Letter (Item 6 in the Minute Book), presented by Ernst and Young. The representative from Ernst and Young, Martin Young was welcomed to the meeting.

Key issues in relation to the External Audit Planning report were drawn to the Committee's attention. The identified audit risks as detailed in section one of the audit planning report (page 17 of the agenda pack) were highlighted to Members and it was explained that there was no change in risk or focus for pension liability valuation or valuation of land and buildings, and these were both consistent with the previous year. Members heard that a new inherent risk had been identified which related to two new accounting standards that would apply from 1 April 2018. This would determine whether standards had been appropriately implemented by the Authority.

Members noted the typing error on page 5 of the Audit Planning report (page 17 of the agenda pack). It was noted that the 'Change from PY' column should read 'No change in risk or focus' in relation to the risk/area of focus - 'Misstatements due to fraud or error' and 'Pension Liability Valuation'.

It was highlighted that although the planned external audit fee for 2018/19 had reduced by 23% from the previous year as set out at page 28 of the Audit Planning Report (page 40 of the agenda pack), Members were reassured that this would not result in a change to the scope of the audit, and external audit would continue to seek required assurances before presenting their opinions.

Members of the Committee thanked Ernst and Young for their thorough work.

RESOLVED:

The Standards and Governance Committee:

- a) Received and considered the External Audit Plan for 2018/19
- b) Noted the Annual Audit Letter for 2017/18

54. INTERNAL AUDIT PROGRESS REPORT 2018/19

The Committee received a report of the Chief Internal Auditor updating the Committee on the progress of internal audit work for the period ending January 2019 (Item 7 in the Minute Book).

The Committee welcomed Beverley Davies to the meeting who worked with Karen Shaw as the Audit Manager, and would be attending some future Committee meetings. The report was introduced and it was heard that this report kept the Committee up to date on the delivery and progress of the internal audit plan, which would then be picked up in the annual opinion report to be brought to Committee in July. Members heard that there was one report on

Contract Management for the period which had a limited opinion, and this had been brought before senior managers to agree actions, and these would be tracked until completion.

A query was raised about the training for Contract Management as detailed at the bottom of Section 5 (page 78 of the agenda pack), and it was explained that there had been an element of training support for procurement, and further training needs would be examined. Officers highlighted that management actions for these were signed off internally so detail around training wouldn't necessarily be included in the report, but assured Members that these were on track.

It was noted that there were agreed actions for each risk, and assessments would measure whether the actions were effective in mitigating each risk. The ongoing tracking of these could be viewed in Section 4 (page 76 of the agenda pack) of the report which detailed the status of "Live" reports and reports closed. It was highlighted that Officers would examine some of the overdue actions listed from 2015/16, but it was noted that the high risk items shown in brackets had been addressed.

RESOLVED:

That the progress in delivering the internal audit plan for 2018/19 and the outcomes to date is noted by the Standards and Governance Committee.

55. INTERNAL AUDIT RECOMMENDATIONS PROGRESS REPORT

The Committee received a report of the Chief Fire Officer which provided an overview of the work to oversee the implementation of internal audit recommendations (Item 8 in the Minute Book).

It was explained that this recorded medium and high priority recommendations and actions relating to safeguarding and information governance were highlighted as detailed on page 87 of the agenda pack. Members noted that in relation to safeguarding as a high priority, a wider piece of analysis work had been undertaken since September 2018 to determine which roles within HFRS required Disclosure and Barring Service (DBS) checks, and at what level. Members also noted that an Information Governance policy had been written and would be published in line with a new process being implemented across the Service.

It was queried as to whether there would be any slippage on achieving safeguarding actions by the revised date of March 2019, and Officers were confident that this deadline would be achieved, but were by no means complacent about ensuring the timely completion and recording of outstanding checks. It was also noted that a further piece of work to compile a compliance report on DBS was currently being worked on with partners.

Officers confirmed that an update on the completion of these actions would be brought to a future meeting of the Committee.

RESOLVED:

That the progress made towards the implementation of the internal audit management actions is noted by Standards and Governance Committee.

56. HMICFRS REPORT

The Committee received a report of the Chief Fire Officer regarding the inspection of Hampshire Fire and Rescue Service by her Majesty's Inspectorate (HMI) of Constabulary, Fire and Rescue Service (Item 9 in the Minute Book).

Officers set out the background to the report from HMI which was published on the 14 December 2018, and Members heard that the next step was to formulate a required action plan in response to the recommendations identified in the HMI report within 56 working days. It was noted that every Fire and Rescue organisation would be inspected by HMI and Hampshire performed well as one of the first inspected organisations.

Some Members were concerned with some points raised in the report by HMI, and wanted reassurance that these issues would be addressed in the action plan. Officers explained that since receipt of the report, analysis has been undertaken and a detailed action plan would be completed in response to this.

After discussions on the formulation of the action plan, Members wanted to ensure that all Fire Authority Members would have the opportunity to be briefed by Officers and analyse the plan before this was sent to HMI. It was noted that Officers would take this forward and schedule a further meeting.

