

Fire and Rescue Operational Assessment of Service Delivery

**Hereford & Worcester Fire &
Rescue Authority**

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Executive Summary

1. In the Fire & Rescue Performance Framework for 2006/07 published in July 2006, the Audit Commission outlines how performance management in the fire and rescue service will be assessed. This written feedback arises from an operational assessment of service delivery review carried out as outlined in chapter six of the Performance Framework. It gives the results from our review of the Hereford & Worcester Fire & Rescue Authority. We used the methodology published by the Department of Communities and Local Government (DCLG) in the Operational Assessment of Service Delivery toolkit in July 2006.
2. Our on-site work took place in October 2006 by a team of staff seconded from Fire and Rescue Authorities. We received a self-assessment from the Fire Authority which sign-posted evidence to support the five key lines of enquiry outlined in the toolkit. The teams reviewed the self-assessment including the sampling of evidence on site and then made a judgement as to whether the self-assessment score should be upheld or whether an alternative judgement should be recommended. The judgements we have made are based on the evidence we saw before and during our visit.
3. Operational Assessment of Service Delivery is an operational assessment, at the service level, of how well the Authority is planning, organising and delivering its operational services. It does not give an opinion on how well the fire service is being run corporately.
4. In their self-assessment, the FRA rated themselves as in performing strongly. However, as a consequence of the review, there is a change to the FRA self assessment score in one of the KLOEs which, in turn, has an impact on the overall assessment score.

The FRA is rated by this assessment as **performing well**.

5. Hereford & Worcester Fire and Rescue Service (HWFRS) have strong operational leadership and enjoy good industrial relations with all Representative Bodies. The Service is committed to the Comprehensive Performance Assessment (CPA) process as a driver for change. The Service has embarked on an energetic pace of change and is making a significant contribution to the wider community safety agenda through strong leadership and clearly defined objectives. The change agenda is inclusive and represents the views of all staff. HWFRS have forged strong links with partner organisations and in many cases take a lead in actions to achieve overall objectives. Overall HWFRS is performing well, particularly in relation to risk analysis, and broadly in prevention and protection and call management incident support and emergency response. In terms of prevention and protection the service is engaged with a range of partners and has a strong preventative culture growing. Operational preparedness contains notable practice emergency response includes examples of good regional liaison.

The Assessment process

6. Before the site visit, the review team reviewed the FRAs self-assessment and other FRA information such as the FRAs Integrated Risk Management Plan, Best Value Performance Plan and supplementary evidence provided on CD Rom. The team spent a day together sharing their views on the self-assessment, finalising the details of the visit and agreeing how to follow the lines of enquiry on-site.
7. The review team customised their approach to the on-site fieldwork, and their subsequent requests for evidence, based upon the performance levels indicated in the FRAs self assessment. They used a range of techniques to verify their findings including the use of standard diagnostics and question sets where appropriate.
8. The review team spent three days on site with the FRA. During this time, they;
 - a. Conducted interviews and focus groups with service delivery personnel and the senior management team
 - b. Visited a number of Wholetime and Retained fire stations
 - c. Reviewed a substantial number of documents and other evidence provided by the FRA
 - d. Spoke to partners and other stakeholders
9. The review team based their on-site work around evidence of the current levels of performance outlined in the Operational Assessment of Service Delivery Toolkit. These are described as follows;

Level of achievement	Description
1	Failure to meet level 2 criteria.
2	Level 2 performance represents a minimum requirement, and will need to be in place before the FRA can be considered for level 3.
3	To achieve level 3 performance, FRAs must have all arrangements described at level 2 in place. The arrangements should be embedded and operating effectively with clear outcomes representing a more demanding test than for level 2. The FRA should also have the majority of level 3 performance criteria in place or, where there are gaps, have made substantial progress towards meeting them.
4	An FRA that is performing strongly will need to demonstrate that it meets all of the criteria for level 2 and level 3, and that its arrangements are embedded and have a clear impact on outcomes. In addition to fully meeting level 2 and 3 criteria, evidence to support achievement of level 4 needs to demonstrate innovation or notable practice which delivers tangible results and can be shared with other authorities.

