



## Warwickshire Statement of Action for Warwickshire Fire and Rescue Service (WFRS) 2021

#### Purpose of this statement

Between March 2021 and May 2021, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) conducted an inspection of Warwickshire Fire and Rescue Service (WFRS) to assess the effectiveness and efficiency of the Service and how well the Service looks after its people. HMICFRS use the judgment criteria of 'outstanding, good, requires improvement or inadequate' on the three categories based on inspection findings, analysis and Her Majesty's Inspectors' (HMIs') professional judgement across the year.

Following the inspection, WFRS have been notified of three causes of concern. WFRS is responsible for producing an action plan stating how they intend to address the recommendations, with the Fire Authority responsible for its delivery.

Within each Cause of Concern, HMICFRS has stipulated several recommendations.

The three Causes of Concern identified by HMICFRS are:

- 1. The service hasn't done enough since the last inspection to develop a prevention activity that prioritises those most at risk of fire.
- 2. The service hasn't done enough since the last inspection to identify its highest risk premises to inform its risk-based inspection programme.
- 3. The service isn't taking a proportionate approach to promoting equality, diversity and inclusion (EDI) in the workplace.

WFRS and the Fire Authority are committed to improving the effectiveness and efficiency of the service we provide to communities of Warwickshire. We understand that our biggest asset are our people and we are determined to improve their experiences at work so that everyone feels they belong. Since the inspection, senior leaders in WFRS and WCC have been working with HMICFRS to understand the actions we need to take to make improvements.

This is our statement of action. It sets out:

- 1. Our vision and priorities
- 2. The arrangements for working together to oversee this work
- 3. Causes of Concern from the inspection and subsequent recommendations for each.
- 4. A summary of the outcomes we are seeking to achieve to address the weaknesses identified and the improvements we will make
- 5. The high priority actions we will take to address the concerns identified by inspectors

- 6. Managing performance
- 7. Governance and scrutiny
- 8. Resourcing the action plan

#### Our vision and priorities

### Warwickshire Fire and Rescue Service (WFRS) has a clear vision:

# 'Warwickshire's communities & individuals are supported, to be safe, healthy & independent'

We are committed to continually review how we are performing so that the people of Warwickshire are assured that the service they can expect to receive is effective and efficient. We want the people in the service to feel empowered, supported and included so that the services they deliver meet the needs of our communities. WFRS, the Fire Authority and WCC have formed a cross party Integrated Risk Management Plan Assurance Panel to provide governance by continuously challenging, supporting and improving the quality of our work and our outcomes.

Although there are many strengths, senior leaders recognise there are areas for further improvement across the service and welcome the feedback from the inspection to provide further focus to deliver our change plans.

Warwickshire Fire Authority has a statutory duty to write an Integrated Risk Management Plan (IRMP). The IRMP demonstrates how the service will fulfil the requirements of the Fire and Rescue National Framework for England, which sets out the government's expectations for all fire and rescue services. The framework recognises that fire and rescue services are best placed to identify, plan, prepare for and address the risks within the communities they serve. Warwickshire Fire Authorities IRMP demonstrates how we assess and manage foreseeable risks within all our communities. It allows us to ensure that Warwickshire remains a safe place to live and work and describes what additional actions we intend to take in the years to come. Our IRMP is underpinned by three main principles:

1. We will always prioritise the delivery of our statutory duties, focusing on public and Firefighter safety.

2. We will strive for continuous improvement and create change with our County Council and partners, to deliver the best possible 'joined up' customer services and outcomes for our community.

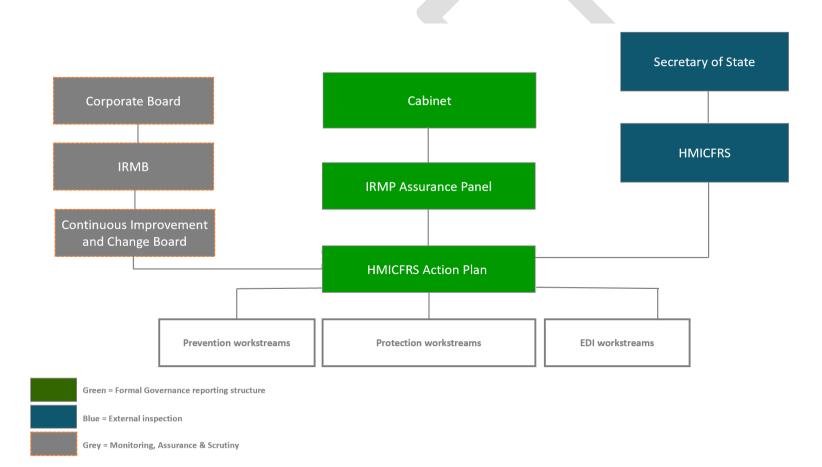
3. We will also focus on developing, valuing and empowering our people, undoubtedly our greatest asset; recognising this value and nurturing an inclusive culture, so we grow with our society and better support our priorities.