RESOLVED:

That the HMI report is noted by the Standards and Governance, and it is noted that the Fire Authority will be briefed on the associated action plan to ensure that measurable steps are taken to address any issues raised by HMI.

57. INFORMATION SECURITY UPDATE

The Committee received a report of the Chief Fire Officer providing an update on information security and the cyber-attack on Hampshire Fire and Rescue Service (HFRS) in August 2018 (item 10 in the Minute Book).

Members were taken through the report and it was heard because of the new requirement by organisations under General Data Protection Regulations (GDPR), HFRS was now required to report such data breaches within 72 hours of the organisation becoming aware of the incident.

It was confirmed that as a result of the data breach, action was taken to shut down access to HFRS systems, reinforce cyber security and force password changes on all accounts. The root cause of the breach has since been identified, and infrastructure to ensure higher security standards going forward was being reviewed. It was noted that the Information Commissioner's Office (ICO) would investigate these actions to ensure they were sufficient, and the

possibility that HFRS could be fined by the ICO as a result of this incident was highlighted.

Members queried the effectiveness of security, and it was heard that firewalls were monitored daily, and there had not been another successful breach of the system.

RESOLVED:

That the report is noted by the Standards and Governance Committee.

58. **PHYSICAL DATA BREACH**

The Committee received a report of the Chief Fire Officer notifying Members of a physical data breach (Item 11 in the Minute Book).

It was heard that the data breach was an isolated incident that occurred the week commencing 22 October 2018, and a bag containing a number of sensitive documents had been reported missing. It was explained that following guidelines, the incident was reported to the ICO.

Members heard that actions had been implemented as a result of the data breach to ensure that protocols for dealing with sensitive data within that specific team would be followed. Members heard that only a small proportion of the overall HFRS workforce dealt with sensitive information as part of their role, but across the organisation the importance of complying with GDPR was regularly enforced.

It was noted that since the report was written, the ICO had confirmed that it would be taking no further action on this specific case.

RESOLVED:

That the report is noted by the Standards and Governance Committee.

Chairman,

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**HAMPSHIRE
FIRE AND
RESCUE
AUTHORITY**

Standards and Governance Committee

Purpose: Approval

Date: 27 February 2019

Title: **HMICFRS ACTION PLAN REPORT**

Report of Chief Fire Officer

SUMMARY

1. Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (hereafter HMI) inspected Hampshire Fire and Rescue Service (HFRS) in Tranche 1 of the inspection programme. The final inspection report was published in December 2018.
2. The Fire and Rescue National Framework for England, requires the Services to respond to HMI with an Action Plan within 56 working days (12 March 2019) of the receipt of the HMI Inspection Reports. The HMI Inspection Reports and Action Plan will be available for public scrutiny.
3. This report seeks the Standards and Governance Committee approval of the proposed Action Plan for HFRS as detailed in **Appendix A**.

BACKGROUND

4. On 31 January 2019, the Standards and Governance Committee noted the HMI Inspection Report that provided an overall judgement grading for HFRS and identified 'Areas for improvement'.
5. HMI assessed and provided an overall judgement grading of 'Good' for HFRS. HMI concluded HFRS are 'Good' at effectively understanding risks within its community and 'Good' at efficiently managing its resources. HFRS was graded as 'Requires improvement' at looking after its people.

ACTION PLAN

6. The Fire and Rescue Services in England are required to publish an Action Plan within 56 days of receipt of the HMI Inspection Report. The requirement of the Action Plan is to acknowledge any cause for concern and ensure measurable actions are identified to deliver improvement.
7. The Chief Officer and the executive team have developed the proposed Action Plan for HFRS, in conjunction with lead officers from the various disciplines described in the report.

8. For transparency, in addition to the above requirement, the Action Plan further captures the 'Areas for improvement', our analysis and measurable actions to ensure improvement.

SUPPORTING OUR SERVICE PLAN AND PRIORITIES

9. The Action Plan supports the Service's priorities. Aligning to HFRS Service Plan and HFRS Safer and Stronger Priorities, it enables the Service to improve as an organisation and to demonstrate to our communities and partners how efficiently and effectively we are performing.

RESOURCE IMPLICATIONS

10. The Action Plan will be progressed within business as usual activities and be monitored through the Performance and Assurance Board (PAB), which will in turn report to the Standards and Governance Committee. Managers accountable for delivery of specific functional areas will be required to prioritise resource to achieve the required improvement. There are no additional financial resource implications as these will be absorbed within existing budgets.

ENVIRONMENTAL AND SUSTAINABILITY IMPACT ASSESSMENT

11. The Action Plan will, where required, undertake an environmental and sustainability impact assessment.

LEGAL IMPLICATIONS

12. Whilst the Service is only required to formally respond to the 'Cause for concern', it is considered that addressing all identified 'Areas of improvement', will create a more holistic approach and more sustainable improvement for the Service.