Overview of the “Key themes” and “observations”

10. Prior to on-site activity, a detailed review of the self-assessment document, context statement and additional background information available from DCLG and publicly on the Service’s website was carried out. The local Health and Safety Executive, the regional Business Change Manager and the Audit Commission Relationship Manager were contacted in order to establish an external view on developments relevant to their areas of interest. The review was carried out with team members responsible for specific KLOEs, with pairing of KLOEs as appropriate. During the pre-site meeting, the review team identified a number of areas requiring further investigation.
11. The objective of the Risk Analysis review was to consider how risk assessment and analysis using FSEC or similar integrated risk management processes had informed the work and direction of community safety and the IRMP process.
12. The objective of the Prevention and Protection review was to consider the level to which work was established within the organisation, as the self-assessment presented good evidence of initiatives and work being done relating to work in progress, but not necessarily embedded. The self-assessment suggested a need to further resource and develop the way in which technical fire safety was being delivered, but this could not be confirmed until discussions had taken place with staff about the approach.
13. The self-assessment highlighted a number of areas where the FRA was working with a number of different agencies on a variety of subject areas including learning and development, water incidents and incident command. The self-assessment also suggested that a number of policies were either in need for review or in draft form including their approach to workforce development and incident command. Therefore the focus of the review of Operational Preparedness was to look at the arrangements in place to assure the development and maintenance of competence of operational staff. In addition, the provision and application of operational risk information and safe systems of work including their Incident Command System were explored to ensure HWFRS is prepared to deal with all operational incidents to which it may be reasonably expected to respond.
14. The objective of the Call Management and Incident Support review was to consider the arrangements in place to measure, manage and improve performance within the control environment.
15. The objective of the Emergency Response review was to consider the arrangements in place to monitor and review the performance of the emergency response provision in HWFRS. In particular, the active monitoring and review of performance at operational incidents was explored as the self-assessment indicated that this was an area that was in need of review.

Key Lines of Enquiry – Strengths & Areas for Improvement

16. The Operational Assessment of Service Delivery looks at the five main areas of service delivery. These are called “key lines of enquiry” (KLOE) and are organised under the headings of risk analysis, prevention and protection, operational preparedness, call management and incident support, and emergency response. Each KLOE is examined and scored against the HS(G) 65 format of policy, organising, planning and implementation, monitoring (performance) and audit and review. This acts as a control loop and ensures that each KLOE stands alone, and is considered in a rounded manner both by the FRA and the DCLG review team.
17. Whilst on-site with the FRA, the review teams examined a broad range of evidence in order to verify the FRAs self-assessment score or to make alterations accordingly. In writing up their findings, the review team focused on identified strengths and areas for improvement in order for the FRA to further recognise what they are doing well, or not so well. Where areas of notable practice or innovation have been identified and attract a “performing strongly” score in one key area or more, these have been highlighted in bold throughout the document.
18. Hereford & Worcester FRA is performing at the following levels in relation to the five service delivery KLOEs;

KLOE	Judgement
Risk Analysis	Performing strongly
Prevention and Protection	Performing well
Operational Preparedness	Performing well
Call Management and Incident Support	Performing well
Emergency Response	Performing well

Risk Analysis

19. In the risk analysis KLOE, HWFRS scored itself as performing strongly with five out of five key areas score this way. Whilst HWFRS are undoubtedly performing well in this area, overall there was a lack of evidence to demonstrate innovation or notable practice leading to tangible results that could be shared with other FRAs in three areas. The scores were therefore reduced from performing strongly to performing well in these areas. This has no impact on the overall KLOE score, which remains as performing strongly.