The Business Plan builds on these principles with 3 priority outcomes:

- 1. Ensure we can identify the most vulnerable in our community and work together to drive down risk and prevent incidents occurring.
- 2. Support our businesses and our residents to feel and be safer in their places of work
- 3. Reduce demand on public services and improve our overall efficiency and effectiveness, through making the best use of our niche skills, resources, digital, data and technology.

#### Our arrangements for working together

We will make sure the right people are involved in this action plan and our change programme. This will include members, senior leaders, partners and other Fire and Rescue Services. Improvement work will be delivered through a set of work-streams and monitored by the Continuous Improvement and Change Board and reported to the Integrated Risk Management Board (IRMB). Progress will also be overseen by the Integrated Risk Management Plan Assurance Panel (IRMP Assurance Panel), the Fire Authority (Cabinet), WCC Corporate Board and HMICFRS.



# Causes of Concern from the HMICFRS Inspection

HMICFRS identified three Causes of Concern. Within each Cause of Concern they made several recommendations. Each Cause of Concern is underpinned my common interdependencies detailed in the table below.

# Interdependencies.

| Ref: | Service wide Action                                                                     | Measure of success                                                                                                                                                                                                                                                                                                 | Lead and | Date for     | Monit | oring dates | Progress/Impact |
|------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|-------|-------------|-----------------|
|      |                                                                                         |                                                                                                                                                                                                                                                                                                                    | resource | delivery     |       |             |                 |
| 1    | Review and refresh the IRMP                                                             | The IRMP will be<br>refreshed and be<br>built upon four key<br>documents that<br>have been<br>developed with<br>our people,<br>consulted on and<br>implemented. The<br>four documents<br>will be: a risk<br>analysis document,<br>a protection<br>strategy, a<br>prevention<br>strategy and a<br>response strategy | CFO      | April 2022   |       |             |                 |
| 2    | Regular engagement with HMICFRS                                                         | A clear schedule of<br>meetings with<br>HMICFRS will be<br>produced and these<br>meetings will have<br>clear purpose                                                                                                                                                                                               | CFO      | ongoing      |       |             |                 |
| 3    | Review and change service<br>structure to reflect statutory duties<br>and IRMP delivery | A new structure will be developed,                                                                                                                                                                                                                                                                                 | CFO      | Sept<br>2021 |       |             | Completed       |

|   |                                                                                                                                             | implemented and<br>communicated across<br>the service. The new<br>structure will enable<br>the delivery of focused<br>PPR delivery                                                                                                                  |     |               |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|--|
| 4 | Review internal communications<br>and mechanisms for engagement                                                                             | Feedback from our<br>people will be<br>captured to<br>understand if we have<br>improved our<br>communication and<br>engagement                                                                                                                      | CFO | April<br>2022 |  |
| 5 | Review digital provision across Fire<br>that enables communication and<br>delivery off efficient and effective<br>services to the community | A digital solution will<br>be implemented to<br>enhance<br>communication and<br>engagement. This will<br>have been designed<br>with our people and<br>feedback from our<br>people will be sought<br>to improve<br>communications and<br>engagement. | CFO | April<br>2022 |  |

The Causes of Concern and associated recommendations are provided in the tables below along with a summary of the key outcomes we are seeking to achieve.

| Cause of Concern 1: EDI                                                                                                                                     |                                                                                                                        |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| HMICFRS Recommendations                                                                                                                                     | Outcome we are seeking to achieve                                                                                      |  |  |  |  |  |  |  |  |
| <ul> <li>Its actions to promote EDI don't compromise the integrity of other<br/>policies, including health and safety and performance management</li> </ul> | • The Service has a Listening, Communication and Engagement Strategy that is based on a newly developed EDI narrative. |  |  |  |  |  |  |  |  |
| <ul> <li>Senior leaders respond appropriately and quickly to EDI feedback or concerns from its staff.</li> </ul>                                            | • The Service has a Strategic Plan that shows how we will reach the maturity level we want to achieve                  |  |  |  |  |  |  |  |  |