EQUALITY IMPACT ASSESSMENT

13. The Action Plan will, where required, be subject to an equality impact assessment.

OPTIONS

14. To approve this report and associated Action Plan, to ensure our commitment to improvement in the areas identified by HMI and improved delivery of services for communities in Hampshire.
15. To not approve this report and associated Action Plan. This option is not recommended. Adjustments can be made as required. Not approving the Action Plan could delay and cause HFRS to not meet the requirement to submit an Action Plan to acknowledge any cause for concern and ensure measurable actions are identified to deliver improvement, within 56 working days (12 March 2019).

RISK ANALYSIS

16. The Action Plan will inform the Authority's Integrated Risk Management Plan (IRMP) for 2020. The interim Action Plan will ensure improvement of delivery of services, including effectively understanding risks within its community, efficiently managing its resources, and looking after its people.

EVALUATION

17. Mechanisms to regularly review the delivery, performance and success of the Action Plan for HFRS will be through continual performance review by the Performance and Assurance Board (PAB).
18. Each action point will be evaluated using the LOGIC model approach, by identifying expected outputs, outcomes and impacts to monitor progress. The progress will be monitored by the PAB and reported to the Standards and Governance Committee.

CONCLUSION

19. The Action Plan for HFRS will ensure that measurable actions are taken to improve the Service, in delivery of public safety, in delivering value for money and for being positive organisations that are employers of choice.

RECOMMENDATION

20. That the report and Action Plan for HFRS be approved by the Standards and Governance Committee.

APPENDICES ATTACHED

21. Appendix A – HMICFRS Action Plan for HFRS

BACKGROUND PAPERS

22. HMICFRS Report, submitted to Standards and Governance Committee, 31 January 2019:
<http://democracy.hants.gov.uk/documents/s29376/Report.pdf>
23. HMICFRS Inspection Report HFRS:
<https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/hampshire-fire-and-rescue-service-report-2018-19.pdf>

Contact:

Andy Bowers, Deputy Chief Fire Officer, andy.bowers@hantsfire.gov.uk

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Hampshire

Fire & Rescue Service

HMICFRS Inspection 2018/19

ACTION PLAN

HAMPSHIRE FIRE & RESCUE SERVICE:

Overview

Diagnostic Areas:

- Effectiveness
 - Rating: Good
 - Improvement required on how the Service protects the public with fire regulation
- Efficiency
 - Rating: Good
- People
 - Rating: Requires Improvement
 - Improvement required in the way the Service looks after its people, specifically in ensuring fairness and promoting diversity, promoting right values and culture, and managing performance and developing leaders

Effectiveness:

Areas for improvement

- The service should ensure it gathers and records relevant and up-to-date risk information.

Our analysis:

HFRS has a comprehensive policy on premises risk inspection and Site Specific Risk Information (SSRI) and follows the national Premises Operational Risk Information System model. All main appliances have a Mobile Data Terminal which have automatic wireless updating at every station. We use SSRI's and operational pre/support plans for high risk locations, as well as Fire & Rescue Services Act Section 7(2)d visits by operational crews. At high risk premises crews also have the use of GIRDER boxes containing plans and information relating to the building. HFRS also use a paper and electronic device based Firefacts system and tactical operational guidance. The issue here appears to be about clarity of who is responsible for all of this information, and about a perceived disparity between the amounts of visits and information held in wholetime station areas as opposed to on-call station areas.

What we are going to do about it:

We will review our current policies and clarify who is responsible for improving the collation of risk information, the management of systems and the quality assurance of information to ensure HFRS understands where accountability lies. We will confirm with crews where responsibilities lie in collecting and recording premises and risk information. The Resilience and Operational Assurance Team will underpin the quality assurance process element of this area. We will also examine the limitations and barriers within on-call areas of the service where higher risks exist. We will focus particularly where higher risk premises exist and seek best practice from other services who face this issue.

We will provide confirmation through testing that risk information is readily available to frontline crews and is up to date for higher risk premises; and we will remove unnecessary information for low risk premises which we do not need to hold. The Premises Risk Management Group (PRMG) will take the lead in resolving the issues identified. PRMG will report into Area Manager Assurance and the Performance and Assurance Board.

Strategic Lead – Director of Performance and Assurance

Target Date for completion: End of June 2019

Areas for improvement

- The service should understand why it completes proportionately fewer home fire safety checks than other services.

Our analysis:

The inspection report is correct in that we do carry proportionately fewer checks, although we carry out the more comprehensive Safe & Well visits rather than the simpler Home Safety visits. In the 12 months to 31 March 2017, the number of home safety checks per 1,000 population was low when compared to many other services. This is due to the Service approach to prioritisation of higher risk, more vulnerable people and better targeting of resources using the more holistic Safe & Well approach. The intended outcome of Safe & Well visits is a Safer Hampshire and we have a low number of primary property fires, fire deaths and injuries per 100,000 of the population. This is below the national average and is in part due to our targeted prevention activities. However, we accept that we can do more home safety checks.

