

## Appendix 1 – Progress against the Internal Audit Plan 2024-25 as at 9 July 2024

*Audits marked (\*) may be utilised by the external auditor in their annual assessment of the likelihood of material misstatement in the Authority's financial accounts so the detailed scope will be subject to the External Auditor's (EA's) approach*

*ToE – terms of engagement*

*HI – high importance recommendation*

### **Institute of Internal Auditors definitions: -**

- The first line of defence – functions that own and manage risk
- The second line of defence – functions that oversee or specialise in risk management, compliance
- The third line of defence – functions that provide independent assurance, including internal audit.

**Work completed (to at least draft report issued stage or complete for the financial year)**

No.	Category	Auditable area	Potential assurance requirements....	Position at 09/07	Summary of High Importance recommendations	Opinion
24/1	Various	Completion of any residual work on 23/24 audits	Completion of any residual work on 23/24 audits	<p>All four reports finalised as follows:</p> <p>Key Financial Systems Recs &amp; Balances</p> <p>Key Financials Payroll</p> <p>Key Financials Pensions</p> <p>Key Financials ICT Controls</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>Substantial</p> <p>Substantial</p> <p>Substantial</p> <p>Substantial</p>

Work in progress

No.	Category	Auditable area	Potential assurance requirements....	Position at 09/07	Summary of High Importance Recommendations	Opinion
25/2	Governance	ICT System and Process Connectivity	<p>A high-level review to ensure that all key ICT systems and processes within the service and/or outsourced by the service are able to seamlessly connect/communicate where required/desired.</p> <p><i>Note: This work commenced in 23/24 but will continue into 24/25</i></p>	Testing nearing completion	N/A	N/A
25/3	Internal Control	Key Financial Systems – Reconciliations and Balances	<p>Key reconciliations and other agreed in scope processes are undertaken accurately and promptly.</p> <p><i>(Note, where applicable this will include follow up of any recommendations in the Auditor's Annual Report).</i></p>	Terms of Engagement issued – work cannot be started until December 2024	N/A	N/A

25/4	Internal Control	Key Financials Payroll	Payroll Starters, leavers, and variations to pay are valid and accurately accounted for	Terms of Engagement issued – work cannot be started until December 2024	N/A	N/A
25/5	Internal Control	Key Financials Pensions	<p>To provide assurance regarding operational processes for Fire Fighter Pensions. Topic area(s) will be risk assessed and then selected from the following:</p> <ul style="list-style-type: none"> <li>• Starters, leavers, and variations to pension are accurately accounted for in respect of pensionable adjustments required.</li> <li>• Contribution banding, pensions increases, and dependants' pension requirements are correctly applied.</li> </ul>	Terms of Engagement issued – work cannot be started until December 2024	N/A	N/A

			<ul style="list-style-type: none"> <li>To review the validity and accuracy of calculations with regard to payments for new pensions and lump sums</li> </ul>			
25/6	Internal Control	ICT Controls	Robustness and integrity of the ICT infrastructure and associated applications that either directly or indirectly contribute to the production of the financial statements or associated management decision making	Terms of Engagement issued – work cannot be started until December 2024	N/A	N/A

25/7	Internal Control	Counter Fraud: National Fraud Initiative	<p>Ensure relevant data is extracted at 30 September 2024, uploaded in October 2024 and assessment of output reports commenced in Feb 2025 with the overall objective of results being correctly interpreted and investigated on a risk-assessed basis and have due regard for a segregation of duties (report of resultant findings in Q1/2 of 25/26)</p>	<p>All preparatory work required at this stage has been completed ready for Autumn upload, namely:</p> <ul style="list-style-type: none"> <li>• Officers who will require access to the portal.</li> <li>• Draft specification for payroll reflecting changes required for agency staff)</li> <li>• Reminded of the requirements about fairer processing notices.</li> </ul>		
25/8	Internal Control	Contract Procedure Rules and associated Policies and Processes	<p>Further follow up of key areas that previously resulted in partial assurance reporting. To allow timely reporting to committee this coverage will be split into four parts to include:</p> <ul style="list-style-type: none"> <li>• Centrally held</li> </ul>	<ul style="list-style-type: none"> <li>• Testing has commenced and the first two recommendations in respect of centrally held signed contracts and staff training have not been addressed</li> </ul>		

			<p>signed contracts (due April 2024)</p> <ul style="list-style-type: none"> <li>• Training for all staff with authority to procure goods or services/in a procurement (due March 2024)</li> <li>• Monitoring and reporting training levels to management for further action where required (due September 2024)</li> <li>• Periodic benchmarking/market testing for value for money if purchasing multi-items from a single supplier (due December 2024)</li> </ul>			
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25/9	Governance	Procurement	Policies and procedures in place have due regard for legislative requirements and timeliness and appropriateness of decision making (Key focus being Transforming Public Procurement requirements and associated governance and training)	<ul style="list-style-type: none"> <li>• Testing has commenced and has indicated readiness concerns</li> </ul>		
25/10	Risk Management	Addressing Implications of Pensions Judgements:	<p>To provide assurances to management that:</p> <ol style="list-style-type: none"> <li>1. accurate salary information is provided to the Scheme Administrator for the production of Remedial Service Statement;</li> <li>2. Salary and service data is being collated for RDS firefighters eligible for the 2nd option exercise</li> </ol>	<ul style="list-style-type: none"> <li>• Terms of engagement agreed and testing is well underway</li> </ul>		



			<i>(Relates to Sargeant/McCloud Age Discrimination Remedy &amp; Matthews 2nd Option Data Collection)</i>			
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**Audits not started**

No.	Category	Auditable area	Potential assurance requirements....	Position at 09/07	Summary of High Importance Recommendations	Opinion
25/11	Governance	People Plan	Actions detailed within the people plan are implemented in accordance with timetable to move the service forward in implementing the people strategy.	Not started	N/A	N/A
25/12	Various	Contingency - Emerging Issues	Emerging issues affecting the service e.g. New Legislation, further follow up of areas identified through National Fraud Initiative work, Major Projects, Whistleblowing, Ad hoc advice etc	Not started	N/A	N/A

**Areas of the original plan that will not be undertaken and associated rationale/associated substitute job(s)**

None currently

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**Statutory & constitutional requirements and working arrangements**

Section 112 of the Local Government Finance Act 1988 requires that any combined fire authority ‘...shall make arrangements for the proper administration of its financial affairs’ and to ensure that ‘...one of its officers has responsibility for the administration of those affairs’. Within the Constitution of the CFA (the Constitution) approved by the CFA at its meeting on 20<sup>th</sup> June 2018, Part 2 - The Constitutional Framework sets out under Article 9.4(f) – Functions of the Treasurer, that ‘The Treasurer will ensure an efficient and effective internal audit of the CFA's activities is maintained’. Further detail is contained in Financial Procedure Rule 23.1.

A further statutory requirement for the CFA to have an effective internal audit function is contained within the Accounts and Audit Regulations 2015.

Article 5 of the Constitution explains the composition and functions of the Corporate Governance Committee (the Committee) including at 5(f) that the Committee has a function to ‘Monitor the adequacy and effectiveness of the Internal Audit Service’, and specifically to ‘Monitor progress against the (Internal Audit) plan through the receipt of periodic progress reports...consider major internal audit findings and recommendations and monitor the response to implementation of (those) recommendations.’

The CFA’s internal audit function is outsourced to Leicestershire County Council’s Internal Audit Service (LCCIAS) led by the Head of Internal Audit Service (HoIAS). Additionally, in November 2017, Leicester City Council delegated its internal audit function to the County Council.

LCCIAS plans and undertakes audits and provides reports to the Treasurer. Most planned audits undertaken are ‘assurance’ type, which requires undertaking an objective examination of evidence to reach an independent opinion on whether risk is being mitigated. Other planned audits are ‘consulting’ type, which are primarily advisory and guidance to management. These add value, for example, by commenting on the effectiveness of controls designed before implementing a new system. An opinion isn’t formed in these circumstances. Unplanned ‘investigation’ type audits may be undertaken.

To enable it to fulfil its monitoring function, the HoIAS provides the Committee with a summary report of work undertaken in the period prior to the meeting. Each audit has a designated reference number to assist with tracking progress from planned to complete. Audits are categorised so that the HoIAS can meet a requirement of the Public Sector Internal Audit Standards to form an opinion on the overall adequacy and effectiveness of the CFA’s control environment (the framework of governance, risk management and internal control). The HoIAS opinion informs the Annual Governance Statement.

Where applicable an individual ‘opinion’ on each audit assignment is also reported i.e. based on the answers and evidence provided during the audit and the testing undertaken, what assurance can be given that the internal controls in place to reduce exposure to those risks currently material to the system’s objectives are both adequate and are being managed effectively (see table overleaf). There are usually four levels of assurance: full; substantial; partial; and little/no. An assurance type audit report containing at least one high importance (HI) recommendation would normally be classified as ‘partial’ assurance. Consulting type audits might also result in high

importance recommendations.

All internal audit recommendations are assessed in terms of risk exposure using the CFA's Risk Management Framework. If audit testing revealed either an absence or poor application of a key control, judgement is applied as to where the risk would fall (in terms of impact and likelihood), if recommendations to either install or improve control were not implemented. If material risk exposure is identified, then a high importance (HI) recommendation is likely. It is important that management quickly addresses those recommendations denoted as HI and implements an agreed action plan without delay.

The Committee is tasked with considering major internal audit findings and (HI) recommendations and monitoring the response to implementation of (those) recommendations. Progress against implementing HI recommendations will be reported to the Committee and will remain in its domain until the HoIAS is satisfied, based on the results of specific re-testing, that the HI recommendation has been implemented.

### **LEVELS OF ASSURANCE**

<b><u>OUTCOME OF THE AUDIT</u></b>	<b><u>ASSURANCE RATING</u></b>
No recommendations or only a few minor recommendations	<b>Full assurance</b>
A number of recommendations made but none considered to have sufficient significance to be denoted as <b>HI</b> (high importance)	<b>Substantial assurance</b>
Recommendations include at least one <b>HI</b> recommendation, denoting that (based upon a combination of probability and impact) in our opinion a significant weakness either exists or potentially could arise and therefore the system's objectives are seriously compromised.	<p><b>Partial assurance</b></p> <p>A HI recommendation denotes that there is either an absence of control or evidence that a designated control is <u>not</u> being operated and as such the system is open to material risk exposure. It is important that management quickly addresses those recommendations denoted as <b>HI</b> and implements an agreed action plan without delay.</p> <p>Alternatively, whilst individually none of the recommendations scored a HI rating, collectively they indicate that the level of risk to is sufficient to emphasise that prompt management action is required.</p>
The number and content of the <b>HI</b> recommendations made are sufficient to seriously undermine any confidence in the controls that are currently operating.	<b>Little or no assurance</b>

**Status of Report:** Public

**Meeting:** Corporate Governance Committee

**Date:** 23 July 2024

**Subject:** Procurement Annual Report

**Report by:** Callum Faint, Chief Fire and Rescue Officer

**Author:** Judi Beresford, Assistant Chief Fire Officer Support

**For:** Information

### **Purpose**

1. The purpose of the report is to inform the Corporate Governance Committee of procurement related activity and compliance for the financial year 2023/24.

### **Recommendation**

2. The Committee is asked to note the summary of procurement activity in 2023/24, as required by Rule 19.2 of the Contracts Procedure Rules 2018.

### **Executive Summary**

3. The Combined Fire Authority (CFA) agreed an updated set of Contract Procedure Rules in December 2018, this included a requirement at Rule 19.2 for the Corporate Governance Committee to receive an annual report on the following procurement activity:
  - i. EU Contract Procurement over the preceding 12 months.
  - ii. Compliance with these rules, including a summary of waivers.
  - iii. Any changes to these rules.

### **Background**

4. Leicester City Council, led by its Head of Procurement, continued to provide strategic oversight and support at an additional charge to the CFA. This will be reviewed in light of the decision to bring the Section 112/Treasurer role in house.
5. Significant procurement activities for this reporting period are:
  - i. Replacement Fire Appliances x 7. The tender and procurement exercise concluded in 2022 through the NFCC framework for vehicles resulting in a 5 year contract with Emergency One. This is year 2 order to the value of £2.2m.

- ii. Major refurbishment of Eastern Fire Station and Market Bosworth FS for 2023/24 reporting period, which is ongoing but estimated collectively at £1.95m and were tendered through JCT terms and conditions tender processes.
  - iii. Replacement of officer vehicles x35 (Ford Kuga) of the Crown Commercial Services (CCS) framework to the value of £868,500 plus an additional £107,000 for the blue light uplift.
  - iv. Electric Toyota vans x 11 purchased via the CCS framework at a cost of £247,000.
6. There have been no Procurement Policy Notices issued since the last reporting period (July 2023).
  7. No breaches of the Contracts Procedure Rules have been identified and there has been no legal action taken against the CFA because of procurement activities.
  8. There have been no complaints received in this reporting period.

#### **Waivers**

9. The Contract Procedure Rules require a summary of waivers to be presented. During the financial year 2023/24 there have been no waivers.
10. A delegated powers certificate was recorded for the procurement of Personal Dosimeters as these are specialist equipment used in the detection of hazardous materials/chemicals purchased via a single specialist supplier for a cost of £66,760.

#### **Report Implications/Impact**

11. Legal (including crime and disorder)
  - I. The Contract Procedure Rules form part of the Constitution of the CFA, therefore, this report satisfies the Constitution requirements in relation to reporting and procurement procedures.
  - II. Each procurement process will need to follow due process in accordance with internal and legislative requirements.
12. Financial (including value for money, benefits and efficiencies)

Contracting activity on the procurement plan is a statement of intent and is subject to the necessary funding being available. The plan provides a strategic approach to achieving value for money through major procurement activities.
13. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)



Ineffective procurement can lead to an inability to achieve value for money, efficiency, and effectiveness, is open to fraud and loss of reputation.

14. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

Procurement is used to drive wider social value, i.e. to bring about improvements in economic, social, and environmental wellbeing.

15. Environmental

There are no environmental implications arising from this report.

16. Impact upon Our Plan Objective

An effective procurement contributes to the Finance and Resources Strategy of achieving value for money and increased efficiency and effectiveness.

**Officers to Contact**

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**Status of Report: Public**

**Meeting: Corporate Governance Committee (CGC)**

**Date: 23 July 2024**

**Subject: Sickness Analysis – April 2023 to March 2024**

**Report by: Callum Faint, Chief Fire and Rescue Officer (CFO)**

**Author: Mark Wilkinson, Performance Co-ordinator**

**For: Information Only**

### **Purpose**

1. The purpose of this report is to present the Committee with an update on sickness analysis for the period April 2023 to March 2024.

### **Recommendations**

2. The Committee is asked to note the sickness analysis for the period April 2023 to March 2024.

### **Executive Summary**

3. Sickness performance data is provided on a quarterly basis for both wholetime and support members of staff. The sickness analysis looks at performance against previous years for both number of days/shifts lost and the number of days/shifts lost on average per person. The analysis provided breaks sickness down between short term and long term sickness and the reasons for being sick. Covid-19 data has been included in short term and long term sickness since April 2022.

### **Report Detail**

4. The overall sickness has increased for wholetime staff and for support staff when comparing against last year. Overall, the total number of days/shifts lost for wholetime has increased by 2.9% and support has increased by 44.9%.
5. Wholetime sickness – Overall, there were a total of 2,964.29 days/shifts lost to sickness between April 2023 and March 2024, 1,101.21 days/shifts were lost to short term sickness and 1,863.08 days/shifts lost to long term sickness. During the same period last year, there were a total of 2,881.34 days/shifts lost to sickness, which included 1,317.69 days/shifts lost to short term and 1,563.65 days/shifts lost to long term sickness.

There are several stations, including Market Harborough, Castle Donington and Birstall, that have recorded only minor levels of sickness. The stations showing a high number of days/shifts lost per person were Wigston and Western.

6. On wholetime short term sickness, there were 187.87 days/shifts lost in the first quarter, 261.82 days/shifts lost in the second quarter, 272.77 days/shifts lost in the third quarter and 378.75 days/shifts lost in the fourth. Of the 1,102.21 days/shifts lost in total, 258.55 days/shifts lost were recorded as other (viral, flu or cold), 195.38 days/shifts lost were recorded as muscular skeletal and 167.49 days/shifts lost were recorded as not known/other. There have been 432 periods of short term sickness recorded April 2023 to March 2024, compared to 524 last year.
7. On wholetime long term sickness, there were 461.91 days/shifts lost in the first quarter, 451.58 days/shifts lost in the second quarter, 543.05 days/shifts lost in the third quarter and 406.54 days/shifts lost in the fourth quarter. Of the 1,863.08 days/shifts lost in total, 708.31 days/shifts lost were recorded as all mental health/stress, compared to 362.06 days/shifts lost last year. Muscular skeletal had 433.80 days/shifts lost in total, compared to 493.14 days/shifts lost last year. There have been 87 periods of long term sickness recorded, compared to 66 last year.
8. Support sickness – There has been an increase in the number of days/shifts lost for support staff when compared against the previous year. Overall, there were a total of 1,343.53 days/shifts lost to sickness April 2023 to March 2024, with 398.49 days/lost to short term sickness and 945.04 days/shifts lost to long term sickness. During the same period last year, there were a total of 927.35 days/shifts lost to sickness, which included 345.59 days/shifts lost to short term sickness and 581.76 days/shifts lost to long term sickness. The fourth quarter has seen a significant increase in both short term sickness and long term sickness. The total number of days/shifts lost on average per person is at its highest since 2017/18.
9. On support short term sickness, there were 47.72 days/shifts lost in the first quarter, 103.12 days/shifts lost in the second quarter, 95.29 days/shifts in the third quarter and 152.36 days/shifts in the fourth quarter. Of the 398.49 days/shifts lost in total, 169.55 days/shifts lost are recorded as not known/other. There have been 139 periods of short term sickness recorded, compared to 132 last year.
10. On support long term sickness, there were 135.45 days/shifts lost in the first quarter, 163.43 days/shifts lost in the second quarter, 229.93 days/shifts in the third quarter and 416.23 days/shifts in the fourth quarter. Of the 945.04 days/shifts lost in total, 712.92 days/shifts lost were recorded as all mental health/stress. This means that 75.44% of all long term sickness is mental health/stress. This has increased from the figure recorded last year of 37.47%. There have been 24 periods of long term sickness recorded, compared to 19 last year.
11. The impact Covid-19 has on the Service has reduced considerably. Only 81.13 days/shifts were lost for wholetime and 16.00 days/shifts were lost for support staff between April 2023 to March 2024.
12. Cleveland Fire and Rescue Service collates and analyses sickness data on behalf of all Services within England. Their annual summary has recently been released and it shows that despite the increase in sickness within LFRS, the numbers still compare very favourably against the national picture.

- Wholetime and Control sickness: 7.47 days lost on average, which is second best out of the 30 Services who submitted data. The national average is 9.93 duty days sickness absence per staff member.
- Support Staff sickness: 10.26 days lost on average, which is 24<sup>th</sup> of 37 Services who submitted data. The national average is 9.77 duty days sickness absence per staff member.
- Overall combined sickness: 8.16 days lost on average, which is second out of 30 Services who submitted data. The national average is 9.56 duty days sickness absence per staff member.

