



Tuesday, 5 December 2023

(1) MEMBERS OF THE AVON FIRE AUTHORITY

Councillors B Massey, B Nutland, L Brennan, R Eddy, P Goggin, R Hardie, P Hulme, P May, Y Mohamud, R Payne, M Riddle, O Saini, S Smith, J Stansfield, D Thomas, R Tucker, A Varney, K Walker, D Wilcox and M Williams
Police and Crime Commissioner: M Shelford
Independent Person: J Mason

(2) APPROPRIATE OFFICERS

(3) PRESS AND PUBLIC

Dear Member

You are invited to attend a meeting of the **Extraordinary Avon Fire Authority** to be held on **Wednesday, 13 December 2023** commencing at **14:00 hrs.**

The meeting will be held at **Severn Park Fire and Rescue Training Centre, Smoke Lane, Avonmouth, Bristol, BS11 0YA.** Parking is available on site.

In order to ensure COVID-19 guidance is adhered to risk assessments have been undertaken for live meetings to identify and put in place, the measures required ensuring that meetings take place safely. Further information is available on our website Avon Fire Authority.

Please note that this meeting will be video recorded and published on our YouTube channel (see the Notes on the next page).

Yours sincerely

Amanda Brown
Clerk to the Fire Authority

PROVIDING AVON FIRE & RESCUE SERVICE



Clerk to Avon Fire Authority
PO Box 37, Police and Fire HQ, Valley Road, Portishead, Bristol BS20 8JJ
Telephone 0117 926 2061 Extension 231 the.clerk@avonfire.gov.uk



Notes

Attendance Register – Attendance will be recorded by the Democratic Services Assistant and recorded within the Minutes of the Meeting.

Code of Conduct – Declaration of Interests: any Member in attendance who has a personal interest in any matter to be considered at this meeting must disclose the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent. A Member having a prejudicial interest must withdraw from the meeting room or meeting whilst the matter is considered.

Contact: for any queries about the Meeting please contact Democratic Services on 0117 926 2061 ext. 231; or by e mail at the.clerk@avonfire.gov.uk; or in person at Police and Fire HQ, Valley Road, Portishead, Bristol, BS20 8JJ (by appointment during normal office hours only).

Emergency Evacuation Procedures: these will be advised at the start of the Meeting if appropriate.

Exempt Items: Members are reminded that any Exempt Reports as circulated with this Agenda contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Clerk at the conclusion of the Meeting for disposal.

Inspection of Papers: any person wishing to inspect Minutes, Reports, or a list of the background papers relating to any item on this Agenda should contact Democratic Services as above.

Public Access: under Standing Order 21 and providing 2 clear working days' notice has been given to the Clerk (the.clerk@avonfire.gov.uk) any resident or representative of a business or voluntary organisation operating in Bristol, South Gloucestershire, Bath and North East Somerset or North Somerset Council may address the Fire Authority or one of its Committees (for no more than 5 minutes) by submitting a written petition or statement. If preferred, the Chair or Clerk can read out a written statement on the individual's behalf. There is a time limit of 30 minutes for all Public Access statements.

Reports: reports are identified by the relevant agenda item number.

Substitutes (for Committees only): notification of substitutes should have been received from Group Leaders by the Clerk prior to the meeting.

A G E N D A – Extrarordinary Avon Fire Authority
Wednesday, 13 December 2023 14:00

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AVON FIRE AUTHORITY

MEETING:	Extraordinary Avon Fire Authority
MEETING DATE:	Wednesday, 13 December 2023
REPORT OF:	Chief Fire Officer/Chief Executive
SUBJECT:	HMICFRS Round 3 Inspection Report

1. SUMMARY

- His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) published its latest (‘Round 3’) assessment of Avon Fire & Rescue Service’s (AF&RS) performance on 22 November 2023 and its report is provided at **Appendix 1**.
- Across the eleven diagnostics, HMICFRS graded AF&RS as ‘adequate’ in two, ‘requires improvement’ in five and ‘inadequate’ in four (see [Table 1](#)). It issued a total of 31 areas for improvement (AFIs) and four causes of concern (CsoC – with 20 associated recommendations; see [Table 3](#)).¹
- As a result of the Round 3 findings, AF&RS will now enter HMICFRS’ enhanced monitoring (or ‘engage’) phase and benefit from additional support from the sector in order to resolve the concerns raised within our latest inspection report.
- HMICFRS’ findings undoubtedly make for uncomfortable reading and are disappointing, concerning and frustrating in equal measure. However, we accept the Inspectorate’s findings and are already working at pace to address their accelerated CsoC. Revised governance arrangements will address concerns by strengthening scrutiny and oversight of progress.
- The Fire Authority’s Policy and Resources Committee (PRC) has previously received a report detailing the Service’s actions in response to HMICFRS’ accelerated causes of concern (ACsoC) published on 16 August 2023. These two ACsoC have now been assimilated into the Round 3 inspection report published on 22 November 2023 and form two of the four CsoC included within it. The latest version of the ACsoC action plan, updated as

¹ The Round 3 graded judgments are not directly comparable with previous rounds due to the introduction of a fifth judgment of ‘adequate’ to align the outcomes of fire inspections with those already in use in HMICFRS’ police inspections. Additionally, pillar-level judgments against the principal areas of effectiveness, efficiency and people (see [Table 1](#) and [Table 2](#)) have been removed in Round 3.

of 22 November 2023, is provided at **Appendix 3** and demonstrates the good progress made to date which has been achieved by improved organisational focus and sharpened strategic oversight.

- The initial version of our Round 3 HMICFRS inspection action plan is being developed to address the recommendations associated with the four CsoC and the HMICFRS [Spotlight Report](#) into values and culture in fire and rescue services and will be published by 19 December 2023.




	Effectiveness	
	Understanding the risk of fire and other emergencies	Inadequate
	Preventing fires and other risks	Inadequate
	Protecting the public through fire regulation	Adequate
	Responding to fires and other emergencies	Inadequate
	Responding to major and multi-agency incidents	Adequate
	Efficiency	
	Making best use of resources	Requires improvement
	Making the fire and rescue service affordable now and in the future	Requires improvement
	People	
	Promoting the right values and culture	Inadequate
	Getting the right people with the right skills	Requires improvement
	Ensuring fairness and promoting diversity	Requires improvement
	Managing performance and developing leaders	Requires improvement

Table 1: Summary of Avon Fire & Rescue Service’s Round 3 inspection results

2. **RECOMMENDATIONS**

The Fire Authority is asked to:

- a) note the content of this paper and HMICFRS’ Round 3 inspection report provided at **Appendix 1**; and
- b) note the work currently in progress to develop the Round 3 inspection action plan to address the formal recommendations from HMICFRS in compliance with the Fire and Rescue National Framework for England.