What we are going to do about it:

Safe & Well visits will continue to be delivered to those at most risk in their home. By working with our partners and referring to other agencies, we will continue to reduce the risk of fire and improve the wellbeing of vulnerable people in their homes, helping them to carry on living independently. Visits will target people over 65 and other vulnerable groups. This will include those who are vulnerable due to;

- Illness
- Physical Disability
- Learning Disability
- Mental Health
- Sensory Impairment
- Substance Misuse

The above is not an exhaustive list and will be compounded by the inability of the person or persons to protect themselves from harm.

Partnerships will be developed by stations, groups and service wide, to increase the number of quality referrals from those organisations working with the most vulnerable people. When the number of partnership referrals will not achieve our Safe & Well expectation, Exeter data will be used in a priority manner.

There will be a significant increase in the number of Safe & Well visits delivered, particularly through operational crews.

Wholetime stations: The expectation will be to deliver a minimum of **714** Safe & Well visits per each wholetime appliance (including SFV, FRV). This equates to 2 visits per appliance in each 24hr period (minus bank holidays). This number does not include the additional visits carried out by Community Safety Officers (CSO), volunteers, or other organisations.

RDS sections: RDS sections (including those on WDS stations) will deliver **50** per year. This equates to 1 visit per week (minus Christmas and Easter weeks). This number does not include the additional visits carried out by CSO's, volunteers, or other organisations.

Community Safety Hubs: Delivery of the highest risk visits, or those people that need multiple interactions, are to be carried out by the appropriately trained person as identified by the local Community Safety Delivery Manager (i.e. CSO).

We will understand the needs of local communities and respect difference, working with partners to engage with hard to reach groups, and continue to reduce the number of primary fires and fire related deaths and injuries.

Strategic Lead – Director of Operations

Target date for completion: End of March 2020

Areas for improvement

- The service should ensure it targets its prevention work at people most at risk.

Our analysis:

We are doing proportionately fewer Safe & Well visits in comparison with some other fire and rescue services. This is because our visits are targeted as reported above. Our high referral percentage rate to GP's is a strong correlation to confirming effective targeted activity. We believe that our approach is more comprehensive than a Home Safety Visit and other styles of Safe & Well visits, although this is not recognised in the report. During our feedback we were commended in the "fire injuries" KLOE as a positive outlier, and we believe this is a good indicator of successful targeted activities.

What we are going to do about it:

We will review our community safety policies to ensure we continue to target the most vulnerable members of our communities and further reduce risk. HFRS will work with partners to ensure a standard referral method is adopted across health and social care, improving and streamlining the referral pathway.

HFRS has conducted research with the local safeguarding boards to review fire deaths over the past 3 years. This highlights that over 60% of these people were known by other agencies and the type of behaviours and environments that increase the risk of fire. A Fire Safety Development Group, a sub group to the main Safeguarding Boards, will be established to ensure better management and referral of fire safety risk from local authorities and care providers.

Filtered Exeter data is available to target over 65's. Age itself however is not an indication of vulnerability. Risk factors should be used to define vulnerability. HFRS online referral form captures this information, with those that do not qualify for a visit being directed to complete a 'Safe and Sound' assessment on-line.

HFRS have researched the main cause of Accidental Dwelling Fires and injuries. The primary cause is cooking (66%) with the 3 main risk groups being elderly, rented accommodation (including students), and social renters. These will be targeted with bespoke messaging.

Strategic Lead – Director of Operations

Target date for completion: End of March 2020

Areas for improvement

The service should evaluate its prevention work, so it understands the benefits better.

Our analysis:

We have recognised that we need to be better at evaluation of our activities and this is built into the new operating model of Plan, Do, Review. We are currently embedding this into the service and placing much greater emphasis on review and evaluation. This includes appointing an Assistant Chief Fire Officer with direct responsibility for this area. Previously HFRS made representation to be part of the national Safe & Well evaluation project. Although we were not selected to pilot this, we are following its work closely and decided not to progress our own approach locally, but to await the national standard.

Our very successful and long running Princes Trust programmes are externally evaluated, and performance is subject to OFSTED inspection.

HFRS actively promotes the Fire as a Health Asset agenda, as well as Road Safety and the Chief Fire Officer has recently taken up the national role of Chairman of the NFCC Strategic Health and Prevention Committee.

What we are going to do about it:

We have set stretching targets for the number of Safe & Well visits our staff will complete and we will evaluate what impact that change has had.

We will also carry out evaluation of Safe & Well visits in 2019/20 to ensure they are effective at reducing risk in all their areas of focus.

Strategic Lead – Director of Operations

Target date for completion: End of March 2020

Areas for improvement

- The service should ensure it allocates enough resources to a prioritised and risk-based inspection programme.