### **Report Implications / Impact**

13. Legal (including crime and disorder)

The timely production of relevant performance information and the achievement of continuous improvement is a statutory duty as described in the Local Government Act 1999.

14. Financial (including value for money, benefits and efficiencies)

None arising from this report.

15. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

Effective performance management including the reporting, monitoring and analysis of performance indicators enables proactive control measures to be implemented to reduce risk and demand.

16. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

Any identified action plans will be developed and delivered by relevant managers and staff.

17. Environmental

None arising from this report.

18. Impact upon Our Plan Objectives

Active monitoring of performance indicators allows us to assess the effectiveness of delivering our corporate objectives, influencing changes to strategies and policies where necessary.

19. **Background Papers**

None.

20. **Appendices**

None.

21. **Officers to Contact**

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**Status of Report: Public****Meeting: Corporate Governance Committee****Date: 23 July 2024****Subject: His Majesty's Inspectorate of Constabulary and Fire and Rescue Services Improvement Plan and Culture Report Recommendations****Report by: The Chief Fire and Rescue Officer****Author: Station Manager Matthew Walters - Business Assurance****For: Information****Purpose**

1. The purpose of this report is to inform the Corporate Governance Committee (CGC) of how the Service is progressing with the implementation of the Improvement Plan, which was developed in response to the inspection by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) during May / June 2022. An updated plan, detailing the progress made so far, is attached as Appendix A to this report.
2. The report also informs the Committee how the service is progressing with the HMICFRS Cultural Report recommendations following its publication in March 2023. An updated plan, detailing the progress made so far, is attached as Appendix B to this report.

**Recommendation**

3. The Committee is asked to note the progress of the Improvement Plan and the Cultural Report Recommendations.

**Executive Summary**

4. The HMICFRS inspection was completed in June 2022 with the inspection report issued in January 2023. The report identified good progress for the Service, with it being graded good in nine areas and requires improvement in two others.
5. At a lower level the report identified 13 areas for improvement (AFI'S). In response, the Service has produced an Improvement Plan addressing these areas and self-identified six other areas where it wants to improve; these have been called Service Improvement Initiatives (SII). There were four outstanding areas from the 2021 inspection that are also being addressed to close. This has resulted in a total of 76 tasks to complete.

6. Following a number of high-profile events and media articles, the Home Secretary commissioned HMICFRS to undertake a spotlight review into Fire and Rescue Service culture. Data was used from previous inspections and a small number (10) of Services were interviewed; this did not include Leicestershire.
7. The HMICFRS Culture Report was completed and published in March 2023 with a total of 35 Recommendations, of which 20 were aligned to Fire Services to complete. The remaining sit with national bodies or central government to deliver.
8. Progress up to 1 June 2024 is presented below and shows out of the 76 tasks, 38 have been completed, 37 are in progress and one is yet to start.

## Background

9. HMICFRS has now reviewed its judgement and criteria levels where a fifth grading has been introduced. The additional grade of adequate had been added for this round of inspections. The five areas are.
  - I. Outstanding
  - II. Good
  - III. Adequate
  - IV. Requires Improvement
  - V. Inadequate
10. Following inspection, HMICFRS produced a report detailing the findings, which focussed at a strategic level on three areas – Effectiveness, Efficiency, and People. These three pillars make up the 11 judgement criteria.
11. In the last inspection in 2022, Leicestershire Fire and Rescue Service was graded as Good for Effectiveness, Requires Improvement for Efficiency and Good for People (of the 11 areas, LFRS was rated as good in nine and requires improvement in two).
12. In the previous inspection in 2018, the Service was graded as Requires Improvement for Effectiveness, Requires Improvement for Efficiency and Requires Improvement for People (of the 11 areas LFRS was rated as good in four and requiring improvement in seven).
13. Within the report, HMICFRS had recommended that 13 AFI's are considered. In addition to these, the Service self-identified an additional six other SII's and four outstanding areas to complete from the 2021 Inspection. The Improvement Plan was produced to put in place tasks to address the areas highlighted within the report. There are 76 Tasks in total.



14. The table below indicates the number of AFI's for each pillar and the number of tasks to be undertaken within the Improvement Plan that required attention. It details the number of tasks undertaken for completion of the SII's and AFI's from 2021.

Table showing Areas for Improvement, Service Improvement Initiatives and AFI's from 2021		
HMICFRS Pillar / Service Initiative	Areas for Improvement	Tasks to be undertaken.
Effectiveness	7	24
Efficiency	3	12
People	3	17
SII	N/A	16
AFI 2021	4	7
<b>Total</b>	<b>17</b>	<b>76</b>

15. Since the Improvement Plan was published in March 2023 the Service has been working hard to complete the tasks required. The table below shows the position in April 2024.

Table showing progress made by June 2024				
HMICFRS Pillar / Service Initiative	Total Tasks	Tasks Completed	Tasks In progress	Tasks still to start
Effectiveness	24	19	5	0
Efficiency	12	9	3	0
People	17	8	8	1
SII	16	4	12	0
AFI 2021	7	4	3	0
<b>Total</b>	<b>76</b>	<b>38</b>	<b>37</b>	<b>1</b>

16. Below is a brief overview of how the Improvement Plan has progressed since January 2023:

- I. Home Safety Check backlog has been addressed with a plan now in place to monitor going forwards. Aligned to that the Service has evaluated the partner referral process and is now delivering training to partners on how to complete a partner referral thus reducing and streamlining workloads.
- II. A new evaluation tool has been produced so all prevention activities are evaluated to show that the Service is targeting its prevention work against the highest risks within communities.
- III. A suite of Fire Protection reports are available on Power BII. This provides an overview of all Fire protection activity, including Building

Regulation Consultations and management of Unwanted Fire Signals which were areas for improvement from the last inspection.

- IV. The Service debriefing process has been reviewed to make it more robust and aligned to the new debriefing procedure. Operational Learning is changing to Organisational Learning so the Service can learn from operational and non-operational incidents/ events.
- V. The Community Risk Management Plan 2024- 2028 has been approved and a review of response times has taken place.
- VI. All Business continuity plans have been reviewed and work is continuing on a new mobilising system which will be in place for the end of 2024.
- VII. A new Digital Transformation Role has been created to look at how the Service can streamline its processes and systems to make it more efficient.
- VIII. A review of the working time directive has taken place with a new system for reporting and monitoring working hours. This is to support all staff in making sure they have a work life balance.
- IX. Equality Diversity and Inclusion network groups have been restructured with a new impetus on re-energising staff networks.
- X. Critical incident training has been included into the Trauma Risk Incident Management process to add further support to crews attending traumatic incidents.
- XI. Leadership programmes are now in place to support staff looking to progress throughout the organisation.

17. Following the HMICFRS Culture review a report was published with 35 recommendations. Below is a table of the 20 assigned to FRS to complete and progress to date.

Culture Report Recommendations for LFRS to complete				
Number of Recommendations	Started	In Progress	Completed	Still to Start
20	20	10	10	0

18. Progress with the Culture Report recommendations since March 2023 is detailed below:

- I. A review of DBS checking and monitoring has taken place and there is now a 3-year rolling programme for all staff to have completed a DBS check.
- II. A confidential reporting line "Say So" has been established and embedded within the organisation.
- III. All the Senior Leadership Team (SLT) has completed 360 feedback with a rollout to all service personnel in 2025 to align to their personal development discussions.

- IV. Core Code of Ethics training has been implemented with over 72 workshops delivered to 566 Staff.
- V. Work continues on Fire Standards and the requirements to meet the Leading the Service and Leading and Developing People Fire Standards.
- VI. An independent culture review has been actioned and completed with the outcomes published internally and externally. Work continues on the recommendations within the report.
- VII. Equality Impact Assessments (EIA) have been reviewed and a procedure is now in place for all new Policies and Procedures to have an EIA attached.
- VIII. The Service has completed the NFCC direct entry scheme and has appointed two successful candidates to the Station Manager role.

## **Report Implications/Impact**

### 19. Legal (including crime and disorder)

The HMICFRS inspection programme is the Governmental check that Fire and Rescue Services are carrying out their statutory duties as laid out in the Fire and Rescue Services National Framework contained within the Fire and Rescue Services Act 2004. By embracing the inspection process and by detailing an Improvement Plan, the Service is committed to showing progress and diligence in its function in carrying out these duties.

### 20. Financial (including value for money, benefits, and efficiencies)

The costs of delivering the Improvement Plan is factored into the agreed 2023-24 budget. Senior officers are responsible for improvements within their specific areas and any requirements for additional resources to deliver the Improvement Plan will need a business case to be created and approved by SMT.

### 21. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

There is reputational risk to the Service if it fails to achieve improvement in areas that are identified in the Improvement Plan and the recommendations from the culture report This could lead to negative media reporting and lower community confidence in the Service.

### 22. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

The actions contained within the Improvement Plan and culture report recommendations may require prioritisation against other work-streams. In some areas, it may increase workload for departments.

### 23. Environmental

None arising from this report.

#### 24. Impact upon Our Plan Objectives

Delivery of the Improvement Plan will positively contribute towards the aims and objectives of the Our Plan CRMP 2024- 20

### **Appendices**

Appendix A – HMICFRS Improvement Plan

Appendix B – HMICFRS Culture Report Recommendations for LFRS

Appendix C- LFRS HMICFRS Report 2021 Inspection

### **Officers to Contact**

Callum Faint

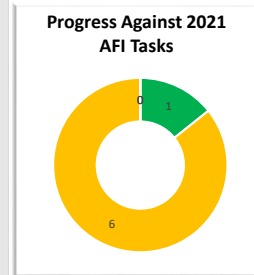
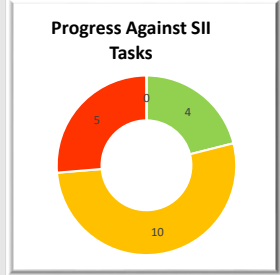
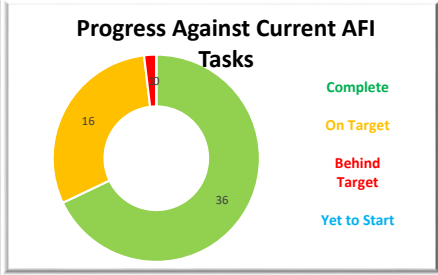
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Matthew Walters

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AFI/SII	Pillar	Areas For Improvement	Owner	Target End Date	Progress Comments	Status of Completion				AFI Progress
						Complete	On Target	Behind Target	Yet to Start	
AFI1	Effectiveness	The service should put in place a plan to address the backlog of home safety checks received from partner referrals.	AM Community Risk	Mar-24	7 tasks all completed	7	0	0	0	
AFI2	Effectiveness	The service should provide training to partners to make sure they are receiving quality home safety check referrals.	AM Community Risk	Mar-24	3 tasks 2 completed 1 in progress	3	0	0	0	
AFI3	Effectiveness	The service should make sure it quality assures its prevention activity, so staff carry out home safety checks to an appropriate standard.	AM Community Risk	Apr-24	2 completed 1 in progress	3	0	0	0	
AFI4	Effectiveness	The service should evaluate its prevention activity, so it understands what works.	AM Community Risk	Apr-24	3 tasks in progress	0	3	0	0	
AFI5	Effectiveness	The service should make sure it allocates enough resources to respond effectively and in time to statutory building control consultations.	AM Community Risk	Sep-23	3 tasks all completed	3	0	0	0	
AFI6	Effectiveness	The service should make sure it has an effective system for learning from operational incidents	AM Community Risk	Mar-24	2 tasks in progress	0	2	0	0	
AFI7	Effectiveness	The service should review its response standard to ensure it is based upon an up-to-date assessment of risk	AM Service Assurance	Nov-23	3 tasks all completed	3	0	0	0	

Criteria 1	#REF!	Partially Comp	0
Criteria 2	#REF!	Fully Complian	0
Criteria 3	#REF!	Non Complian	0
Criteria 4	#REF!		
Criteria 5	#REF!		
Criteria 6	#REF!		
Criteria 7	#REF!		

AFI8	Efficiency	The service should assure itself that all processes in place to support performance management are effective	ACO Service Delivery	Dec-23	5 tasks all completed	5	0	0	0	
AFI9	Efficiency	The service should make sure it has appropriate business continuity arrangements in place which are regularly reviewed and tested that take account of all foreseeable threats and risks	AM Service Assurance	Mar-24	5 tasks 4 completed 1 in progress	4	1	0	0	
AFI10	Efficiency	The service needs to assure itself that it is maximising opportunities to improve workforce productivity and develop future capacity through use of innovation, including the use of technology.	AM Business Support	Jul-24	2 tasks 2 in progress	0	2	0	0	
AFI11	People	The service should monitor secondary contracts to make sure working hours are not exceeded.	AM POD	Jun-24	5 tasks 1 completed 4 in progress	1	5	0	0	
AFI12	People	The service should fully evaluate personal development discussions to ensure they are effective to manage staff development and performance.	AM POD		3 tasks 3 completed	3	0	0	0	
AFI13	People	The service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders.	AM POD		8 tasks 4 completed 3 in progress 1 behind progress	4	3	1	0	
<b>Total</b>	<b>AFI Progress</b>					<b>36</b>	<b>16</b>	<b>1</b>	<b>0</b>	
SII 1	Service Improvement Initiative	Staff networks are valued and listened to, and we found evidence that staff have a good understanding of EDI. Nevertheless, the service is aware that it has more to do to reflect the diverse communities it serves.	EDI		6 Tasks 2 completed 4 in progress	2	3	1	0	
SII 2		Even though the prevention plan is good, it isn't communicated well. Firefighters told us they feel HSCs are all about quantity to meet service targets. And the senior leadership team told us they are about quality, not targets. The service should examine ways to make sure its HSC message is clear and engages the workforce.	Service Assurance		1 task 1 in progress	0	1	0	0	
SII 3		Review of quality and accuracy of Risk Information.	Ops Risk		3 tasks 1 completed 2 in progress	1	2	0	0	
SII 4		The service has introduced a new electronic system for recording staff competence. It should be evaluated to make sure it is effective and delivers the benefits anticipated.	ACO Service Delivery		6 Tasks 1 complete 4 behind progress	1	4	4	0	
<b>Total</b>	<b>SII Progress</b>					<b>4</b>	<b>10</b>	<b>5</b>	<b>0</b>	
AFIs 21	AFIs outstanding or ongoing from pre our 2021 inspection		Various		7 Tasks 4 complete 3 in progress	1	6	0	0	

Criteria 8 #REF!

Criteria 9 #REF!

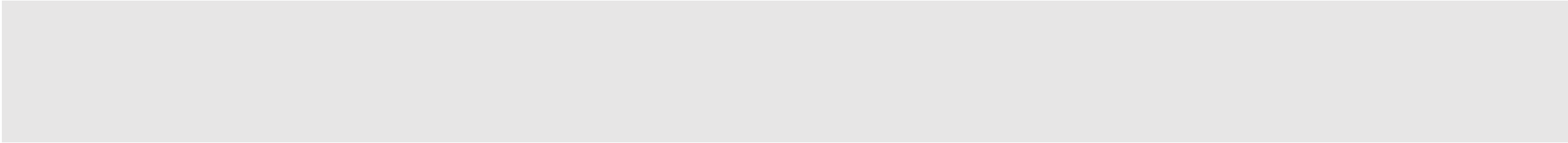
Criteria 10 #REF!

Criteria 11 #REF!

Criteria 12 #REF!

Criteria 13 #REF!

**Totals**



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The service should put in place a plan to address the backlog of home safety checks received from partner referrals.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AF11 Progress				Complete			Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Report on and action plan to deal with backlog of HSC from partner referrals	GM Community Safety	Mar-24		This has been rectified and we can now produce separate reports to show the number outstanding. Using this information both Community Educators and Crews are working through this list.	Community Safety DM & TL to monitor monthly and provide monthly reports to districts. During July- August 2023 a plan of action was devised to ensure all remaining outstanding partner HSC referrals has a interation of engagement recorded. As of 1st September this was achieved with all Partner referral assigned to CEs and Response with an interation. As of 31st December 2022 this total had been reduced to 539. End of June 2023 outstanding HSCs with no interaction for CEs - 67 Crews - 76 total 146. Until a permanent report is available a manual reporting process implemented to monitor outstanding HSCs for CEs & Crews to support managers. Permanant reporting structure live, Power BI Workload management training and communication to Response GM and DM completed.	26/04/24	Ben Bee	Completed QA check - reporting process has developed to sufficient point and trianing rolled out to DM's and reference holders. Close this task.	20/05/24	Matt Walters	Plan in place to report on backlog of HSC from parters, evidence of evaluation of initial plan details the move to Power Bi reporting for DM's and community safety to check and monitor progress
Task 2	Devise and put in place a permanent reporting structure for all HSCs	GM Community Safety	Sep-23		Design CFRMIS monthly reports to cover all categories of HSC to show number outstanding, number requested and number completed.	Additional filters applied to management report to filter between inital and follow up HSC jobs. SM Community safety communicated to station on update of report change. Report allows managers to view number of HSCs outstanding with records of attempts to engage. The report has the ability to break down data displaying information by priority levels, attempts using filters by populating in to excel spreadsheet.	26/04/24	Ben Bee	Completed QA check - both CFRMIS reporting reports have been checked, detail is possible and these reports are used to develop the oversight for managers on their workload. Close.			
Task 3	Include HSC performance reporting into monthly Power BI to ensure SLT and TMT are aware of performance and resource requirements	GM Community Safety	Nov-23		Discuss inclusion of CFRMIS data in monthly PowerBI and Management Information reports with Planning and Performance	KPI aspects available on live server, workload aspects currently in test version. Going through feedback and testing prior to going live.	26/04/24	Ben Bee	Reports ar elive and can be used to plan work. Close.			
Task 4	Review resource requirements of CEs to cope with High Priority demand	GM Community Safety	Dec-23		Review CE locations to maximise time management and effectiveness, recruit CE to fill vacant positions Recruit Community safety admin staff to reduce burden of admin tasks for CEs Resilience arrangements within department and then response where CE absence or vacancies high Data cleanse and review current list of partner agencies.	Schools analysis from CFRMIS records for schools visited in 22/23 academic year. from data analysis 30% of school visits audience figures were below 25 students per year. To improve efficiency schools with small group will be visited every other year combining year groups to ensure all students continue to receive input.	26/04/24	Ben Bee	Catching up with the backlog and continuing the incoming work has been significantly challenging and the CE's have done excellently. Close.			
Task 5	Review partner referral process to ensure high-quality referrals are being submitted and train partners where necessary.	GM Community Safety	Mar-24		Quality check of referrals, aligning risk from referral to HSC outcome. Review HSC risk matrix and scoring model Create training package to deliver HSC referral process & risk identification New staff On boarding (Partner agencies) - LFRS introduction digital content and Prompt Card	22.11.23 Data Cleanse and Partner agency list review completed, data shared with CFRMIS co-ordinator to update system. 22.11.23 QC form design completed, process agreed and responsibility of Community safety to be process owner. QC monthly completion to be included on CS Dept plan. 22.11.23 Training package complete 14.12.23 Risk & Score review completed	26/04/24	Ben Bee	Serveral trianing sessions have taken place and more ar explained in. The data cleanse process has allowed us to identify our highest refering partner agencies to prioritise who to train first. Close.	20/05/24	Matt walters	Evidence of data clense of partner list to prioritise partner agencies. Documents of the process - Powerpoint of the training and documents of Quality assurance referral from
Task 6	Ensure the system for input, output and both live and historic data (for performance over time) is fit for purpose	ICT Manager	Mar-24		ICT capacity planning identifies this project as completion by end of March 2024. Clarify progress against this timescale given. Replacement Mobilisation System and SSRI project priorities	Power BI dashboard has the ability to view workload management enabling to view overdue Partner referral HSC	26/04/24	Ben Bee	We have achieved the desired outcome so this can be closed. It is still of note that the system is not the most efficient or effective management tool and this is a separate piece of work. Close.			
Task 7	Community Educators and Response to complete all HSC where individual can be accessed as per the procedure timescales	SM Community Safety	Sep-23		CE to bring backlog into service procedure timescales (67 in next 6 weeks). Performance reporting as per Task 2 would then assist in monitoring our pgress against the service set timescales.	As of 1st September-23 all HSC request from partner agencies has had an attempt to engage or has been completed where access has been gained in line with procedure timescale.	26/04/24	Ben Bee	In the last three years there has been an increase in the timescales being met for HSC of 20% - 15% of that rise being in the last 12 months. At 89% now this is sufficiently high to say we have achieved this considering this was the period of catching up with the backlog as well as BAU. As of 26 April there were 198 outstanding jobs, none of which were P1. Close.			

