

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.”	The Service will take appropriate opportunities to prosecute those who don’t comply with fire safety regulations. The Service will use an automated process to consider prosecution at the point of a prohibition notice being served.	FP 2024/25 – Review protocols regarding enforcement and prosecution to: • Improve staff confidence in dealing with them • Improve risk information Outputs - documents, guidance, training, CPD, assurance and monitoring, information sharing protocols (internal and external) Internal Audit review of related processes (including Legal) will be completed	Protection	Dec 2024		This action is embedded into the Protection Functional Plan for 2024/25. <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. <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	

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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. <u>Oct-Mar update</u> Evidence files have been prepared for review with the legal team and to proceed to prosecution as appropriate.	
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.	Carry out a cultural survey to help assess what the issues. Develop a Cultural Action Plan which will include actions to reinforce the Core Code of Ethics, and our expectations surrounding leadership, values and behaviour.	People and Organisational Development	Aug 2024 June 2024	Following clarification from HMICFRS Feedback: Lack of staff awareness of CCoE.	<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.	

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				Use survey tools including pulse surveys to gauge understanding and demonstration of values. Full staff survey in Nov 2024 will help track changes over the years.		Ongoing Jan 2025		The first draft of Culture Action Plan has been completed and is currently being reviewed by senior managers. The Service is continuing to integrate Core Code of Ethics into Selection Process (included in advert, candidate packs, selection stages). 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. <u>Mar-Sept 2024</u> The cultural action plan has been	
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								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. 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. The full staff survey was released in October 2024. <u>Oct to Mar update</u> Staff survey results - 88% Engagement level is strong and above the norm.	
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								A new two-day “Colours” training course is being piloted. On-station training is being delivered through the Spring and Summer on Values, ED&I and Employee Code of Conduct. MerseyfireLearn to be made more specific around behaviour, values and the Code of Ethics.	
3		“The service should assure itself that middle managers demonstrate service values through their behaviour.”	Staff will consistently know about or understand the service’s ground rules and leadership message, which incorporate the Core Code of Ethics	Carry out a cultural survey to help assess what the issues. Develop a Cultural Action Plan which will include actions to reinforce the Core Code of Ethics, and our expectations surrounding leadership, values and behaviour. Use survey tools including pulse surveys to gauge understanding and demonstration of values.	People and Organisational Development	Aug 2024 June 2024 Ongoing	Following clarification from HMICFRS Feedback: Lack of staff awareness of CCoE.	<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. The first draft of Culture Action Plan has been completed and is currently	

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				Full staff survey in Nov 2024 will help track changes over the years. Explore provision of cultural leadership programme for middle managers.		Jan 2025 Aug 2024		being reviewed by senior managers. A cultural leadership training programme for middle managers is being delivered with completion in 2nd quarter 2024. 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. Broader utilisation of Leadership Behaviours being considered. Leadership Behaviour Development Programmes being piloted for 2 x G12 Senior Leader roles.	
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								<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. 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. The full staff survey was released in October 2024. As part of the cultural action plan training courses will	
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								be delivered to middle managers alongside the expansion of 360 appraisal. <u>Oct-Mar update</u> New approach to “Colours” training will help with this. 360 Appraisal process is being revised and delivered from SLT down to Middle Manager (the latter when identified that this would be beneficial for development. Staff survey results - 88% Engagement level is strong and above the norm. SLT will Review staff survey comments and reports and develop appropriate actions.	
4	36	“The service should assure itself that it has an effective succession	There will be effective succession planning mechanisms for all roles;	Re-educate staff on the succession planning process to embed it.	People and Organisational Development	In FDP 24/25 May 2024	Following clarification from HMICFRS Feedback:	<u>Oct-Mar 24</u> Revised Succession Planning process communicated to Managers. Ensuring consideration given	