3. **BACKGROUND**

- 3.1 HMICFRS carried out its third full (‘Round 3’) inspection of Avon Fire & Rescue Service between May and August 2023 which included an assessment of effectiveness, efficiency and how it looks after its people.

- 3.2 If HMICFRS identifies a serious, critical or systemic shortcoming in providing a statutory function, practice, policy or performance it will report that issue as a cause of concern (which will always be accompanied by one or more formal recommendations); such findings are normally included in HMICFRS' subsequent fire and rescue service report. However, where HMICFRS finds significant service failures or risks to public safety they report these concerns and recommendations earlier without waiting for the full report to be published – this is known as an 'accelerated cause of concern'.

4. FINANCIAL IMPLICATIONS

- 4.1 There is no direct financial impact associated with HMICFRS inspection. However, some of the actions agreed as part of our response to HMICFRS' Round 3 findings will have a financial impact but are not directly relevant to this report.
- 4.2 It is clear that investment will be needed to implement some of the actions designed to address both the CsoC and AFIs included in HMICFRS' Round 3 inspection report and a financial reserve is being allocated for this specific purpose. In particular, we know that further IT investment is required in our site-specific risk information and mobilising systems and this requirement is being actively progressed through the Capital Steering and Prioritisation Group.

5. KEY CONSIDERATIONS

- 5.1 HMICFRS is currently undertaking its third round of fire and rescue service inspections in 2023 to 2025. The fire and rescue services' inspection programme enables HMICFRS to draw together evidence from inspections of all 44 fire and rescue services in England. This rounded assessment of all fire and rescue services covers the effectiveness and efficiency of each Service and how it looks after its people as summarised in [Table 2](#).

Principal question	Inspection focus
How effective is the fire and rescue service at keeping people safe and secure from fire and other risks?	How well the fire and rescue service understands its current and future risks, works to prevent fires and other risks, protects the public through the regulation of fire safety, responds to fires and other emergencies, and responds to national risks.
How efficient is the fire and rescue service at keeping people safe and secure from fire and other risks?	How well the fire and rescue service uses its resources to manage risk, and secures an affordable way of providing its service, now and in the future.
How well does the fire and rescue service look after its people ?	How well the fire and rescue service promotes its values and culture, trains its staff and ensures that they have the necessary skills, ensures fairness and diversity for its workforce, and develops leaders.

Table 2: Summary of inspection focus

- 5.2 A summary of the findings for AF&RS against the three inspection pillars during Round 3 is provided in [Table 3](#) below.

Pillar	Areas for improvement (AFIs)	Causes of concern		
		Accelerated Causes of Concern	Causes of Concern	Recommendations
Effectiveness	11	2	1	15
Efficiency	6	--	--	--
People	14	--	1	5
TOTAL:	31	2	2	20

* An 'accelerated cause of concern' relates to immediate issues relating to public safety and results in a [letter](#) from HMICFRS (and subsequent action planning) **before** the publication of the full inspection report.

Table 3: Summary of areas for improvement, causes of concern and recommendations for Avon Fire & Rescue Service

Governance arrangements

- 5.3 Since its publication in April 2022 our Round 2 inspection action plan has been regularly updated and progress monitored by the Service Leadership Team. This approach served us well during our work to resolve the three CsoC and 15 areas for improvement (AFIs) resulting from our Round 1 inspection, but HMICFRS has made it clear in our latest report that we have not reacted quickly enough to address the outcomes of our Round 2 inspection report and, as a result, some of the Round 2 AFIs have now become Round 3 CsoC. Indeed, the Inspectorate considered that this insufficient progress was “... *due to insufficient governance, oversight and assurance processes being in place.*”
- 5.4 Given that conclusion, we clearly need to tighten up on our oversight mechanisms to ensure we can monitor progress more closely and ensure that sufficient resources are allocated to projects which will allow us to react at pace to the Inspectorate’s findings. We have therefore reviewed the governance and scrutiny arrangements which we apply to HMICFRS’ findings as they form a key strategic pillar to our improvement plans going forward. These revised arrangements are outlined in Figure 1 below.

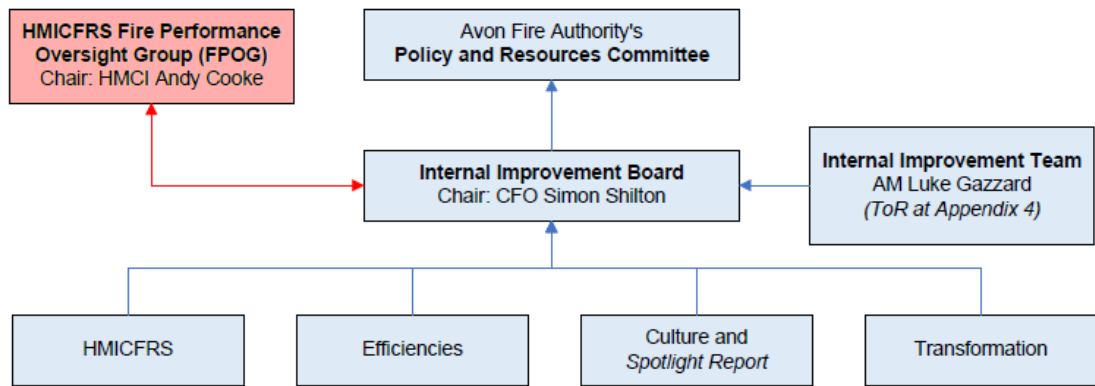


Figure 1: Revised governance and scrutiny arrangements

- 5.5 The Terms of Reference for the Internal Improvement Team are provided at **Appendix 4**.