| HMICFRS Recommendations       Outcome we are seeking to achieve <ul> <li>Develop a clear prevention strategy that prioritises the people most at risk and make sure that work to reduce risk is proportionate.</li> <li>Put in place an effective system for joint reviews after significant or fatal incidents.</li> <li>Reviews should be at an appropriate strategic level in the service and with partner agencies.</li> <li>Review its systems and processes for dealing with referrals from partner agencies to make sure they are managed in accordance with risk.</li> </ul> <ul> <li>The Service has a robust referral pathway that is supported by an IT system that can prioritise referrals based on risk.</li> </ul> <ul> <li>Risk based Prevention Strategy, in line with NFCC standard</li> <li>Serious Fire Case Reviews</li> <li>Embed a robust IT system that can prioritise referrals based on risk</li> <li>Develop a backlog recording system that enables the service to see how many visits are in the backlog</li> </ul> | <ul> <li>Its approach to positive action is appropriate and proportionate and is understood by staff</li> <li>It understands the diversity of its workforce and has the right provisions in place to support their individual needs.</li> <li><u>Sections for action plan to include:</u> <ol> <li>Culture review</li> <li>Produce a strategic plan stating how we will move forward in maturity</li> <li>Refocus the EDI narrative that connects with our people</li> <li>Develop a Listening, communication and engagement strategy incorporating staff engagement</li> </ol> </li> </ul>                                                                                                             | <ul> <li>Staff understand what we value and why</li> <li>There is alignment between values and processes, policies and strategic direction.</li> <li>The Service has a concerns escalation process</li> <li>The Service has a greater understanding of their communities and the differences that exist. It proactively seeks to engage and support communities and each other and understands the strength of diversity.</li> <li>All staff feel they belong and work in environment that supports their needs, both physically, mentally and culturally.</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>and make sure that work to reduce risk is proportionate.</li> <li>Put in place an effective system for joint reviews after significant or fatal incidents.</li> <li>Reviews should be at an appropriate strategic level in the service and with partner agencies.</li> <li>Review its systems and processes for dealing with referrals from partner agencies to make sure they are managed in accordance with risk.</li> <li>Action Plan to include: <ol> <li>Risk based Prevention Strategy, in line with NFCC standard</li> <li>Serious Fire Case Reviews</li> <li>Embed a robust IT system that can prioritise referrals based on risk</li> </ol> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                        | HMICFRS Recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Outcome we are seeking to achieve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Cause of Concern 3: Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul> <li>and make sure that work to reduce risk is proportionate.</li> <li>Put in place an effective system for joint reviews after significant or fatal incidents.</li> <li>Reviews should be at an appropriate strategic level in the service and with partner agencies.</li> <li>Review its systems and processes for dealing with referrals from partner agencies to make sure they are managed in accordance with risk.</li> <li>Action Plan to include: <ol> <li>Risk based programme</li> <li>Risk based Prevention Strategy, in line with NFCC standard</li> <li>Serious Fire Case Reviews</li> <li>Embed a robust IT system that can prioritise referrals based on risk</li> </ol> </li> </ul> | <ul> <li>and how we will work to reduce the risk to them.</li> <li>The Service will follow a Serious Case Review Policy following incidents that meet the threshold stated in said policy.</li> <li>The Serious Case Review Policy includes internal and external actions and is followed by WFRS and Partners</li> <li>The Service has a robust referral pathway that is supported by an IT system</li> </ul>                                                                                                                                                        |

| HMICFRS Recommendations                                                                                                                                                           | Outcome we are seeking to achieve                                                                                                                                                                                   |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <ul> <li>Develop a protection strategy with a resourced and prioritised risk-<br/>based inspection programme.</li> </ul>                                                          | • A Protection strategy document is aligned to the IRMP, Service Plan and drive the Fire Protection business plan.                                                                                                  |  |  |  |  |  |  |
| <ul> <li>Review the risk-based inspection programme (RBIP) to make sure it<br/>identifies its highest risk premises.</li> </ul>                                                   | • A complete, assured, data-set of up to date premises within Warwickshire, that are covered by the RRFSO 2005.                                                                                                     |  |  |  |  |  |  |
| <ul> <li>Put in place a clear plan with timescales for improving its<br/>management of risk information</li> </ul>                                                                | • A new, clearly defined RBIP process that ensures high-risk premises are identified, prioritised and inspected within an appropriate time specific period.                                                         |  |  |  |  |  |  |
| Action Plan to include:                                                                                                                                                           | • Information supplied by the RBIP provides further data to better inform the IRMP and yearly action plan.                                                                                                          |  |  |  |  |  |  |
| <ol> <li>Risk based Protection strategy in line with future NFCC standards</li> <li>Risk based inspection programme (RBIP)</li> <li>Paplace the surrent FARYNOR system</li> </ol> | • All premises related data is stored in a single data management repository and is available for access and use by all appropriate stakeholders, and informs the IRMP, response model and associated action plans. |  |  |  |  |  |  |
| <ol> <li>Replace the current FARYNOR system.</li> <li>Resource review</li> </ol>                                                                                                  | • Fire Protection Strategy identifies the resources required to deliver it, and those resources are provided.                                                                                                       |  |  |  |  |  |  |

