



HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 4

Date: 20th June 2022

Part 1: Areas for Improvement

Area: Effectiveness				Lead:			Page no. in report: 9
1.1. AFI: Understanding the risk of Fires and other Emergencies: The Service should ensure that Fire Control have direct access to relevant and up-to-date risk information.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (Pg11)	Enable NWFC to access to Firecore/MDT software	Evidence that NWFC can easily access risk information (1.1.6)	Ensure that staff in Fire Control can access the required levels of risk information to effectively mobilise assets to incidents and disseminate risk critical information which is not otherwise available to fire crews via MDTs and SSRI records. Discuss common solutions with CuFRS, LFRS and GMFRS.	To be internally audited in due course.	Steve Barnes/Tam Blair	Jul 2022	Open



Area: Effectiveness						Lead:		Page no. in report: 12
1.2. AFI: Preventing Fires and other Risks: The Service should improve how Safe and Well visits are targeted to individuals that are most at risk or are harder-to-reach and how information gathered during visits is used.								
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status	
1 (pg13)	Review how we utilise information gathered during visits to inform future visits.	Evidence of service using activity to inform and adapt its prevention plan (1.2.1).	Review completed by Prevention department. Findings incorporated in to targeting methodology.	To be internally audited in due course.	Lee Shears	Mar 2022	Open	
2 (pg13)	Review the targeting methodology for Safe and Well visits to ensure it targets high-risk groups.	Evidence of a S&W methodology which uses data and information to ensure activity is focused on those most at risk (1.2.1).	Review completed by Prevention department. Findings incorporated in to targeting methodology.	To be internally audited in due course.	Lee Shears	Mar 2022	Open	
3 (pg13)	Review the vulnerable person processes to ensure they are fit for purpose	Evidence of processes which effectively identify and safeguard vulnerable persons (1.2.4).	Review completed by Prevention department. Findings incorporated in to the VP process.	To be internally audited in due course.	Lee Shears	Mar 2022	Open	



Area: Effectiveness					Lead:		Page no. in report: 12
1.2. AFI: Preventing Fires and other Risks: The service should ensure it quality assures its prevention activity, so staff carry out Safe and Well visits to an appropriate standard.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg13)	Review S&W training for Prevention and Service Delivery staff	Evidence of staff across the service receiving suitable, and auditable training in the delivery of prevention activity (3.2.2 supporting delivery of 1.2.1).		To be internally audited in due course.	Lee Shears	Dec 2022	Open
2 (pg13)	Review the quality assurance process for S&W activity.	Evidence of S&W visits being quality assured to ensure they are effective in reducing risk (1.2.1).	Process developed and policy produced. Requires implementation.	To be internally audited in due course.	Lee Shears	Dec 2022	Open



Area: Effectiveness					Lead:		Page no. in report: 19
1.4. AFI: Responding to Fires and other Emergencies: The service should ensure it has an effective system for learning from operational incidents.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg20)	Review the Structured Debrief process	Evidence of the service consistently evaluating operational performance and using this learning to improve response and incident command (1.4.7).	<p>Review the existing policy, including hot debriefs, operational debriefs and structured debriefs.</p> <p>Provide a quarterly report to the Operational Learning Group.</p> <p>The annual training report is to incorporate a list of completed audits aligned to the training year.</p>	To be internally audited in due course.	Steve Barnes/ Jon Caulfield	Jul 2022	Open



Area: Efficiency					Lead:		Page no. in report: 26
2.1. AFI: Making Best use of Resources: The Service should ensure the corporate ownership of business continuity at North West Fire Control and that all staff understand the arrangements and their associated responsibilities.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg28)	Conduct regular training sessions with staff from both CFRS and NWFC in relation to business continuity and fall-back arrangements to secondary control.	Evidence of the service testing its fallback arrangements at an appropriate frequency (2.1.7).	Test the BC arrangements with NWFC staff and other North West FRSs to ensure business continuity arrangement are effective and consistent.	To be internally audited in due course.	Steve Barnes/ Tam Blair	July 2022	Open
2 (pg28)	Create a methodology for regularly and directly reviewing the business continuity plans for Fire Control.	Evidence of a process to review and update the BC plans at an appropriate frequency (2.1.7).	Work closely with CFRS business continuity champions and develop BC plans that are fit for purpose and are tested annually.	To be internally audited in due course.	Steve Barnes/ Tam Blair	July 2022	Open



Area: Efficiency				Lead:			Page no. in report: 29
2.2. AFI: Making the Fire and Rescue Service Affordable Now and in the Future: The Service needs to ensure that it has a robust and comprehensive fleet strategy which is regularly reviewed and evaluated to maximise potential efficiencies.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (Pg30)	Review and update the fleet strategy to provide more detail including overall objectives and targets, expected performance levels and service standards, and how the service measures success and achievements. This will provide opportunities to identify areas for improvement.	Evidence of a fleet strategy which is directly linked to and supports future service provision (2.2.4).	<p>This strategy should be interdependent with the following:</p> <ul style="list-style-type: none"> • Community Risk Model • Fire Cover Review • IRMP • Environmental Plan • Capital Spend Strategy. • 15 year appliance rotation plan • Specials review programme. 	To be internally audited in due course.	Steve Barnes/Phill Cooper	Jul 2022	Open



