

Draft HMICFRS Report 2023 Action Plan

Ref. No.	HMI Page	Area for improvement	Required outcomes	Action to achieve required outcomes	Responsible function	Timescale	Notes	Six-monthly updates	*BR AG
1	12	“The service should assure itself that its use of enforcement powers prioritises the highest risks and includes proportionate activity to reduce risk.”	<p>The Service will take appropriate opportunities to prosecute those who don't comply with fire safety regulations.</p> <p>The Service will use an automated process to consider prosecution at the point of a prohibition notice being served.</p>	<p>FP 2024/25 – Review protocols regarding enforcement and prosecution to:</p> <ul style="list-style-type: none"> • Improve staff confidence in dealing with them • Improve risk information <p>Outputs - documents, guidance, training, CPD, assurance and monitoring, information sharing protocols (internal and external)</p> <p>Internal Audit review of related processes (including Legal) will be completed</p>	Protection	Dec 2024		<p>This action is embedded in to the Protection Functional Plan for 2024/25.</p> <p><u>Oct-Mar 24</u> As part of a directorate restructure, there is now a dedicated reference holder for Enforcement and Prosecution related matters and they have been assigned to conduct a gap analysis against current procedures in this area with a view to identifying directorate needs to ensure appropriate measures are in place.</p> <p><u>Mar-Sept 2024</u> Enforcement & Prosecution activity has become more of a focal point and the new structure with the dedicated resource for this reference appears to</p>	

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								be beneficial. Important to highlight that the lack of prosecutions does not equate to failings on the part of Protection around appetite to enforce or proportionality of activity; merely that where enforcements have been issued, the RP has complied resulting in no prosecution being necessary.	
2	33	“The service should make sure all staff understand and demonstrate its values.”	The service will ensure it implements the Core Code of Ethics effectively and that staff understand it.	<p>Carry out a cultural survey to help assess what the issues.</p> <p>Develop a Cultural Action Plan which will include actions to reinforce the Core Code of Ethics, and our expectations surrounding leadership, values and behaviour.</p> <p>Use survey tools including pulse surveys to gauge understanding and demonstration of values.</p>	People and Organisational Development	<p>Aug 2024</p> <p>June 2024</p> <p>Ongoing</p>	<p>Following clarification from HMICFRS</p> <p>Feedback: Lack of staff awareness of CCoE.</p>	<p><u>Oct-Mar 24</u> Managers are currently considering options for the format and questions to be included in the cultural survey as a basis for stakeholder consultation.</p> <p>The first draft of Culture Action Plan has been completed and is currently being reviewed by senior managers.</p>	

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				<p>Full staff survey in Nov 2024 will help track changes over the years.</p>		<p>Jan 2025</p>		<p>The Service is continuing to integrate Core Code of Ethics into Selection Process (included in advert, candidate packs, selection stages).</p> <p>Managers are currently considering options for the format and questions to be included in pulse surveys as a basis for stakeholder consultation. One pulse survey has been completed and one is pending. Work on the full staff survey will begin in the summer.</p> <p><u>Mar-Sept 2024</u> The cultural action plan has been adopted and includes a number of actions for training which will ensure managers have a increased awareness and understanding</p>	
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								<p>on the core code of ethics.</p> <p>A number of supporting work streams for this action have been developed as part of delivering the Services response to the HMI Misconduct Thematic recommendations and the requirements placed upon the service under the Workplace Protection Act 2023.</p> <p>The full staff survey was released in October 2024.</p>	
3		<p>“The service should assure itself that middle managers demonstrate service values through their behaviour.”</p>	<p>Staff will consistently know about or understand the service’s ground rules and leadership message, which incorporate the Core Code of Ethics</p>	<p>Carry out a cultural survey to help assess what the issues.</p> <p>Develop a Cultural Action Plan which will include actions to reinforce the Core Code of Ethics, and our expectations surrounding leadership, values and behaviour.</p>	<p>People and Organisational Development</p>	<p>Aug 2024</p> <p>June 2024</p>	<p>Following clarification from HMICFRS</p> <p>Feedback: Lack of staff awareness of CCoE.</p>	<p><u>Oct-Mar 24</u> Managers are currently considering options for the format and questions to be included in the cultural survey for middle managers as a basis for stakeholder consultation.</p>	