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The service should provide training to partners to make sure they are receiving quality home safety check referrals.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
								Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Overall AFIZ Progress				Complete									
Task 1	Train partners on how to complete HSC referrals & assess risk correctly (continuous training)	SM & TL Community Safety	Aug-24		Develop a schedule for partners to receive training on HSC referral process Fire safety awareness presentation to report high fire risk cases to partner agencies Review of all existing partners on CFRMIS, currently there are 147 partners listed.	Referral & Fire safety awareness training for professional partners completed, schedule in place for continuous training. Review of partner referral completed, to prioritise training to top 5 referrers, followed by training evaluation.	<a href="#">CLICK HERE to upload your evidence</a>	26/04/24	Ben Bee	A small number of trianing sessions have been undertaken with several more booked in - this progress needs to continue but the action can be closed.	20/05/24	Matt walters	Training sessions booked in for May 2024- SM BA will look in 3 months and sign off once further training has been completed
Task 2	Review procedure to reflect training and referral process	GM Community Safety	Mar-24		Update procedure following review of referral process and training implementation	Procedure updated to reflect training and referral process. EIA & Procedure sent for consultation.	<a href="#">CLICK HERE to upload your evidence</a>			Update evidence of compliance with finished procedure title so it can be QA.	09/05/24	Matt Walters	sufficent evidence reflects the task
Task 3	Evaluate partner referrals	TL Community Safety	Dec-23		Create QA assessment form aligned to referral form to cross reference and analyse data quality Create schedule for partner referral Quality check Establish timeframes, frequency and Assign Lead to oversee Evaluation process	HSC Referral Quality Check form designed, timeframes and frequency established.	<a href="#">CLICK HERE to upload your evidence</a>						
Task 4													
Task 5													

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The service should put in place an open and fair process to identify, develop and support high performing staff and emerging leaders.		Work Assigned To	Projected Completion Date	Program	Description of work needing to be done	Evidence of Compliance	Updated Evidence Link	Quality Assurance by Owner	Sampling by the Assessor					
Overall MHI 18 Progress				Green				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment	
Task 1	Progress of a Supervisory Leader Development Programme that aligns to the NCC's MDDP	Head of L&D	Apr-24	Green	Programme development delivery plan	SD provides, at 3-day workshops in May/June/July, a further development program for NewDee. See updated evidence The feedback from the SDP has been very positive, encouraging the embedding of the new skills/behaviors, across both Grey and Green back staff. (See updated evidence) The practical management skills for supervisory manager, green and grey back, have been designed/proposed and will be delivered from February 2024. Once the initial course has been delivered, it will be evaluated (before uploading evidence of attendance, feedback and any proposed changes). 18-0424 GG - The intention is to update supervisory management (Practical Skills) plan has taken place, it was evaluated and recommendations made. Dates for the next course are being planned. (See updated evidence) This is all part of the Service's ongoing Learning, Leadership, and Management model. This is now part of the on-going review/development cycle of L&D provision.	<a href="#">Link to Evidence</a>	18/12/23	Karl Bowden	The updated evidence shows the events are currently planned for the programme. I will ask for the attendance for a few more workshops to also be updated.				
Task 2	Progress of a Middle Manager Development Programme that aligns to the NCC's MDDP	Head of L&D	Apr-24	Green	Programme development delivery plan	A 2-day workshop plan (October 24), mandatory programme for all Middle Managers. The content is based around the plan for High-Performing MDDP. The practical management skills for middle manager, green and grey back, have been designed/proposed and will be delivered from February 2024. Once initial modules have been delivered, they will be assessed. This evidence of attendance, feedback and any proposed improvements will be updated. See updated evidence This is all part of the Service's ongoing Learning, Leadership, and Management model. This is now part of the on-going review/development cycle of L&D provision. See updated evidence GG L&D/C4 - NCC Middle Leadership Programme has now been launched. We have 10 three times which have been shared with the Service via News article on The Portal. (See updated evidence) 18-0424 GG - Practical Management Skills training, initial course has taken place, followed by evaluation which has led to eight needs to the content. (See updated evidence)	<a href="#">Link to Evidence</a>	18/12/23	Karl Bowden	Actual Engagement/Leadership elements have been delivered. These sections have been attended by most of middle managers, as shown in the updated evidence.				
Task 3	Introduce NCC Leadership Framework	Head of L&D/HR Manager	Apr-24	Red	6.7 paper agreed and this site with FOD to implement	18-1123 - The interim SLDP and MDDP have been based on the framework, to have the career development positions for both supervisory and middle manager (Green & Grey) 19-0424 - A plan has been released from L&D together with all employee resources to map the current positions, against products to the new framework. Work to start in October 24 to be completed by April 24, 2025 (i.e. 18 and 19). Completed by this date, 20/12/23 - 18, 19, 20, 21 and 22. This week, 18 has been completed. Intervention consultations for role, also shared separately, all new leading site practices appear to deliver this. GG L&D/C4 - The NCC Leadership Framework is now part of the Service-wide L&D Transformational Leadership Programme. This will be implemented by the development undertaken by our people, who through the support of the framework, will be able to plan their own development. Once the framework is implemented, the plan will be updated as supporting evidence. (See updated evidence) Covering on hold due to resource challenges.	<a href="#">Link to Evidence</a>							
Task 4	Maturity Model evaluation	Head of L&D	21/03/24	Yellow	Understand first round of evaluation against the Maturity Model	18-0424 GG - The Maturity Model is now being used as a measurement tool to support the Strategic Workforce Plan, as it will highlight the actions required across the different people areas, which will feed into the FOD department plan actions. There is a small-scale Maturity Model element in the FOD Teams site, which has its own lead planner to schedule review dates and capture updates etc. (See updated evidence) This will now become BAU for FOD and track their annual plan. Once the current round of self-assessments has been completed.	<a href="#">Link to Evidence</a>							
Task 5	Review and develop FOD's	Head of L&D	Mar-24	Yellow	See 401-12	27-0224 - Following the release of an updated FOD in Dec 23, a feedback survey has been sent to a targeted audience of those who have completed the FOD in the related to specific Feedback received. The evidence will be updated once required feedback survey for Dec 24 FOD was sent out reply and report will be published by end of May 24	<a href="#">Link to Evidence</a>	18/12/23	Karl Bowden	The evidence for this is captured in 401-12				
Task 6	Develop pathways in Circles	Head of L&D	Mar-24	Yellow	Create course page and content within Circles and link to Development Plans	18-11-23 19-0424 GG - The course page/content built in Circles for FOD. See updated evidence 18-1123 - Based on stakeholder feedback, specific Supervisory and Middle Manager pathways are currently being developed with the intention of being rolled out in 2024. These are based on both current specific need and NCC pathways. A review of these will be undertaken in May 24.	<a href="#">Link to Evidence</a>							
Task 7	Review promotions process	HR Manager		Yellow	Complete review of the promotions process	20-0223 - Head of L&D and Recruitment used their understanding of "high level" views of the process, and a full review will be carried out by the Recruitment Lead commencing in January 2024. Updated evidence of draft process. 18-11-23/24 Head of L&D presented a paper to SLT recommending change to the promotion process. Decision was to see if this could be funded	<a href="#">Link to Evidence</a>							
Task 8	Green Book Development	Head of L&D	Apr-24	Green	Provide opportunities for staff development, both in role and progression. Encourage opportunities to all green back staff. Engage with department managers to offer advice and support on development for their teams.	18-11-23 - Green back staff attended the High-Performing Leadership 2-day workshop. 19-0424 - Staff attending on apprenticeship (Level 6 & 7) Links to A112 Task 2 - See updated evidence 18-1123 Green back staff continue to have access to development opportunities against their current or aspirational role. 19-0424 GG - Green Book staff manager have attended the Engineering Leadership 2-day workshop, with further 13 booked in the forthcoming dates. The L&D leader meets monthly with all department leads to discuss the development requirements of their teams, as well as being an open request line to FOD if they have a need. (See updated evidence) GG L&D/C4 - Launch of L&D Resource Library in Circles, a range of development resources, available to all staff at every level. (See updated evidence) 18-0424 GG - Current Green Book development (not included in the 2024/25 Green Book development Request) 18-0424 GG - Current Green Book development (not included in the 2024/25 Green Book development Request) 18-0424 GG - Current Green Book development (not included in the 2024/25 Green Book development Request)	<a href="#">Link to Evidence</a>	18/12/23	Karl Bowden	These development opportunities have been widely publicised across the service. Many staff from both Green and Grey back have taken the development opportunities.				

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The service should evaluate its prevention activity, so it understands what works.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
								Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Overall AF14 Progress				On Target									
Task 1	Put in place process for evaluation of all prevention activities to understand benefits.	GM Community Safety	Mar-24		Discuss new evaluation template with Hiren for recording Road, Water & Fire prevention activities Review Warning zone & schools evaluation Evaluation of activities completed with partnerships	Evaluation Procedure approved, available on Sharepoint. E-Learning Package uploaded on to Oracle (Aug). Evaluation Procedure out for consultation, training package being transferred to Oracle. Starting to apply procedure to community safety interventions, assigning leads to each intervention. All CS staff completed Evaluation training on Oracle, Evaluation workshop arranged in January for Community safety staff	<a href="#">CLICK HERE to upload you evidence</a>						
Task 2	Evaluate benefits of Road Safety education activities and partnerships	SM Community Safety	Apr-24		Road safety school visits to be recorded on CFRMIS Work with LLR Road Safety partnerships in reviewing aims and objectives and providing evaluation from that group on effectiveness of Road Safety activity	Evaluation update 18/12 Have been working with Hiren to produce Evaluation plans for Road safety education activity over the past month. Hazard Express is nearly complete. It links the ability to use the QR code results and Power BI to evaluate the activity. Now working on the Evaluation plan for "No more lives wasted" school presentation	<a href="#">CLICK HERE to upload you evidence</a>						
Task 3	Regular reporting to SLT and TMT on performance of prevention activities	GM Community Safety	Apr-24		Quarterly strategy and performance reporting to show evidence of compliance with AF1 1 - 4. Dashboard data presented where relevant. When BAU then department plan to identify annually what area of prevention activity is to be audited. Consider internal audit once in place.	Quarterly update report to SLT. updates provided to TMT members	<a href="#">CLICK HERE to upload you evidence</a>						

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The service should make sure it allocates enough resources to respond effectively and in time to statutory building control consultations.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall All 5 Progress				Complete				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Put in place process to ensure Building Consultations are carried out on time	GM Fire Protection	Jul-23		Process needs to be established to manage the workflows associated with the management of Building Regs consultations recieved into the service	A process and work flows have been established to manage the incoming Building Regulations and is available on the Fire Protection team site. (Also uploaded)	<a href="#">CLICK HERE to upload you evidence</a>	26/01/24	Ben Bee	Reviewed monthly report for last four months - all 100% except September at 98.3%. Report is done monthly and can be viewed here <a href="https://spcorp.lfrs.local/sites/reports/cfrmls/Fire%20Protection%20Stats/forms/AllItems.aspx">https://spcorp.lfrs.local/sites/reports/cfrmls/Fire%20Protection%20Stats/forms/AllItems.aspx</a> CLOSE.	01/03/24	Matt walters	Evidence of showing a clear process of the management of Building Regulations with evidence to show a continual review of the process and supporting evidence
Task 2	Regular monitoring of Building regulation consultations received	GM Fire Protection	Jul-23		As part of the process to manage Building reg consultations resources need to be allocated to manage the process and ensure constant monitoring is in place	Through effective use of Uplift Grant Funding we will have a further 5 members of staff who are qualified to undertake Building Reg consultations. We have allocated additional resources to manage the process. 2 x Inspecting Officers have been allocated 20 less Inspections from the RBIP to allow them to manage the consultation process and ensure compliance. Jobs are now created and allocated to the Duty Officer with an expectation of completion. Copy of RBIP Inspection attached to show reduction from 80 to 60 Audits for 2 x Inspecting Officers	<a href="#">CLICK HERE to upload you evidence</a>	26/01/24	Ben Bee	As above	17/03/24	Matt Walters	Evidence of showing allocation of resources for the RBIP and rationale
Task 3	Regular reporting on performance against targets for building consultations	GM Fire Protection	Sep-23		A reporting tool needs to be in place to allow managers to monitor compliance against targets	Fire Protection produces a monthly report against key performance indicators. This includes Building Reg consultations completed within 15 days. This is attached to the department plan each month and can be located in FP 03, a summary of progress is also included in FP 16. In May this was 100%, June 96%. The progress tracker will show as Amber until we have a larger data set to evidence compliance against this indicator. <b>Update October 2023.</b> We have not consistently met the required targets so will continue to monitor this area until January 2024. <b>Update 16/01/2024</b> Figures for the last 3 months show a 100% completion rate against Building Reg consultations as attached in the evidence against this task. Suggest AFIS can now be closed and will be monitored as Business as usual within the FP department plan 24-25 <b>11/04/2024</b> Building regs consultations are now available on Pwer 8i to allow for pro-active monitoring of completion	<a href="#">CLICK HERE to upload you evidence</a>	26/01/24	Ben Bee	As above	01/03/24	Matt walters	Have requested to reporting tool to cover Jan 24 to align against the comments made to support closing this AF1 05/03/2024 - This has now been completed as 3 months took this until Jan 24
Task 4													

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The service should make sure it has an effective system for learning from operational incidents		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AF16 Progress				On Target				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Review Debrief process to ensure operational learning is collected and shared effectively within timescales	Operational Risk	Jun-24	On Target	<ul style="list-style-type: none"> <li>Hot debrief process for Ops Crews to be refreshed with new procedure and Ops Assurance input to ops personnel on benefits of Hot Debrief and why, when and how to complete. QA roadmap Scheduled for April-July 2024</li> <li>Initial course input from T&amp;D to Level 1 commanders and refresher training via command development days at Level 1 - Complete</li> <li>Hot debrief process to be moved to electronic submission via App - Jun 24</li> <li>Structured debrief process time for returns will be reduced to 14 days - Complete</li> <li>Structured debrief returns and actions managed via SharePoint 365 - Scheduled Apr 24</li> <li>Publication of Operational Learning Review (OLR) online via Oracle (4 per year) to share local and national learning - Complete, now BAU</li> <li>Organisational Learning Notes (OLN) created to share learning where procedures and equipment are correct and knowledge is lacking - Complete, now BAU</li> <li>Monitoring of personnel reading OLN/OLR via Oracle dashboard - Complete, now BAU</li> <li>Dashboard to monitor debrief timescales from learning identified and action created to closure - Complete, Ops Risk Dashboard, future plan to move to Power BI</li> <li>Link to fire control internal debrief process - Complete, existing links reconfirmed to OP328 process and also structured debrief requests</li> <li>Incident Assurance via Ops Assurance Officers to be refreshed - Planned April-Jun 2024</li> <li>Published statistics on dashboard for debrief actions - Complete, Ops Risk Dashboard, future plan to move to PowerBI</li> </ul>	<ul style="list-style-type: none"> <li>Sept 23 - Hot debrief input now being delivered as part of Level 1 ICS initial and refresher training by T&amp;D. Evidenced in lesson plans for course content with T&amp;D.</li> <li>Sept 23 - Scanned hot debrief forms separated from other docs at point of submission by Sm Admins. Evidences a 400% increase in returns. Forms were being completed but not identified to QA and hence learning was going unrecognised.</li> <li>Sept 23 - IRS system amended to recognise the need for debriefing. For specific incident types IRS asks a specific question in section 11. Has a Hot Debrief been completed? If answering yes, a pop up reminds the user to upload the form. If no a comment must be made to assess why no hot debrief</li> <li>Nov 23 - 3 Ops Learning Review (OLR) published to date, further is due Dec 23 (1 per quarter). This online document is mandatory learning with read rates tracked and reported on. The document is shared via Oracle with all Ops Personnel and contains national and local learning and outputs from Ops Risk Committee, NOL/OL and local debrief outcomes.</li> <li>Nov 23 - Organisational Learning Notes (OLN) Published on Oracle under mandatory learning. These new documents are generally produced following identified gaps in crew knowledge. They are used when procedures and equipment are correct but a refresh is needed to staff on correct application of a process. They are also used to share new information. To date 5 OLN's published in 2023. Topics include RAAC, Gas Monitoring, Cordons Controls</li> <li>Nov 23 - Work in progress to develop Hot Debrief electronic recording, looking to utilise SharePoint Power Apps</li> <li>Control room debriefing process confirmed with SM Gale. Control conduct their own internal hot debriefs and submit any significant outcomes through the Ops 28 process. They do resolve any local actions that are within their control. 9/11/23 DW 835</li> <li>Feb24 - CP - Debrief procedure amended and published for consultation at TMT (in progress). Clearly defines criteria for hot and structured debriefing. Current collation of hot debrief is via paper records, more to electronic recording via a single organisational learning form in progress. Ops Assurance roadmap scheduled for Q3 24/25 which will focus on debriefing</li> </ul>	<a href="#">CLICK HERE to upload evidence</a>						
Task 2	Address backlog of actions from debriefs	Operational Risk	Mar-24	On Target	<ul style="list-style-type: none"> <li>Published statistics on dashboard for debrief actions - Complete, Ops Risk Dashboard, future plan to move to PowerBI</li> <li>Reduction of timescale from incident to debrief action identification (BRAG meeting) utilising electronic reporting and recording system 14 days - Complete</li> <li>Reduce the timescale for sharing learning from structured debriefs and identify an improved system for sharing the learning</li> <li>Establish agreed target for closure of actions timescale as KPI to monitor closure rates (number over 30 days, 60 days, 90 days, 120 days etc) - To be discussed Jan 2024</li> <li>Undertake assurance on closed debrief actions to confirm actions are embedded - Assurance required field added to action tracker. Confirmation of process planned Jan 2024</li> <li>Identify which actions require assurance to be undertaken - As per above</li> </ul>	<ul style="list-style-type: none"> <li>Ops Risk Dashboard publishes data on debrief actions open and closed. Further work to move to PowerBI when capacity exists</li> <li>Sept 23 - Timescale for BRAG meetings to discuss incident feedback is now dynamic as oppose to monthly. This reduces the delay from incident, identification of learning to sharing of learning and identification of actions</li> <li>Nov 23 - Ops Risk Dashboard publishes data on debrief actions open and closed. Further work to move to PowerBI when capacity exists</li> <li>Feb24 - CP - Debriefs reduced to 10 open actions from approx 30 at last inspection. Continued BRAG meetings held dynamically based on incident triggers etc. Procedure amended and republished. Data will be updated as evidence</li> <li>Mar24 - CP - Open debrief actions at end of March are 12 actions from 8 incidents</li> <li>Apr24 - CP - NOL/OL external influences procedure changed to further reduce backlog of actions and reduce burden on OLB. NOL/OL now assigned to either OLC, OLB or Ops Assurance dependent on risk level. With 77 new items of learning shared with LPS in 23/24 this requires considerable resource to maintain numbers. Average number of days to close NOL/OL currently is 166 days.</li> <li>AM Bee to QA evidence for sign off of this AFI end June 24</li> </ul>	<a href="#">CLICK HERE to upload evidence</a>						
Task 3													