Area: People					Lead:		Page no. in report: 34
3.1. AFI: Promoting the Right Values and Culture: The service should ensure staff are appropriately trained and up to date in relation to health and safety.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg35)	Develop a health and safety training strategy to deliver health and safety refresher training to all staff	Evidence of training which ensures H&S procedures are effective and well understood by all staff (3.2.2 supporting 3.1.4).	Incorporate refresher training into the Health and Safety annual training planner and make the training mandatory for all applicable managers.	To be internally audited in due course.	Steve Barnes/Neil Wilson	Jul 2022	Open

Area: People					Lead:		Page no. in report: 41
3.4. AFI: Managing Performance and Developing Leaders: The service should improve all staff understanding and application of the performance development review process							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg41)	Undertake a review and improve staff understanding and application of the appraisal process.	Evidence of the service assessing and developing individual performance of all staff (80% target) (3.4.1).	Workshops to improve staff understanding and application of the appraisal process to be delivered in April and May 2022. Pilot to be set up to automate the existing appraisal process in conjunction with members of the Staff Engagement Forum. Will look to ensure reduced bureaucracy and improved levels of engagement and perceived value in appraisal process.	To be internally audited in due course.	Andrea Harvey / Nicola Bailey/ Lynne Roberts	May 2022 Pilot for new system complete by Jan 23	



Area: People				Lead:			Page no. in report: 41
3.4. AFI: Managing Performance and Developing Leaders: The service should put in place a system to actively manage staff careers, with the aim of diversifying the pool of future and current leaders.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 <small>(pg39, 41,42)</small>	Widen support for non-operational staff looking for career progression into leadership roles	Evidence of the service actively managing career pathways of all staff (3.4.2).	<p>Career Pathways Directory to be developed to support discussions around progression and transferrable skills during the appraisal process.</p> <p>Wider opportunities available for fire staff to develop new and transferrable skills for future roles.</p> <p>Increased engagement of fire staff in coaching and mentoring and leadership development programmes.</p> <p>“Springboard” high potential development programme to be created and launched to provide bespoke training and personal development opportunities for non operational staff.</p>	To be internally audited in due course.	Andrea Harvey/ Nicola Bailey	September 2022	Open
2 <small>(pg41 – 42)</small>	Undertake a review to ensure promotion processes are fair, transparent and have more tangible links to on the job performance.	Evidence that staff think that the selection and promotion process is fair (3.4.4).	<p>Review undertaken to identify and understand perceptions around fairness and transparency and proposals developed for launch by Autumn 2022.</p> <p>Survey to be launched to gain feedback around current promotion board process in respect of fairness and transparency.</p>	To be internally audited in due course.	Andrea Harvey/ Nicola Bailey	April 2022	Open



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Part 2: Suggestions

Area: Effectiveness						Lead:	Page no. in report: 12
1.2. Suggestion: Preventing Fires and other risks							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg14)	Evaluate the Road Safety contract in Cheshire East.	Evidence of the service effectively working with partners to reduce the number of people KSI (1.2.5).	Regular evaluation reports produced detailing activity and KSI data. Develop relevant measures of success for the contract to be incorporated in the contract.	To be internally audited in due course.	Lee Shears	Sep 2022	Open

Area: Effectiveness						Lead:	Page no. in report: 18
1.4. Suggestion: Responding to Fires and other Emergencies							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg20)	Consider increasing the scope of NWFC staff involvement in the service's command, training, exercise, debrief and assurance activities	Evidence of activity which improves training and operational learning for NWFC staff (1.4.7 and 3.2.2 supporting 1.4.2).	Work with NWFC and provide additional training aligned to role and responsibilities. Expand the delivery of WM 7 and SMMI training days to include NWFC staff. This training could be incorporated into CFRS annual training planner and completed at CFRS incident command training suite. Alternatively, address the training need through the NWFC SPOC, and assign them to undertake the training locally at NWFC. This approach would provide greater flexibility.	To be internally audited in due course.	Steve Barnes	Sep 2022	Open