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		planning mechanism in place for all roles.”	Grey, Green and Red Book.	Broader identification of transferrable knowledge and skills. Consider adoption of a Succession Planning platform that looks at skill framework at an organisational level. Integrate Succession Planning into Functional Planning processes. Consider broadening of opportunities for identified skillsets – e.g. as created with G12 Green Book opportunities.		Dec 2024 Jan 2025 Dec 2024	Appreciated Succession planning process was newly established. Manager understanding and interpretation of succession planning limited.	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. <u>Mar-Sept 2024</u> Succession Planning took part alongside FDP planning. 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.	
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								<u>Oct-Mar update</u> A full cycle of Succession Planning has been completed since the last Inspection and another will be completed before the next inspection. More understanding by managers is expected as a result. Proposed to provide more information for SLT and briefings for whole organisation.	
5	39	“The service should review how effective its policy on bullying, harassment and discrimination is in reducing unacceptable behaviour towards its staff.”	The Service will improve staff’s understanding of bullying, harassment and discrimination issues and be aware of their duty to report any incidents.	Internal audit review of processes. Complete annual review into discipline, grievance, bullying and harassment handling. Implement findings of HMICFRS thematic review into misconduct handling. Cultural survey; Culture action plan; Cultural metrics/dashboard.	People and Organisational Development	July 2024 July 2024 October 2024 Aug2024;		<u>Oct-Mar 24</u> 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. Metrics agreed for Culture Dashboard	

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				Consider options for publishing anonymised information for staff re the outcomes of complaints/discipline. Just Culture launch – 2024/25. Consider providing examples of behaviours we don't expect to see (contra-indicators) alongside existing leadership behaviours.		June 2024; July 2024 October 2024 October 2024 Nov 2024	and work underway on design of the dashboard. <u>Mar-Sept 2024</u> The Bullying and Harassment policy has been revised and updated. External professionals will be contracted to review this policy alongside a number of other related policies. A review of discipline and grievance cases has been completed to consider any disproportionality in terms of protected characteristics. The use of behaviour contra-indicators will be incorporated into the 2025 annual appraisal process. <u>Mar-Oct update</u> We are adopting HMI recommendations around external	
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								reviews including by Safecall and a Barrister review of dismissals. Merseycare are looking at our approach to Just Culture. We have analysed both one year and five year statistics for Discipline, grievance and complaints looking at any pattern in relation to protected characteristics. We have sourced external scrutiny through Merseycare for our welfare support , Safecall in relation to investigations and external legal review in relation to the strength and legal viability of our policies.	
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.									
6	7	"The service could improve how it	The service will consult more regularly with	S&P FP 2024/5	Strategy and Performance	March 2025		Oct-Mar 24 The CRMP consultation process	

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		consults with its local community, including using inclusive social research practices, to develop its understanding of risk in the community.”	stakeholders and the results of that consultation will be fed back into its planning processes	Review inclusive social research practices (gov.uk). Publish annual reports on CRMP progress accompanied by stakeholder engagement. Consider: • Provision of information to households • Use of social media and evaluation • Surveys • Focus groups • Other new methods				is taking place between March and May. The bulk of this action will commence later in the year. <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. <u>Oct-Mar update</u> <i>Consultation, Logic Models</i>	
7	7	“The service could improve its assurance processes to confirm that	Assurance processes will have been reviewed and	Preparedness FP 2024/25 The replacement of the current system with	Preparedness	March 2025		<u>Oct-Mar 24</u> The CFRMIS project has been delayed due to changes in personnel and some	

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		risk information is up to date and the most contemporary and accurate information is available to those who manage and respond to emergencies.”	improvements made.	CFRMIS will improve the process and quality assurance. Automation within the CFRMIS process will reduce risk in the future.				technical issues with 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. <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	
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								requirements and 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 <u>Oct-Mar update</u> Test environment for CFRMIS will be live on 1st May. Risk information module of CFRMIS expected to be implemented in June.	
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	Consistency and a systematic approach in regards to how audits are completed and ensure the Enforcement Management Model is completed as	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	

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		the authorising manager had given signed approval, but the HSE’s enforcement management model wasn’t completed as a part of the fire safety audit.”	part of every audit					consistent procedures and guidance is available and that teams adhere to the content within. A dedicated training reference holder will be responsible for conducting a TNA to address any associated training requirements. <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	
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								towards ensuring a uniform approach is undertake across all Protection activities. <u>Oct-Mar update</u> Assurance Teams across MFRS have new procedures and checklists for assuring quality. Assurance is thematic and includes sampling.	
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		<u>Oct-Mar 24</u> Feedback from personnel indicate this is linked to procedural and training shortfalls. Legal training across the directorate has commenced and will be governed by a combination of the E&P and training reference holders. <u>Mar-Sept 2024</u> Six monthly performance review with the ACFO demonstrated a more positive feel	