Enhanced monitoring and support: ‘Engage’

- 5.6 In 2022, HMICFRS formalised its performance monitoring approach, which is now closely aligned with that used for police forces. The process is intended to establish services that need further support to overcome difficult problems and make improvements.
- 5.7 HMICFRS’ fire monitoring group reviews services of concern. After doing so, it decides whether a service needs to be moved from the ‘scan’² to ‘engage’ phase. Placing a service into engage is a significant step and occurs, for example, if a service isn’t addressing a cause of concern, or if it isn’t succeeding in managing, mitigating or eradicating the cause of concern. Services moved to the engage phase are invited to attend HMICFRS’ Fire Performance Oversight Group (FPOG) chaired by HM Chief Inspector Andy Cooke.
- 5.8 Alongside the National Fire Chiefs’ Council (NFCC), the Home Office, the Local Government Association (LGA) and other organisations, HMICFRS works closely with those services in its engage phase to support them to make progress in problem areas. Although it is still in its early stages, this approach has already raised the profile and process of improvement in fire and rescue services.
- 5.9 As a result of the findings of its latest inspection, HMICFRS has decided to move AF&RS into ‘engage’. We will therefore be working closely with the FPOG to resolve our Round 3 CsoC and to benefit from the additional support offered through the engage process.

² The default phase of monitoring, the scanning phase uses data and information from a range of sources to highlight poor or deteriorating performance and identify potential areas of concern. Regular monitoring is undertaken and a summary monitoring report produced which is discussed with HMLs and, if possible areas of concern are found, at the regular fire monitoring group meetings.

HMICFRS revisit

- 5.10 Given the publication of the two ACsoC relating to site-specific risk information (SSRI) and our mobilising system on 16 August 2023, HMICFRS revisited AF&RS in the w/c 4 December 2023 to assess progress against our action plan to address these two issues.
- 5.11 The revisit was undertaken by a team of four inspectors and included interviews, desktop reviews and operational reality testing with those responsible for delivering the actions within the plan developed to address the ACsoC and submitted on 19 September 2023. Good progress has been made – particularly against the technical solutions required to resolve the issues affecting the mobilising system – and we are now awaiting the formal feedback from HMICFRS starting with the Chief Fire Officer’s ‘hot debrief’ on Friday 15 December 2023.
- 5.12 Members will recall that AF&RS received six formal recommendations in its Round 1 inspection report published in December 2019, five of which were resolved by the time of the publication of our Round 2 report in December 2021.³ However, at that time there was no mechanism for HMICFRS to report the formal discharge of recommendations ahead of the publication of its next full inspection report. Since then, HMICFRS has developed a [monitoring portal](#) on its website on which progress against its recommendations is tracked. This portal is updated in March and September each year and therefore provides an opportunity for recommendations to be closed off before the next full round of inspections.
- 5.13 Whilst at the time of writing we still await the feedback from the December 2023 revisit; however, we are hopeful that the HMICFRS inspection team will recognise progress in the ACoC for mobilising and give due consideration to closing this concern as complete.
- 5.14 We also expect a further revisit to assess progress against our action plan for the two further Round 3 CsoC (relating to prevention and values/culture) in April/May 2024.

Round 3 inspection action plan

- 5.15 The action plan to address the recommendations associated with the two ACsoC was submitted on 19 September 2023 and presented to PRC on 29 September 2023. Progress against that plan was assessed during the recent HMICFRS revisit as detailed above and this separate action plan will be assimilated into our wider Round 3 action plan in due course.
- 5.16 The further two CsoC – one relating to prevention and one to values/culture – require an action plan to be developed within 28 days of the published report

³ [HMI Wendy Williams, December 2021 \(page 4\)](#): *“In our last inspection, we identified three causes of concern. We are very pleased with the progress the service has made since to address these. It produced a robust action plan for resolving each cause of concern and has detailed the progress made against each area for improvement. I am delighted that I can now discharge the three causes of concern we found in our 2018 inspection.”*

(ie by 19 December 2023) to address HMICFRS' formal recommendations associated with those CsoC. This links to section 7.5 of the current [National Framework](#) which states:

“Fire and rescue authorities must give due regard to reports and recommendations made by HMICFRS and – if recommendations are made – prepare, update and regularly publish an action plan detailing how the recommendations are being actioned ...”

- 5.17 Given the inevitable challenges presented by a 28-day deadline (particularly in the run up to the festive season) but the importance of complying with both the HMICFRS deadline and the requirements of the National Framework, we intend to develop the Round 3 action plan in two main stages:
- a) the initial version including the actions against the 14 recommendations (associated with the four CsoC) and the 20 (our of 35) recommendations directed to local Chief Fire Officers in HMICFRS' [Spotlight Report](#) into values and culture in fire and rescue services published on 31 March 2023; and
 - b) a subsequent version to be supplemented with the additional actions required to address the 31 Round 3 AFIs.
- 5.18 The HMICFRS Round 3 inspection action plan will be monitored in line with the revised governance arrangements detailed in section 5.4 above and continue to be scrutinised by Members in accordance with the PRC's [terms of reference](#) (PRC6(a)).

6. RISKS

- 6.1 The outcome of the HMICFRS inspection process is relevant (but not limited) to the following corporate risks: CR01 – Performance targets; CR02 – Prevention and protection; CR03 – Response and rescue; CR04 – People capacity, capability and resilience; CR06 – Control and mobilising; CR08 – Financial capacity; CR11 – Financial systems; CR16 – Health, safety and wellbeing; and CR18 – Business continuity management.

7. LEGAL/POLICY IMPLICATIONS

- 7.1 HMICFRS' fire and rescue services' inspection programme is prepared under Section 28A of the [Fire and Rescue Services Act 2004](#).
- 7.2 The outcomes of HMICFRS inspections are directly relevant to the two strategic priorities detailed within the Service Plan 2023-2026: making our communities **safer** and making our Service **stronger**.

