

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	
Total	AFI Progress					36	16	1	0	
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	
Total	SII Progress					4	10	5	0	
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!

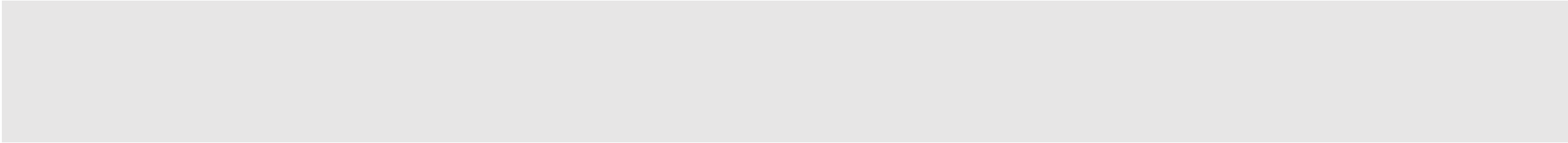
Criteria 10 #REF!

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	Serval trianing sessions have taken place and more ar explained in. The data cleanse process has allowed us to identify our highest referring 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.	CLICK HERE to upload your evidence	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.	CLICK HERE to upload your evidence			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.	CLICK HERE to upload your evidence							
Task 4														
Task 5														

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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	CLICK HERE to upload you evidence						
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	CLICK HERE to upload you evidence						
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 - 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	CLICK HERE to upload you evidence						