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				<p>Use survey tools including pulse surveys to gauge understanding and demonstration of values.</p> <p>Full staff survey in Nov 2024 will help track changes over the years.</p> <p>Explore provision of cultural leadership programme for middle managers.</p>		<p>Ongoing</p> <p>Jan 2025</p> <p>Aug 2024</p>		<p>The first draft of Culture Action Plan has been completed and is currently being reviewed by senior managers.</p> <p>A cultural leadership training programme for middle managers is being delivered with completion in 2nd quarter 2024.</p> <p>Managers are currently considering options for the format and questions to be included in pulse surveys as a basis for stakeholder consultation. One pulse survey has been completed and one is pending. Work on the full staff survey will begin in the summer.</p> <p>Broader utilisation of Leadership Behaviours being considered. Leadership</p>	
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								<p>Behaviour Development Programmes being piloted for 2 x G12 Senior Leader roles.</p> <p><u>Mar-Sept 2024</u> The cultural action plan has been adopted and includes a number of actions for training which will ensure managers have a increased awareness and understanding on the core code of ethics.</p> <p>A number of supporting work streams for this action have been developed as part of delivering the Service's response to the HMI Misconduct Thematic recommendations and the requirements placed upon the service under the Workplace Protection Act 2023.</p>	
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								<p>The full staff survey was released in October 2024.</p> <p>As part of the cultural action plan training courses will be delivered to middle managers alongside the expansion of 360 appraisal.</p>	
4	36	<p>“The service should assure itself that it has an effective succession planning mechanism in place for all roles.”</p>	<p>There will be effective succession planning mechanisms for all roles; Grey, Green and Red Book.</p>	<p>Re-educate staff on the succession planning process to embed it.</p> <p>Broader identification of transferrable knowledge and skills.</p> <p>Consider adoption of a Succession Planning platform that looks at skill framework at an organisational level.</p> <p>Integrate Succession Planning into Functional Planning processes.</p> <p>Consider broadening of opportunities for identified skillsets – e.g. as created with G12 Green Book opportunities.</p>	<p>People and Organisational Development</p>	<p>In FDP 24/25</p> <p>May 2024</p> <p>Dec 2024</p> <p>Jan 2025</p> <p>Dec 2024</p>	<p>Following clarification from HMICFRS</p> <p>Feedback: Appreciated Succession planning process was newly established. Manager understanding and interpretation of succession planning limited.</p>	<p><u>Oct-Mar 24</u> Revised Succession Planning process communicated to Managers. Ensuring consideration given to risks, implications associated with CRMP, FDP and other plans. Managers are being supported by staff from the People and Organisational Development function as they develop succession plans. There is also wider consideration of Leadership levels of all roles using MFRS Behaviours.</p> <p>Mar-Sept 2024</p>	

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								<p>Succession Planning took part alongside FDP planning.</p> <p>Departmental succession plans have been expanded to provide a richer depth of information including detailed Leadership levels for each role in the service which allows for target communications and more effective development planning.</p>	
5	39	<p>“The service should review how effective its policy on bullying, harassment and discrimination is in reducing unacceptable behaviour towards its staff.”</p>	<p>The Service will improve staff’s understanding of bullying, harassment and discrimination issues and be aware of their duty to report any incidents.</p>	<p>Internal audit review of processes.</p> <p>Complete annual review into discipline, grievance, bullying and harassment handling.</p> <p>Implement findings of HMICFRS thematic review into misconduct handling.</p> <p>Cultural survey; Culture action plan; Cultural metrics/dashboard.</p>	<p>People and Organisational Development</p>	<p>July 2024</p> <p>July 2024</p> <p>October 2024</p> <p>Aug2024;</p>		<p><u>Oct-Mar 24</u></p> <p>The draft Culture Action Plan includes an action to employ specialist lawyers to review policies and procedures on bullying, harassment and discrimination, to ensure they are fit for purpose whilst being clear and accessible.</p> <p>Metrics agreed for Culture Dashboard</p>	

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				<p>Consider options for publishing anonymised information for staff re the outcomes of complaints/discipline.</p> <p>Just Culture launch – 2024/25.</p> <p>Consider providing examples of behaviours we don't expect to see (contraindicators) alongside existing leadership behaviours.</p>		<p>June 2024; July 2024</p> <p>October 2024</p> <p>October 2024</p> <p>Nov 2024</p>	<p>and work underway on design of the dashboard.</p> <p>Mar-Sept 2024 The Bullying and Harassment policy has been revised and updated.</p> <p>External professionals will be contracted to review this policy alongside a number of other related policies.</p> <p>A review of discipline and grievance cases has been completed to consider any disproportionality in terms of protected characteristics.</p> <p>The use of behaviour contraindicators will be incorporated into the 2025 annual appraisal process.</p>		
<p>As well as the formal areas for improvement detailed above, when reviewing the report, officers identified other areas where the Service could improve. Many of these areas reflected work that is already in progress and included in MFRS plans, but these actions are summarised in this plan for completeness.</p>									
6	7	"The service could improve	The service will consult more	S&P FP 2024/5		March 2025		<u>Oct-Mar 24</u>	