Strengths and areas of notable practice

20. FSEC has been fully resourced since the rollout from DCLG .FSEC has been put to good use in order to inform the IRMP process, consider station locations and provide information to support professional judgement regarding crewing arrangements, for example in the Redditch area. Using FSEC, analysis of the activity levels indicated that performance in the early evening could be improved by amending the duty system to improve availability aligned to operational activity. However, following consultation, the representative bodies put forward an alternative proposal that was accepted ensuring that crews would be available for immediate response during this peak activity period. A supplemental crewing policy that enables the availability of fire appliances to be upgraded by employing firefighters on overtime is now being piloted. To date, this has resulted in achieving 100 per cent availability of response. This is a good example of FSEC being used effectively to improve operational availability, and of a flexible, risk based arrangement that provides enhanced intervention services during periods of anticipated additional demand without significant additional costs.
21. HWFRS developed its corporate risk strategy in 2004, with the first Corporate Risk Register being formalised in 2005. There is clear ownership and involvement in the process by elected members. Risk management forms part of the responsibility of the FRAs Audit Committee.
22. The risk strategy and supporting IRMP forms the FRA's risk policy. The risk strategy has recently been revised to make it more user friendly and to incorporate a 'business impact assessment'. This assessment considers resource implications, finance, legal, human resources, property, policy, equality and ethical issues and business continuity. This process leads to a fully documented representation of key risks and actions taken to mitigate them, and is designed to be used at all levels of the organisation. The Corporate Risk register is further supported by district and departmental risk registers and there was clear evidence of the system being used to good effect.
23. Good performance management information is produced and made available to all levels in the performance management framework. The Management Information and Research Officer (MIRO) collates BVPIs and local PI information from operations and other departments and these are analysed with a quarterly report being generated in a visual and user-friendly format. This is submitted to departments and District Officers before being forwarded to the Principal Management Meetings (PMM) and progress against projects is also reported. This is a consistent thread that forms the basis of the reporting process that is eventually submitted to the elected members Performance Review and Best Value committee. HWFRS are also

considering the introduction of appropriate standing agenda items, such as health and safety and performance, across the whole service in order to add further structure and strength to the performance management framework.

24. Risk profiles for stations have in full use for some time and the data used in these has recently been updated. The revised risk profiles represent a sound approach for formalising information available at station level with a full range of information on hand including incident, community fire safety, population, ethnicity and false alarm data. To further support this, HWFRS is establishing a 'knowledge management hub' and are purchasing a new management information system to improve the quality, availability and access to the latest performance and activity information. The hub involves setting up a central information resource by co-joining all information and analysis systems. The physical resources, i.e. FSEC team and the MIRO are now co-located and the next step is to develop linkages with other departments and software systems. These planned improvements should ensure that the quality and availability of risk information at stations is further improved in the future.
25. Business Continuity has been an area that HWFRS recognise needed development and as a consequence a business continuity strategy was implemented in 2004. Business continuity encompasses all departments within the FRS, and this puts the FRS into a strong recovery position should a critical system failure occur.

Areas for improvement

26. There is evidence of audit of the risk analysis section, particularly involving the FSEC team and their work streams, and the service has identified that they need to strengthen existing objectives within the existing business plan.
27. Document control within HWFRS could be further improved. The document control procedure is managed centrally, though the review and update responsibility rests with department managers. Evidence was seen of documents past planned review dates, however the Service is aware of this and has in place a risk assessment approach which feeds into a planned programme of work to ensure that those documents that are risk critical are reviewed and non essential work is dealt with in priority order.

Prevention and Protection

28. HWFRS scored itself as performing well in prevention and protection with one key area scored as performing strongly, two key areas scored as performing well and the remaining two as performing adequately. The review team found sufficient evidence to support this view in relation to the overall KLOE score but made changes to two of the key area scores. The score in the key area of planning and implementation was increased from performing adequately to performing well as the team found sufficient evidence to demonstrate that arrangements were embedded and operating effectively with clear outcomes. The key area of organising was reduced to performing well as there was a lack of evidence to show that arrangements demonstrated innovation or notable practice leading to tangible results which could be shared with other FRAs. The KLOE score remains unchanged as performing well.