Our analysis:

The reduction in our funding has resulted in fewer staff and this reduction in staffing has resulted in fewer inspections being completed. However, we do still carry out a risk-based inspection programme for regulated buildings. The report recognises that our Integrated Risk Management Plan (IRMP) describes the reduction in risk within commercial buildings and that our plan prioritises how we match resources to risk. During our feedback we were commended in the “fire injuries” KLOE as a positive outlier. Fire deaths and injuries in regulated buildings are extremely low but we recognise that the risk is still present, and we cannot plan just for demand in this area. During the period in question we had responded to the impacts of the Grenfell fire and had visited every high rise building in Hampshire at least twice. This was an unexpected demand on our resources and undoubtedly had an impact on the amount of other work we could complete. We have teams dedicated to respond to alleged fire risks from the public (reactive) and separate teams for planning applications and for Risk Based Inspection Programme, who undertake routine visits on a proactive basis. We believe the premises identified as being out of date may have been over-rated in terms of risk and therefore may not require being inspected as regularly.

What we are going to do about it:

A new policy using the Experian data set for better identification of risk will be implemented. A revised Protection Risk based Audit policy will be written to match this strategy. We will ensure that the premises are accurately risk assessed and that our inspection regime is matched to actual risk, and that resources are available to meet the demand.

An action plan to improve performance and reviewing its risk-based inspection programme will be produced.

Strategic Lead – Director of Operations

Target date for completion: End of September 2019

Areas for improvement

- The service should assure itself that its commitment to the trading arm does not conflict with its main protection responsibilities or its public service duties.

Our analysis:

Hampshire Fire and Rescue Authority has set up a business that operates from its Service Headquarters.

We recover full costs from the trading arm for facilities, and for the number of days of seconded staff capacity that they utilise.

HFRA has sought counsel advice and a policy position is to be considered imminently.

Since this inspection was carried out, a best practice document for Fire Service trading arms has been published by Grant Thornton for the NFCC and the Fire Industries Association, and our trading company both supports and fully complies with this guidance. Income generation, along with efficiencies, have enabled HFRS to maintain a safe service across all our areas of activity in Hampshire while reducing its budget by £12.2million over the last four years. Without the ability to generate income further, budget cuts would be necessary.

What we are going to do about it:

We believe that any conflict that exists with our public service duties is being managed within the law. We also consider that income generation assists us in delivering these duties. We will provide further clarity for our staff and community about our financial strategy in our next IRMP.

Strategic Lead – Director of Risk and Planning

Target date for completion: End of June 2019

Areas for improvement

- The service should ensure it has an effective system for staff to use learning and debriefs to improve operational response and incident command.

Our analysis:

Learning from operational incidents is a priority issue for all fire and rescue services with work taking place at national level to improve it. HFRS was one of 7 volunteer fire services in the National Operational Learning (NOL) pilot and are active participants in the NOL process. The National Command and Control User Group has just agreed recommendations for debriefing 'best practice' and HFRS was involved in developing this piece of work.

Overall HFRS is Good at responding to emergencies and Good at commanding incidents. We have procedures for debriefs at every level of incident however we understand that the primary focus has been on larger incidents. Although we believe that debrief from small, more common incidents may not produce any organisation wide learning, we accept that we can do better in this area.

What we are going to do about it:

We will review our policy in line with national developments and clarify with operational staff how they contribute to organisational learning through debriefs at all levels.

Head of Assurance to report to the Performance and Assurance Board (PAB) on the progress made to improve the debrief process which includes lower level incidents.

Strategic Lead – Director of Performance and Assurance

Target date for completion: End of September 2019

Efficiency:

No Areas for improvement were identified in this area

People:

Areas for improvement

- The service should ensure its expected values and behaviours are understood and demonstrated at all levels of the organisation and that managers actively promote these standards.

Our analysis:

HFRS has been actively and deliberately attempting to change its culture and the way we do things. This has been a priority for the new Chief Officer Group appointed in January 2018. Although we can point to evidence of cultural change and many positives, it is clear that there are many factors which contribute to this comment from HMICFRS. Over the last few years we have been subject to considerable change, budget reductions and impacts on our staff. We recognise that change is unsettling, and many people are negatively affected by it. It is too early for us to think that we have achieved successful cultural change as this can only be considered as a long term and ongoing objective. The report recognises that we deliberately chose not to produce or publicise a set of top-down values or behaviours, and that instead we have chosen to let this develop organically.

The service has identified 3 key behaviours/values and work is ongoing to further develop these and embed them in the organisation. The Chief Fire Officer is taking the lead on this with the Head of HR and Workforce Development. The report makes no comment or acknowledgement of the extent of the HFRS leadership framework, HFRS cultural values or, as explained during the strategic briefing, the degree of change that will be felt by our staff as we develop towards a new approach from the new Chief Fire Officer and the strategic leadership team.

What we are going to do about it:

The Chief Fire Officer and Head of HR and Workforce Development will continue to lead on the development of values and behaviours and their inclusion in the refreshed cultural vision for the Service. Once we reach a set of statements that we believe will work for HFRS and our current context, then we will work with our teams to embed these and ensure that all staff model the behaviours. They will also be incorporated into our new performance and promotional processes to ensure everyone understands the expected values and that demonstration of the behaviours is recognised and actively promoted by managers.