# Action Plans to address the Causes of Concerns identified by HMICFRS.

The tables below state the action plans developed to address each recommendation within the 3 Causes for Concern.

| <u>Key.</u> |                               |
|-------------|-------------------------------|
| Progress    |                               |
| Blue        | Completed                     |
| Green       | On Track, no concerns         |
| Amber       | On Track, some concerns       |
| Red         | No Progress or major concerns |
| Blank       | Not yet started               |

# Cause of Concern 1: EDI

| Recommendation     management                   | 1: Its actions to promote EDI don't compromise the integrity of other policies, including health and safety and performance                                                                                               |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Outcomes:                               | The Service has a Listening, Communication and Engagement Strategy that is based on a newly developed EDI narrative. The Service has a Strategic Plan that shows how we will reach the maturity level we want to achieve. |
| Recommendation<br>Owner:                        | AM Prevention and Risk                                                                                                                                                                                                    |
| Strategic Priority linked to<br>IRMP Objective: | Ensure our workforce and ethos reflect the diverse communities we serve.                                                                                                                                                  |
| Objective:                                      | We will bring clarity to what we value and why and then create alignment across processes, policies and strategic direction                                                                                               |

| Ref: 1 | Action                                                                                                                   | Measure of success                                                                             | Lead and resource                                                    | Date for      | Monitoring dates |  |  | tes | Progress/Impact |
|--------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------|------------------|--|--|-----|-----------------|
|        |                                                                                                                          |                                                                                                |                                                                      | delivery      |                  |  |  |     |                 |
| 1.1    | Complete a culture review using the<br>NFCC maturity model and use this as the<br>basis for future actions and activity. | Culture review<br>completed and<br>Service matched<br>against<br>appropriate<br>maturity level | AM Prevention and<br>Risk, externally<br>commissioned<br>facilitator | May 2022      |                  |  |  |     |                 |
| 1.2    | Produce a strategic plan stating<br>how we will move forward in<br>maturity                                              | Strategic Plan<br>developed                                                                    | AM Prevention and<br>Risk                                            | July<br>2022  |                  |  |  |     |                 |
| 1.3    | Refocus the EDI narrative that connects with our people                                                                  | A WFRS EDI brand is<br>produced, embedded<br>in communications and<br>understood by all        | AM Prevention and<br>Risk                                            | Sept<br>2022  |                  |  |  |     |                 |
| 1.4    | Develop a Listening,<br>communication and engagement<br>strategy incorporating staff<br>engagement                       | Listening,<br>communication and<br>engagement Strategy<br>is produced                          | AM Prevention and<br>Risk, externally<br>commissioned<br>facilitator | April<br>2022 |                  |  |  |     |                 |

| Recommendation               | 2: Senior leaders respond appropriately and quickly to EDI feedback or concerns from its staff.                                      |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
|                              |                                                                                                                                      |
| General Outcomes:            | The Service has a Listening, Communication and Engagement Strategy that is based on a newly developed EDI narrative and includes the |
|                              | concerns escalation process.                                                                                                         |
| Recommendation               | AM Prevention and Risk                                                                                                               |
| Owner:                       |                                                                                                                                      |
| Strategic Priority linked to | Ensure our workforce and ethos reflect the diverse communities we serve.                                                             |
| IRMP Objective:              |                                                                                                                                      |
|                              |                                                                                                                                      |
| Objective:                   | There is effective two way engagement between staff and managers with an established feedback/concerns channel                       |

| Ref: 2       Action         2.1       Develop a Listening, communication and engagement strategy incorporating staff |                                           | Lead and<br>resource                                   | Date for<br>delivery<br>April<br>2022 |   |  | Progress/Impact |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|---------------------------------------|---|--|-----------------|
| 2.1 communication and engagement<br>strategy incorporating staff                                                     | ent communication                         |                                                        |                                       |   |  |                 |
| engagement                                                                                                           | and engagement<br>Strategy is<br>produced | and Risk,<br>externally<br>commissioned<br>facilitator | 2022                                  | K |  |                 |
| 2.2 Develop and implement a concerns escalation process                                                              | Concerns escalation process adopted       | AM Prevention<br>and Risk                              | Jan<br>2022                           |   |  |                 |

| I                                       | Recommendation 3: Its approach to positive action is appropriate and proportionate and is understood by staff                                                                                                 |  |  |  |  |  |  |  |  |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| General Outcomes:                       | The Service has a greater understanding of their communities and the differences that exist. It proactively seeks to engage and support communities and each other and understands the strength of diversity. |  |  |  |  |  |  |  |  |
| Theme Owner:                            | AM Prevention and Risk                                                                                                                                                                                        |  |  |  |  |  |  |  |  |
| Strategic Priority (IRMP<br>Objective): | Ensure our workforce and ethos reflect the diverse communities we serve.                                                                                                                                      |  |  |  |  |  |  |  |  |
| Objective:                              | We will work to create a culture that embraces difference and inclusion.                                                                                                                                      |  |  |  |  |  |  |  |  |