Strengths and areas of notable practice

29. HWFRS operate a sign-posting scheme for vulnerable people and work with over 20 partner agencies including the Police, Ambulance service, voluntary sector and other statutory services that provide a wide range of preventative services. A simple assessment form is used by all partners that are forwarded to a clearing house before being sent to the appropriate agencies for action. To date 4,175 people have been sign-posted generating 8,482 referrals. An evaluation of work done in May 2006 showed the Fire and Rescue Service to be one of the most requested agencies.
30. Principal Officers are demonstrating their commitment to partnership working at a strategic level; examples of this include the concordat between Ambulance, Police and Fire services being re-energised and representation at Worcestershire Local Strategic Partnership (LSP). This strategic involvement leads the way forward for all partnership working the Service is involved in with an aim to improve community safety.
31. HWFRS has strong and respected leadership and enjoy good working relationships with the Representative Bodies. This is demonstrated by the positive consultation involving both parties to improve Service Delivery in Redditch area. A pilot system of working is now under way with the full support of all parties involved.
32. The existing Fire Safety MIS is in the process of being replaced with a more compatible and effective system. This will allow for greater performance management to take place and a more intelligence led approach to both prevention and protection activities.
33. HWFRS have done considerable work in getting equality and diversity embedded into the organisation. Training, impact assessments and the current recruitment of another member of staff in this area further demonstrate their commitment.
34. As a result of successfully achieving the targets for LPSA 1, the proportion of the reward grant allocated to HWFRS is to be re-invested into community safety (CS) activity. A plan is already in place on how best to use this funding to improve Service Delivery. LPSA 2 targets have now been set and the Service is again involved in these with work underway to achieve the stretch targets relating to driving down deliberate fires. These targets are realistic and have been set with the involvement of the Arson Reduction Officer for the Service
35. There is a strong Community Safety culture evident within the organisation, with stations committed to the Schools programme to ensure that all primary schools are

visited. The recent introduction of Community Safety Advisers is an asset to service delivery and, whilst their role is still developing, rewards are already being realised.

Areas for improvement

36. There was limited evidence to indicate sampling of performance was taking place on the schools programme in order to ensure that delivery of services is being done in the manner expected. There is also lack of formal internal quality assurance in the area of technical fire safety to ensure that staff had the knowledge and skills to confidently and professionally deliver the service. Some monitoring is being done on but this did not appear to the team to contribute to any training needs identification or service improvement.
37. As a result of the recent re-structure there is some initial confusion regarding the roles and responsibilities of Station Managers. Job descriptions are to be issued shortly and will aid in clarifying expectations. A skills gap was also identified in Fire Safety as a result of the re-structure. These issues have been already identified by HWFRS and are being addressed.
38. There is no dedicated recording system for the arson prevention activity undertaken by operational staff. Staff currently record work in this area via a CE1 form and the Performance Folder codes but neither of these are specifically designed for monitoring arson activity. It is recognised that HWFRS do record arson data for BVPI purposes; however a dedicated recording system for operational staff could enhance targeting and ensure the service continues to make best use of resources in this area.
39. At the time of the review the RRO had been in place for a number of days and whilst inspections were now taking place under this legislation, inspecting officers were unable to communicate outcomes or actions to those affected, as the standard letters relating to this legislation had not yet been issued. It is recognised that this is a short term issue that will be resolved when the new fire safety software application has finished testing.
40. An examination of the register relating to enforcement under the Fire Precautions Act 1974 (FPA) (Section 10) revealed that processes and monitoring arrangements were adequate. The system used for enforcement of the FPA was not robust enough to ensure that all premises possessing a high risk to life were managed in their entirety to ensure that all safety measures are adhered to and progressed. There was a lack of evidence to show that all premises were checked and followed up appropriately. Although work had been done in this area relating to transition to the new legislation (RRO), there was limited evidence to indicate that systems were in place to improve this area significantly.