8. BACKGROUND PAPERS

- PRC report: 29.09.23 ([paper 11](#))
- HMICFRS (December 2022) [HMICFRS assessment framework commencing January 2023: Fire and rescue services](#)

- Home Office (2018) [Fire and Rescue National Framework for England](#) (Section 7: Inspection, intervention and accountability)

9. **APPENDICES**

1. HMICFRS (November 2023) [Fire and rescue service: effectiveness and efficiency 2023/24 – an inspection of Avon Fire & Rescue Service](#).
2. Avon Fire & Rescue Service (November 2023) AF&RS press release – response to HMICFRS Round 3 inspection report.
3. Avon Fire & Rescue Service: HMICFRS accelerated causes of concern (August 2022) – action plan V1.3 (updated as of 22 November 2023).
4. Internal Improvement Team: Terms of Reference (V1.0 – 23 Nov 23)

10. **REPORT CONTACT**

CFO Simon Shilton, Chief Fire Officer/Chief Executive, extension 233



Fire & Rescue Service 2023–25

Effectiveness, efficiency and people

An inspection of Avon Fire and Rescue Service

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Changes to this round of inspection

We last inspected Avon Fire and Rescue Service in May 2021. And in December 2021, we published our inspection report with our findings on the service's effectiveness and efficiency and how well it looks after its people.

This inspection contains our third assessment of the service's effectiveness and efficiency, and how well it looks after its people. We have measured the service against the same 11 areas and given a grade for each.

We haven't given separate grades for effectiveness, efficiency and people as we did previously. This is to encourage the service to consider our inspection findings as a whole and not focus on just one area.

We now assess services against the characteristics of good performance, and we more clearly link our judgments to [causes of concern](#) and [areas for improvement](#). We have also expanded our previous four-tier system of graded judgments to five. As a result, we can state more precisely where we consider improvement is needed and highlight good performance more effectively. However, these changes mean it isn't possible to make direct comparisons between grades awarded in this round of fire and rescue service inspections with those from previous years.

A reduction in grade, particularly from good to adequate, doesn't necessarily mean there has been a reduction in performance, unless we say so in the report.

This report sets out our inspection findings for Avon Fire and Rescue Service.

More information on [how we assess fire and rescue services](#) and [our graded judgments](#) is available on our website.

Overall summary

Our judgments

Our inspection assessed how well Avon Fire and Rescue Service has performed in 11 areas. We have made the following graded judgments:

Outstanding	Good	Adequate	Requires improvement	Inadequate
		Public safety through fire regulation	Best use of resources	Understanding fire and risk
		Responding to major incidents	Future affordability	Preventing fire and risk
			Right people, right skills	Responding to fires and emergencies
			Promoting fairness and diversity	Promoting values and culture
			Managing performance and developing leaders	

In the rest of the report, we set out our detailed findings about the areas in which the service has performed well and where it should improve.

HMI summary

I have serious concerns about the performance of Avon Fire and Rescue Service in keeping people safe and secure from fire and other risks. On 16 August 2023, I published two accelerated causes of concern as I consider they pose a potential risk to public safety:

- The service doesn't have an effective system to gather and record relevant and up-to-date risk information to help protect firefighters, the public and property during an emergency.
- The service's [mobilisation](#) system, which records information and dispatches resources to emergency incidents, isn't reliable and crashes on some consoles during emergency 999 calls. This unnecessarily delays the mobilisation of resources and results in the public receiving a slower response to emergencies.

Despite demonstrating some improvements over the years since our inspections began, I am disappointed to report that I have two further concerns. The principal findings from our assessments of the service over the past year are as follows:

- I have concerns in relation to the culture of the organisation. The service has shown an intent to improve the culture, with some staff reporting improvements across the service. However, more needs to be done. We found evidence of behaviours that weren't in line with service values. We were told about cultures among some teams where staff demonstrate unacceptable behaviours, such as using sexist or inappropriate language and disguising this as banter. And, worryingly, some staff don't have the confidence to report these issues. We were told that there is a disconnect at different levels of the service, such as between middle and senior management, and information isn't always filtered down to the whole workforce.
- I have concerns about the way the service prevents fires and other risks. The service doesn't have a prevention strategy, which should drive its day-to-day activities. We found that those occupants who may be at greater risk from fire weren't always prioritised and [home fire safety visits \(HFSVs\)](#) were arranged on the basis of location and convenience, as opposed to risk. At the time of our inspection, we found resources in prevention were stretched. As a result, we are concerned that some [vulnerable people](#) have been waiting since November 2022 to receive a HFSV, which should provide them with advice on how to stay safe from fire.
- In our previous inspection, we found that the service was embarking on a significant change and its transformation programme aimed to progress many areas, including improving its IT infrastructure and making sure its policies were up to date and reviewed. We are disappointed to report that many of these work packages have failed to progress, which has resulted in the performance of the service declining.

- The service hasn't made the progress we expected since our 2021 inspection. And this is reflected by the service only doing enough to close 3 of the 22 areas for improvement. This is due to insufficient governance, oversight and assurance processes being in place.

In view of these findings, I have been in regular contact with the chief fire officer as I don't underestimate how much improvement is needed.

At the time of publication, in response to the two accelerated causes of concern, the service has provided an action plan that details how it intends to address the recommendations. But this report will focus on our findings at the time of our inspection, which took place for seven weeks from 30 May 2023. We will revisit the service in the week commencing 4 December 2023 to review the progress made against addressing the two accelerated causes of concern and associated recommendations.



Wendy Williams

HM Inspector of Fire & Rescue Services

Service in numbers



Profile

	Avon	England
Area		
Square miles	514	50,370
Population (thousands)		
30 June 2021	1,172	56,536
Population density		
Thousands per square mile	2.3	1.1



Cost

Funding		
Year ending 31 March 2022	£45.4m	£2.5bn
Expenditure per population		
Year ending 31 March 2022	£43.28	£41.88

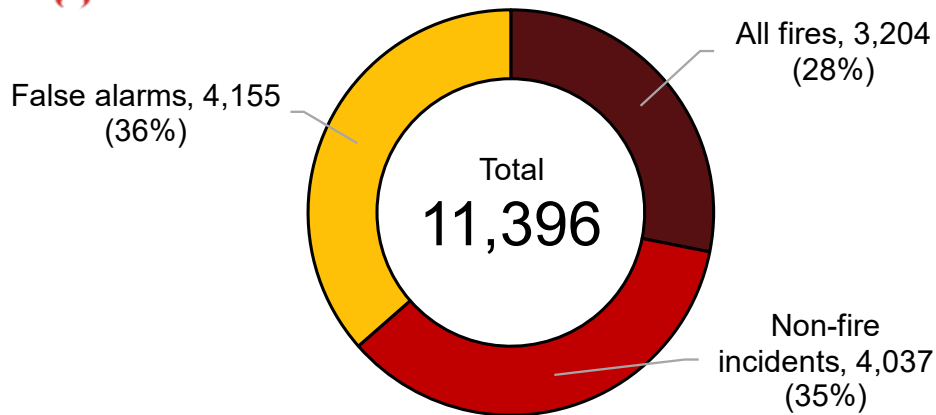


Response

Incidents attended per 1,000 population		
Year ending 31 December 2022	9.7	11.1
Home fire safety checks carried out by fire and rescue service per 1,000 population		
Year ending 31 March 2022	3.3	7.7
Fire safety audits per 100 known premises		
Year ending 31 March 2022	0.6	2.0
Availability of wholetime pumps		
Year ending 31 March 2022	93.0%	
Availability of on-call pumps		
Year ending 31 March 2022	80.0%	