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The service should review its response standard to ensure it is based upon an up-to-date assessment of risk		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM			
Overall A17 Progress					Complete				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Review 10 min response time	CM / HP	30-Nov-23		<p>Dr Christian Morgner to undertake an academic 'Lit Review' review into the information and data currently available in relation to effectiveness and importance of response times.</p> <p>Following a review of this information and a response time data available, SLT have decided to amend the response time to life risk in the latest CRMP.</p> <p>The CRMP public consultation is proposing the response time be updated to the following: A 10-minute life risk target response time to Primary Domestic Dwelling fires, with all "other types" of life risk incidents being attended in an average of 12 minutes.</p>	<p>What is the issue?</p> <p>This report is addressing an issue raised by the latest inspection report of the Leicestershire Fire and Rescue Service (LFRS)</p> <p>'The service should review its response standard to ensure it is based upon an up-to-date assessment of risk'</p> <p>The findings of the report alongside a review of our Community Risk Model and the last 5 years of data have been factored into the CRMP 2024-2028, the proposed updated life risk response time is included in the public consultation which commenced on 1st September 2023 and is open for 12 weeks until 24th November 2023.</p>	<a href="#">CLICK HERE to upload evidence</a>	19-Sep-23	Chris Moir	<p>This was an agreement made by members of SLT following 2 meetings in August 2023.</p> <p>The CFO then informed the members of the CFA on 23rd August 2023 prior to the public consultation commencing. No negative comments have been received from the members in relation to the updated life-risk response times. Public consultation comments and feedback have been considered and the final report submitted to the CFA for review and approval.</p> <p>The recognised authorisation process (public consultation) is being followed in line with the CRMP Fire Standard. Any changes will be approved by the CFA prior to implementation.</p> <p>14 Feb 2024 CFA approved the CRMP 2024-2028 and an amendment of the response time to 10 minutes for life risk domestic dwelling fires and 12 minutes for all other life risk incidents.</p>	05/03/24	Matt walters	CRMP evidence details the review of the response time and agreement of this to change	
Task 2	Communicate result of review to public and partners	CM / HP	01-Mar-24		<p>The findings will be factored into the CRMP 2024-2028 which will go through a 12 week public consultation between September and November 2023.</p>	<p>Proposed changes are contained within the CRMP 2024-2028 and are currently out for public consultation.</p> <p>29/11/23 Public consultation closed on 24/11/23, data being analysed following which the consultation summary report will be produced. Firstly being presented to SLT and CFA, followed by public publication.</p> <p>Summary Report compiled by Leicestershire County Council and then reviewed and approved by both the SLT and CFA.</p> <p>22/3-CM-CRMP Partial communication completed and CRMP is now able to be viewed on LFRS website</p>	<a href="#">CLICK HERE to upload evidence</a>	19/09/2024 19/02/2024	Chris Moir	<p>Contained within the CRMP 2024-2028.</p> <p>Consultation open 1st September 2023 to 24 November 2023.</p> <p>Feedback will be considered, reviewed and approved by the CFA prior to the changes being made.</p> <p>CFA approved on 14 February 2024 without any changes. New life risk response time standards will come into effect from 1 April 2024.</p>	22/02/24	Matt Walters	more comms required following the outcomes of CRMP over the next 2 months to the public MW 22/03- Internal communication and CRMP now placed on website	
Task 3	Incorporate findings of review into CRMP	CM / HP	01-Mar-24		<p>The findings will be factored into the CRMP 2024-2028 which will go through a 12 week public consultation between September and November 2023.</p>	<p>Proposed changes are contained within the CRMP 2024-2028 and are currently out for public consultation.</p> <p>29/11/23 Public consultation closed on 24/11/23, data being analysed following which the consultation summary report will be produced. Firstly being presented to SLT and CFA, followed by public publication.</p> <p>Summary Report compiled by Leicestershire County Council and then reviewed and approved by both the SLT and CFA.</p>	<a href="#">CLICK HERE to upload evidence</a>	19/09/2023 19/02/2024	Chris Moir	<p>Contained within the CRMP 2024-2028.</p> <p>Consultation ran from 1st September 2023 to 24 November 2023. Feedback will be considered, reviewed and approved by the CFA prior to the changes being made.</p> <p>CFA approved on 14 February 2024 without any changes. New life risk response time standards will come into effect from 1 April 2024.</p>				
Task 4														

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The service should assure itself that all processes in place to support performance management are effective		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AFI 8 Progress					Complete			Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Performance Management Processes in place for relevant dept activities	GM Community Safety	Dec-23		Process to manage the backlog of HSC to be put into place	Monthly targets set for successful HSC outcomes, Power BI ability to report individual outcomes for CEs & Crews	<a href="#">CLICK HERE TO upload evidence</a>	19-Sep-23	Chris Moir	This is an established performance reporting mechanism that has been in place since April 2020.			Reports added for evidence will request an end of financial year report to show full year on the management information pack in April 24
Task 2	Management Information reports reviewed at regular intervals with Dept Managers, SLT and CGC.	Planning and Performance Manager	01/12/23		Management Information data packs to go monthly to Station Managers, Geographical Group Managers and Head of Response. Monthly Performance Report to go to TMT. Quarterly Performance Report to go to SLT and CGC.	All Service Performance Reports being issued on time as scheduled. Email chain of MI pack distribution. Agenda and minutes of TMT, SLT and CGC available.	<a href="#">CLICK HERE TO upload evidence</a>	19-Sep-23	Chris Moir	This is an established performance reporting mechanism that has been in place since April 2020. Ad-hoc reports created for a range of subjects are created and shared with the requester.	05/03/24	Matt walters	Evidence of reports show until November will request one for year end in April to show a full year
Task 3	Review what Performance Management Information is needed and when should it be reported to SLT	Planning and Performance Manager	01/12/23		SLT receive all KPI data and performance statistics via the standard Performance Report. For consistency the same report is viewed by TMT and CGC. Any additional analysis for specific issues is viewed via ad-hoc reporting either through Power BI dashboards or by specific reports being created by the Data Co-ordinator.	Agenda and minutes of SLT performance meeting. Ad-hoc report created and distributed via email.	<a href="#">CLICK HERE TO upload evidence</a>				05/03/24	Matt walters	
Task 4	Review risk and resource methodology document in line with CRMP work	ACFO Service Delivery	31/12/23		Review of the risk and resource methodology document to be reviewed now the CRMP risk analysis has taken place and the CRMP document has been approved by the CFA for public consultation.	R&RM document circulated by ACFO Service Delivery to SLT members for review and comment by the end of July 2023. Following feedback document will be updated as required. Area Managers have reviewed the document and a number of changes have been highlighted as requiring updating. This is in progress and will be completed by Dec 31st 2023 PW 15/01/24-This has been extended due to the extension of the CRMP This will be published April 2024 Now published 17/06/24	<a href="#">CLICK HERE TO upload evidence</a>						
Task 5	The service has now produced a risk and resource methodology 2020-24 which provides detail and reasoning on how the service delivers, prevention, protection and response activities	ACFO Service Delivery	31/12/23		Current version is version 3, review and potential updated version required.	As above Risk and Resource Methodology 2024-2028 has been placed in under AFI task 4 evidence	<a href="#">CLICK HERE TO upload evidence</a>						
Task 6													

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The service should make sure it has appropriate business continuity arrangements in place which are regularly reviewed and tested that take account of all foreseeable threats and risks		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AF19 Progress				On Target				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Review Business continuity arrangements for all depts.	Corporate Risk & Resilience	Mar-24	On Target	Schedule of review, updating, testing and validating to be created. Programme of testing agreed. Testing schedule to be implemented and plans reviewed in light of learning identified.	<p>Testing and exercising schedule on Corporate Risk &amp; Resilience Team Pages. Plans in date and exercises logged. Only two support departments remain outstanding. Work in progress to complete. These are Finance and ICT.</p> <p>Finance - Please see Ref ACC 012 in the Finance Department Plan</p> <p>31/10/23 - Only one plan remains outstanding, this is the ICT Department Plan. BC Planner is working with the Head of ICT to complete this action.</p> <p>22/01/2024 - ICT plan remains outstanding. ACO Service Support has issued instruction and given a deadline of Feb 2024 for completion by ICT. CRB has offered assistance to complete task.</p> <p>20/11/2023 - ICT BC Plan still outstanding. Awaiting feedback from ICT who have the latest suggested draft plan (submitted 19/06/2023). 30/01/2024 - ICT Plan remains outstanding, however work is known to have begun on the plan as well as ICT specific disaster recovery plans. CRB assisting where appropriate.</p> <p>25/04/2024 - ICT BC Plan received and updated to sharepoint area on 17/04/2024. This is the last of the outstanding BC plans. ICT specific disaster recovery plans are the responsibility of the ICT Department. CRB have offered to assist if needed, however this ARI action can now be considered closed.</p>	<a href="#">CLICK HERE to upload your evidence</a>	04/04/24	E Brewer (CRRM)	Random dip test of Department and Station plans. Two Department Plans (ICT and Finance) require updating and all except one Station Plan is up to date (this has been re-scheduled due to ongoing Station refurbishment)	11/05/24	K Rowden	Wide range of evidence captured. The 'Review Timeline' document needs to be updated. I will pick up with SB
Task 2	Review Fire Control BC arrangements including contractual arrangements	Corporate Risk & Resilience, Fire Control & System Replacement Project	Mar-24	On Target	Assessment of current plans and procedures. Development of interim plans and procedures. Inclusion of BC considerations in the System Replacement Project Development of plans and procedures subsequent to delivery of a new mobilising system	<p>Project Manager contacted to ensure BC issues considered in contract negotiations</p> <p>Fire Control Department Plan holds current information on BC Exercising, and the issues that need rectification as we move forward</p> <p>Proposed BC arrangements have been provided by supplier of new system and R&amp;R have commented on these to the Project Manager. Awaiting feedback from the Project Manager on feedback arrangements which are not covered by the contractual arrangements.</p> <p>31/10/23 - This item is now identified as a priority action in the CRB Department Plan. The BC Planner will be working with the Fire Control SM to deliver an exercise before the end of the Department Planning Year.</p> <p>20/11/23 - A test was conducted within Tri Service on 08/11/2023 to test complete loss of a control room and associated server. Partial loss of associated support services to the Control Room which were recommended without issue and actions have been taken to resolve this in future. Other than the one failure, all other processes worked well. LFRS Control failure arrangement worked well with the use of STAFF and STAFF phones. CRB have submitted to Fire Control a draft business impact analysis for discussion with the SM Control and ICT to then deliver full BC Plan. CRB currently await response on the Risk from the Fire Control and ICT.</p> <p>Business Continuity Incident and Testing Log (stored on CRB sharepoint) is regularly updated by Fire Control with details of exercises/tests undertaken. Further detail of outcome of Control testing/awacising is available from Fire Control.</p>	<a href="#">CLICK HERE to upload your evidence</a>	04/04/24	E Brewer (CRRM)	Business Continuity Incident and Testing Log (stored on CRB sharepoint) is regularly updated by Fire Control with details of exercises/tests undertaken. Further detail of outcome of Control testing/awacising is available from Fire Control.	11/05/24	K Rowden	Extensive evidence has been captured including a detailed BC incident and testing log. The last entry on the log in the evidence folder is January 2024. This would benefit from being updated with any recent incidents or tests.
Task 3	Review national and local threats	Corporate Risk & Resilience	Mar-24	On Target	Review of the National Risk Register and resulting Community Risk Register once published	<p>Local Risk Assessment Guidance and NSRA have been published. LRF Risk Assessment Working Group has met twice and is scheduled to meet again to discuss work undertaken on localising risk impact criteria. Aim is now to get a revised CRB published by late autumn 2023.</p> <p>20/11/2023 - Raw data that will form the basis of the Community Risk Register now 99% complete. Latest meeting of RAWG delayed due to flooding incidents across the county. RAWG now planned to meet 27/11/2023.</p> <p>31/10/23 - The National Risk Register has been published and the LRF Risk Assessment Working Group has met on two occasions. Risk Assessments have been allocated and most completed by the partner agencies and LFRS. A meeting scheduled for late October 23 was cancelled due to operational requirements arising from Storm Babette. It is the intention of the RAWG to have the raw data completed and agreed by the end of 2023.</p> <p>30/01/2024 - progress on development of the Community Risk Register has been delayed due to redeployment of LRF staff who were assisting in the creation of the final document. Discussions ongoing to secure more LRF staff time, without which delay will extend into mid-2024.</p> <p>23/01/2024 - RAWG met in November 2023 to discuss raw data for the National Risk Register published for 2024.</p>	<a href="#">CLICK HERE to upload your evidence</a>	04/04/24	E Brewer (CRRM)	Business Continuity Incident and Testing Log (stored on CRB sharepoint) contains details of learning points identified and action taken where appropriate.	11/05/24	K Rowden	Extensive evidence clearly demonstrating the testing and incident arrangements for BC events.
Task 4	R07 of department plan (develop and maintain theme specific plans)	Corporate Risk & Resilience	Mar-24	On Target	Widespread Power Outage to be addressed through development of site loss of utilities plans.	<p>Latest winter planning assumptions have been received from Department for Energy Security and Net Zero (DESNZ) and these broadly align with the planning assumptions made by the Service. We have proposed the withdrawal of the LRF Emergency Assistance Points Plans this has proved to be overly complex and burdensome for the benefits obtained.</p> <p>31/10/23 - No change. We have plans for the most significant risks as highlighted in the risk register. This will be reviewed once the Community Risk Register is published.</p> <p>20/11/2023 - No change, although assessment of the raw data that will form the Community Risk Register appears to confirm previous planning assumptions. One area that will require further work is cyber security. This has been highlighted on both the NSRA and the Community Risk Register. CRB to seek allocation of this work to a more suitable department.</p> <p>22/01/2024 - arrangements successfully tested at HQ following a power outage lasting a number of days. Lessons identified by those involved will be incorporated into future arrangements.</p> <p>04/04/2024 - Debrief from power outage being produced by Head of ICT and Temporary Head of Business Support. No draft report seen to this date.</p> <p>25/04/2024 - Awaiting internal debrief as of update 04/04/2024 and</p>	<a href="#">CLICK HERE to upload your evidence</a>	04/04/24	E Brewer (CRRM)	Business Continuity Incident and Testing Log (stored on CRB sharepoint) contains details of learning points identified and action taken where appropriate.	11/05/24	K Rowden	Extensive evidence clearly demonstrating the testing and incident arrangements for BC events.
Task 5	R08 of the department plan (test 8 BC plans)	Corporate Risk & Resilience	Mar-24	On Target	4 BC plans to be tested per 6 month period	16 station and support department plans have been tested. This action has been met for the financial year 2023/24 and will be reviewed in line with the next Department Planning process.	<a href="#">CLICK HERE to upload your evidence</a>	04/04/24	E Brewer (CRRM)	Business Continuity Incident and Testing Log (stored on CRB sharepoint) contains details of learning points identified and action taken where appropriate.	11/05/24	K Rowden	Extensive evidence clearly demonstrating the testing and incident arrangements for BC events.
Task 6													

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The service needs to assure itself that it is maximising opportunities to improve workforce productivity and develop future capacity through use of innovation, including the use of technology.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Here	Quality Assurance by Owner			Sampling by Bus Ass SM		
								Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Overall AF10 Progress				On Target									
Task 1	Review systems interaction and processes to reduce dual inputting of data	ICT Manager / Digital Transformation Manager	Jul-24		<ul style="list-style-type: none"> <li>Introduction of electronic hydrant maintenance and management system</li> <li>Introduce app based H&amp;S recording system (Zinc)</li> <li>Introduce electronic app based process for recording debriefs</li> <li>Introduction of People and Premises risk management system Effective Command - hosted via Oracle</li> </ul> <p>Use of technology to improve response provision following changes to Self-Rostering duty systems. Notification to crewing cell. Creation of a system that advises where rota's are amended. When changes are made the crewing cell are informed, allowing succession planning to take place. Supporting appliance availability.</p> <p>Review of HR systems Review of RMS process Procure and roll out of crewing and rostering system Work on a new People and Premises Risk Management System.</p>	<p>Operational Planning- Introduce a tablet based system for maintenance and inspection of fire hydrants. CP 14/6/2024 - 3TC Hydrant system is now live and in use by Hydrant techs and Water manager. Ops Crews are still using paper records until earliest Sept 2024. This is due to limitations of the procured system from 3TC which will not work when no cellular data available. Technician vans have been provided with dual sim routers to minimise this. System works via Ipad and involves direct data entry. This will reduce input time by techs having to use laptops. the system supports the ICT strategy of cloud based solutions. Eventually input from paper returns from stations to water manager will require no dual handling of the data and manual input</p> <p>Implement an app based system for capturing learning via hot debriefs .</p> <p>CP 14/6/24 - Hot debrief submissions trial commenced at 3 locations on 14/6/24. Link to MSform for completion of hot debrief, if successful this will be via an App on Ipad and single entry of data will be stored on a sharepoint list for analysis and action tracking by Ops Assurance. This will remove the paper based hot debrief form</p> <p>Implement an app based system called Zinc for safety event investigations CP 14/6/24 - Zinc in use and now supported on Iphone and Ipad</p>	<a href="#">CLICK HERE to upload your evidence</a>						
Task 2	Evaluation of ICT implementations to ensure deliverables and benefits have been achieved	ICT Manager	Jul-24		<ul style="list-style-type: none"> <li>Evaluation project application to newly developed ICT apps</li> <li>M365 evaluation</li> <li>Freshservice</li> <li>Zinc</li> <li>Oracle - FW core competence</li> <li>Power BI ? Hiren ?</li> </ul>		<a href="#">CLICK HERE to upload your evidence</a>						
Task 3													

