

Appendix A

| Act ion No. | HMI No. | AFI | Issue to be addressed | Action | SLT Lead | Lead Officer | Target date | Complete | Update comments |
|-------------|---------|-----|--|---|----------|----------------|-------------|----------|---|
| 1 | 1.1 | Yes | The service should ensure its firefighters have good access to relevant site-specific risk information. | Implement a quality assurance process for site-specific risk information to ensure the accuracy of the information. | DER | GM ER R&I | Dec-23 | Yes | Following the inspection report, an assurance check was made of the Service's current risk information. The quality assurance process has been reviewed to ensure it is more robust to maintain this high level of assurance. |
| 2 | 1.1 | No | Risk information is shared across departments, but this should be more structured and staff should be aware of this structured process. Similar commentary in section 1.2 related to Prevention risk information. | Ensure the Service has a structured approach to sharing risk information between Prevention, Protection and Response that is understood by staff in these departments. | DER | GM ER R&I | Mar-24 | Yes | A new automated process has been created within the Home Fire Safety Visit form that will display any recorded operational risk information for dwellings on the Mobile Data Terminals (MDTs). |
| 3 | 1.1 | No | It wasn't clear how the service ensures the information [urgent risk information] is read and understood by staff on annual leave or returning from absence. The service should consider improving the way it records this. | Implement a process for the signing off of urgent risk information to give assurance to the Service that all staff have read and understood this information | DCRM | SM Assurance | Sep-23 | Yes | A new process utilising Fire Watch has been ben trialled and it meets the Service's needs. Monthly monitoring of staff who have not signed off risk critical information is reported to managers and the Operational Assurance Group. |
| 4 | 1.2 | Yes | The service should implement a formal process that routinely checks the quality of home fire safety visits so that it can assure itself staff complete them to a consistent standard. | Implement a formal process to check the quality of home fire safety visits completed by all staff to assure the service that they are completed to a consistent standard. | DCRM | GM CRM | Jun-23 | Yes | A formal process has been implemented to check the quality of home fire safety visits completed by all staff. The Community Safety Officers (CSOs) assure the operational crews with the Community Safety Team Leader assuring the CSOs. |
| 5 | 1.2 | No | We also found that the specialist prevention staff receive regular continuous professional development, but this isn't recorded. | Ensure continuous professional development for the Community Safety and Arson Reduction Team is recorded. | DCRM | GM CRM | Apr-23 | Yes | Continuous professional development of the Community Safety and Arson Reduction Team is now recorded in Fire Watch. |
| 6 | 1.2 | No | Some staff we spoke to hadn't been provided with the appropriate training in how to carry out school visits. | Ensure staff who are required to carry out school visits receive training to support this delivery. | DCRM | GM CRM | Oct-23 | Yes | All campaigns are now supported by Teams meetings for watches with the Young Person Education Coordinator. Additionally one of these sessions is recorded and placed on the Campaigns SharePoint page so individuals or watches can refresh themselves in their own time. |
| 7 | 1.3 | Yes | The service should regularly monitor and check compliance of prohibition notices that have been served. | Design a process to ensure all premises with prohibition notices are regularly monitored and checked to ensure compliance. | DCRM | GM CRM | Apr-23 | Yes | All current prohibited premises that had not been visited in the last 12 months have now received a re-visit. A new risk based approach has been developed to monitor compliance of all premises with prohibition notices in the future. |
| 8 | 1.3 | Yes | The service should ensure that protection staff have and maintain the capacity and skill to use the full range of available enforcement powers, including the ability to prosecute where necessary. | Provide assurance to SLT that protection staff have the capacity and skills to use the full range of enforcement powers including the ability to prosecute. | DCRM | GM CRM | Sep-23 | Yes | The current prosecution is progressing with the defendant pleading guilty. All the central Business Fire Safety Team have conducted Legal Training with our legal advisor, resulting in increased warranted officers to ensure the capacity and skills to use the full range of enforcement powers including the ability to prosecute. |
| 9 | 1.3 | No | The service should assure itself that this current approach [RBIP] is working, and that specialist fire safety staff are focusing on its highest-risk premises. | Review the RBIP to ensure the central fire safety team are focusing on the highest risk premises. | DCRM | GM CRM | Mar-24 | Yes | The project has concluded with a new Risk Based Intervention Policy produced, which includes the Service's Risk Based Inspection Programme (RBIP). This has taken cognisance of national reserach to focus the RBIP on the highest risk premises. |