| Deft 2 | Antion                                                                                                                                                                                                                                                                   | Monitoring dates               |                      |                   |  | es | Describe |  |                 |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------|-------------------|--|----|----------|--|-----------------|
| Ref: 3 | Action                                                                                                                                                                                                                                                                   | Measure of success             | Lead and<br>resource | Date for delivery |  |    |          |  | Progress/Impact |
| 3.1    | Develop and deliver an awareness<br>package for all staff that supports<br>our the EDI Strategic Plan that<br>explains how we are looking at<br>delivering the plan our<br>expectations of values and<br>behaviours along with activities<br>we will run with associated | Strategic EDI Plan<br>produced | AM<br>Prevention     | June<br>2022      |  |    |          |  |                 |

|     | rationale and explanation                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                          |               |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------|--|--|--|
| 3.2 | Develop and deliver a<br>specific positive action<br>training package to all staff                                             | Staff understand positive<br>action and are involved in<br>the activities that support<br>it                                                                                                                                                                                                                                                | Prevention                                               | April<br>2022 |  |  |  |
| 3.3 | Create an understanding<br>throughout the service of<br>the diverse communities we<br>serve and the value of this<br>diversity | Community station<br>ground breakdown<br>provided to stations with<br>an explanation of cultural<br>differences and any<br>associated fire risks.<br>Station plans include<br>community engagement<br>plans and stations have<br>developed relationships<br>with community leaders.<br>Increased targeted<br>community engagement<br>events | AM<br>Prevention<br>and Central<br>Intelligence<br>teams | Sept<br>2022  |  |  |  |

|                                         | events                                                                                                                                                             |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                         |                                                                                                                                                                    |
| Recomme                                 | endation 4: It understands the diversity of its workforce and has the right provisions in place to support their individual needs.                                 |
| General Outcomes:                       | All staff feel they belong and work in environment that supports their needs, both physically, mentally and culturally.                                            |
| Theme Owner:                            | AM Prevention and Risk                                                                                                                                             |
| Strategic priority (IRMP<br>Objective): | Ensure our workforce and ethos reflect the diverse communities we serve.                                                                                           |
| Objective                               | All staff are supported throughout their time with the service both in their physical working environment and the policies and procedures in place to support them |

| Def  | A stime |                    | 1                    |                      | Monitoring da | tes | Described (lange et |
|------|---------|--------------------|----------------------|----------------------|---------------|-----|---------------------|
| Ref: | Action  | Measure of success | Lead and<br>resource | Date for<br>delivery |               |     | Progress/Impact     |
|      |         |                    |                      |                      |               |     |                     |

| 4.1 | Ensure that analysis is undertaken<br>to understand the needs of our<br>people and then take action to<br>ensure that the environment, both<br>physical and culturally, enables all<br>to belong and be included. | Workplaces reflect<br>the needs of our<br>people and policies<br>support everyone | AM<br>Prevention<br>: WCC<br>Facilities<br>Team &<br>OHU | April<br>2022 |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|---------------|--|--|--|
| 4.2 | Review welfare policies that support staff                                                                                                                                                                        | Welfare support policies are reviewed and amended                                 | AM<br>Prevention                                         | April<br>2022 |  |  |  |
| 4.3 | Ensure EDI is embedded into<br>HR, business systems and<br>process eg promotion policy<br>and that relevant processes<br>have an EIA completed on<br>them                                                         | EIAs are completed for all relevant policies                                      | AM<br>Prevention<br>EDI Team<br>(WCC)                    | April<br>2022 |  |  |  |

# **Cause of Concern: Prevention**

| Recommendation 1: Dev<br>sure that work to reduce | elop a clear prevention strategy that prioritises the people most at risk and make<br>risk is proportionate.                                                                                                        |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Outcomes:                                 | The Service will follow a clear Prevention Strategy which states risk groups and how we will work to reduce the risk to them.                                                                                       |
| Theme Owner:                                      | AM Prevention and Risk                                                                                                                                                                                              |
| Strategic Priority (IRMP<br>Objective):           | <ul> <li>Develop further opportunities to support the wider community health outcomes and help to protect Social Care and the NHS.</li> <li>Implement digital solutions to enhance our service delivery.</li> </ul> |
|                                                   | <ul> <li>Assess our overall resource capacity to ensure our personal and physical assets are in the right place and at the right time to deliver<br/>our statutory duties.</li> </ul>                               |
| Objective                                         | Using the risk analysis within the IRMP, develop a risk based prevention strategy                                                                                                                                   |