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								across the team in this regard following a sustained period of training delivery to a number of team members. <u>Oct-Mar update</u> This is linked to the progress of Item 1. There are now robust processes in place. An increase in confidence is expected. This will be revisited at departmental workshops.	
10	15	“The service could improve how it shares information with other enforcement agencies.”	The process for sharing information with other enforcement agencies will have been reviewed and improved.	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 the revised directorate structure, we have assigned a reference holder to oversee stakeholder engagement. This will look to identify where the communication gaps are and to put measures in place that fill them. <u>Mar-Sept 2024</u> Further opportunities to refine and improve	

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								our information sharing with partners will be explored during then forthcoming remediation acceleration plan work with our Liverpool City Region partners. We continue to collaborate and information share effectively with the Environment Agency as part of extant procedures associated with the inspection of waste sites. <u>Oct-Mar update</u> More proactive engagement is now taking place. LCR Remediation Acceleration Plan. Stakeholder engagement is a specific reference in the districts.	
11	18	“Some risk information isn’t up to date	A duplicate of 7 – see that action						

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		Several records hadn't been reviewed in accordance with the service's policy. These included records on a high-risk site."							
12	21	"Not all staff at all levels properly understand the policies and procedures the service has in place."	This relates specifically to the high rise evacuation guidance and associated procedures.	Checks will be made to understand the level of understanding within the organisation (and improve it where necessary)	Response	This is already completed (Sept – Dec 2023) but can be further/p periodically assured through the quarterly station ops assurance cycle. (3-6 months)		Complete <u>Oct-Mar update</u> Considering a change to approach but there are examples of use of the current procedures. Implementation of Stairwell Protection procedures will complete this. This will be included in the Super Six training plan.	
13	34	"The service could do more to engage with its staff	Staff health and wellbeing services will	Develop a process for recording health data; to help with informing the Service about what	People and Organisational Development	March 2025		Preparatory work being undertaken to ensure that 2025 targets are met.	

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		and understand what else they need to support their individual needs.”	reflect their needs.	health and wellbeing issues our people are facing. 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. 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’.	– Occupational Health	March 2025 March 2025		<u>Oct-Mar update</u> Monthly health initiatives are communicated to all staff. We have had good positive feedback for Hybrid review, the feedback from the Culture and Inclusion training on stations has also been positive and opened up the opportunity for broader issues to be raised and addressed	
14	43	“The service needs to do more to assure itself and staff that its promotion and progression	Processes will have been reviewed and quality assured. This assurance will be shared with staff.	Build on process workshops and guidance that have been positively received. These will be facilitated throughout the year. Further support being developed and trialed.	People and Organisational Development	Within 3-6 months	Following clarification from HMICFRS; Feedback centred on staff perception and benefit of educating staff	Development pathways developed and being piloted with two Grade 12 development roles created and associated backfills.	

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		processes are fair.”		Review appointment and promotion processes to ensure they remain accessible for all staff. Process documentation will be reviewed and revised. Undertake a review into the effectiveness of the High Potential programme. Publish development pathways at all leadership levels (grey and green) improving knowledge and access to opportunities.		March 2025 March 2025 Aug 2024 March 2025	on the promotion and progression.	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. <u>Oct-Mar update</u> Grade 12s development continues.	
15	43	“The service’s promotion and progression policy is limited and doesn’t explain how it makes sure that processes are fair, open and transparent.”	The promotion and progression policy will be expanded and include an explanation of how it is fair, open and transparent.	POD FP 2024/25 Review appointment and promotion processes to ensure they remain accessible for all staff. Promotion policy and documentation will be reviewed and revised. Engage with staff prior to publication	People and Organisational Development	Within 3-6 months March 2025	Following clarification from HMICFRS; Feedback centred on staff perception and benefit of educating staff on the promotion and progression.	The promotion policy review is ongoing. The development pathways documentation has been developed and scrutinised by the internal governance process. These documents will be published in quarter two.	

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				Publish development pathways at all leadership levels (grey and green) improving knowledge and access to opportunities.		March 2025		<u>Oct-Mar update</u> The recruitment policy has been revised.	

*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