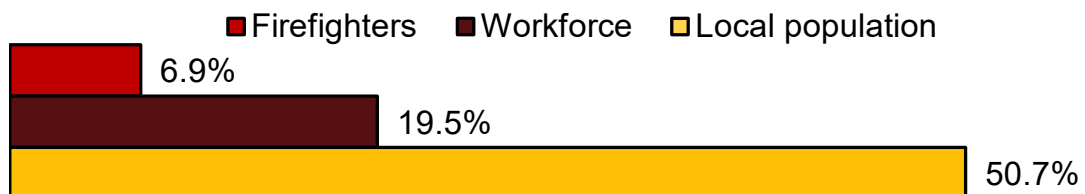
Incidents attended in the year to 31 December 2022



Workforce

	Avon	England
Five-year change in total workforce 2017 to 2022	-0.7%	0.2%
Number of firefighters per 1,000 population Year ending 31 March 2022	0.57	0.62
Percentage of firefighters who are wholetime Year ending 31 March 2022	70.9%	65.2%

Percentage of firefighters, workforce and population who are female as at 31 March 2022



Percentage of firefighters, workforce and population who are from ethnic minority backgrounds as at 31 March 2022



References to ethnic minorities in this report include people from White minority backgrounds but exclude people from Irish minority backgrounds. This is due to current data collection practices for national data. For more information on data and analysis in this report, please view the [‘About the data’ section of our website](#).

Understanding the risk of fire and other emergencies

Inadequate

Avon Fire and Rescue Service is inadequate at understanding risk.

Each fire and rescue service should identify and assess all foreseeable fire and rescue-related risks that could affect its communities. It should use its protection and response capabilities to prevent or mitigate these risks for the public.

Cause of concern

On 16 August 2023, we published some of our findings as an [accelerated cause of concern](#).

The service still doesn't have an effective system to make sure it gathers and records relevant and up-to-date risk information to help protect firefighters, the public and property during an emergency. We found examples of risk information available not being effective, accurate or up to date. Concerningly, most operational staff haven't been given the support they need to collect risk information, and there is limited strategic oversight in place to improve the risk information process.

Recommendations

By 19 September 2023, the service should provide an action plan to demonstrate how it will meet our recommendations, and it should have an effective risk information process in place. The service should make sure:

- it has identified all those premises that require a site-specific risk visit;
- staff are trained in how to carry out a site-specific risk visit and identify site-specific risk information;
- it has effective quality assurance and strategic oversight arrangements in place;
- temporary risks, including individual vulnerabilities that are added onto the risk information system, are managed appropriately;
- risk information is uploaded in a timely manner; and
- [fire control](#) has access to relevant and up-to-date risk information, including evacuation strategies, in high-rise residential buildings.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service still doesn't use the data it collects well

The service has assessed a suitable range of risks and threats using a thorough community risk management planning process. In its assessment of risk, it uses information it has collected from a broad range of internal and external sources and datasets. Since 2022, the service has developed a community risk report that assesses incident data and data from the community and national risk registers.

While there is a range of datasets available to the service, we found that it still didn't effectively use this data to support its prevention and response activities.

As part of the service's risk-based inspection programme, the protection department has identified 1,944 very high-risk premises that require fire safety audits (there are over 110,000 commercial premises and almost 200 high-rise buildings in the service area).

We recognise that a very high-risk premises identified from the risk-based inspection programme may not necessarily require a site-specific risk information (SSRI) record. But the service told us that it has only completed 489 SSRI visits. An SSRI visit is used to gather information, such as the hazards and risks associated with a premises, to assist response crews in the event of an emergency. Considering the demographics of the service area, we aren't confident that all buildings and places of risk have been identified.

The service has introduced its data warehouse for its protection function and aims to introduce this more widely in the longer term. But it needs to improve the way data is used across all functions.

When appropriate, the service has consulted and held constructive dialogue with its communities and other relevant parties to understand risk and explain how it intends to mitigate it. But it knows it can do more.

The service uses external and internal communications channels to encourage community involvement. These have included an online survey, use of social media and a virtual meeting. Although responses to its most recent survey doubled compared to the previous year, the service recognises it could do better when working with all community groups and partners.

There are no prevention, protection or response strategies in place to implement the Service Plan 2023–2026

The service refers to its [community risk management plan](#) as the Service Plan 2023–2026. After it has assessed risks, the service records its findings in the service plan. This plan describes how the service intends to use its prevention, protection and response activities to mitigate or reduce the risks and threats the community faces, both now and in the future. The service has two strategic priorities:

1. making our communities safer; and
2. making our service stronger.

The service plan provides information such as the achievements in the past 12 months, its performance and the resources it has available. It details the organisational priorities for prevention, protection and response. The service also has an action plan that it uses to monitor progress.

However, we found that senior leaders decided to remove the strategic plans. Without strategies across prevention, protection and response, there is limited detail explaining how the service intends to implement these priorities. For example, we expect the strategic plans to set out how the service intends to mitigate or reduce the risks and threats the community faces, both now and in the future. The plans will then drive the day-to-day activities.

We are concerned about the way the service identifies, gathers and maintains risk information

During our 2021 inspection, we highlighted the following areas for improvement:

- The service should make sure it gathers and records relevant and up-to-date risk information to help protect firefighters, the public and property during an emergency.
- The service should make sure staff are trained in how to carry out site-specific risk visits and identify SSRI.

We were disappointed to find that the service had made limited progress in addressing these two areas for improvement, and we have therefore escalated this to a cause of concern. We recognise that the service has identified an additional 200 premises that require SSRI records. But the service has only completed 489 SSRI visits, which is low in comparison to other services. And considering the demographics of the service area, we aren't confident that it has identified all buildings and places of threat.