Strategic Lead – Head of HR and Workforce Development

Target date for completion: End of December 2019

Areas for improvement

- The service should assure itself that staff understand and have confidence in the service's grievance and absence management policies.

Our analysis:

We understand that HR policies need to be regularly reviewed and that in times of significant change impacting on our staff, the level of such HR activity is likely to increase. The Grievance and Absence Management policies were reviewed and rewritten in line with ACAS guidance, with full representative body and staff involvement, by Shared Services less than 2 years previously. We believe therefore that the policies are suitable and fit for purpose but that we need to improve our staff's understanding of the processes, and the support given to them. We have previously carried out specific training for managers in all of these HR policies to support them managing their staff but recognise that we have had a turnover of staff at supervisory manager level and that this training will need to be repeated.

We know that staff have expressed concern that the shared Occupational Health (OH) unit does not 'understand' fire and rescue service requirements and have worked hard with them to improve performance and satisfaction rates. A new manager for that team has recently taken up post and has worked with HFRS to develop an OH Improvement Plan.

What we are going to do about it:

A supervisory leadership course has already been designed and is being delivered by Workforce Development to meet our needs in terms of Grievance, Disciplinary, Performance Management and Sickness Absence Management. For middle managers, a 3-day course is being developed which will

improve their confidence in the application of these policies. This is being piloted in March with an intention to roll out from May.

The HR webpages provide lots of information in respect of the various HR policies and are accessible to all employees and managers. There is also an HR helpdesk which staff and managers can call for advice and guidance. However, we will run a communications campaign to ensure staff are aware of the resources and support available to them.

An OH Improvement Plan has been signed off by the Health and Safety Committee and delivery of this will continue to be monitored through this Committee.

Strategic Lead – Head of HR and Learning and Development

Target date for completion: End of March 2020

Cause for Concern

Hampshire Fire & Rescue Service does not do enough to be an inclusive employer. We found signs of low morale in the workforce. People have little confidence that they will be treated fairly or that senior leaders have their best interests at heart.

Recommendations

By 30 June 2019, the service should:

- embed a programme to ensure that inclusion, fairness, equalities and professional development are priorities for the service;
- ensure that its recruitment activities are open and accessible to all of Hampshire's communities;
- treat employees according to their needs so they feel valued;
- ensure that each person's potential can be developed so they can perform to their very best;
- ensure that the chief officer team leads the programme, actively promoting the values of the organisation; and
- ensure that everyone knows how they contribute to the values.

Our analysis:

We recognise that we have been through a period of considerable change over recent years and that this has had an impact on some of our staff and their morale. Whilst some of this change is internally driven through Risk Review and budget reductions, much is driven externally with the pay freeze,

changes to firefighter pensions and other areas of dispute. We know that these changes are outside of our control but still affect our staff, sometimes significantly. Since the appointment of the new Chief Officer team we have been changing our operating model as well as attempting to pursue cultural change. Our staff have been through an unprecedented period of instability and change. Our feedback to HMICFRS is that we believe this Cause of Concern is over stated due to a misunderstanding of our continued cultural journey, the aspirations of the new Chief Fire Officer and team; and a cultural lag between where we are now, and the issues that staff told HMICFRS.

We informed the inspection team during the strategic briefing of the uncertainty staff will naturally feel as we move from existing to new ways of working. That does not mean however that we believe we do not have any issues. We are very conscious of the views of our workforce and have actively sought after them with successive cultural surveys. We know in particular that the use of fixed-term contracts and long-term temporary promotions has had a negative impact, even though they have been successful in their objective of avoiding compulsory redundancies. We also know that our promotion processes have changed several times and staff are confused and have reduced confidence in their fairness and transparency.

The Service published a People Strategy in 2016 which sets out our statement of intent for the future vision of the Service's workforce. The strategy outlines our approach to workforce planning, culture and leadership, inclusion, performance, learning and development and wellbeing. Delivery of the strategy is through the annual service planning process which identifies key priorities and includes specific objectives in respect of people and inclusion. These are agreed and monitored by HFRA.

The Inclusion and Diversity Plan was signed off by the senior team and was provided to the Service Liaison Lead. Our successful support groups, FireInspire (gender), FireReach (Religion, ethnicity and cultural heritage), FireAble (disability) and FireOut (LGBT+) each have an Executive Group member as sponsor. For example, the Deputy Chief Fire Officer is the gender champion and takes an active role in promoting gender equality. One of the purposes of the diversity support groups is to improve understanding of the needs of different employee groups and ensure they have a voice when developing policy.

We acknowledge the gender disparity in our workforce and are committed to addressing this. We have produced and published a strong positive action statement letting our staff and the public know that we are actively encouraging people from under-represented groups to apply to work for us.