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The service should monitor secondary contracts to make sure working hours are not exceeded.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AFI 11 Progress				On Target				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Review working time directive to ensure compliance and staff wellbeing	HR Manager	Jun-24		Allocate resources to organise a planning team to set up a working group - plan commenced March 2022 by previous HR Manager	WTD reviewed - commissioned infographics to produce report, this will form the basis as to how this is embedded in the Service. SLT to discuss on 11.12.23 17/01 -LB - KB presented paper to PW awaiting comments. Paper to be presented to SLT by KB 22.1.24 SLT reviewed and discussed the options presented in the paper, decision given by SLT. Geo Support to lead and manage this process. Meeting with KA to pass on information. KA now progressing the activity.	<a href="#">CLICK HERE to upload your evidence</a>	07/03/24	KB	Evidence of decisions and actions uploaded. Further evidence will be uploaded when it becomes available via Geo Support.			
Task 2	Implement effective system for monitoring O/T, secondary contracts and staff working hours	HR Manager / Geo Support	Jun-24		Liaise with ACFO Service Delivery to establish how the monitoring will be systemised. - 5 October 2023. Further meeting planned with ACFO SD and AM POD to progress this on 7 December 2023.	5 October 2023 - HR Manager met with ACFO Service Delivery to discuss. FireWatch has a report that can assess individuals to establish if they have breached working time regulations. Random sampling of these may be recommended, and it may be appropriate for Geo Support to undertake this on a weekly basis - TBA	<a href="#">CLICK HERE to upload your evidence</a>	07/03/24	KB	Evidence of decisions and actions uploaded. Further evidence will be uploaded when it becomes available via Geo Support.	17/03/24	Matt walters	Without the evidence of an effective monitoring system this requires further evidence before closing as green Placed back to Amber until evidence of effective system in place
Task 3	Review and monitor rest periods before and after shifts	HR Manager / Geo Support	Jun-24		Establish the most effective/efficient way to review and monitor rest periods.	Using the PDD process as the platform was discussed at the POD Managers meeting 31/10/23 and agreed that the PDD is a development conversation, therefore not the place to conduct administrative actions. See Minutes of POD Manager meeting. Geo Support will be monitoring the working time and rest periods following the decision for Geo Support to lead on this.	<a href="#">CLICK HERE to upload your evidence</a>	07/03/24	KB	Awaiting Geo Support plan on this.			
Task 4	Review On-call impact	HR Manager /Geo Sup	Jun-24		Work with Response to review On-call impact	7.12.23 - policy to review this	<a href="#">CLICK HERE to upload your evidence</a>						
Task 5	Monitor and report to SLT / TMT working hours regularly	HR Manager	Jun-24		Establish mechanisms to monitor and report to SLT / TMT working hours at agreed intervals: (monthly?)	17/01- LB produces a report for SLT programme board and joint delivery meeting quarterly which includes monitoring of working hours	<a href="#">CLICK HERE to upload your evidence</a>						
Task 6	Creation of a procedure to support monitoring of working hours.	HR Manager	Jul-24		Create a new procedure detailing the monitoring of working hours, in particular those with more than one contract.	20/2/23 - Discussed with ICT the requirement for reporting from FireWatch. 22/2/23 - EIA drafted prior to creation of procedure.							
Task 7													

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The service should fully evaluate personal development discussions to ensure they are effective to manage staff development and performance.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AFI 12 Progress				Complete				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Evaluation of PDDs to ensure effectiveness and benefits delivered across all areas of the service	I & OD	Apr-24		Ongoing quality assurance of PDDs and needs of staff across the service. Benchmarking across other services and aligning to NFCC products.	<p>An extensive period of trial and embedding has been completed during 2022/23. The current PDD format is version 2 as version 1 was based on introducing and measuring against the core code of ethics and not overall performance. It allowed line managers to familiarise themselves with the content of the core code but also how to have a coaching conversation. Training sessions were delivered to give staff the theory and skills to do this effectively. Ongoing quality assurance has led to version 3 being developed which is a simplified version of the PDD, a one page document that is performance related and linked to the NFCC leadership framework. This has been built in Oracle and will be launched in Sept/Oct 23. More training sessions on coaching for new line managers and to refresh skills and knowledge of existing ones have been advertised. See evidence in L&amp;OD Paper dated Jul 23.</p> <p>6/11/23 - The new look PDD was shared with members of the workforce through a 'soft launch' at the Staff Engagement Day. This included immediate feedback as part of an interactive session. Posters detailing the where to find the guidance and supporting resources were distributed to managers for them to display in their departments/stations, see uploaded evidence. This work was undertaken as part of the 'you said we did' actions post staff survey.</p> <p>01/12/23 - Due to unforeseen circumstances the relaunch of PDD's was delayed until today. This has been accompanied by mandatory guidance and training, through Oracle.</p> <p>This will now be continually evaluated, both completion rates and functionality, as part of BAU. To support this we will be using the NFCC Maturity Model, by way of the 'Talent Management' and Performance Management 'self-assessment' tools</p> <p>See uploaded evidence</p> <p>16/04/24 - GG - Targetted evaluation surveys sent to 68 people who have completed the new PDD to gain feedback. 18 people completed the feedback survey, which is very positive. (See uploaded evidence for evaluation set up request and feedback report)</p>	<a href="#">CLICK HERE to upload your evidence</a>	18/12/23	Karl Bowden	The revised PDD process has recently been launched. At this time PDDs are being completed. The PDD is linked to the NFCC framework.	22/02/24	Matt Walters	No evidence of evaluation completed. Lots of evidence of the work undertaken but limited evaluation evidence
Task 2	Evaluation of equality of access to development opportunities across all areas of the Service	I & OD	Apr-24		Continually liaison with departments and staff to ensure development needs met and appropriate support and interventions in place.	<p>A 2 day leadership course has been made available to staff across L&amp;OD. This includes the writing and delivery of a 2 day leadership course for both supervisory and middle managers. Initial feedback has been excellent. The online NFCC course has been procured and licenses are being used. Other interventions include neurodiversity awareness for line managers, presentation skills, interview and interviewer training and support, coaching skills, chairing meetings, job specific courses ie FR. L&amp;OD have also signposted many members of staff for one to one coaching with one of the skilled coaches we have procured services from. These areas include coping strategies for ND. Apprenticeships are available and used for developing employees.</p> <p>L&amp;OD advisor is in process of meeting with managers to ensure we have planned effectively for staff development needs for next FY. This has been completed (see uploaded evidence)</p> <p>Career pathways are being trialled over the course of the next few months alongside some development portfolios which will be housed on Oracle and linked to PDDs. This will enable feedback and any necessary changes to be made before they go live April 24. See evidence in L&amp;OD paper dated Jul 23. The feedback from the SDLP has been very positive, demonstrating the embedding of the new skills/behaviours, across both Grey and Green book staff. (See uploaded evidence)</p> <p>The practical management skills for both supervisory and middle manager, green and grey book, have been designed/procured and will be delivered from February 2024. See uploaded evidence. See uploaded evidence This is all part of the Service's underpinning Command, Leadership, and Management model.</p> <p>This is now part of the on-going review/development cycle of LOD provision.</p> <p>16/04/24 GG - Figures for Equality of Access (See uploaded evidence)</p> <p>499 Face to Face Development Courses recorded in Oracle in 2023/24</p>	<a href="#">CLICK HERE to upload your evidence</a>	18/12/23	Karl Bowden	AFI 13 details the development opportunities being provided to all staff at all levels. The uploaded evidence clearly demonstrates that the service is delivering development opportunities. 14/03/2024 The feedback from attendees is the evaluation piece for this work. The feedback clearly indicates an improvement in skills, knowledge and understanding of our employees.	22/02/24	Matt Walters	No evidence of evaluation completed. Lots of evidence of the work undertaken but limited evaluation evidence 09/05/2024- Evaluation evidence is now placed on the dashboard to support this task
Task 3	QA PDDs and follow up outcomes.	I & OD	Dec-23		A above.	<p>Feedback is collected via Oracle and face to face. See report in evidence</p> <p>See Item 1 for details.</p>	<a href="#">CLICK HERE to upload your evidence</a>	18/12/23	Karl Bowden	AFI 13 details the development opportunities being provided to all staff at all levels. The uploaded evidence clearly demonstrates that the service is delivering development opportunities.	22/02/24	Matt Walters	No evidence of quality assurance completed. Lots of evidence of the work undertaken but limited evaluation evidence
Task 4													

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AFIs outstanding from Sept 2021 include E1.5 E2.2, 3.1, 4.1, E 7.2		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AFI Progress				On Target				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	The Service should ensure it has an effective system in place to address repeated false alarms	GM Fire Protection	May-24		The procedure that is currently in place for addressing repeat false alarms will be reviewed to ensure that they are fit for purpose. This will indicate areas of responsibility for identifying repeat offenders and monitoring them. It will also ensure that appropriate actions to tackle repeat 'offenders' are delegated accordingly to departments (Operational Risk, Response).	Document uploaded providing summary of actions taken. Actions to implement both a reviewed and new LFRS procedure to be completed by May 2024. Additional actions to include enhanced reporting and clearly identified actions to be taken by individual departments.	<a href="#">CLICK HERE to upload your evidence</a>						
Task 2	The Service should make sure it appropriately trains staff to undertake 'prevention activity' (E1.5 Sept 21)	HR Manager/ Safeguarding Manager	Apr-24		A review of the approach of Disclosure and Barring Service (DBS) checks on our staff will ensure that our Service, staff members and vulnerable people are offered an appropriate level of protection.	New employees are subject to DBS checks. This AFI has now been superseded by the HMICFRS Valus and Culture Report recommendations. • Staff working with vulnerable people are subject to enhanced checks • NCC guidance being considered DBS checks are being rolled out to all employees JB The Portal 15/09/23 post .J5 4325 29.09.23 Community educators are now enhanced checked as well as most staff in fire protection. DBS discussions have been held in Safeguarding strategic meetings to discuss ways to move forward with process.	<a href="#">CLICK HERE to upload your evidence</a>						
Task 3	The Service should ensure staff know how to command fire service assets assertively, effectively and safely at incidents' (E7.2 Sept 21)	GM Operational Risk	Jul-24		The Operational Performance Monitoring process and form that is completed following incidents will be reviewed to ensure learning from incidents is captured	Operational Assurance processes (including Operational Performance Monitoring) agreed • Operational Assurance process is being planned with training for Station Managers and above during April - Jun 2024 SB 0883 - meeting with IC and Ops Learning to discuss review process for OPM's CP 803 - OPM Procedure re-write scheduled Jan 24 with consideration for use of effective command as main recording system, To also include themed assurance process	<a href="#">CLICK HERE to upload your evidence</a>						
Task 4	The Service should ensure itself that it fully exploits external funding opportunities and options for generating income, in particular that it is recouping cost for use of its premises by other emergency services  The Service currently receives external funding from mobile phone masts housed on Stations, from driver training with the Police and from Forge Health.	Finance	Apr-24			Manny Bisla 21/08/2023: See Finance Department Plan - Ref ACC-013	<a href="#">CLICK HERE to upload your evidence</a>						
Task 5	The Service should ensure that staff have access to Trauma support and counseling services (P1)  Develop health and wellbeing policy	Health & Wellbeing Lead	Feb-24		1 A 'Health and Wellbeing' policy is soon to be published, which will formalise the Service's actions and responsibilities for employee wellbeing, including following traumatic incidents. The SharePoint 'Employee Health and Wellbeing' site will be updated to reflect the new policy and what can be offered to staff.	* Health and Wellbeing provision is being worked on by Health and Wellbeing Team * Staff are aware of up to date Wellbeing advice, information and training via our intranet * The Health & Wellbeing Policy is now complete and full staff access is available on Sharepoint from Oct 2022 * Health & Wellbeing site on the intranet is available and fully functioning. This has been transferred into the new Sharepoint.	<a href="#">CLICK HERE to upload your evidence</a>	24/08/23	24/08/23	All actions have been completed and evidence is available on Sharepoint within the Occupational Health & Wellbeing page. Health and Wellbeing Policy is being reviewed Jan 24	05/03/24	Matt waiters	
Task 6	The Service should ensure that staff have access to Trauma support and counseling services (P1)  Create and deliver post incident trauma training and formalise this in a SOP / procedure	Health & Wellbeing Lead	Feb-24		Post incident trauma training will be given to appropriate staff within the Service. These members of staff will become points of contact for post incident care. A procedure will be produced to formalise this.	* Trauma Risk Incident Management (TRIM) is now in place and widely used to support staff * TRIM actions and interventions are reported and monitored monthly via a statistical data report to the Senior Leadership Team * 21 TRIM Practitioners were initially trained. Of these several stepped down due to personal or work reasons, leaving 16 active practitioners * There are two practitioners who have been additionally to a higher level and are TRIM Co-ordinators * An SOP has been written for the process of reporting and mobilising TRIM Practitioners * 6 monthly updates are arranged for Practitioners to attend	<a href="#">CLICK HERE to upload your evidence</a>	24/08/23	24/08/23	All actions have been completed and evidence is available on Sharepoint within the Occupational Health & Wellbeing page TRIM provision is currently being reviewed to be expanded into a wider strategy for trauma support which would include critical incident defusion group sessions, and to enable the organisation to be considered 'trauma informed'	05/03/24	Matt waiters	Trim practitioners evidence is viewed. SOP has been added but not corporate branded NW asked AG to review this and corporate brand as this is a SOP on the correct template
Task 7	The Service should ensure that staff have access to Trauma support and counseling services (P1)  Train staff in Mental Health First Aid Training	Health & Wellbeing Lead			Mental Health First Aid (MHFA) training will continue within the Service. This will continue to target any supervisory managers who have not received it yet. A rolling programme of two training sessions per year will ensure this is embedded throughout the Service and that staff will receive refresher training (every 2 years). AJ 10/09/2023 Replacement training and a training provider is being sought	* Most supervisory staff are mental health first aid trained * MHFA will feature as part of the Health and Wellbeing strategy * This was completed and a senior manager was trained to be a MHFA trainer so that provision would be in-house. Unfortunately this manager has subsequently left the service. Nov 23 LFRS have now created in house training for MHFA Training to be delivered throughout 2024	<a href="#">CLICK HERE to upload your evidence</a>	14/12/23	14/12/23	The certification of MHFA expired in autumn 2022 for all employees who had undertaken it via the workplace. A provider was found who would undertake updates free of charge via the LLR wellbeing hub, but just prior to commencement their funding was cut. Provision was deemed too expensive at normal rate, so reduced provision was sought. The decision was made in 2023 not to pursue MHFA due to the prohibitive cost and the limitations to utilising the resources. Alternative arrangements for in-house training have been substituted. 20/02/24- 1 st MHFA update completed with 8 staff attended			
Task 11													
Task 12													

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Staff networks are valued and listened to, and we found evidence that staff have a good understanding of EDI. Nevertheless, the service is aware that it has more to do to reflect the diverse communities it serves.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
								Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Overall AF11 Progress				Behind Target									
Task 1	Look to reinvigorate Staff Networks which have devolved/lapsed	EDI	Dec-23	Behind Target	All networks with the exception of WOLFF have either disbanded or lapsed due to lack of membership - initial task is to reinvigorate and support start up of networks.	Paper has been submitted to SLT for consideration and will be presented/discussed 23 October 2023. 23.10.23 - Recommendation agreed by SLT to move forward with staff engagement. Will be discussed at next TEDiB meeting scheduled for 14/12/2023. First Tactical EDI Forum meeting was held in January 2024 at which the Terms of Reference and proposal was agreed.	<a href="#">CLICK HERE to upload your evidence</a>						
Task 2	Agree service level agreement for networks with SLT	EDI	Dec-23	Behind Target	To ensure effective engagement from networks a Service Level Agreement needs to be put in place to ensure support across the organisation.	Draft SLA has been included with paper to SLT for consideration and will be introduced once signed off. 23.10.23 - approved as part of paper discussion	<a href="#">CLICK HERE to upload your evidence</a>	18/12/23	Karl Bowden	The paper recommending a change in how the networks are supported/managed and changes to TEDiB was presented to SLT. The recommendations have been agreed by SLT to be implemented.			
Task 3	Prepare and introduce a Memorandum of Understanding	EDI/CFO	Mar-24	On Track	To ensure effective staff network governance a memorandum of understanding from CFO to EDI Manager to be put in place to allow devolved responsibility and oversight of network management/accountability.	Draft Memorandum of Understanding has been drafted and will be discussed with CFO once decision on staff engagement has been made. 23.10.23 - part of paper submitted for discussion with recommendation approved at SLT meeting. Memorandum will be created and presented to Callum for sign off. 15.12.23 - draft MOU sent to CFO for consideration. 09.02.24 - email sent to CFO for update. 20.02.24 - email from ACO Beresford confirming support for approach and will respond with required information to move forward. 26.02.24 - email from CFO confirming he will sign once additional information provided and document ready.	<a href="#">CLICK HERE to upload your evidence</a>						
Task 4	Review procedure and practices which are part of recruitment campaigns to ensure we are inclusive of all community groups	EDI/HR	May-24	On Track	Link in with Recruitment Lead and Community Engagement Officer to review practices and initiatives used as part of recent Wholetime campaign to ascertain effectiveness and areas for improvement.	06/03/24 - Meeting between EDI Manager and Recruitment Lead during which available data was discussed. Agreed that once the final group of new WT recruits confirm uptake of contract data will be shared with EDI Manager to support wider reconciliation and review of processes. Data extended to incorporate need to await full data set. 08/05/24 - data still awaited now that campaign has closed and last group of new recruits have started.	<a href="#">CLICK HERE to upload your evidence</a>						
Task 5	Improve community engagement to understand barriers to recruitment from across LLR	EDI	May-24	On Track	With the cease of joint community engagement initiatives with Leicestershire Police there is a need to look at undertake service specific engagement to better understand barriers, and best practice, from our communities. Plan to create an independent advisor group	10/10/23- Attended Leicestershire Police inaugural Strategic IAG and have reconnected with community leaders and stakeholders who have expressed a desire to work with LFRS going forward. 21.10.23 - attended Navratri celebrations in the City, visiting the Dui, Daman and wider Hindu communities. 31.10.23 - meeting with Riaz Ravat, Deputy Direct St Philips Centre, to discuss collaborative working initiatives. Dec 23 - meet with Cllr Ravi Mahesh to discuss ongoing collaboration with Hindu Community - joined by AM POD Mar 24 - agreed that EDI Manager will produce and submit a business case for creation of IAGs to AM POD for wider consideration. Mar 24 - following update from St Philips for need to provide a proposal paper for focus group facilitation it has been agreed that this will be produced by EDI Manager for sign off by AM POD and dates and locations identified.	<a href="#">CLICK HERE to upload your evidence</a>						
Task 6	Evaluate validity of equality monitoring question set to ensure appropriate for diverse communities and ensure engagement in completion	EDI	Jul-24	On Track	A decrease in completion of equality monitoring data during HSC's and wider community engagement is a cause for concern and this has been attributed to lack of confidence of staff in asking certain questions but all the impact of these questions on our diverse communities. Organisational consideration needs to be given to the business need for what is included from an EDI perspective to support positive action and identifying trends and patterns.	Community safety are working on a revised question set. A meeting to be planned with CS Manager and EDI manager to discuss organisational question set to ensure consistency. Jun 23 - a revised Equality Monitoring form was signed off following a review of newly appointed EDI Manager and this document should be used for all audits undertaken (internal and external) to ensure a consistent approach and organisational ability to meet Home Office reporting requirements. A copy has been shared with Geo Support Manager for use during recruitment campaigns. 06/03 - Email received from CS Manager to advise work being undertaken is independent of wider EDI requirements therefore this evaluation will now concentrate on ensuring the organisation is using a consistent form which should be incorporated in all activities. Wording for this Task has been updated accordingly. 09/04/24 - following a meeting it was identified that work being undertaken by some teams has not included conversations with EDI Manager to ensure consistency in approach to equality monitoring. Approved form was shared with Hiren Patel and Kiera Radford for use in their respective areas. 03/05 - following numerous emails from EDI Manager regarding organisational risk in relation to equality monitoring a response has been received from ICT in relation to progressing with completion of internal audit.	<a href="#">CLICK HERE to upload your evidence</a>						
Task 7													