The operational assurance team members we spoke with were enthusiastic and wanted to create improvements. But the team is under-resourced and there are limited strategic oversight arrangements in place to improve the risk information process. For example, we found that the service's operational risk inspection policy, which outlines the processes to manage risk information, hadn't been updated since August 2013.

We were told that IT systems aren't effective, which is hampering progress in this area. It can take up to four weeks for risk information to be uploaded onto [mobile data terminals](#), which is too long.

The service has limited capacity to record new and emerging risks and limited support to assure and challenge the quality of the risk information it receives.

We found that most staff were still not trained in how to carry out a risk information visit. Worryingly, the service told us that [on-call](#) firefighters complete SSRI visits in high-rise residential buildings that have highly flammable cladding, with no training or quality assurance processes in place.

The service collects some information about the highest-risk people, places and threats it has identified. But the information we reviewed was limited, inaccurate or out of date. For example, we found high-risk buildings in the area (including high-rise residential buildings) that had no risk information recorded.

Staff don't routinely use the risk information available to them

Concerningly, some operational staff told us it was more of a risk to use the risk information during their response. They also said they didn't find it useful and, therefore, didn't use it as a result.

We sampled a broad range of risk information the service collects, including information on an airport, an NHS hospital and a university.

The service doesn't make the risk information it collects readily available throughout the service, and not all staff understand it. The service needs to do more to make sure that staff in prevention, protection and response roles can access the information they need.

Not all buildings identified as a risk have records containing appropriate information. And the service isn't meeting its own standards in terms of reinspection frequency. This means the service can't effectively identify, reduce and mitigate risk. Some records we sampled hadn't been updated since 2016. But the service told us that at the time of our inspection, the longest overdue SSRI record was 22 days.

We were particularly concerned that some firefighters and emergency control room staff we spoke with were unable to show us that they could access, use and share risk information quickly to help them resolve incidents safely. In our last inspection, we found that [fire control](#) staff weren't always aware of the evacuation strategies for the high-rise residential buildings in the service area. Disappointingly, limited progress has been made in this area. This will affect the quality of the information provided to residents in those buildings in the event of a fire.

The service has a formalised process to exchange risk information with others when necessary. For example, we were told that response staff are alerted to hoarding risks, which is where a person has collected so many belongings in their house that it poses a fire risk. But many staff are unclear about whose responsibility it is to make sure vulnerability information is kept up to date and accurate. The service doesn't have clear management arrangements for this. The service should introduce an effective system to make sure its vulnerability information is reviewed when required and kept up to date.

We did find the service had an effective process in place to share urgent risk or health and safety information.

The corporate risk register needs to be refined

The service has a corporate risk register that outlines its significant risks, which are scored according to level of risk. But some of the risks don't contain enough detail, and some should be separated rather than grouped together. For example, the 'response and rescue' risk covers several risks, including recruitment, operational degradation, industrial action and capability for specific incident types, such as a marauding terrorist attack. Having all these examples recorded and managed as one single risk means that specific elements that may have a higher or lower risk score could be missed.

Some of the significant findings from this inspection and related documentation aren't identified on the corporate risk register. These include the issues we have identified concerning the [mobilisation](#) system.

The service learns from national incidents, but more needs to be done locally

The service's operational degradation plan, which is dated 2020, uses incident data from the previous five years (1 April 2014 to 31 March 2019). But the service could do more to inform its service plan and future plans.

We found some evidence that the service is communicating risk information. It uses feedback from national operational activities to inform its planning assumptions. The service has a risk management department, which shares [national operational learning](#) and [joint organisational learning](#). This helps the service learn from others as well as share its learning with others.

However, we found that local operational learning, including how the service identifies learning from the incident debriefing process, still needed to improve. Operational staff could only demonstrate limited learning. We also found that prevention and protection teams weren't always involved in the debrief process when they should be.

Preventing fires and other risks

Inadequate

Avon Fire and Rescue Service is inadequate at preventing fires and other risks.

Fire and rescue services must promote fire safety, including giving fire safety advice. To identify people at greatest risk from fire, services should work closely with other organisations in the public and voluntary sectors, and with the police and ambulance services. They should share [intelligence](#) and risk information with these other organisations when they identify vulnerability or exploitation.

Cause of concern

Prevention activity isn't a sufficiently high priority for the service, and there is no prevention strategy, which should drive its day-to-day activities. The service doesn't adequately prioritise [home fire safety visits \(HFSVs\)](#) on the basis of risk. We found that HFSVs were arranged based on staff's availability as opposed to risk. We found several HFSVs that were outstanding for a significant period of time due to resourcing issues.

Recommendations

Within 28 days, the service should develop an action plan to:

- develop and implement a prevention strategy that prioritises the people most at risk of fire and makes sure that work to reduce risk is proportionate;
- make sure there are strategic oversight arrangements in place and detailed key performance indicators for HFSVs;
- address the HFSVs backlog in a way that is both timely and prioritised on the basis of risk;
- make sure it quality assures its prevention activity so staff carry out HFSVs to an appropriate standard;
- make sure staff carry out HFSVs and wider prevention activities competently; and
- make sure the prevention department has enough resources to implement all its prevention activity and review whether [wholetime](#) firefighters can offer more capacity to prevention.

Area for improvement

The service should evaluate its prevention work so it understands what works.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service has no prevention strategy

The service doesn't have a prevention strategy, which should set out how it targets those most at risk from fire in its communities. So it isn't clear how prevention activity links to the risks and strategic priorities in its service plan or how the service should prioritise its day-to-day activities. Without a prevention strategy, there is limited information to inform the public where the greatest risks lie and no clear rationale for the level of activity needed to prevent fires and other risks.

Prevention work generally happens in isolation. We found little evidence of the service's prevention, protection and response functions exchanging relevant information. For example, we found that prevention information was sent informally via telephone or email (using personal email addresses) rather than following the formalised process. We were also disappointed to find that prevention staff weren't always included in debriefs after fatal incidents and may be missing out on key

learning opportunities. As a result, members of the public, including vulnerable people and others, may not be getting the support they need.