Area: Effectiveness						Lead:		Page no. in report: 21
1.5. Suggestion: Responding to Major and Multi-agency Incidents								
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status	
1 (pg22)	Consider how the service can review the information it exchanges with neighbouring services more frequently.	Evidence that staff can access accurate and up-to-date risk information within neighbouring FRS areas (1.4.3).	<p>A recognised process is already in place through Resilience Direct. A review is required to be undertaken to ensure it is the best model to use and is consistent across bordering FRS's.</p> <p>This process is already in place with our neighbours for SSRI information.</p> <p>Each service uploads SSRI's within 3km of the border as a pdf to their services repository. The repository can then be accessed by each neighbouring service to download and use. CFRS currently upload 10km from our border.</p>	To be internally audited in due course.	Steve Barnes / Dave Buckland	Sep 2022	Open	
2 (pg22)	Create a structured cross-border exercise programme. Extend the formality of locally led exercises	Evidence of a joint exercise programme which tests response arrangements with each of the 6 bordering FRS (1.5.3).	<p>Use the new SPOA framework (*from April 1st 2022) which places a responsibility on individual stations to include cross border training within their exercise schedule. This should be inclusive and consider neighbouring FRS's on all of the borders to CFRS.</p> <p>Assess data relating to cross border responses to exercise proportionately based on risk and demand.</p>	To be internally audited in due course.	Neil Griffiths	Sep 2022	Open	
3 (pg23)	Provide evidence that the service consistently follows the JESIP principles	Evidence that all staff are sufficiently prepared to respond to multi-agency incidents, including those of an MTA nature (1.5.4).	<p>Already in place and evidenced. Review how we record this with the national lead.</p> <p>Multi agency JESIP training events delivered. CFRS attendees names are recorded as evidence of the completion of JESIP training. Records can be obtained from OPA Admin Team. A JESIP news page is available on Service Intranet for staff to access. Operational staff have been issued with JESIP aide memoir cards.</p>	To be internally audited in due course.	Steve Barnes/ Marcus Beechey	Sep 2022	Open	



Area: Efficiency						Lead:	Page no. in report: 26
2.1. Suggestion: Making Best use of Resources:							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg26)	We are interested to see how the service realises the full potential of priority based budgeting.	Evidence that the service allocates financial resources using rationale which is clearly linked to the IRMP. Financial controls which support the appropriate use of public money (2.1.3).	<p>Agreed PBB process adequately described at the outset. PBB process followed, and outcomes documented.</p> <p>Outcomes presented in an accessible/understandable way. SMT able to articulate the PBB processes and benefits.</p> <p>Resources directed to priorities.</p>	BMB agenda and minutes. Member Planning Day presentation etc. Budget Report	Treasurer	Sep 2022	Open
2 (pg28)	Demonstrate improvements following the review of the way CFRS works with NWFC.	Evidence that the service comprehensively monitors, reviews and evaluates the benefits of this collaborative activity (2.1.6).	OPA have commenced discussions with NWFC to develop the way in which performance of the control room is measured using a wider range of metrics.	To be internally audited in due course.	Steve Barnes	Sep 2022	Open



Area: People						Lead:		Page no. in report: 35
3.1. Suggestion: Promoting the Right Values and Culture								
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status	
1 (pg35)	Ensure continued visibility and availability of mental health support and education across the Service.	Evidence that the service has effective wellbeing policies which are understood by staff (3.1.3).	<p>MHA remains visible and engages with every watch and department on an annual basis via a structured programme of visits.</p> <p>We have seen increased take up rates and staff interactions with TRiM practitioners and Mental Health Aiders resulting in greater resilience and support across the workforce in respect of mental health.</p> <p>We will look to provide evidence of structured and varied programme of education and awareness events/activities.</p>	To be internally audited in due course.	Andrea Harvey	Sep 2022	Open	

Area: People						Lead:		Page no. in report: 36
3.2. Suggestion: Getting the Right People with the Right Skills								
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status	
1 (pg36)	Undertake a review to identify what aspects of prevention training requires improvement and to identify which staff groups do not have full access to training.	Evidence that staff are appropriately trained for their role and that the service ensures its teams have the right mix of skills and capabilities (3.2.2).	<p>Automation of appraisal process will help to more easily identify gaps and record training and development activity.</p> <p>Positive feedback from Prevention Training evaluation.</p>	To be internally audited in due course.	Andrea Harvey / Lee Shears / Nicola Bailey	Sep 2022		



Area: People					Lead:		Page no. in report: 37
3.3. Suggestion: Ensuring Fairness and Promoting Diversity							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg39)	Develop plan to improve diversity within recruitment with specific emphasis on addressing the under-representation of female and BAME staff in the workforce.	Evidence of the service exploiting opportunities to ensure its workforce better reflects the community it represents (3.3.3).	<p>Creative positive action campaigning that achieves wider reach to under-represented communities.</p> <p>Wider use of the buddying scheme resulting in increased number of female and BAME applicants translating into new recruits.</p> <p>Positive action working group has been disbanded as a standalone entity. Positive action activity now embedded into new monthly Attraction and Recruitment Working Group, chaired by Head of Service Delivery and attended by Head of Communications and Engagement and Senior HR Business Partner, to ensure holistic approach to planning.</p>	To be internally audited in due course.	Mark Shone/ Senior HR Business Partner	Dec 2022	Open
3 (pg41)	Develop a plan to target diverse groups for middle and senior management roles and explore viability of a Direct Entry Scheme	Evidence that the service engages with under-represented groups to remove disproportionality and promote fair and open opportunities for all (3.3.4).	<p>Increased number of applicants and recruits from under-represented groups.</p> <p>Awaiting launch of national Direct Entry scheme after which time we will review and consider adoption.</p> <p>Positive action working group has been disbanded as a standalone entity. Positive action activity now embedded into new monthly Attraction and Recruitment Working Group, chaired by Head of Service Delivery and attended by Head of Communications and Engagement and Senior HR Business Partner, to ensure holistic approach to planning.</p>	To be internally audited in due course.	Andrea Harvey/ Mark Shone	Sep 2022	