Operational Preparedness

41. HWFRS scored itself as performing strongly in operational preparedness with two key areas scored this way and the rest as performing well. There was sufficient evidence to support the view that HWFRS is performing well in the key areas of policy, monitoring and audit & review but the key area of organising was reduced as there was a lack of evidence to demonstrate that arrangements were either embedded and operating effectively with clear outcomes or demonstrated innovation or notable practice leading to tangible results which could be shared with other FRAs. There was evidence of notable practice in the key area of planning and implementation and this remains at performing strongly. This has an impact on the overall KLOE score which has been reduced from performing strongly to performing well.

Strengths and areas of notable practice

42. As part of their IRMP process a high occurrence of water rescues presenting moderate to substantial organisational risk were highlighted and, as a result, the FRA has secured additional investment to enhance provision for the prevention of and response to water rescue incidents. This was supported by a comprehensive risk based business case that identified significant risks to the organisation should it not address the issues highlighted. The Chief Fire Officer (CFO) is the national lead within the UK fire and rescue service for water related incidents and is currently working with DCLG to access European funding to further develop this area nationally. A statement of common understanding has been established between the FRA, other blue light responders and various voluntary agencies to facilitate co-ordination of water related search and rescue operations within Hereford and Worcestershire. Specialist equipment and training has been made available and collaboration with the Environment Agency will enable the FRA to predict when and where flooding will occur on a street-by-street basis. Work to improve the water awareness of the public has been recognised by the Royal Life Saving Society.
43. Interviews with partner agencies supported the self-assessment view that the FRA has established liaison links with key stakeholders such as the Police and local authorities. **The FRA delivers input on the West Mercia Police Emergency Procedures in Command (EPIC) course. This week long course is aimed at sergeant, inspector and chief inspector level and involves an afternoon devoted to a case study of a serious fire incident that involved multiple agencies. Interactive dialogue is employed to discuss Police and Fire & Rescue Service issues concerning the management of larger incidents covering subjects such as the incident command system, risk management, cordon, hazmat and environmental issues. This contribution is highly valued by West Mercia Police and has been established for at least three years leading to better multi-agency collaboration at emergency incidents.** Whilst there was insufficient evidence to support an overall score of performing strongly in the key area of planning and implementation, the fact that HWFRS have managed to secure formal training slots within police officer training is rare amongst FRAs and is commended.

44. **The FRA has developed a process through which a firefighter was able to return to full operational duties following the amputation of a limb.** The process is fully detailed and risk assessed and has wider applicability in relation to other services and the Disability Discrimination Act.
45. A range of standardised training packages is available on each station to assist with the acquisition and maintenance of knowledge and skills. Operational crews said that these packages were improving the consistency of training delivery at watch level.
46. The FRA has held Approved Centre status with an NVQ awarding body for a number of years enabling direct award of NVQ qualifications in Emergency Fire and Rescue Service Operations. All new firefighters and Control staff are developed through the centre and this arrangement has been furthered strengthened by establishing a satellite centre within a neighbouring FRA which enables their staff to gain NVQ accreditation through Hereford and Worcester.

Areas for improvement

47. The FRA has a planned approach for securing the competency of supervisory and middle managers, however there are some areas for improvement in relation to incident command. The FRA had purchased an incident command simulator, however none of the middle managers interviewed by the review team had undergone an assessment using it. In addition, the review team found arrangements for securing the competency of staff in respect of hazardous material incidents in need of review. Although the FRA has a number of officers who have undertaken specialist hazardous material courses at the Fire Service College available, the provision of ongoing refresher training is an area for attention. Although the FRA provides a number of internal refresher courses for areas such as Road Traffic Collisions and Breathing Apparatus, it does not offer any courses specifically for hazardous material incidents. A recent debrief report following an incident involving hazardous materials highlighted a number of significant shortfalls in policy, procedures and training that support the findings of the review team outlined above. As a consequence of this, the score in the key area of organising is reduced from performing strongly to performing well.
48. The management of the process for gathering and amending operational risk information may need auditing. Whilst the overall system is well constructed, sampled evidence indicated that where watch based crews identify a change in risk at specific premises following a routine visit, or in response to an emergency incident, the subsequent process for triggering a follow up inspection by fire protection specialists was not being actioned effectively at a district level.
49. Performance information focuses significantly on prevention activity, and may understate the operational preparedness or emergency response activity that underpins the prevention work undertaken to reduce risk in the community. The station audit process is not fully operating across the three districts with evidence to suggest that some stations had not been subject to one for some time. The FRA is implementing a significant change programme and this may reflect the fact that outcomes are not always reported up to a district level meaning senior managers are not fully aware of the performance of the stations within their span of control.
50. The monitoring of the development and maintenance of competence of operational personnel is entrusted to local managers with limited monitoring above station level.