The service doesn't always prioritise those most at risk

Although the service has a risk-based approach that assesses prevention activity, this information isn't used to prioritise those most at risk. We found those occupants who may be at greater risk from fire weren't always prioritised. HFSVs are arranged based on location and the availability of staff rather than risk. The service should review whether this approach is suitable because it means a lower-risk visit may be prioritised over a higher-risk visit.

The service carries out a limited range of interventions that don't always match the level of risk in its communities. [Wholetime](#) firefighters complete HFSVs (within 28 days) for occupants with two or fewer vulnerabilities. Specialist prevention staff complete all other HFSVs (within 14 days) for those who are at greater risk.

We found resources in prevention were stretched and 249 HFSVs were overdue. We were concerned to find that at the time of our inspection (in June 2023), some vulnerable people had been waiting since November 2022 for an HFSV, which should give them advice on how to stay safe from fire. The service has some performance measures for prevention but risks like these aren't being logged and recording methods need to improve. This means that not all senior leaders are aware of these overdue HFSVs, which include visits to highly vulnerable people.

The service has recently changed the way HFSVs are booked to make it more efficient. This has caused some frustration for operational staff because local crews used to arrange HFSVs. They now have a lack of control in planning their working programmes.

We found that HFSVs completed by wholetime firefighters were typically arranged between 2pm and 4pm and between 6pm and 8pm. HFSVs should be arranged based on the needs of the public rather than the convenience of staff.

The service needs to be much more flexible and proactive. Prevention activity should be better prioritised across the service. It should also consider whether wholetime firefighters should complete HFSVs for occupants with more vulnerabilities, instead of the current practice of only completing HFSVs for occupants with two or fewer vulnerabilities.

We recognise that HFSV processes are being updated. But staff aren't completing HFSVs to a consistent standard. We also found that post-fire activity wasn't always recorded, even though the service sent reminders to its operational staff.

Since 2018/19, the service has consistently completed fewer HFSVs per 1,000 population than the national rate. And we found that wholetime firefighters didn't have any targets or expectations in place. The service should review how wholetime firefighters can offer more capacity and flexibility to preventative activities.

The service has been slow to train staff in HFSVs and wider prevention work

During our 2021 inspection, we highlighted an area for improvement that the service should make sure that staff carry out HFSVs and wider prevention activities competently. During this inspection, the new recruits we spoke with had received some prevention training. But the service has made limited progress in addressing the area for improvement. We have therefore escalated this to form part of the cause of concern recommendations.

At the time of our inspection, the service had started to train all wholetime firefighters in prevention. But this isn't due to be completed until February 2025. This is because there are limited resources within the prevention team. It could mean that the benefits of providing HFSVs to vulnerable people to protect them from fire and other emergencies aren't maximised. And they may not be receiving advice tailored to their needs.

The service doesn't quality assure HFSVs

The quality assurance of prevention activities is limited. We reviewed a small sample of files and found inconsistencies in the records that operational staff were completing. We understand there are constraints with the service's IT infrastructure. But we found there was a lack of an audit trail and that post-fire prevention work wasn't being completed. In the files we sampled, none of the incidents had a post-fire HFSV recorded. We also found that there were limited records of whether vulnerable people had been referred to other organisations or whether the service acts on the referrals it receives from partners.

We sampled a small selection of HFSV records related to the addresses that firefighters were due to visit. The HFSV records contained minimal details and none of the records we sampled showed what vulnerabilities the occupants had. This doesn't help crews in preparing for visits.

The service should review the effectiveness of its safeguarding training

Staff we interviewed told us of occasions when they have identified [safeguarding](#) problems. Most staff told us that they feel confident and trained to act appropriately and promptly.

The service has an e-learning package that all staff complete. But some staff told us that the e-learning package isn't effective, and some were unsure of the safeguarding process.

Furthermore, its safeguarding children and vulnerable adults policy was issued in 2018 and at the time of our inspection, was in the process of being reviewed.

The service is improving the way it works with partners

The service works with some local organisations. For example, with housing associations, care providers and the British Red Cross. We found that the service had recently provided training to a social care provider, which approximately 195 of the provider's staff members had attended.

The service recognises that it needs to increase the number of HFSV referrals from partners and is reviewing how it can achieve this.

As a result of IT constraints, we found limited evidence of the service referring vulnerable people to other organisations when it couldn't meet their needs. We also found limited evidence of the service receiving referrals from other organisations and acting appropriately on those referrals. Because of limited resources, the service isn't providing feedback to those partners that have made referrals to confirm the actions it has taken. The service doesn't routinely exchange information with relevant organisations about people and groups at greatest risk. This means it isn't using all available opportunities to prevent fires and other emergencies in its communities.

The service is good at tackling fire-setting behaviour

The service has a range of suitable and effective interventions to target and educate people with different needs who show signs of fire-setting behaviour. This includes a fire-setters' intervention scheme, through which a small team gives tailored support to young people to address fire-setting behaviour.

We found that the service prioritised HFSV referrals where there is an arson risk. Specialist prevention staff aim to carry out visits within seven days of receiving arson-risk referrals (but the visits are often completed sooner) and to fit equipment such as arson-proof letter boxes.

When appropriate, the service routinely shares information with relevant organisations to support the prosecution of arsonists.

The service doesn't evaluate all its prevention activities

During our 2021 inspection, we highlighted an area for improvement that the service should evaluate its prevention work so it understands what works. The service hasn't made enough progress in addressing this, so this area for improvement will remain.

We were told that the service has considered its approach to evaluation and is awaiting publication of the [National Fire Chiefs Council](#) evaluation model. The service has evaluated some prevention activities, such as its visits to schools. However, we found limited progress in other areas. For instance, it still hasn't evaluated its HFSV model. The service can't be assured that its activity is effective or that all its communities have appropriate access to prevention activity that meets their needs.

We were disappointed to find that prevention staff were stopped from attending an operational debrief that involved a fatality. The service doesn't routinely use feedback to improve what it does. As a result, the service is missing opportunities to improve its prevention work for the public.

A well-resourced schools programme is in place

The service has a dedicated team that visits schools to raise awareness of fire safety and wider prevention work, such as water safety. The schools are prioritised depending on the local risk. Operational staff also complete school visits. They will receive further support as part of the service's wider prevention training programme, which is due to be completed by February 2025.