A very proactive, positive action and diverse attraction campaign has been deployed for the 2019 Wholetime firefighter recruitment campaign. At the time of writing we have made some initial analysis of the 795 applications we have received. Figures show 12% female applicants (an improvement of 50% from our last recruitment). 11% who are other than White-British, 16% who do not identify as heterosexual and 4% with a disability. Whilst these figures are encouraging, we know there is much still to be done.

Our On-Call recruitment campaign (for which we have led nationally) targets females and applicants from other under-represented groups.

Our commitment to our employee's wellbeing is outlined in our People Strategy and we have invested significantly in supporting positive mental health of our employees. We have an extensive network of trained mental health first aiders and a wellbeing tactical group that is chaired by our HR Business Partner.

What we are going to do about it:

Our operating model is supported by new Executive Boards one of which is the People and Organisational Development (POD) Board. This is chaired by the Head of HR and Workforce Development who will be developing a new POD strategy. The strategy will describe the new strategic intent in respect of our workforce, and address concerns raised by both HMIC and our staff through the cultural survey.

In March, we will be holding an inclusive leadership development day for all middle managers. The intention of the day is to ensure our managers understand the importance of inclusion in getting the best from our workforce and will also cover issues such as unconscious bias. This day will be supported by senior managers, and the Deputy Chief Fire Officer will be actively promoting the day by opening the session.

We will continue to implement the Inclusion and Diversity (I&D) Plan and will refresh the Diversity Champions role, with each of the four network groups having an identified Executive Group 'champion' and the Chief Fire Officer formally taking on the role of overall Diversity Champion for the service and our staff.

We will complete and implement the I&D Inclusion initiative 'A Bit More' (Belonging, Integrity, Trust) training plan for all staff and teams.

We will be benchmarking to National Inclusion Standard by the end of May, working with Inclusive Employers. This feedback will be incorporated into the I&D action plan.

We will continue the social media targeting of female and other under-represented candidates and communities.

Our current and future wholetime recruitment campaigns will continue to provide positive action and support for applicants from under-represented groups throughout each stage of the process. For example, we will run female only selection testing, as evidence shows that female applicants perform better in these groups.

Strategic Lead – Chief Fire Officer supported by Head of HR and Workforce Development

Target date for completion: We will have a refreshed plan in place by the end of June 2019 and aim for completion of these actions by the End of March 2020

Areas for improvement

- The service should assure itself that staff are confident using its feedback mechanisms, so these help the service gather valuable information. It should put in place an action plan to address the concerns raised by staff in the recent staff surveys.

Our analysis:

We have been involved in developing a specific and targeted cultural survey working with academics from Harvard and Cornell Universities in America; and have been actively encouraging our staff to take

part in these. A response rate of 42% up from 24% initially is seen as a positive indicator that our staff are willing to engage. We believe that our decision to undertake a second cultural survey during the run up to the inspection period demonstrates our clear commitment. We believe there were many examples of good staff communications included during the inspection which have had limited coverage within the report, for example approaches to shift design, appliance design and crewing levels.

We know that we are actively pursuing cultural change and some of the issues raised will have already been addressed by the ongoing changes we have made. It is important for us to understand the comments made and their context, understand how much of it is historical or is still relevant, and to make clear decisions on what changes we will make and how we will make them.

There is no current published action plan for ongoing cultural surveys, but we will develop this once the analysis of the last survey is complete. We need to develop communications on progress towards the concerns raised.

What we are going to do about it:

We will ensure that the results of the last cultural survey are fully analysed and continue our involvement with the Harvard / Cornell team for this. We will ensure that the completion of service changes are fully evaluated and impacts analysed so that ongoing change is managed carefully.

The combination of findings from 2016/18 surveys have already led to a number of changes, such as the centralisation of promotional processes to address concerns over fairness and transparency. We have also made changes and improvements in the areas of development vs competent pay, removed all of the 'A' pay scales, involved firefighters with vehicle design, PPE and initiated a significant Station Investment Programme which will improve facilities across the board.

The new POD Board intends to address concerns around internal communication and feedback loops, with an objective of increasing employee engagement. One current consideration is the establishment of 'Voice' which will be an employee representation group.

The Head of HR and Workforce Development will be meeting regularly with the internal comms team to ensure there is a comprehensive and effective staff communication plan on actions arising out of the cultural survey and in relation to the new POD strategy.

Strategic Lead – Head of HR and Learning and Development

Target date for completion: End of March 2020

Areas for improvement

- The service should ensure it has an effective system in place to manage staff development, performance, promotion and productivity.

Our analysis:

The previous goal of placing the selection accountability with the recruiting line manager created perceived inconsistencies and we have listened to our staff and acted on this as an outcome of the cultural surveys (2016 & 2018). We have now developed new centralised promotion processes which

are open and transparent, and which have been successfully used to promote CM, WM, GM and AM. This change has been positively received.

We recognise that the previous Personal Development Review (PDR) process with a focus on team performance was not meeting the requirements of the Service or ensuring our staff had effective performance development discussions with their managers. Workforce Development and the Academy have collaborated to design a new Performance Development Plan (PDP) process which replaces both PDR and grey book development plans. The new PDP process is intended to drive high performance by encouraging continuous learning and development, rather than the peaks and troughs in performance shortly before and after promotional processes. The PDP is currently being piloted and will be rolled out from April onwards.