| Ref: | Action | Measure of success | Lead and | Date for | Monitorin | ng dates | Progress/Impact |
|------|--------|--------------------|----------|----------|-----------|----------|-----------------|
|      |        |                    | resource | delivery |           |          |                 |

| 5.1 | Review risk prioritisation within the community                              | Risk Prioritisation is<br>clear, understood<br>and stated in the<br>Prevention Strategy | AM<br>Prevention | Jan<br>2022   |   |  |  |
|-----|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------|---------------|---|--|--|
| 5.2 | Develop a risk based<br>programme and add it into<br>the Prevention Strategy | The risk based<br>programme is<br>embedded in the<br>Prevention Strategy                | AM<br>Prevention | March<br>2022 | C |  |  |
| 5.3 | Produce a risk based<br>prevention strategy, in line<br>with NFCC standard   | A Prevention Strategy is adopted                                                        | AM<br>Prevention | Dec<br>2021   |   |  |  |

| with                         | h NFCC standar | d                                     | adopted             | Frevention               |                 |           |            |         |         |            |           |            |             |          |
|------------------------------|----------------|---------------------------------------|---------------------|--------------------------|-----------------|-----------|------------|---------|---------|------------|-----------|------------|-------------|----------|
|                              |                | Recommen                              | dation 2: Put in pl | ace an effective system  | ı for joint rev | views aft | er signifi | cant o  | or fat  | al incide  | nts.      |            |             |          |
| General Ou                   | utcomes:       | The Service will f                    | ollow a Serious Ca  | se Review Policy follow  | ing incidents   | that me   | et the th  | resho   | ld sta  | ted in sa  | id policy | <i>ı</i> . |             |          |
|                              |                | The Serious Incid                     | ent Review Policy   | includes internal and ex | xternal action  | ns and if | followed   | by W    | FRS a   | nd Partn   | ers.      |            |             |          |
| Theme Ow                     | /ner:          | AM Prevention a                       | nd Risk             |                          |                 |           |            |         |         |            |           |            |             |          |
| Strategic Pri<br>Objective): | iority (IRMP   | Develop further o                     | opportunities to su | upport the wider comm    | unity health    | outcome   | s and he   | lp to p | protec  | t Social ( | Care and  | d the NH   | IS.         |          |
| Objective                    |                | Review current in within the service. |                     | process in order to deve | elop a proces   | s for rev | ewing si   | gnifica | ant fir | e incider  | nts, deta | ailing cle | ar accounta | bilities |
|                              |                | Work with partne                      | s on safeguarding   | board and wider to agr   | ree a process   | for revie | wing sig   | nifica  | at fire | inciden    | rc.       |            |             |          |

| Defic | Anting                                                                                                                                                                                                            |                                                                                                                                    | Leadand              |                | M | onitori | ng dat | es | Due succes (lasses et |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|---|---------|--------|----|-----------------------|
| Ref:6 | Action                                                                                                                                                                                                            | Measure of success                                                                                                                 | Lead and<br>resource |                |   |         |        |    | Progress/Impact       |
| 6.1   | Immediate action: Prior to any<br>policy review and adoption every<br>serious incident will be reviewed<br>and actions taken with partners<br>and the prevention lead. FLT will<br>be updated on a monthly basis. | FLT will receive<br>monthly updates on<br>Serious Fire Cases<br>and actions taken.<br>Details will be<br>recorded in one<br>place. | AM<br>Prevention     | August<br>2021 |   |         |        |    |                       |

| 6.2 | Review and amend current policy          | A new Serious Fire Case<br>Review policy is<br>produced                                         | AM<br>Prevention | Oct<br>2021   |  |  |  |
|-----|------------------------------------------|-------------------------------------------------------------------------------------------------|------------------|---------------|--|--|--|
| 6.3 | Adopt new policy                         | The Serious Fire Case<br>Review policy is adopted<br>and understood by<br>relevant stakeholders | AM<br>Prevention | Nov<br>2021   |  |  |  |
| 6.4 | Explore and embed case recording systems | A robust recording<br>system is in place to<br>capture Serious Fire<br>Case Reviews             | AM<br>Prevention | June<br>2022  |  |  |  |
| 6.5 | Develop and agree process with partners  | Partners agree what<br>actions need to be taken<br>collectively following a<br>serious fire     | AM<br>Prevention | April<br>2022 |  |  |  |
| 6.6 | Write process into internal policy       | The external process is<br>included in the Serious<br>Fire Case Review Policy                   | AM<br>Prevention | June<br>2022  |  |  |  |