The Individual Development Record (IDR) is a paper-based record of activity undertaken to maintain competence and held locally at station level. The majority of managers on the flexible duty system reported that either they did not possess an IDR or that it was not up to date. Furthermore, the arrangements for the workplace assessment of crew and watch managers is limited. No central database exists to provide an overview at a district or strategic level meaning the FRA has limited awareness of its organisational competence. Although a central audit of the IDR process has been undertaken by the training centre to identify areas for improvement, it was reported that no feedback had been received from districts to demonstrate that issues identified from the IDR audit had been actioned.

Call Management and Incident Support

51. HWFRS scored itself as performing well in Call Management and Incident Support with one key area scored this way and two scored higher at performing strongly. Whilst the review team found sufficient evidence to support the overall KLOE score, there was a lack of evidence to demonstrate innovation or notable practice in the key areas of policy and planning and implementation. The scores in these two key areas were reduced from performing strongly to performing well. The KLOE score remains unchanged as performing well.

Strengths and areas of notable practice

52. HWFRS conducted a stress and welfare audit of Fire Control last year and has drawn up an action plan to address issues identified. This is being delivered on time and is achieving the improvements sought. There is good communication within the organisation and welfare interviews are available to staff if required.
53. All control personnel are aware of the evacuation procedure. A planned evacuation of control occurred in August when the air conditioning within the main control room needed improvement. On return to the main control room at Copenhagen Street, a debrief was held and resulted in an improved procedure for planned evacuations.
54. Training within control is developing well, with each watch having a monthly training programme for all personnel. Newly appointed control staff participate in the NVQ process, as well as completing a development programme. The Probationers Development programme follows the initial four-week recruit induction training, and runs for 20 months. It sits alongside and compliments the NVQ process. Each candidate completes a workbook which comprises of performance standards supported by the knowledge and skills required. The corresponding NVQ element is identified to enable both systems to be integrated. In addition to this, each new member is assigned a mentor to help with the programme. Future planned training for all operators includes a wider representation from other departments with presentations covering data protection, water incidents, Incident Response Units (IRUs) etc. This will further improve staff morale and understanding of the wider role of the FRS and the Control centres contribution towards it.
55. The debriefing procedure involving control operators has recently improved, with control staff now attending debriefs of all large incidents. Alongside this, Control have also devised their own debrief procedure. The control debrief procedure is effective and has identified that BT changed its call transfer policy without consulting HWFRS, resulting in control experiencing difficulties in call handling. This has now been rectified. This system would benefit from being formalised and incorporated into the FRS debrief procedure.
56. HWFRS recently moved from the centre of Worcester to new headquarters on the outskirts of town. The former headquarters is in need of major refurbishment, but remains open as an operational station and control centre. In recognition of their isolated position and the impact of the regional control centre project, HWFRS conducted a stress and welfare audit of Fire Control last year and has drawn up an action plan to address issues identified. This is being delivered on time and is

achieving the improvements sought. Communications within the organisation have improved as a result, and further welfare interviews are available to staff if required.

57. All control personnel are aware of the evacuation procedure. A planned evacuation of control occurred in August when the air conditioning within the main control room needed improvement. On return to the main control room at Copenhagen Street, a debrief was held. This has resulted in an improved procedure for planned evacuations.