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Even though the prevention plan is good, it isn't communicated well. Firefighters told us they feel HSCs are all about quantity to meet service targets. And the senior leadership team told us they are about quality, not targets. The service should examine ways to make sure its HSC message is clear and engages the workforce.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
								Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Overall AF11 Progress				On Target									
Task 1		Corporate Communication	Jun-24		Continual communication with the workforce from the SLT and Community Team about quality/quantity of HSC - staff engagement sessions/back to the floor visits/vlog	<p>Portal vlog Callum (01/09/2023)            "The Service has also improved how it engages with its local community, including seldom-heard groups. When appropriate, it has consulted and had constructive conversations with its communities and other relevant parties to understand risk and explain how it intends to mitigate it. The service also reaches more than 143,000 residents through the social networking app Nextdoor, and it works with organisations such as county and district councils to reach seldom-heard communities."</p> <p>CFO Vlog on Home Safety Checks - 27.10.2023 (link in evidence folder)            SLT back to the floor days discussions around quality v quantity take place            HMICFRS dip sampling discusses HSC also.</p>	<a href="#">CLICK HERE to upload your evidence</a>						
Task 2	CFO/SLT to complete vlog/blog to employees on quality v's quantity												

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Review of quality and accuracy of Risk Information.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AF11 Progress				On Track				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	We did find that staff don't understand the near-miss procedure that is in place for firefighter safety. This is something the service should review.	Operational Risk	31st march 2024		Near miss procedure review to be undertaken. This will include non ops staff as near miss applies to all departments	<p>Nov 23 - The term near miss has been renamed to 'Positive Action' to encourage staff to take positive action and report events which could have been more impactful. A new database system currently available as a desktop solution and shortly to include iPad integration has been introduced to simplify the ability to report positive actions. Analysis of returns is undertaken by H&amp;S and published as a quarterly statistic with a move to utilise the PowerBI reporting system.</p> <p>Nov 23 - H&amp;S Department have visited 23 out of 40 stations/watches to brief on the changes, the recording system and the importance of near miss reporting.</p> <p>Dec 23 - H&amp;S Department have completed 43 individual station/watch visits to refresh knowledge of event reporting with a focus on benefits of positive action (near miss) and the procedures to follow and use of Zinc. Engagement has been positive and is evidenced in the monthly positive action returns. A snapshot is below, however data will feature in the Q3 Ops Risk Dashboard will be uploaded as evidence</p> <p>Mar Apr May 8 Jun Jul Aug Sep Oct Nov Dec</p>	<a href="#">CLICK HERE to upload your evidence</a>						
Task 2	The quality assurance of cross-border risk information could be improved to ensure risk information held is up to date. Firefighters have access to that risk information, but work needs to be done to ensure it is up to date.	Operational Risk	31st December 2024		Currency of information needs improving. Planning in progress for a regional meeting. Process needs to be in place to share when a new OTB SSRI is created or information is updated on an existing SSRI.	<p>Access to information is available and updated via Appliance IPADS and MDTs. IPAD is interim solution due to connectivity and compatibility with MDTs. Res Direct also contains the information for OTB SSRI however the update procedure is manual and the information accuracy is questionable</p> <p>Regional meeting minutes will evidence ongoing work to improve processes.</p> <p>Dec 23 - 0803 - Work on this is proving challenging. The current process involves Ops Planning WM checking every SSRI on Resilience Direct for updates. RD allows for doc update alerts to be made but this has proved problematic due to numbers. Ops Planning are exploring the use of RD as the single source for OTB risk information. Flexi officers already utilise RD, the issue is crews accessing information on MDT. Interdependencies are new MDT in 2024, RD accounts for ops crews. This solution would should also be able to be extended to other non East mids services such as Warks and Staffs whom LFRS also borders. Further meeting scheduled Jan 24 to progress</p> <p>Feb 24 - CP - OPT will download on monthly basis all OTB plans from RD and upload to the OTB SSRI folder on one drive. Comms to service on the fact that only iPad and Toughbooks will access OTB plans (and officer devices) and not via MDT. RD is the only single source of OTB plans, however accessing RD via a mobile device is impractical on route or at incident. The max timeframe for a OTB plan to be out of date will be 30 days.</p>	<a href="#">CLICK HERE to upload your evidence</a>						
Task 3	We are also pleased to see that the service has started a project to improve equipment and training for incidents where firefighters support ambulance staff with lifting members of the public to safety	Operational Risk	Apr-24		Data analysis for incidents termed as Bariatric (RS data) Setting up a task & finish group to provide recommendations. Collaboration with EMAS.	<p>Data on incidents as a result of implementation. Task &amp; Finish group recommendations and minutes. Information sharing agreement with EMAS. Training package for teams Equipment procurement New mobilising protocols. Bariatric issues are managed under OLB</p>	<a href="#">CLICK HERE to upload your evidence</a>						
Task 4						Jan24 - CP - Bariatric T&F has provided a list of actions and							

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The service has introduced a new electronic system for recording staff competence. It should be evaluated to make sure it is effective and delivers the benefits anticipated.		Work Assigned To	Projected Completion Date	Progress	Description of work needing to be done	Evidence of Compliance	Upload Evidence Link	Quality Assurance by Owner			Sampling by Bus Ass SM		
Overall AF11 Progress				Behind Target				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	Digital Content Designer to continue to produce interactive content for the platform.	L&OD and AST (IT)	ongoing. Review Dec 23		A process of prioritisation for producing content in place and significant number of packages have been produced or updating of new ones have taken place. The BAU of updating the system sits between IT and L&OD.	53 e-learning packages created in last 12 months. Also, supporting the regional NOG Training Team in developing packages Created Ops Response Training Resource Library See uploaded evidence	<a href="#">CLICK HERE to upload your evidence</a>	18/12/23	Karl Bowden				
Task 2	Development of MOC for response to meet changing requirements	ACO Service Delivery	Jun-24		Response currently ascertaining their requirement for recording competence and what reporting they need. This will then be supported by L&OD designer. There is currently significant amounts of competence recording by Crews based on their operational incidents and on station training.	Over 4,500 on-station training events recorded in Oracle since 2021, support evidence of MOC, examples uploaded to evidence Evaluation of Oracle and Firewatch undertakes with a report being compiled to explain the rationale behind moving MOC to Fire watch. Report will be completed by 15th May	<a href="#">CLICK HERE to upload your evidence</a>	18/12/23					
Task 3	Recording and monitoring of Mandatory Non Operational Training	LOD	Apr-24		Mandatory learning and qualifications planned, recorded and tracked within Oracle.	Records and reports within Oracle. Examples uploaded to evidence .** Review of assigned audiences required.  GG 11/04/24 - Email notifications are now on in Oracle, which inform the individual and line manager when refresher training (Mandatory) is due (6, 4, 3, 1 month reminders) and if it expires. (See uploaded evidence)  GG 11/04/24 - Automated reports are now available from Oracle, which can be centrally created or individually. These will be able to provide greater information to managers at all levels on predetermined frequencies. (See uploaded evidence)							
Task 4	Recording of other Non Operational learning and development undertaken	LOD	Apr-24		Plan, record and track learning activities within Oracle	Records and reports within Oracle. Examples uploaded to evidence GG 11/04/24 - Email notifications in Oracle now alert individuals and line managers when Mandatory refresher training is due (3, 2, 1 month) and if it expires. (See Uploaded evidence)  GG 11/04/24 - Automated reporting is now available in Oracle, which can be created centrally or individually. These will provide greater information to managers at all levels at predetermined frequencies. (See uploaded evidence)							
Task 5	Recording and monitoring of Operational Mandatory training	T & D	Apr-24		Mandatory learning and qualifications planned, recorded and tracked within Oracle.	Response are trailing a Power BI dashboard that will cover the recording and monitoring of training. Evaluation survey has been produced and a paper will be presented to SLT							
Task 6	Recording of other Operational learning and development undertaken	T & D	Apr-24		Plan, record and track learning activities within Oracle	Records and reports within Oracle.							
Task 7													

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Appendix B

	<b>Recommendation</b>	<b>In Progress</b>	<b>Complete</b>	<b>Not Started</b>	<b>Comments</b>
1	By 1 October 2023, chief fire officers should make sure their services provide a confidential way for staff to raise concerns and that staff are aware of whistleblowing processes.		Yes		
3	By 1 June 2023, chief fire officers should review the support available for those who have raised concerns and take any action needed to make sure these provisions are suitable.		Yes		
4	By 1 June 2023, chief fire officers should assure themselves that updates on how concerns are being handled are shared with those who have raised them. The updates should be given in an accessible way that encourages trust and confidence in the service response. Consideration should be given to creating a professional standards function to handle conduct concerns in service (or from an external service) to have oversight of cases, to make sure they are conducted in a fair and transparent way and to act as a point of contact for all staff involved.		Yes		
5	By 1 June 2023, chief fire officers should make sure they provide accessible information for all staff and members of the public on how they can raise concerns and access confidential support (including through external agencies). Chief fire officers should also make sure accessible information is provided on how concerns and allegations will be investigated in a way that ensures confidentiality and is independent of the alleged perpetrator.		Yes		
9	By 1 January 2024, chief fire officers should: <ul style="list-style-type: none"> <li>immediately review their current background checks arrangements, and make sure that suitable and sufficient background checks are in place to</li> </ul>	Yes			This work has been completed with a decision being taken by the Strategic Leadership Team that all staff will be subject to a standard check and that risk assessed roles will be checked at

	<p>safeguard their staff and communities they serve; and</p> <ul style="list-style-type: none"> <li>• make sure that appropriate DBS check requests have been submitted for all existing, new staff, and volunteers, according to their roles as identified by the Fire Standards Board.</li> </ul>				<p>enhanced level. The policy and procedures to support this approach have been produced. Work is now being completed on the roll out plan</p>
10	<p>By 1 September 2023, chief constables should make sure they are appropriately using their Common Law Police Disclosure powers in circumstances involving employees of fire and rescue services.</p>		Yes		
12	<p>This work has been completed with a decision being taken by the Strategic Leadership Team that all staff will be subject to a standard check and that risk assessed roles will be checked at enhanced level. The policy and procedures to support this approach have been produced. Work is now being completed on the roll out plan</p>	Yes			<p>Effective wellbeing support is available for ALL those involved in the process. The new policy, currently out for negotiation details the support arrangements. All support is independent from the investigation. Ensuring the workforce are confident to raise concerns and trust the reporting processes and that action will be taken as a result:</p>
14	<p>By 1 March 2024, chief fire officers should provide assurances to HMICFRS that they have implemented the standard on misconduct allegations and outcomes handling.</p>	Yes			<p>Our policies are clear and consistent with ACAS guidance. Oracle houses our 10 to 3 packages, a suite of short videos which support managers through the investigation process.</p>
17	<p>With immediate effect, chief fire officers should notify HMICFRS of any allegations that have the potential to constitute staff gross misconduct that:</p> <ul style="list-style-type: none"> <li>• involve allegations of a criminal nature that have the potential to affect public confidence in FRSs;</li> <li>• are of a serious nature; or</li> <li>• relate to assistant chief fire officers or those at equivalent or higher grades.</li> </ul>		Yes		
18	<p>By 1 August 2023, chief fire officers should provide assurances to HMICFRS that all parties are supported in relation to ongoing investigations.</p>		Yes		
20	<p>By 1 June 2023, chief fire officers should have plans in place to ensure they meet the Fire Standards Board's leading the service standard and its leading and developing people standard.</p>	Yes			<p>The service largely has the leading the service and developing people standards in place. We will be implementing a revised promotions process in the autumn which aligns to the standard along with transition from our existing behavioural</p>

					competencies to those of the Leadership Framework. Leading the Service, Initial scoping of current level of maturity and future requirements has started and ready for next steps of Stakeholder engagement.
21	By 1 June 2023, chief fire officers should make sure there is a full, 360-degree feedback process in place for all senior leaders and managers (assistant chief fire officer equivalent and above) in service.		Yes		
22	By 1 September 2023, chief fire officers should make sure there is a full, 360-degree feedback process in place for all other leaders and managers in service. The process should include gathering feedback from a wide range of sources including colleagues and direct reports.	Yes			Leadership Team. There is provision within our on line learning system for all employees to seek out 360 feedback with guidance on how to progress this including a questionnaire and pro forma. We have not actioned this further as yet. It will be available as an option for colleagues to use through our Oracle system in 2024 but we do not yet have the capacity or organisational maturity to role out further in a meaningful way
23	By 1 June 2023, chief fire officers should seek regular feedback from staff about values, culture, fairness and diversity, with due regard to the leading and developing people standard. They should show how they act on this feedback.		Yes		
24	By 1 October 2023, chief fire officers should put plans in place to monitor, including through the gathering and analysis of staff feedback, watch and team cultures and provide prompt remedial action for any issues they identify.	Yes			We have undertaken an independent internal cultural survey along with further independent review of our culture. We are in the process of developing an action plan as an outcome of these reviews. Additionally, we are making changes to our staff engagement activities which will see engagement events planned throughout the year to gather feedback. This will continue to form a theme for monitoring of information. The People Programme of work will action the survey actions and monitor progress and cultural performance. First People Programme Board took place October 2023 and are now scheduled in. In addition, the AM POD uses the information for performance management of the departmental plans

27	By 1 June 2023, chief fire officers should make sure their equality impact assessments are fit for purpose and, as a minimum, meet the requirements of the National Fire Chiefs Council equality impact assessment toolkit.	Yes			Recent meetings held and this is being led by AM Community Risk with support from Safeguarding, HR and EDI Manager. Discussions are taking place between stakeholders and at Safeguarding Board. EIA Practitioner Training being rolled out. EIA Strategic awareness training has been delivered to SLT.
28	By 1 June 2023, chief fire officers should review how they gather and use equality and diversity data to improve their understanding of their staff demographics, including applying and meeting the requirements of the National Fire Chiefs Council equality, diversity and inclusion data toolkit.	Yes			EDI Manager is reviewing what information is collected and how this is used to improve understanding and appropriate use. A review on equality monitoring data and questions are being reviewed.
32	By 1 June 2023, chief fire officers should, as a priority, specify in succession plans how they intend to improve diversity across all levels of the service. This should include offering increased direct-entry opportunities.	Yes			We are one of the pilot early adopters for the Direct Entry scheme and will look for opportunity to enhance this going forwards however funding may become a challenge. DE scheme completed and 2 successful candidates will start with LFRS in January 2024. Our recruitment officer will work with the EDI manger to understand our data post the wholetime recruitment and establish a strategy for development.
33	By 1 August 2023, chief fire officers should develop plans to promote progression paths for existing staff in non-operational roles and put plans in place to reduce any inequalities of opportunity.	Yes			A overarching strategic plan is being worked on and at present we provide numerous development opportunities for non operational employees specifically in relation to qualifications and management development. We have a number of case studies whereby people have progressed in their career.
34	With immediate effect, chief fire officers should review their implementation of the Core Code of Ethics and make sure it is being applied across their services.		Yes		



# Fire & Rescue Service 2021/22

## Effectiveness, efficiency and people

An inspection of Leicestershire Fire and Rescue Service



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## About this inspection

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This inspection is from our third round of inspections of fire and rescue services in England. We first inspected Leicestershire Fire and Rescue Service in December 2018. We published a report with our findings in June 2019 on the service's effectiveness and efficiency and how it looks after its people. Our second inspection, in autumn 2020, considered how the service was responding to the pandemic. This inspection considers for a second time the service's effectiveness, efficiency and people.

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In this round of inspections of all 44 fire and rescue services in England, we answer three main questions:

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

This report sets out our inspection findings for Leicestershire Fire and Rescue Service.

### What inspection judgments mean

Our categories of graded judgment are:

- outstanding;
- good;
- requires improvement; and
- inadequate.












Good is our expected graded judgment for all fire and rescue services. It is based on policy, practice or performance that meet pre-defined grading criteria, which are informed by any relevant [national operational guidance](#) or standards.


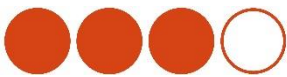
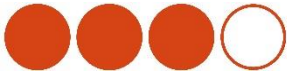
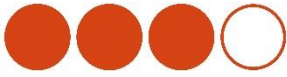
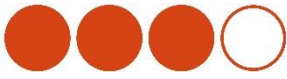
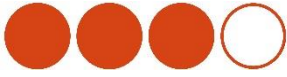
If the service exceeds what we expect for good, we will judge it as outstanding.

If we find shortcomings in the service, we will judge it as requires improvement.

If there are serious, critical or systemic failings of policy, practice or performance of the fire and rescue service, then consideration will be given to a graded judgment of inadequate.

## Overview

Question	This inspection	2018/19
 <b>Effectiveness</b>	 <b>Good</b>	<b>Requires improvement</b>
Understanding fires and other risks	 Good	Good
Preventing fires and other risks	 Requires improvement	Good
Protecting the public through fire regulation	 Good	Requires improvement
Responding to fires and other emergencies	 Good	Requires improvement
Responding to major and multi-agency incidents	 Good	Good
Question	This inspection	2018/19
 <b>Efficiency</b>	 <b>Requires improvement</b>	<b>Requires improvement</b>
Making best use of resources	 Requires improvement	Requires improvement
Future affordability	 Good	Good

Question	This inspection	2018/19
 <b>People</b>	 <b>Good</b>	<b>Requires improvement</b>
Promoting the right values and culture	 Good	Requires improvement
Getting the right people with the right skills	 Good	Requires improvement
Ensuring fairness and promoting diversity	 Good	Requires improvement
Managing performance and developing leaders	 Good	Requires improvement

### HM Inspector's summary

It was a pleasure to revisit Leicestershire Fire and Rescue service, and I am grateful for the positive and constructive way that the service engaged with our inspection.

I am pleased with the performance of Leicestershire Fire and Rescue service in keeping people safe and secure from fires and other risks, although it needs to improve in some areas to provide a consistently good service. For example, the service has a large backlog of [home safety checks \(HSCs\)](#) from partner referrals. We found no effective plan to deal with this.