| Recommendation 3: Revie                 | ew its systems and processes for dealing with referrals from partner agencies to make sure they are managed in accordance with risk.                                                                                    |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Outcomes:                       | Manage referral process according to risk                                                                                                                                                                               |
| Theme Owner:                            | AM Prevention and Risk                                                                                                                                                                                                  |
| Strategic Priority (IRMP<br>Objective): | <ul> <li>Develop further opportunities to support the wider community health outcomes and<br/>help to protect Social Care and the NHS.</li> <li>Implement digital solutions to enhance our service delivery.</li> </ul> |
| Objective                               | The Service has a robust referral pathway that is supported by an IT system that manages referrals based on risk.                                                                                                       |

|        |        |                    |                      |                      | Monitori | ing date | 2               |
|--------|--------|--------------------|----------------------|----------------------|----------|----------|-----------------|
| Ref: 7 | Action | Measure of success | Lead and<br>resource | Date for<br>delivery |          |          | Progress/Impact |

| 7.1 | Immediate action: work through<br>safe and well backlog and prioritise<br>visits according to risk             | safe and well backlog<br>reduced to normal<br>waiting period (circa<br>50 a month)              | AM<br>Prevention                               | Dec<br>2021   |  |  |  |
|-----|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|--|--|--|
| 7.2 | Develop a backlog recording<br>system that enables the<br>service to see how many visits<br>are in the backlog | Backlog report<br>developed and used and<br>reported into FLT on a<br>monthly basis             | AM<br>Prevention                               | Sept<br>2021  |  |  |  |
| 7.3 | Review current pathway                                                                                         | Referral pathway has been reviewed and amended                                                  | AM<br>Prevention                               | March<br>2022 |  |  |  |
| 7.4 | Embed a robust IT system<br>that can prioritise referrals<br>based on risk                                     | The Service has a robust<br>IT system that manages<br>referrals based on risk                   | AM<br>Prevention<br>and<br>Firmstep<br>support | Aug<br>2022   |  |  |  |
| 7.5 | Develop a risk based<br>prioritisation programme                                                               | The risk based<br>programme is<br>embedded in the<br>Prevention Strategy                        | AM<br>Prevention                               | March<br>2022 |  |  |  |
| 7.6 | Agree referral process with partners                                                                           | Partners are provided<br>with the referral<br>pathway and risk<br>prioritisation<br>explanation | AM<br>Prevention                               | June<br>2022  |  |  |  |

# Cause of Concern: Protection.

| Recommendation 1: Dev | elop a protection strategy with a resourced and prioritised risk-based inspection                                                                                                                      |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Outcomes:     | A Protection strategy document that enables our ambition and direction to be translated into coherent actions. It will align to the IRMP, Service<br>Plan and drive the Fire Protection business plan. |
|                       | Fire Protection Strategy identifies the resources required to deliver it, and those resources are provided.                                                                                            |

| Theme Owner:                            | AM Protection                                                                                                                                                                         |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strategic Priority (IRMP<br>Objective): | <ul> <li>Assess our overall resource capacity to ensure our personal and physical assets are in the right place and at the right time to deliver<br/>our statutory duties.</li> </ul> |
|                                         | Implement digital solutions to enhance our service delivery.                                                                                                                          |
| Objective (s):                          | Using the risk analysis within the IRMP, develop a risk-based Protection strategy in line with future NFCC standards.                                                                 |
|                                         | Review resources within the Fire Protection department to ensure that the Fire Protection Strategy can be effectively delivered.                                                      |

|       | Action                                                                      | Measure of success                                                                                                                        | Lead and resource | Date for<br>delivery | Mon | itoring dat | tes | Progress/Impact |
|-------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|-----|-------------|-----|-----------------|
| Ref:8 |                                                                             |                                                                                                                                           |                   |                      |     |             |     |                 |
| 8.1   | presented to, and approved by                                               | A Fire Protection<br>strategy that clearly<br>articulates the 'why',<br>'what' and 'how', is<br>relevant, makes sense<br>and deliverable. | AM<br>Protection  | Dec<br>21            |     |             |     | Green           |
| 8.2   | Carry out resource review                                                   | Sufficient resource is provided to successfully                                                                                           | AM<br>Protection  | Dec<br>21            |     |             |     | Amber           |
| 8.3   | Sufficient resources are in place to implement the Fire Protection strategy | implement the Fire<br>Protection Strategy.                                                                                                |                   |                      |     |             |     |                 |