What we are going to do about it:

We will continue to review our appointment and promotional processes via the Resource Management Group which is chaired by the Head of HR and Workforce Development. This will ensure continued fairness and transparency of these processes.

The new PDP will replace PDR and development plans for all staff from April 2019 onwards. When the new set of statements in respect of values and behaviours are agreed, these will be incorporated into the PDP to ensure performance discussions consider both achievement of objectives and the way in which they are achieved.

Strategic Lead – Head of HR and Learning and Development

Target date for completion: End of March 2020

Areas for improvement

- The service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders.

Our analysis:

This issue is an extension of the one above with our clear recognition that we have leaders across our organisation and that development is not just about promotion. To support the leadership development of our workforce we have an extensive array of training and development opportunities available through Workforce Development, but we recognise that we need to do more, particularly for green book staff.

For employees who are new or aspiring leaders, we have a development programme called Firefly which provides an introduction into leadership concepts, including personal leadership style and impact. The Firefly programme receives excellent feedback from those who have completed the programme and is often over-subscribed as a result.

Senior managers have an open process to apply for consideration for the Executive Leadership Programme, and Executive Group colleagues have access to Institute of Directors accredited training.

We are committed to creating a coaching culture across our organisation and have rolled out training on coaching conversations to many of our managers. Employees can also access professional coaching through Workforce Development.

What we are going to do about it:

For middle managers, we are launching a new programme of Leadership CPD event. These will run 4 times per year and will focus on developing the leadership capabilities of these managers. The first of these events will focus on inclusive leadership.

We will publicise the existing workforce development offering more explicitly. This will cover both the courses and training opportunities, but also the access to coaching.

We will encourage managers to identify their staff with potential and target them to the FireFly programme.

A new Performance Development Plan process will be in place to replace the old PDP and PDR system for April 2019.

Strategic Lead – Head of HR and Learning and Development

Target date for completion: End of September 2019

Areas for improvement

- The service should ensure its selection, development and promotion of staff is open, transparent and fair, including its position on the use and length of temporary promotions.

Our analysis:

Our Resource Management Group, led by our Head of HR and Workforce Development, bring consistency and accountability to all appointment and promotion processes. This group, which includes representative bodies, has listened to concerns from our staff in respect of the fairness of these processes. As a result, they have reviewed the intention of placing selection accountability with

the recruiting line manager and recognised that it could result in inconsistencies. We have now developed centralised promotion processes which are open and transparent, and which have been successfully used at CM, WM, GM, and AM level. These have been positively received by staff.

Our Resource Management Group also monitors and oversees all workforce planning and resourcing activity, including management of establishment against service planning requirements.

The group regularly reviews use of temporary promotions, secondments and fixed term contracts and seeks to reduce use of these over the next 12 months to create stability and certainty for our staff.

What we are going to do about it:

We have reviewed and amended our promotion processes and centralised more aspects of them. Although this will give greater control and consistency, we recognise that staff may feel some uncertainty as we move towards a more centralised process as a result of their feedback.

The revised process has now been used at CM, WM, GM, and AM level and have generally been viewed positively by staff, with SM ongoing at the time of writing. We will review these changes once the remaining elements have been concluded in order to ensure they have met our objectives.

The Resource Management Group will continue to monitor temporary promotions and fixed term contracts and we have stated to all our staff that we will be reducing the number of these over the next 12 months. We believe that these are a useful tool to manage the establishment and can provide development opportunities for staff, so expect that we will always have some, but at the lowest possible level.

Strategic Lead – Head of HR and Learning and Development

Target date for completion: End of March 2020

Conclusions and summary

HFRS is committed to providing the best possible service that it can to deliver its objective of Making Hampshire Safer. We are pleased to see the HMICFRS report confirm that we are effective at keeping people safe and that we are good at:

- Understanding the risk of fire and other emergencies
- Preventing fires and other risks
- Responding to fires and other emergencies
- Responding to national risks

We are proud that we provide an efficient service and make good use of our resources and our service is affordable.

We know that we are ambitious and have been changing many things about the way we operate, and how we provide an even better service. We appreciate that our staff have been through significant

change and that this has had an impact on them. We will focus on the people elements of this report to better support our staff and make them feel valued and appreciated.

Cultural change does not happen overnight and while we have target dates on these changes, we know that this will be a continuing piece of work that cannot simply be 'fixed' in the short term. Visible leadership from the Chief Officer team will be important and we will continue to build the other networks across the organisation, such as the Watch Managers, Station Managers and Group Managers forums that will be key to having a fully engaged, involved and pro-active workforce.

Although we will focus on those areas where we have been assessed as Requiring Improvement, we will also look to build on those areas where we are rated as Good, in order to improve these to Excellent. We will seek to improve in every area and provide an even better service.

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