Across all areas of the service, evaluation is limited, and the service should identify ways to ensure more effectively the benefits of the service's work.

I am pleased to see that the service has made progress since our 2018 inspection. The service took our recommendations seriously and produced a comprehensive improvement plan to monitor progress. It has made improvements in all the areas we identified, with 20 out of 24 areas for improvement from the first round being resolved. This is a good example of what improvements can be made when a service focuses on the main findings of our inspection. Areas we have seen the greatest improvement in are protection and how the service looks after its people.

My principal findings from our assessments of the service over the past year are as follows:

- introduction of new values and behaviours, with improved culture;
- increased provision for staff well-being;
- improved focus on equality, diversity, inclusion, and fairness;
- improvements in protection and operational response; and
- improved work with the community and partners to drive efficiencies.

### **Culture is improved and there are new values**

The service has made improvements to its culture, with staff telling us directly and through our staff survey that this has improved since our last inspection. The service also has its own strong set of values that is underpinned by the [Core Code of Ethics](#).

### **Equality, diversity and inclusion is improved**

The service has excellent governance arrangements for equality, diversity and inclusion (EDI). Staff networks are valued and listened to, and we found evidence that staff have a good understanding of EDI. Nevertheless, the service is aware that it has more to do to reflect the diverse communities it serves.

Overall, this is a good performance by Leicestershire Fire and Rescue service, for both the communities it serves and its staff. It should now continue to make progress with the remaining areas for improvement whilst maintaining performance in other areas and we look forward to seeing how it builds on this success by our next inspection.



**Roy Wilsher**

HM Inspector of Fire & Rescue Services

## Service in numbers



### Response

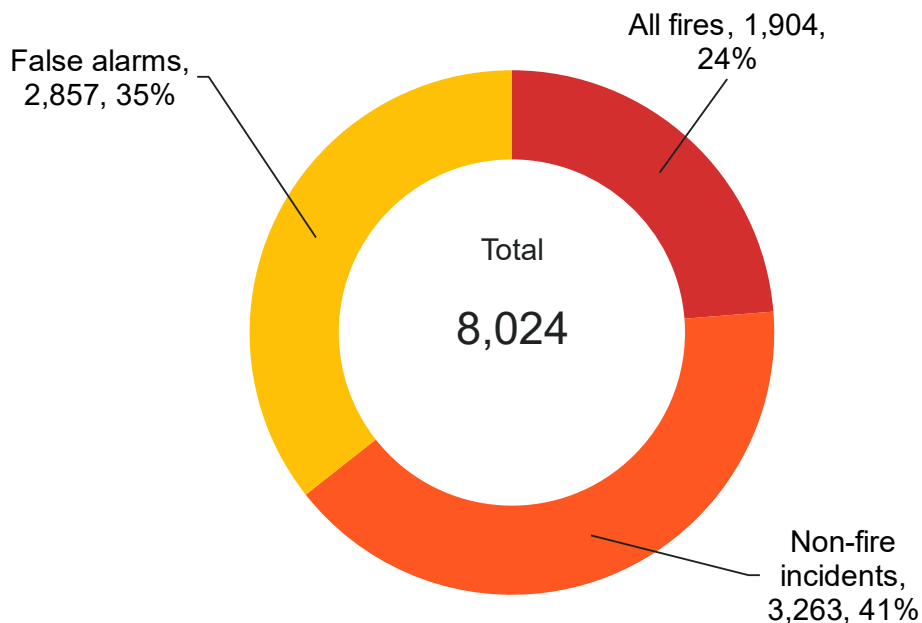
	Leicestershire	England
Incidents attended per 1,000 population Year ending 31 December 2021	7.24	9.82
Home fire safety checks carried out by fire and rescue service per 1,000 population Year ending 31 March 2021	7.88	4.47
Fire safety audits per 100 known premises Year ending 31 March 2021	2.62	1.70
Average availability of pumps Year ending 31 March 2021	88.4%	86.4%



### Cost

Firefighter cost per person Year ending 31 March 2021	£19.11	£25.02
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#### Incidents attended in the year to 30 June 2021



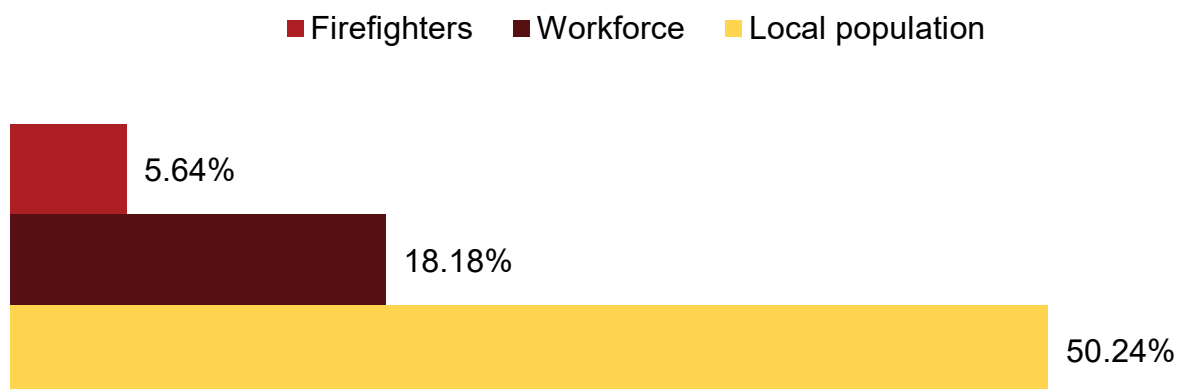


## Workforce

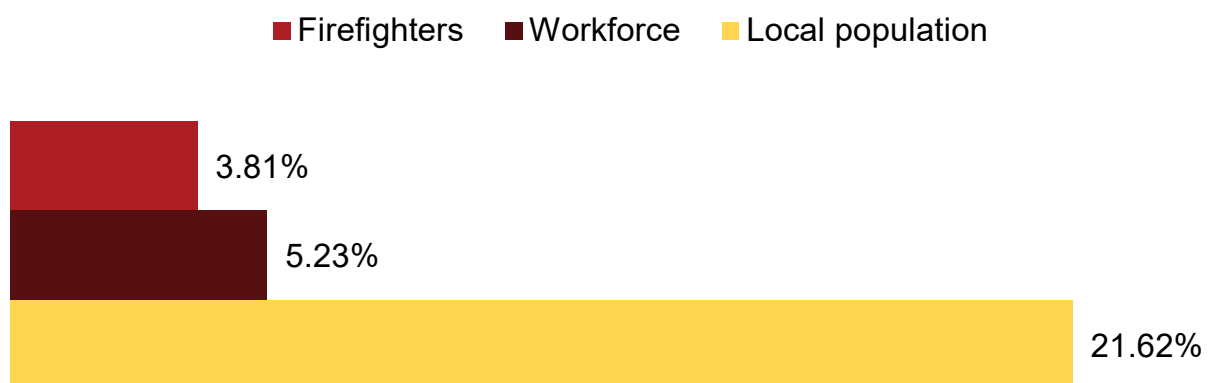
Leicestershire    England

Five-year change in total workforce 2016 to 2021	-6.13%	-1.60%
Number of firefighters per 1,000 population Year ending 31 March 2021	0.50	0.62
Percentage of firefighters who are wholetime Year ending 31 March 2021	62.5%	64.4%

### Percentage of population, firefighters and workforce who are female as at 31 March 2021



### Percentage of population, firefighters and workforce who are from ethnic minority backgrounds as at 31 March 2021



For more information on data and analysis throughout this report, please view the [‘About the data’ section of our website](#).



# Effectiveness



# How effective is the service at keeping people safe and secure?



**Good**

## Summary

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An effective fire and rescue service will identify and assess the full range of foreseeable fire and rescue risks its community faces. It should target its fire prevention and protection activities to those who are at greatest risk from fire and make sure fire safety legislation is being enforced. And when the public calls for help, it should respond promptly with the right skills and equipment to deal with the incident effectively. Leicestershire Fire and Rescue Service's overall effectiveness is good.

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We are pleased with the progress that the service has made in going from 'requires improvement' to 'good'.

It has improved its understanding of protection and how it responds to fires, while maintaining a good service to the public with its understanding of risk and planning for major incidents. But improvements in how it evaluates and prioritises prevention activity are required.

In 2020, the service introduced [\*Our Plan: Corporate and Integrated Risk Management Plan \(IRMP\) 2020–2024\*](#). The plan contains five clear strategies, describes how the service will meet its aims and objectives, outlines the challenges and explains how the service plans to meet them.

We were pleased to see the service meeting on time its inspections of high-risk premises and carrying out effective and consistent quality assurance of its protection activity. This is an improvement since our last inspection.

Improvements have also been made in the safe management of incidents by incident commanders and the introduction of new mobile data tablets on fire engines so firefighters can access risk information quickly.

Although there are many positives in this area, the service should make sure that operational staff have read and understood any urgent risk information or [safety flashes](#); learning from operational incidents should be obtained and shared effectively; and the service should put in place a plan to address the backlog of [home safety checks \(HSCs\)](#) received from partner referrals.

## Understanding the risk of fire and other emergencies



### Good (2019: Good)

Leicestershire Fire and Rescue Service is good at understanding risk.

Each fire and rescue service should identify and assess all foreseeable fire and rescue-related risks that could affect its communities. Arrangements should be put in place through the service's prevention, protection and response capabilities to prevent or mitigate these risks for the public.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

### The service is good at identifying and understanding community risk

The service has assessed an appropriate range of risks and threats after a thorough integrated risk management planning process. When assessing risk, it has considered relevant information collected from a broad range of internal and external sources and datasets.

The service is good at using risk data to create a community risk model. This shows where incidents are more likely to occur and clearly informs how the service best allocates its resources.

When appropriate, the service has consulted and undertaken comprehensive and constructive dialogue with communities, as well as businesses and voluntary groups to both understand the risk and explain how it intends to mitigate it. For example, the service uses these engagement sessions such as 'pop up events' in rural locations to generate [safe and well visits](#) and provide support to the community to reduce risk.

### **The integrated risk management plan 2020–24 is up to date and easy to understand**

After assessing relevant risks, the service has recorded its findings in an easily understood [integrated risk management plan \(IRMP\)](#) with an annual action plan. These plans describe how prevention, protection and response activity is to be effectively resourced to mitigate or reduce the risks and threats the community faces, both now and in the future. The IRMP has seven clear priorities for the service up to 2024.

The annual action plan is clear on how the service plans to meet its aims and objectives, which are linked to the five corporate strategies.

We found the service is good at regularly reporting progress on its performance to the [combined fire authority](#).

However, even though the IRMP is driving service activity, there are areas of prevention that need to be improved.

### **The service gathers, maintains and shares a good range of risk information**

The service routinely collects and updates the information it has about the people, places and threats it has identified as being at greatest risk. The service stores risk information well. Buildings are given a risk rating and a risk information record is created. We also saw how all high-rise buildings have had wall plates installed at the entrance to the building. These display building-specific information, for instance number of floors and number of stairs. They help firefighters formulate tactical plans quickly.

We found all risk information records to be in date and comprehensive. This information is readily available for the service's prevention, protection and response staff, which helps it to identify, reduce and mitigate risk effectively.

We were pleased to see good quality assurance in place when risk information records are created or updated.

Where appropriate, the service passes risk information on to other organisations well. For example, information about buildings that don't comply with fire safety regulations is shared with local authorities and building control teams.

### **The service should make sure staff read and understand urgent risk information**

We found that the service sends a safety flash email to all operational staff that they must read. For example, information about an oxygen cylinder that exploded in another fire service.

We were disappointed to find that not all firefighters read the safety flashes. And the service can't be assured that its staff have read them. The service needs to improve the way it monitors that staff have read and understood urgent risk information.

### **The service is good at building understanding of risk from operational activity**

The service records and communicates risk information effectively. It also routinely updates risk assessments and uses feedback from local and national operational activity to inform its planning assumptions. For example, the service identified an area which needed to be made more clear following feedback from two fires where fans were used to assist with putting the fire out. The risk to firefighters was identified early and the service acted by removing all fans from fire engines until further training was conducted.

The service makes good use of information from [national operational learning](#) from other fire and rescue services. We saw a good example of sharing learning from a fatal basement fire attended by another fire service and the establishment of effective basement fire training for all firefighters in the service.

### **The service has responded positively to the Grenfell Tower Inquiry**

During this round of inspections, we sampled how each fire and rescue service has responded to the recommendations and learning from Phase 1 of the Grenfell Tower Inquiry.

Leicestershire Fire and Rescue Service has responded positively and proactively to learning from this tragedy. The service has assessed the risk of each high-rise building in its service area.

It has carried out a fire safety audit and collected and passed relevant risk information to its prevention, protection and response teams about buildings identified as high risk and all high-rise buildings that have cladding similar to the cladding installed on Grenfell Tower.

### **Research study is informing prevention, protection and response**

We were pleased to find the service working with the University of Leicester on a research report into multiculturalism and fire safety. We found this report to be a comprehensive analysis of the distribution of residential fires in an ethnically diverse urban area. The service has acted on its recommendations, some of which are:

- a person-centred approach to communication – providing information to members of the public that is tailored to their needs;
- how to better work with people from ethnic minority backgrounds; and
- how to train staff to be effective.

The report is helping the service work with diverse communities to find ways to build trust and confidence in the service in order to reduce risk.

## Preventing fires and other risks



### Requires improvement (2019: Good)

Leicestershire Fire and Rescue Service requires improvement at preventing fires and other risks.

Fire and rescue services must promote fire safety, including giving fire safety advice. To identify people at greatest risk from fire, services should work closely with other organisations in the public and voluntary sector, and with the police and ambulance services. They should provide [intelligence](#) and risk information with these other organisations when they identify vulnerability or exploitation.

#### Area for improvement

The service should put in place a plan to address the backlog of home safety checks received from partner referrals.

#### Area for improvement

The service should provide training to partners to make sure they are receiving quality home safety check referrals.

#### Area for improvement

The service should make sure it quality assures its prevention activity, so staff carry out home safety checks to an appropriate standard.

#### Area for improvement

The service should evaluate its prevention activity, so it understands what works.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

### The prevention plan aligns with the IRMP

Prevention falls under 'Safer Communities' in the corporate and IRMP, which is one of the service's five corporate strategies.

The service's prevention plan is good: the service is targeting those most at risk. And departmental and district plans at fire stations clearly detail how prevention activity is provided to the communities.

The service's teams work well together and with other relevant organisations on prevention, and it shares relevant information when needed. Information is used to adjust planning assumptions and direct activity between the service's prevention, protection and response functions. For example, the service provided post-incident advice and support following a fatal fire in the community.

However, even though the prevention plan is good, it isn't communicated well. Firefighters told us they feel HSCs are all about quantity to meet service targets. And the senior leadership team told us they are about quality, not targets. The service should examine ways to make sure its HSC message is clear and engages the workforce.

### **No effective plan to deal with the home safety check referral backlog**

There is a large number of referring partners, including East Midlands Ambulance Service and district nursing teams. The service would benefit from evaluating its partnerships to ensure each is targeting those people most at risk.

At the start of our inspection, we found a backlog of 725 HSCs from partner referrals, rising to over 1,000 at the end of our inspection. However, we found no plan to deal with the backlog or action to reduce the risk.

The backlog concerns high-risk homes in the community. The service's policy is for staff from the community educator team to deal with high priority visits. However, the team clearly can't cope with the demand. We were also disappointed to find senior managers unaware of the backlog.

Even though the service has a strong partner referral scheme, we found the service isn't training partners in how to complete an HSC referral to make sure partners are assessing risk correctly. And the service isn't carrying out any quality assurance or equality assessments to ensure no groups of people are at more risk than others.

The service should put a plan in place to evaluate the level of risk and then act using all available resources.

### **The service has adapted its prevention activities to the pandemic well**

We considered how the service had adapted its prevention work during our COVID-19 specific inspection in October and November 2020. At that time, we found it had adapted its public prevention work appropriately. Since then, we are encouraged to find that the service has continued to conduct doorstep HSCs on a risk-assessed basis, and to make follow-up telephone calls to ensure safety messages are understood.

### **Prevention activity is prioritised to risk**

Prevention activity that is generated by the service is clearly prioritised using a risk-based approach towards people most at risk from fire and other emergencies. For example, the service targets those most [vulnerable](#) in their homes.

Homes containing one or more people aged 65 years or over with a disability get a visit. The community educator team carries out visits to the highest-risk homes and firefighters the lower-risk homes.

The service takes account of a broad range of information and data to target its prevention activity at vulnerable individuals and groups. This includes NHS data, demographic information, vulnerability data from the local authorities and historical incident data. We found staff using a Microsoft Power BI dashboard to make informed decisions on where to conduct prevention activity and campaigns based on risk.

The service provides a range of prevention interventions in the community, such as:

- a person-centred approach to HSCs in line with [National Fire Chiefs Council \(NFCC\)](#) guidance;
- school education work;
- a post-incident response following each fatal fire;
- collaboration with landlords of high-risk tenants;
- attendance at community safety boards;
- road safety initiatives, including using virtual reality technology; and
- youth engagement programmes.

### **Prevention training has improved**

In our last inspection, we identified an area for improvement that the service should make sure it appropriately trains staff to undertake prevention activity.

Since our last inspection, we were pleased to find the service has addressed this area for improvement. It has trained all staff who carry out prevention work.

Staff told us they have the right skills and confidence to carry out HSCs and have received training to go the extra mile. This is when staff give extra advice on a case-by-case basis based on risk. We found good examples of advice on hazards that can put vulnerable people at greater risk from fire and other emergencies.

### **Staff are good at identifying and responding to safeguarding concerns**

Staff we interviewed told us about occasions when they had identified [safeguarding](#) problems. They told us they feel confident and trained to act appropriately and promptly. The staff we spoke to, including [on-call firefighters](#), were all able to tell us the actions they would take when responding to a safeguarding concern. The service has also provided safeguarding training to all staff since our last inspection.



### **The service works well with partner organisations**

The service works with a wide range of organisations such as Leicestershire and Rutland County Councils, [local resilience forums \(LRFs\)](#), safeguarding and vulnerability boards, and community safety groups where organisations meet and collaborate to prevent fires and other emergencies.

We found good evidence of the service working with organisations in the community to educate and reduce risk, such as:

- campaigns on the increase in candle use due to the cost-of-living crisis, bonfire awareness and Diwali; and
- supporting the private rental sector concerning vulnerable tenants.

### **The service is good at tackling fire-setting behaviour**

The service has a range of suitable and effective interventions to target and educate people of different ages who show signs of fire-setting behaviour. For example, the service supports young people who have been through the criminal justice system due to fire-setting crimes.

When appropriate, it routinely shares information with other relevant organisations as a statutory partner on community safety boards across Leicester, Leicestershire and Rutland to support the prosecution of arsonists. The service also supports partner organisations by providing anti-arson letterboxes when required.

### **Lack of evaluation and quality assurance**

In our last inspection, we found the service's evaluation of its prevention work was an area for improvement.