Areas for improvement

58. Performance management within the control environment is adequate with limited performance information available. This has been recognised and the FRS is moving towards developing standards and performance indicators to improve the management systems. An IT monitoring system is being considered to support performance management of control activity and future performance will be reported at the PMM quarterly performance management meetings. These will assist in driving forward the improvements sought.
59. Business continuity is an issue that has previously been identified both in the wider FRS environment and in control. The business continuity strategy has recently been approved and guidance and procedures are now being developed. There are planned visits to each department to consider the department risk register to determine the principal and major risks, and to challenge the risk assessment process that underpins the register. This will include a risk assessment on current capacity to handle calls from neighbouring FRS should they suffer major disruption will inform and assist business continuity planning. This will put the FRS into a strong recovery position should a critical system failure occur.
60. There is limited evidence of fully effective audit or review arrangements in Control and a lack of a fully structured audit process for collecting independent information to assess the efficiency, effectiveness and reliability of the control management systems. HWFRS recognised this in their score of adequate performance in this area and are aware that reviewing this information would better enable them to make judgements about performance and take necessary corrective actions.

Emergency Response

61. HWFRS scored itself as performing well in Emergency Response with four key areas out of five being scored this way or above and one as performing adequately. In the key areas of policy and planning and implementation, the FRA scored themselves as performing strongly but the review team felt that there was insufficient evidence to demonstrate that arrangements were either innovative or demonstrated notable practice leading to tangible results that could be shared with other FRAs. The scores in these two key areas were therefore reduced from performing strongly to performing well. In the key area of organising the FRA had scored themselves as performing well but the review team felt there was insufficient evidence to demonstrate arrangements were embedded and operating effectively with clear outcomes so the score was reduced to adequate performance. The key area of audit and review remains unchanged at performing well. These changes had no impact on the overall KLOE score, which remains at performing well.

Strengths and areas of notable practice

62. A diagnostic tool was used to underpin the review process by exploring a number of areas common to the five KLOEs. A premise identified by the FRA as a high-risk site was used to explore appropriate key areas with the relevant Station, Control and supporting departments. The physical arrangements for the provision of operational risk information on the incident ground via the Vehicle Mounted Data System (VMDS) terminals on fire appliances were found to be effective. Operational crews interviewed by the review team gave a positive view of the system expressing that it had improved their capability to manage operational incidents.
63. As part of its IRMP, the FRA has undertaken a comprehensive middle management review that included an examination of the flexibility and effectiveness of its Flexible Duty System provision. As a direct result, the number of FDS posts has been reduced and a new duty rota introduced to improve resilience. This has produced cashable efficiency savings that have reinvested and improved the opportunities for FDS staff to maintain competency through attendance at incidents.
64. Following a peer assessment by colleagues from the West Midlands region, the FRA has reviewed its arrangements for responding to emergency incidents at gold command level. A formal mutual aid agreement is now in place with a neighbouring FRA to share and supplement strategic manager cover. This has improved resilience arrangements for both FRAs.
65. In addition to establishing the mutual aid agreement, all strategic managers have undertaken Joint Gold Command training with the neighbouring FRA using the incident command training facility at Avon FRA. This, coupled with the purchase of an IT based incident command simulator system, has improved the resilience of HWFRS in dealing with incidents requiring a multi-agency gold response.
66. To supplement the recently introduced process for selecting operational staff for promotion into supervisory roles using the regional assessment and development centres, the FRA has introduced a formal interim policy and process for selecting those personnel needed to fill temporary vacancies at supervisory level. The policy defines the qualifying criteria considered necessary for temporary promotion and the underpinning process to ensure all vacancies are filled by suitably qualified staff. As an outcome, all temporary vacancies on both the Retained and Wholetime duty

systems are filled only with those personnel who are deemed capable and trained to undertake the roles of crew or watch manager.

67. A themed exercise programme based upon risk is co-ordinated across each of the three districts and involves working with neighbouring FRAs and other agencies such as the police and environment agency. Recent examples include a breathing apparatus exercise involving twenty-five fire appliances from three FRAs and also exercises to test arrangements for deploying New Dimension equipment.