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		how it consults with its local community, including using inclusive social research practices, to develop its understanding of risk in the community.”	regularly with stakeholders and the results of that consultation will be fed back into its planning processes	<p>Review inclusive social research practices (gov.uk).</p> <p>Publish annual reports on CRMP progress accompanied by stakeholder engagement. Consider:</p> <ul style="list-style-type: none"> • Provision of information to households • Use of social media and evaluation • Surveys • Focus groups • Other new methods 	Strategy and Performance			<p>The CRMP consultation process is taking place between March and May. The bulk of this action will commence later in the year.</p> <p><u>Mar-Sept 2024</u> With the publication of the CRMP 2024-27, the CRMP planning guidance for staff has now been updated to take account of new steps that have been adopted during this planning process including the intention to consult during the CRMP period as well as prior to the production of a new CRMP. This will take place during 2024/25.</p>	
7	7	“The service could improve its assurance processes to confirm that risk	Assurance processes will have been reviewed and improvements made.	<p>Preparedness FP 2024/25</p> <p>The replacement of the current system with CFRMIS will improve the</p>	Preparedness	March 2025		<p><u>Oct-Mar 24</u> The CFRMIS project has been delayed due to changes in personnel and some technical issues with</p>	

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		<p>information is up to date and the most contemporary and accurate information is available to those who manage and respond to emergencies.”</p>		<p>process and quality assurance.</p> <p>Automation within the CFRMIS process will reduce risk in the future.</p>				<p>the new platform. The data capture form has now been finalised and data cleansing of existing level 1 and 2 premises is complete. Data cleansing and correction of uninspectable sites has commenced and is expected to be complete by the end of April 2024. Next step is to design the necessary data output forms and the airbus interface for Mobile Data Terminals presentation. Expected delivery in July 2024.</p> <p><u>Mar-Sept 2024</u> New data capture form developed and agreed with CIVICA (who provide CFRMIS). Purchase Order completed and we are awaiting the test product. CIVICA are currently building requirements and</p>	
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								will send back MFRS for quality assurance prior to go-live. Ops intelligence have been working on cleansing data in the system. A new Site Specific Risk Information methodology to be implemented and rolled out in 2025 in line with new data capture form	
8	13	“Not all the audits we reviewed were completed in a consistent and systematic way or in line with the service’s policies. We found evidence in all records that the authorising manager had given signed approval, but the HSE’s enforcement management	Consistency and a systematic approach in regards to how audits are completed and ensure the Enforcement Management Model is completed as part of every audit	Protection FP 2024/25 This area for improvement is covered in the actions in 1 above.	Protection	Sept 2024		<u>Oct-Mar 24</u> Within new governance structures as part of the directorate restructure, standardisation is an element within a newly formed service delivery group. This group will be responsible for ensuring consistent procedures and guidance is available and that teams adhere to the content within.	

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		model wasn't completed as a part of the fire safety audit."						<p>A dedicated training reference holder will be responsible for conducting a TNA to address any associated training requirements.</p> <p><u>Mar-Sept 2024</u> District based assurance department have conducted a number of assurance reviews to ensure consistency of approach around audit procedures and the use of the Enforcement Management Model (EMM). A standardisation group within the confines of the function's governance structures is further supporting the continued strive towards ensuring a uniform approach is undertaken across all Protection activities.</p>	
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9	14	“Inspectors lose confidence in the prosecution process”	E&P processes will be more efficiently adopted and clearly defined	Protection FP 2024/25 This area for improvement is covered in the actions in 1 above.	Protection	Sept 2024		<p><u>Oct-Mar 24</u></p> <p>Feedback from personnel indicate this is linked to procedural and training shortfalls.</p> <p>Legal training across the directorate has commenced and will be governed by a combination of the E&P and training reference holders.</p> <p><u>Mar-Sept 2024</u> Six monthly performance review with the ACFO demonstrated a more positive feel across the team in this regard following a sustained period of training delivery to a number of team members.</p>	
10	15	“The service could improve how it shares information with other	The process for sharing information with other enforcement agencies will	Protection FP 2024/25 This area for improvement is covered in the actions in 1 above.	Protection	Sept 2024		<p><u>Oct-Mar 24</u></p> <p>Within the revised disrectorate structure, we have assigned a reference holder to oversee</p>	