We were disappointed to find limited evidence that the service evaluates how effective its prevention activity is to ensure it has a clear understanding of the benefits. For example, the service has invested in a road safety education vehicle that gives people a virtual reality experience. But there is limited evaluation and more needs to be done to understand what effect this is having on reducing road deaths.

The service performs no quality assurance of the standard of HSCs conducted by staff, to make sure that they are consistent across all fire stations and include all sections of the community. For example, staff told us they don't have the confidence to ask equality questions at HSCs. This is disappointing as this means equality data isn't being collected effectively to ensure all communities get equal access to prevention activity that meets their needs.

## Protecting the public through fire regulation



### Good (2019: Requires improvement)

Leicestershire Fire and Rescue Service is good at protecting the public through fire regulation.

All fire and rescue services should assess fire risks in certain buildings and, when necessary, require building owners to comply with fire safety legislation. Each service decides how many assessments it does each year. But it must have a locally determined, risk-based inspection programme (RBIP) for enforcing the legislation.

#### Area for improvement

The service should make sure it allocates enough resources to respond effectively and in time to statutory building control consultations.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

#### The fire protection strategy is well integrated with the community risk model

The service's protection strategy is clearly linked to the risks identified in its corporate and IRMP. Protection falls under 'Safer Communities' in the plan, which is one of the service's five corporate strategies. The community risk model gives a broad view of risk at a local level which informs protection activity.

Staff across the service are involved in this activity, with information effectively exchanged as needed. We were pleased to see the service is currently training all front-line [watch](#) managers for the Level 3 Fire Safety qualification. They undertake low-level audits, the information from which is passed on to dedicated protection staff who take appropriate action, as required. Information is then used to adjust planning assumptions and direct activity between the service's protection, prevention and response functions. This means resources are properly aligned to risk.

#### The service adapted its protection activity during the pandemic

We considered how the service had adapted its protection activity during our COVID-19 specific inspection in October and November 2020. At that time, we found it had adapted its protection work well. Since then, we are encouraged to find that protection activity has continued, and operational staff and specialist protection and prevention staff are working together to reduce risk.

### **Protection activity is focused on the highest-risk premises**

The service's RBIP is focused on the service's highest-risk buildings. We were encouraged to see resources were in place to effectively complete the programme ahead of schedule.

We were also encouraged to find all audits we reviewed were completed in the timescales the service has set itself, and all the audits had the correct risk rating applied. The service has set targets in 2023/24 to increase the number of audits, due to more buildings being built.

We found the service carried out 2.6 fire safety audits per 100 premises in 2020/21, which encouragingly is higher than the England average of 1.7.

### **All high-rise premises have been inspected**

Audits have been carried out at all high-rise buildings the service has identified as using cladding that is similar to the cladding installed on Grenfell Tower. Information gathered during these audits is made available to response teams and control operators, enabling them to respond more effectively in an emergency.

The service has assessed the risk of each high-rise building in its service area.

### **Fire safety audits are completed to a good standard**

We reviewed a range of audits of different premises across the service. This included audits as part of the service's RBIP, after fires at premises where fire safety legislation applies, where [enforcement action](#) had been taken and at high-rise, high-risk buildings.

The audits we reviewed were completed to a high standard in a consistent, systematic way, and in line with the service's policies. Relevant information from the audits is made available to operational teams and control room operators.

### **The quality assurance process is effective**

Quality assurance of protection activity takes place in a proportionate way. At the time of our inspection, an experienced fire safety officer reviews a fire safety inspector's audit and completes the sign-off, with the inspector receiving feedback. The service is enhancing this process when two new officers are qualified soon.

The service is good at collecting equality data from protection activity and evaluating it to make sure all sections of its communities get appropriate access to the protection services that meet their needs.

### **The service is good at using its full range of enforcement powers**

The service consistently uses its full range of enforcement powers, and when appropriate, prosecutes those who don't comply with fire safety regulations.

In the year to 31 March 2021, the service issued 7 alteration notices, 184 informal notifications, 23 enforcement notices, 8 prohibition notices and undertook 2 prosecutions. It completed 6 prosecutions in the last 5 years from 2016/17 to 2020/21.

### **The service has increased its protection resources**

In our last inspection, we identified an area for improvement that the service should ensure it allocates enough resources to a prioritised and RBIP.

Since our last inspection, we were pleased to find the service has addressed this area for improvement. The protection team has increased from 9 to 16. The service now has enough qualified protection staff to meet the requirements of the service's RBIP. This helps the service to provide the range of audit and enforcement activity needed, both now and in the future.

The service aligns staff training with nationally recognised standards. We found operational staff have received training in how to carry out fire safety checks in lower-risk premises. They spoke highly of the training they received, and specialist protection officers provide good support on a 24/7 basis.

The service also has a fire engineer and has arrangements to help neighbouring services to access engineer support when this is needed.

### **The service works closely with other enforcement organisations**

The service works closely with other enforcement agencies to regulate fire safety and routinely exchanges risk information with them. For example, we found that Environmental Health and Trading Standards shares information with the service during their inspections, such as building faults. The service then takes appropriate action.

### **The service responds to licensing consultations in a timely manner**

The service responds to all licensing consultations on time, so consistently meets its statutory responsibility to comment on fire safety arrangements at new and altered buildings. We were pleased to find that, in 2020/21, the service continued to respond to all licensing consultations within the required time frames.

### **The service needs to improve its response time to building consultations**

The service doesn't respond to building consultations on time, so isn't consistently meeting its statutory responsibility to comment on fire safety arrangements at new and altered buildings. We are disappointed to find the service hasn't met this responsibility since 2016. For example, in 2020/21, the service received 684 building consultations and responded to only 598 (87 percent) in time.

### **The service works well with businesses**

In our last inspection, we identified an area for improvement that the service should ensure its staff work with local businesses to share information and expectations concerning compliance with fire safety regulations.

Since our last inspection, we were pleased to find the service has addressed this area for improvement. It has built good links with businesses and the private rental sector, where we found good examples of effective collaboration.

The service proactively engages with local businesses and other organisations to promote compliance with fire safety legislation. It uses social media and its website to deliver messages about fire safety compliance. It has held seminars with local businesses to promote fire safety law.

We found the service has agreed to continue its support in managing five [primary authority schemes](#). These schemes allow businesses to receive, through a single point of contact in the service, professional and tailored advice on meeting fire safety regulations.

The service is an active and valued partner at [safety advisory group](#) meetings to ensure emergency plans are effective for small or large events, such as sporting events.

### **The service has reduced its attendance to unwanted fire signals**

In our last inspection, we identified an area for improvement that the service should ensure it has an effective system in place to address repeat false alarms.

We are pleased to have found an effective risk-based approach is now in place to manage the number of unwanted fire signals. In January 2022, the service introduced a new unwanted fire signal procedure, which clearly describes a phased approach to reducing unwanted fire signals through engagement and support.

The service works closely with Derbyshire and Nottinghamshire Fire and Rescue Services as they share their [mobilising](#) system. We found a well-established call challenge procedure for any unwanted fire signals.

The service gets fewer calls because of this work. The number of false alarms attended in 2017/18 was 2,849 and in 2020/21 was 2,760. In the year to 31 December 2021, the service attended 2.58 false alarms per 1,000 population, which is below the England average of 3.97 per 1,000 population.

Fewer unwanted calls means that fire engines are available to respond to a genuine incident rather than responding to a false one. It also reduces the risk to the public if fewer fire engines travel at high speed on the roads.

## Responding to fires and other emergencies



### Good (2019: Requires improvement)

Leicestershire Fire and Rescue Service is good at responding to fires and other emergencies.

Fire and rescue services must be able to respond to a range of incidents such as fires, road traffic collisions and other emergencies in their area.

#### Area for improvement

The service should make sure it has an effective system for learning from operational incidents.

#### Area for improvement

The service should review its response standard to ensure it is based upon an up-to-date assessment of risk.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

### Response resources are regularly reviewed

The service's response strategy is linked to the risks identified in its corporate and IRMP. Response is one of the service's five corporate strategies. Its fire engines and response staff, as well as its working patterns, are designed and located to help the service to respond flexibly to fires and other emergencies with the appropriate resources. For example, we saw good examples of fire engines and smaller tactical response vehicles being regularly moved around the service to ensure the widest operational cover is maintained.

### Improvements to policy and training concerning tactical response vehicles

In our last inspection, we identified an area for improvement that the service should have a clear policy concerning the deployment of its tactical response vehicles. These vehicles are smaller and have fewer firefighters than a standard fire engine. The service told us this allows them to be more efficient when providing fire cover.

Since our last inspection, we were pleased to find that the service has addressed this area for improvement. It has revised the mobilising procedures effectively for tactical

response vehicles and has provided related training to [fire control](#) staff and firefighters. This includes incident command training.

### **The service is continually improving its response times**

There are no national response standards of performance for the public. But the service has set out its own response standard in its IRMP. The service aims to attend all life-threatening incidents in an average of 10 minutes. The service is just outside its 10-minute standard: in 2020/21 the average was 10 minutes 15 seconds.

Home Office data shows that in the year to 31 December 2021, the service's response time to [primary fires](#) was 9 minutes and 55 seconds. This is similar to the average for significantly rural services. Primary fires are more serious fires that harm people or cause damage to property.

We were disappointed to find the service's reasoning for its ten-minute response time is over a decade old; the service would benefit from revisiting this.

### **On-call availability could be improved**

To support its response strategy, the service has 20 fire stations with 34 fire engines, including tactical response vehicles. It doesn't have an optimum fire engine model, however, to maintain the 10-minute response standard to life-threatening incidents. It has a plan in place to increase fire engine availability when levels drop to 10 across the service.

In 2020/21 overall fire engine availability was 88.4 percent, with [wholetime firefighters](#) at 99.1 percent and on-call at 76.9 percent.

### **Incident commanders are confident in their role**

In our last inspection, we identified an area for improvement that the service should ensure staff know how to command fire service assets assertively, effectively and safely at incidents.

Since our last inspection, we were pleased to find the service has addressed this area for improvement. It has improved how it trains incident commanders, who are now assessed regularly and properly. They are either trained in-house or externally. All incident commanders complete re-validation every two years and, from the files we viewed, all were in date. This training helps the service to safely, assertively and effectively manage the whole range of incidents that it could face, from small and routine ones to complex multi-agency incidents.

As part of our inspection, we interviewed incident commanders from across the service. The incident commanders we interviewed are familiar with risk assessing, decision-making and recording information at incidents in line with national best practice, as well as the [Joint Emergency Services Interoperability Principles \(JESIP\)](#).



### **Control room staff are integrated into the service**

We are pleased to see the service's control staff integrated into the service's command, training, exercise, debrief and assurance activity. We were given examples of how fire control staff have been involved in training and major incident exercises with operational staff. We were also pleased to find that control staff were involved in structured debriefs after incidents.

### **Control room staff can provide fire survival guidance to multiple callers**

The service has an effective partnership with Derbyshire and Nottinghamshire Fire and Rescue Services. All three services share the same mobilising system, which means that, when necessary, they can take emergency calls for each other and mobilise resources.

The control room staff we interviewed are confident they could provide fire survival guidance to many callers simultaneously. This was identified as learning for fire services after the Grenfell Tower fire.

Control has good systems in place to exchange real-time risk information with incident commanders, other responding partners and other supporting fire and rescue services. Maintaining good situational awareness helps the service to communicate effectively with the public, providing them with accurate and tailored advice.

### **There are good processes in place to manage risk information**

We sampled a range of risk information involving short-term and long-term risks, including what is in place for firefighters responding to incidents at high-risk, high-rise buildings and what information is held by fire control.

The information we reviewed was up to date and detailed. It could be easily accessed and understood by staff. Encouragingly, it had been completed with input from the service's prevention, protection and response functions when appropriate.

However, the quality assurance of cross-border risk information could be improved to ensure risk information held is up to date.

### **Improvements to portable tablets that hold risk information**

In our last inspection, we identified an area for improvement that the service should ensure its [mobile data terminals](#) are reliable so that firefighters have good access to relevant and up-to-date risk information.

Since our last inspection, we were pleased to find the service has addressed this area for improvement. It has invested in new portable Toughbooks and iPads for all fire engines and officers. These are in addition to the mobile data terminals at the front of



fire engines. Risk information is now also stored on these tablets. Staff told us these improvements have made accessing risk information effective.

### **Operational learning isn't effective**

As part of the inspection, we reviewed a range of emergency incidents and training events. These included large fires at domestic properties and commercial buildings.

We were disappointed to find that the debrief process lacks sufficient detail to encompass operational learning and that feedback from incidents isn't collected effectively. This means when operational learning is shared, it is missing information.

We were also disappointed to find, from the files we reviewed, the service isn't meeting its six-week target to complete a formal debrief.

We also found a backlog of actions from debriefs that aren't being progressed promptly. Learning is taking too long to be shared with the workforce. This means the service isn't routinely improving its service to the public.

However, we were encouraged to see the service is contributing to, and acting on, learning from other fire and rescue services or operational learning gathered from other emergency services. Learning is then communicated to the rest of the service.

### **The public are informed of ongoing incidents**

The service has good systems in place to inform the public about ongoing incidents and help keep them safe during and after incidents. The service's communication team provides cover during the day and fire control staff have had training in communicating to the public during the night. This includes improved social media messaging and working well with LRFs to provide consistent messages to the public.

## **Responding to major and multi-agency incidents**



### **Good (2019: Good)**

Leicestershire Fire and Rescue Service is good at responding to major and multi-agency incidents.

All fire and rescue services must be able to respond effectively to multi-agency and cross-border incidents. This means working with other fire and rescue services (known as intraoperability) and emergency services (known as interoperability).

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

### **The service is well prepared to respond to major and multi-agency incidents**

The service has effectively anticipated and considered the reasonably foreseeable risks and threats it may face. These risks are listed in both local and national risk registers and the service has included these in its corporate and IRMP and management planning. For example, the service has good plans to respond to major incidents, including severe weather conditions, and is working well with LRFs to ensure these plans are co-ordinated and tested.

It is also familiar with the significant risks that could be faced by neighbouring fire and rescue services that it might reasonably be asked to respond to in an emergency. Firefighters have access to that risk information, but work needs to be done to ensure it is up to date.

### **Improvements to training for major and multi-agency incidents**

In our last inspection, we identified an area for improvement that the service should ensure it is well prepared to form part of a multi-agency response to a terrorist-related incident and that its procedures for responding are understood by all staff and are well tested.

Since our last inspection, we reviewed the arrangements the service has in place to respond to different major incidents, including high-rise buildings and marauding terrorist attacks (MTAs). Although the service doesn't have a specialist MTA team, it has trained all its operational staff in MTAs and aligned its staff to the latest joint operating principles.

We are pleased the service has addressed this area for improvement and now has good arrangements in place to respond to major incidents, which are well understood by staff.

### **The service works well with other fire and rescue services in emergencies**

The service supports other fire and rescue services responding to emergency incidents. For example, it can mobilise resources to any incidents in the relevant service areas. As the service shares its mobilising system with Derbyshire and Nottinghamshire Fire and Rescue Services, it can mobilise the other services' resources easily.

The service has additional formal arrangements in place with neighbouring services. It is intraoperable with these services and can form part of a multi-agency response. For example, we found the service working well with neighbouring services to establish a regional breathing apparatus working group.

### **Cross-border exercises are carried out**

We were pleased to see the service incorporating cross-border exercises into its training programme. Fire stations have clear training plans in their district plans that state when cross-border training takes place with neighbouring fire and rescue services. This helps them to work more effectively together to keep the public safe.

However, learning from these exercises could be better recorded and shared.

### **Principles for working effectively with other emergency services are well understood**

In our last inspection, we identified an area for improvement that the service should ensure it is well prepared to form part of a multi-agency response to an incident and staff know how to apply JESIP.

Since our last inspection, we were pleased to find the service has addressed this area for improvement. The incident commanders we interviewed had been trained in and were familiar with JESIP for working with other emergency services. This included training packages and assessments of the command of an incident to consider how well the principles were adhered to. We are pleased the service could provide us with strong evidence that staff can apply and consistently follow these principles.

### **The service works well with its local resilience forum**

The service has good arrangements in place to respond to emergencies with other partners that make up the Leicester, Leicestershire and Rutland Local Resilience Forum (LLR Prepared). These arrangements include planning and preparations for major incidents under statutory regulations for [COMAH sites](#), as well as plans to mitigate risks identified in the community risk register.

The service is a valued partner and active member of several sub-groups, and the chief fire officer is a member of the LLR Prepared executive board. The service takes part in regular training events with other members of LLR Prepared and uses the learning to develop plans for responding to major and multi-agency incidents, for example a major power outage or a mass casualty road traffic accident.

### **The service keeps up to date with national learning**

The service keeps itself up to date with national operational learning updates from other fire services and joint operational learning from other organisations, such as the police service and ambulance trusts. This learning is used to inform planning assumptions that have been made with other partners.

# Efficiency



# How efficient is the service at keeping people safe and secure?



## Requires improvement

### Summary

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An efficient fire and rescue service will manage its budget and use its resources properly and appropriately. It will align its resources to the risks and priorities identified in its [integrated risk management plan \(IRMP\)](#). It should try to achieve value for money and keep costs down without compromising public safety. It should make the best possible use of its resources to achieve better results for the public. Plans should be based on robust and realistic assumptions about income and costs. Leicestershire Fire and Rescue Service's overall efficiency requires improvement.

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We found that Leicestershire Fire and Rescue Service has made some progress in efficiency since our last inspection.

There are now sufficient resources in prevention, protection and response; however, the service should consider how these could be used more effectively to achieve its outcomes.

The service understands its future financial risk and has made sound planning assumptions. Encouragingly, the service has plans to move away from the [day crewing plus](#) duty system.

The service's arrangements for managing performance don't always link resource use to the IRMP and the service's strategic priorities. There is a lack of performance oversight in some key business areas.

We found that the service comprehensively monitors, reviews and evaluates the benefits and results of its collaborations with other organisations. We are also pleased to see the service generating income from its estate. These were areas for improvement we identified in the last inspection.

The service still needs to test business continuity arrangements in some high-risk areas.

There are plans to improve the use of technology to improve effectiveness and efficiency, but these aren't fully realised yet.

## Making best use of resources



### Requires improvement (2019: Requires improvement)

Leicestershire Fire and Rescue Service requires improvement at making best use of its resources.

Fire and rescue services should manage their resources properly and appropriately, aligning them with the services' risks and statutory responsibilities. Services should make best possible use of resources to achieve the best results for the public.

The service's budget for 2022/23 is £43.4m. This is a 7.4 percent increase from the previous financial year.

#### Area for improvement

The service should assure itself that all processes in place to support performance management are effective.

#### Area for improvement

The service should make sure it has appropriate business continuity arrangements in place which are regularly reviewed and tested that take account of all foreseeable threats and risks.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

### **The service has plans to support objectives, but resources can be better used**

In our last inspection, we identified an area for improvement that the service needs to show clear reasoning for the resources allocated between prevention, protection and response activities.

We are pleased the service has addressed this area for improvement. The service's financial and workforce plans, including allocating staff to protection and response, mostly reflect and are consistent with the risks and priorities identified in the IRMP.