|                   | 3 (linked): Review the risk-based inspection programme (RBIP) to make sure it identifies its highest risk premises. Put in place a clear plan with<br>ng its management of risk                                                                                                                                                                                                       |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Outcomes: | A complete, assured, dataset of up-to-date premises within Warwickshire, that are covered by the RRFSO 2005.<br>A new, clearly defined RBIP process that ensures high-risk premises are identified, prioritised and inspected within an appropriate time specific<br>period. Information supplied by the RBIP provides further data to better inform the IRMP and yearly action plan. |
|                   | All premises related data is stored in a single data management repository and is available for access and use by all appropriate stakeholders,<br>and informs the IRMP, response model and associated action plans                                                                                                                                                                   |

| Theme Owner:                            | AM Protection                                                                                                                                                 |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strategic Priority (IRMP<br>Objective): | Assess our overall resource capacity to ensure our personal and physical assets are in the right place and at the right time to deliver our statutory duties. |
|                                         | Implement digital solutions to enhance our service delivery      Deview data collection processes to ensure all processes related data informs the DDD        |
|                                         | Review data collection processes to ensure all necessary premises related data informs the RBIP.                                                              |
|                                         | Develop a new risk-based inspection programme (RBIP)                                                                                                          |
| Objectives                              | Replace the current FARYNOR system                                                                                                                            |
|                                         | Resources required to complete design, procurement and implementation processes secured.                                                                      |
|                                         | Introduction of technology that provides a premises risk management system to effectively manage all premises related data                                    |

| D. ( C |                                                                                       |                                                                                             |                                                   |                   | Мо        | onitorin  | g dates   | 5         |                 |
|--------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|-----------|-----------|-----------|-----------|-----------------|
| Ref:9  | Action                                                                                | Measure of success                                                                          | Lead and resource                                 | Date for delivery | Dec<br>21 | Mar<br>22 | Jun<br>22 | Sep<br>22 | Progress/Impact |
| 9.1    | and processes is completed.                                                           | A Fire Protection<br>strategy that is<br>underpinned by<br>accurate and<br>sufficient data. | GM<br>Protection<br>BI                            | Aug 21            |           |           |           |           | Completed       |
| 9.2    | designed and produced in                                                              | A Fire Protection<br>strategy that protects<br>those buildings and<br>persons most at risk. | GM<br>Protection<br>BI                            | Oct 21            |           |           |           |           | Green           |
| 9.3    | Introduction of a workflow tool that<br>enables the effective delivery of the<br>RBIP | persons most at risk.                                                                       |                                                   |                   |           |           |           |           |                 |
| 9.4    | design, procurement and implementation processes for new                              | data errors and                                                                             | WCC ICT<br>Strategy &<br>Commissioning<br>Manager | May 22            |           |           |           |           | Amber           |
|        |                                                                                       |                                                                                             | PMO, ICT,<br>Legal, Proc                          |                   |           |           |           |           |                 |

| 9.5 | Introduction of technology that<br>provides a premises risk<br>management system to effectively<br>manage all premises related data | premises data is<br>available to all who | GM Protection/<br>WCC Digital &<br>ICT Service<br>Manager | May 22 |  |  | Amber |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------|--------|--|--|-------|

## How will we manage performance?

Improvement work will be delivered through a set of work-streams and monitored by the Continuous Improvement and Change Board and reported to the Integrated Risk Management Board (IRMB). Progress will also be overseen by the Integrated Risk Management Plan Assurance Panel (IRMP Assurance Panel), the Fire Authority (Cabinet), WCC Corporate Board and HMICFRS.

# Governance and Scrutiny

| Governance/Scrutiny Type                       | Purpose                                                                                                                                                | Frequency |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| ntegrated Risk Management<br>loard             | Monitor Service progress against Action<br>Plans. To resolve issues escalated by<br>CICB.                                                              | Monthly   |
| Continuous Improvement and<br>Change Board     | To review the progress of the action plan<br>and to unblock any issues or barriers at<br>the earliest opportunity, escalate to IRMB<br>where necessary | Monthly   |
| VCC Corporate Board and<br>Cabinet             | Updates and overview                                                                                                                                   | 6 monthly |
| ntegrated Risk Management<br>ssurance Panel    | Overview and scrutiny on behalf of the<br>Fire Authority of the progress of the<br>action plan                                                         | Quarterly |
| IFCC Peer Review Team led by<br>ustin Johnston | Peer review on best practice, challenge<br>and feedback on the actions and<br>progress. Mentoring and coaching.                                        | ТВС       |
| IMICFRS                                        | Analyse evidence of progress against the<br>CoC, to provide guidance and<br>understanding on process                                                   | ТВС       |

## How will we resource the action plans?

It is proposed that a project manager within the FOM is allocated to specifically support WFRS on a full time basis for a period of 4 weeks to make an evidence based assessment of the resource requirements needed to deliver this action plan including an understanding of the capacity of existing resources.