| 10 | 1.3 | No | Specialist fire safety staff haven't received quality assurance reviews. | Implement a formal process to quality assure the central fire safety team. | DCRM | GM CRM | Sep-23 | Yes | A formal process has been implemented to check the quality of fire safety audits of the central team. The team members are assured by the Station Managers, whilst the Station Managers are assured by the Fire Safety Manager. |
| 11 | 1.3 | No | Some enforcement guidance documents are out of date. | Review all enforcement guidance documents to ensure they are up to date. | DCRM | GM CRM | Mar-24 | Yes | All enforcement guidance documents have been reviewed and they are now up to date. |
| 12 | 1.3 | No | The service should consider the use of alteration notices where necessary, as several prohibition notices currently in force were served over ten years ago. | Consider the use of alteration notices for premises which have had prohibition notices in force for many years. | DCRM | GM CRM | Mar-24 | Yes | All premises with prohibition notices (PN) have been considered for alteration notices and deemed not appropriate. When a PN is issued, it generates its separate inspection frequency, and the Business Fire Safety Manager believes this is a suitable monitoring process. We have engaged with regional fire safety managers who agree with this current approach. |
| 13 | 1.4 | No | On-call availability can still be improved | Demonstrate an improvement from the current availability of 68% for on-call first pumps by 31/03/2024. | DER | GM ER Delivery | Mar-24 | Yes | Overall RDS availability for on-call first pumps was 72.25% for 2023/24. This is an increase of 2.92% compared to 69.33% in 2022/23. Several actions have been implemented by the RDS Project Team such as the use of day duty staff and FDO's to supplement appliance availability. |
| 14 | 1.4 | No | The service should test its ability to provide fire survival guidance to many callers simultaneously. | Conduct an exercise to test Control's ability to provide fire survival guidance to many callers simultaneously. | DER | FCM | Jan-24 | Yes | A Tall Buildings tactical exercise was run in December 2023 which successfully tested Control ability to provide fire survival guidance to many callers simultaneously. |
| 15 | 3.3 | No | 36 percent (31 out of 85) of respondents to our staff survey said they didn't feel confident in the systems to provide feedback at all levels in the service. | Use the next staff survey to identify if staff confidence in this area has improved. | DPOD | PODM | Mar-24 | Yes | Overall, a really positive set of results were achieved through the survey. Although there was no specific measure for confidence in reporting, there were a range of questions asked around governance which received high positive responses, with staff believing the service is taking proactive steps to address any issues. |
| 16 | 3.3 | No | We spoke to some staff who still didn't feel comfortable in raising workforce concerns more formally. | Use the next staff survey to identify if staff confidence in this area has improved. | DPOD | PODM | Mar-24 | Yes | Overall, a really positive set of results were achieved through the survey. Although there was no specific measure for confidence in reporting, there were a range of questions asked around governance which received high positive responses, with staff believing the service is taking proactive steps to address any issues. Updates on Employee Relations are delivered to the Human Resources Committee to continue to give Members oversight. |
| 17 | 3.3 | No | Equality impact assessments (EIAs) - more could be done to improve organisational learning, as we found that the information and findings in the impact assessments that may affect staff with protected characteristics weren't shared across the service. | Present the findings of EIAs to the Equality, Diversity and Inclusion Group who will monitor any actions and decide if any further communication of the findings is required. | DER | PODM | Jun-23 | Yes | When a EqIA is completed any negative impacts are now logged with recommendations / actions recorded. The Equality Diversity Inclusion Group (EDIG) are provided with an update of actions recorded and progress made against these actions via a standing item on the EDIG agenda. |
| 18 | 3.4 | No | The service recognises that the promotion process could be further improved. We spoke to staff who didn't understand why the initial application form and assessment development centre's scores, which include an interview and presentation, don't count towards the final stage of the promotion process. | Consider these staff comments and ensure the outcome of any review is communicated to staff. | DPOD | PODM | Jun-23 | Yes | The Evidence for Promotion (EFP) forms have been amended to include the Assessment Development Centre (ADC) scoring and remove the 4C questions. All staff will complete the full ADC, the competency element has been removed from the promotion process. This was communicated via the leadership forums in March 2023. |
| 19 | 3.4 | No | We found some temporary promotions had been in place for a long time. The service should make sure it effectively manages their duration. | Ensure the Workforce Planning Group considers the length of temporary promotions and effectively manages their duration. | DPOD | PODM | Jun-23 | Yes | This is reviewed monthly at the Workforce Planning Group and reported to SLT by exception. There are a number of long standing temporary roles in the RDS which are being resolved. |