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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)	CLICK HERE to upload you evidence	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 https://spcorp.lfrs.local/sites/reports/cfrmls/Fire%20Protection%20Stats/forms/AllItems.aspx 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	CLICK HERE to upload you evidence	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. Update October 2023. We have not consistently met the required targets so will continue to monitor this area until January 2024. Update 16/01/2024 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 11/04/2024 Building regs consultations are now available on Pwer BI to allow for pro-active monitoring of completion	CLICK HERE to upload you evidence	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"> 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 Initial course input from T&D to Level 1 commanders and refresher training via command development days at Level 1 - Complete Hot debrief process to be moved to electronic submission via App - Jun 24 Structured debrief process time for returns will be reduced to 14 days - Complete Structured debrief returns and actions managed via SharePoint 365 - Scheduled Apr 24 Publication of Operational Learning Review (OLR) online via Oracle (4 per year) to share local and national learning - Complete, now BAU Organisational Learning Notes (OLN) created to share learning where procedures and equipment are correct and knowledge is lacking - Complete, now BAU Monitoring of personnel reading OLN/OLR via Oracle dashboard - Complete, now BAU Dashboard to monitor debrief timescales from learning identified and action created to closure - Complete, Ops Risk Dashboard, future plan to move to Power BI Link to fire control internal debrief process - Complete, existing links reconfirmed to OPS28 process and also structured debrief requests Incident Assurance via Ops Assurance Officers to be refreshed - Planned April-Jun 2024 Published statistics on dashboard for debrief actions - Complete, Ops Risk Dashboard, future plan to move to PowerBI 	<ul style="list-style-type: none"> Sept 23 - Hot debrief input now being delivered as part of Level 1 ICS initial and refresher training by T&D. Evidenced in lesson plans for course content with T&D. 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. 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 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. 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 Nov 23 - Work in progress to develop Hot Debrief electronic recording, looking to utilise SharePoint Power Apps 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 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 	CLICK HERE to upload evidence						
Task 2	Address backlog of actions from debriefs	Operational Risk	Mar-24	On Target	<ul style="list-style-type: none"> Published statistics on dashboard for debrief actions - Complete, Ops Risk Dashboard, future plan to move to PowerBI Reduction of timescale from incident to debrief action identification (BRAG meeting) utilising electronic reporting and recording system 14 days - Complete Reduce the timescale for sharing learning from structured debriefs and identify an improved system for sharing the learning 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 Undertake assurance on closed debrief actions to confirm actions are embedded - Assurance required field added to action tracker. Confirmation of process planned Jan 2024 Identify which actions require assurance to be undertaken - As per above 	<ul style="list-style-type: none"> Ops Risk Dashboard publishes data on debrief actions open and closed. Further work to move to PowerBI when capacity exists 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 Nov 23 - Ops Risk Dashboard publishes data on debrief actions open and closed. Further work to move to PowerBI when capacity exists 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 Mar24 - CP - Open debrief actions at end of March are 12 actions from 8 incidents 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. AM Bee to QA evidence for sign off of this AFI end June 24 	CLICK HERE to upload evidence						
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 the 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>	CLICK HERE to upload evidence	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		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>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>	CLICK HERE to upload evidence	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		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>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>	CLICK HERE to upload evidence	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	CLICK HERE TO upload evidence	19-Sep-23	Chris Moir	This is an established performance reporting mechanism that has been in place since April 2020.			
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.	CLICK HERE TO upload evidence	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	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 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.	CLICK HERE TO upload evidence	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 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	CLICK HERE TO upload evidence						
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	CLICK HERE TO upload evidence						
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 & 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>	CLICK HERE to upload your evidence	04/04/24	1 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&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 tested 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>Fire Control BC arrangements have been updated to include the national risk register. The national risk register has been published. Awaiting national guidance on this issue. CRRM to attend National Working Group in April 2024.</p> <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>	CLICK HERE to upload your evidence	04/04/24	1 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>	CLICK HERE to upload your evidence						
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>	CLICK HERE to upload your evidence						
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	<p>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.</p>	CLICK HERE to upload your evidence	04/04/24	1 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"> Introduction of electronic hydrant maintenance and management system Introduce app based H&S recording system (Zinc) Introduce electronic app based process for recording debriefs Introduction of People and Premises risk management system Effective Command - hosted via Oracle <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>	CLICK HERE to upload your evidence						
Task 2	Evaluation of ICT implementations to ensure deliverables and benefits have been achieved	ICT Manager	Jul-24		<ul style="list-style-type: none"> Evaluation project application to newly developed ICT apps M365 evaluation Freshservice Zinc Oracle - FW core competence Power BI ? Hiren ? 		CLICK HERE to upload your evidence						
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.	CLICK HERE to upload your evidence	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	CLICK HERE to upload your evidence	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.	CLICK HERE to upload your evidence	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	CLICK HERE to upload your evidence						
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	CLICK HERE to upload your evidence						
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&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>	CLICK HERE to upload your evidence	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&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&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&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&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>	CLICK HERE to upload your evidence	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>	CLICK HERE to upload your evidence	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.	CLICK HERE to upload your evidence						
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.	CLICK HERE to upload your evidence						
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	CLICK HERE to upload your evidence						
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	CLICK HERE to upload your evidence						
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.	CLICK HERE to upload your evidence	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	CLICK HERE to upload your evidence	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	CLICK HERE to upload your evidence	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		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.	CLICK HERE to upload your evidence						
Task 2	Agree service level agreement for networks with SLT	EDI	Dec-23		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	CLICK HERE to upload your evidence	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		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.	CLICK HERE to upload your evidence						
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		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.	CLICK HERE to upload your evidence						
Task 5	Improve community engagement to understand barriers to recruitment from across LLR	EDI	May-24		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.	CLICK HERE to upload your evidence						
Task 6	Evaluate validity of equality monitoring question set to ensure appropriate for diverse communities and ensure engagement in completion	EDI	Jul-24		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.	CLICK HERE to upload your evidence						
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		
Overall AF11 Progress				On Target				Date QA Actioned	QA Actioned By	QA Comment	Date QA Actioned	QA Actioned By	QA Comment
Task 1	CFO/SLT to complete vlog/blog to employees on quality v's quantity	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>	CLICK HERE to upload your evidence						
Task 2													

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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&S and published as a quarterly statistic with a move to utilise the PowerBI reporting system.</p> <p>Nov 23 - H&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&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>	CLICK HERE to upload your evidence							
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> <p>A meeting on the above issues is also planned.</p>	CLICK HERE to upload your evidence							
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 & 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> <p>Jan24 - CP - Bariatric T&F has provided a list of actions and</p>	CLICK HERE to upload your evidence							
Task 4														

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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	CLICK HERE to upload your evidence	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 undertaken with a report being compiled to explain the rationale behind moving MOC to Fire watch. Report will be completed by 15th May	CLICK HERE to upload your evidence	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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