Areas for improvement

68. The review team found no evidence of any formal arrangements for securing and recording the maintenance of competence of operational personnel at middle manager level. Although an appraisal system exists in the form of a Personal Development Review (PDR), the Individual Training Record issued to all firefighters, crew and watch managers is not extended to station managers and above. Attendance at training courses is recorded centrally but there was little evidence to support that other activity to maintain competence is recorded. Structured development and refresher training for middle managers was found to be limited with no formal workplace assessment undertaken at operational incidents. Therefore, the FRA was unable to evidence the operational competency of its middle managers. As a consequence of these findings, the score in the key area of organising was reduced to performing adequately.
69. The policy for Incident Command is in need of updating to reflect changes in legislation and national guidance. The arrangements for responding to 'over the border' incidents are not defined and this is reflected in the different responses received from middle managers when questioned in regard to their roles and responsibilities at such incidents.
70. The formal mobilising policy has not been updated since 1998 and does not correlate with the guidance maintained within the mobilising system with Fire Control. This results in a lack of clarity for operational crews in this important area, as they have no single point of reference outside of questioning Control staff. This contributed to the score in the key area of policy being reduced from performing strongly to performing well.
71. Although a process for debriefing exists, it is not robust with no formal central ownership of issues arising and actions required. Evidence was secured by the review team to support this view by applying a diagnostic tool to an identified operational incident. The incident diagnostic allows areas that cut across all five KLOE areas to be examined. Documentary evidence demonstrated that key issues had not been adequately addressed in the interim four months since the incident occurred. The progress of actions arising from the debrief had not been tracked effectively to ensure they were discharged. Watch based personnel reported they had limited confidence in the system, as feedback was minimal. The FRA needs to improve its processes to ensure the entire organisation learns from the outcomes of operational incidents.
72. The active monitoring of operational competence at incidents was found to be in need of attention with no formal mechanism for recording whether safe systems of work had been implemented at incidents. Minimal evidence was available to demonstrate a link between performance on the incident ground, individual development records and actions taken to improve performance. The FRA has recognised this as an area for improvement and a review is underway but without

active monitoring the FRA will find it difficult to demonstrate that it is providing adequate supervision and support to staff at operational incidents, particularly those either in temporary roles or in development.

Scoring matrix and judgement descriptions

Each FRA determines, through its self-assessment, what it proposes to be an appropriate score for each key area of enquiry and each key line of enquiry. Key areas of enquiry are scored first and then combined to reach an overall score for the KLOE. The five KLOEs are then combined to reach an overall score for the self-assessment reflecting the levels of achievement in the table below. The principles regarding scoring can be found on page 15 of the Operational Assessment of Service Delivery Toolkit.

Score	Description	Judgement
1	Below minimum requirements	Inadequate performance
2	At only minimum requirements	Adequate performance
3	Consistently above minimum requirements	Performing well
4	Well above minimum requirements	Performing strongly

The review team examined the evidence provided by the FRA in support of their scores. Scores that have been varied by the review team are highlighted in the table on the next page.

FRA Self Assessment and Reviewed Scores

		FRA self assessment		Review	
KLOE Theme	Area	Area score	Overall theme score	Area score	Overall theme score
Risk Analysis	Policy	4	4	3	4
	Organising	4		4	
	Planning and Implementation	4		4	
	Monitoring (Performance)	4		3	
	Audit & Review	4		3	
Prevention & Protection	Policy	3	3	3	3
	Organising	4		3	
	Planning and Implementation	2		3	
	Monitoring (Performance)	3		3	
	Audit & Review	2		2	
Operational Preparedness	Policy	3	4	3	3
	Organising	4		3	
	Planning and Implementation	4		4	
	Monitoring (Performance)	3		3	
	Audit & Review	3		3	
Call management / Incident support	Policy	4	3	3	3
	Organising	3		3	
	Planning and Implementation	4		3	
	Monitoring (Performance)	2		2	
	Audit & Review	2		2	
Emergency response	Policy	4	3	3	3
	Organising	3		2	
	Planning and Implementation	4		3	
	Monitoring (Performance)	2		2	
	Audit & Review	3		3	
Overall Operational Assessment of Service Delivery score =		4		3	