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		<p>enforcement agencies.”</p>	<p>have been reviewed and improved.</p>					<p>stakeholder engagement. This will look to identify where the communication gaps are and to put measures in place that fill them.</p> <p><u>Mar-Sept 2024</u> Further opportunities to refine and improve our information sharing with partners will be explored during then forthcoming remediation acceleration plan work with our Liverpool City Region partners.</p> <p>We continue to collaboarate and information share effectively with the Environment Agency as part of extant procedures associated with the inspection of waste sites.</p>	
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11	18	<p>“Some risk information isn’t up to date Several records hadn’t been reviewed in accordance with the service’s policy. These included records on a high-risk site.”</p>	<p>A duplicate of 7 – see that action</p>						
12	21	<p>“Not all staff at all levels properly understand the policies and procedures the service has in place.”</p>	<p>This relates specifically to the high rise evacuation guidance and associated procedures.</p>	<p>Checks will be made to understand the level of understanding within the organisation (and improve it where necessary)</p>	<p>Response</p>	<p>This is already completed (Sept – Dec 2023) but can be further/periodically assured through the quarterly station ops assurance cycle. (3-6 months)</p>		<p>Complete</p>	

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13	34	<p>“The service could do more to engage with its staff and understand what else they need to support their individual needs.”</p>	<p>Staff health and wellbeing services will reflect their needs.</p>	<p>Develop a process for recording health data; to help with informing the Service about what health and wellbeing issues our people are facing.</p> <p>Promote wellbeing information and resources to staff family members to increase their knowledge of the roles within the Service and the stressors faced within them as well as what physical, mental and spiritual support is available to employees and their family members.</p> <p>Review and action the recommendations contained within the NFCC research document ‘Mapping the Health and Wellbeing across the Firefighting Career and Assessing the Current Demands’.</p>	<p>People and Organisational Development – Occupational Health</p>	<p>March 2025</p> <p>March 2025</p> <p>March 2025</p>		<p>Preparatory work being undertaken to ensure that 2025 targets are met.</p>	

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14	43	“The service needs to do more to assure itself and staff that its promotion and progression processes are fair.”	Processes will have been reviewed and quality assured. This assurance will be shared with staff.	<p>Build on process workshops and guidance that have been positively received. These will be facilitated throughout the year. Further support being developed and trialed.</p> <p>Review appointment and promotion processes to ensure they remain accessible for all staff.</p> <p>Process documentation will be reviewed and revised.</p> <p>Undertake a review into the effectiveness of the High Potential programme.</p> <p>Publish development pathways at all leadership levels (grey and green) improving knowledge and access to opportunities.</p>	People and Organisational Development	<p>Within 3-6 months</p> <p>March 2025</p> <p>March 2025</p> <p>Aug 2024</p> <p>March 2025</p>	Following clarification from HMICFRS; Feedback centred on staff perception and benefit of educating staff on the promotion and progression.	<p>Development pathways developed and being piloted with two Grade 12 development roles created and associated backfills.</p> <p>A trial of additional selection process support has been completed as part of wider supervisory manager selection process. Feedback from this to be reviewed prior to wider implementation.</p>	
15	43	“The service’s promotion and progression policy is limited and	The promotion and progression policy will be expanded and include an	POD FP 2024/25 Review appointment and promotion processes to ensure they remain accessible for all staff.	People and Organisational Development	Within 3-6 months	Following clarification from HMICFRS; Feedback centred on staff perception and	<p>The promotion policy review is ongoing.</p> <p>The development pathways</p>	

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		doesn't explain how it makes sure that processes are fair, open and transparent."	explanation of how it is fair, open and transparent.	<p>Promotion policy and documentation will be reviewed and revised. Engage with staff prior to publication</p> <p>Publish development pathways at all leadership levels (grey and green) improving knowledge and access to opportunities.</p>		<p>March 2025</p> <p>March 2025</p>	benefit of educating staff on the promotion and progression.	documentation has been developed and scrutinised by the internal governal process. These dopcuments will be published in quarter 2.	

*BRAG ratings

BRAG Descriptor				
Action completed	Action is unlikely to be delivered within the timescale of this plan	Action may not be delivered by the designated deadline within this plan	Action will be delivered by the designated deadline within the plan	Action not yet started