The service has data-sharing agreements with the water safety partnership in both Bath and Bristol. The partnership supplies the service with incident data. Since our last inspection, the service has published its road safety strategy. The service told us that road safety activities take place. For example, it has presented key road safety messages at the City of Bristol College.

Protecting the public through fire regulation

Adequate

Avon Fire and Rescue Service is adequate at protecting the public through fire regulation.

All fire and rescue services should assess fire risks in certain buildings and, when necessary, require building owners to comply with fire safety legislation. Each service decides how many assessments it does each year. But it must have a locally determined, risk-based inspection programme for enforcing the legislation.

Areas for improvement

The service should make sure it has an effective quality assurance process so staff carry out audits to an appropriate standard.

The service should make sure it effectively addresses the burden of unwanted fire signals.

The service should make sure it has effective arrangements for providing specialist protection advice out of hours.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service should develop an overarching protection strategy

The service has an enforcement strategy and a risk-based inspection programme. But it doesn't have an overarching protection strategy that is clearly linked to the risks it has identified in its service plan. It isn't clear what level of activity it aims to take or how it evaluates the benefits of its protection activity for the public.

Protection work generally happens in isolation rather than across the whole service. We note that wholetime firefighters have recently started to receive fire safety training. But at the time of our inspection, they weren't carrying out any fire safety work. And we found that the service's protection, prevention and response functions didn't routinely exchange information.

The service has refined its risk-based inspection programme

During our 2021 inspection, we highlighted an area for improvement that the service should assure itself that its risk-based inspection programme prioritises the highest risks and includes proportionate activity to reduce risk. During this inspection, we were pleased to see the progress the service has made and have discharged this area for improvement.

The service uses a new methodology and datasets to calculate risk scores. It focuses on the highest-risk buildings in the service area. The service told us that it is on schedule to inspect all 1,944 very high-risk premises within the 3-year cycle it has set itself.

In spring 2020, the Home Office identified 187 premises over 18 metres high in the service area. In our 2021 inspection, we were disappointed to find that the service had only inspected 14 of them.

In this inspection, we were pleased to find that all 187 high-rise buildings had been inspected within the time frames the Home Office had set.

The quality of completed fire safety audits is inconsistent

We reviewed a range of audits that the service had carried out at different buildings across its area. These included audits carried out:

- as part of the service's risk-based inspection programme;
- after fires at premises where fire safety legislation applies;
- after enforcement action had been taken; and
- at high-rise, high-risk buildings.

Not all the audits we reviewed were completed in a consistent, systematic way or in line with the service's policies. For example, in some of the files we sampled, the fire safety inspector had changed the outcome of the fire safety audit without providing the necessary justification. We also found that the post-fire safety audit process wasn't always followed.

We found limited evidence of the service making relevant information from its audits available to operational teams and control room operators.

The service needs to make sure it has up-to-date processes and policies in place. Some staff are unaware of the time frames for responding to concerns that have been raised.

The service doesn't always carry out quality assurance

We found examples where quality assurance had taken place during a fire safety inspection. However, the service accepts that not all of its fire safety inspectors' work has been quality assured.

This area was also highlighted during our previous inspection. We encourage the service to make sure, as soon as possible, that its quality assurance process is effective, and that staff carry out audits to an appropriate standard.

The service takes appropriate enforcement action

The service consistently uses its full range of enforcement powers. When appropriate, it prosecutes those who don't comply with fire safety regulations. We reviewed recent fire safety audits that had led to enforcement action.

The service prosecutes for fire safety failings when required. There are appropriate resources and processes in place to investigate and, when necessary, to prosecute. The service told us that it had completed one successful prosecution in the last year.

In the year ending 31 March 2022, the service issued 326 informal notifications, no alteration notices, 18 enforcement notices, 10 prohibition notices and undertook no prosecutions. It completed three prosecutions in the five years from April 2017 to March 2022.

From the small number of files we sampled, we found that the service doesn't regularly follow up on prohibition notices to check compliance. This sends the wrong message to those who don't take fire safety legislation seriously. The service should make sure appropriate processes are in place to follow up on prohibition notices after they have been served.

There are enough staff to meet the requirements of the service's risk-based inspection programme

We were pleased to see that the service has enough qualified protection staff to meet the requirements of its risk-based inspection programme.

Staff get the right training and work to appropriate accreditation. Regular [continuing professional development](#) is carried out.

A restructure means the service has new team leader roles. We were also encouraged to find that the number of fire safety inspectors had increased.

At the time of our inspection, the service had 11 fire safety inspectors who had achieved their [Level 4 Diploma in Fire Safety](#). A further four had almost completed their qualification. The service also had eight fire safety inspectors who were working towards their Level 3 or Level 4 Certificate in Fire Safety.

This helps it provide the range of audit and enforcement activity needed, both now and in the future.

The service is adapting to new legislation

Since our last inspection, the [Building Safety Act 2022](#) and the [Fire Safety Regulations 2022](#) have been introduced to bring about better regulation and management of tall buildings. The service is supporting the introduction of the [Building Safety Regulator](#) by seconding a fire safety inspector to support this work. It expects these arrangements to have a limited negative effect on its other protection activity.

The Fire Safety Regulations 2022 introduced a range of duties for the managers of tall buildings. These include a requirement to give the fire and rescue service floor plans and to inform them of any substantial faults to essential firefighting equipment, such as firefighting lifts. We found the service had good arrangements in place to receive this information. When it doesn't receive the right information, it takes action.

The service works effectively with others in enforcement

The service works closely with other enforcement agencies to regulate fire safety and it routinely exchanges risk information with them. Fire safety inspectors regularly complete joint visits with local authority housing teams.

We were pleased to find that fire safety inspectors supported large events in the service area. For example, the service supported Bristol City Council with a major concert by visiting the venue in advance and reviewing the fire safety measures the organisers had put in place.

The service regularly responds to building consultations on time

The service responds to all building consultations on time. This means it consistently meets its statutory responsibility to comment on fire safety arrangements at new and altered buildings. The building consultations are sent electronically, and an officer is assigned to provide the response.

The service has good relationships with the local authorities. If any urgent consultations need to be reviewed, the assigned contact agrees the time frame for the review.

Since our last inspection, the service has improved its communication with businesses

During our 2021 inspection, we highlighted an area for improvement that the service should make sure it works with local businesses to share information and expectations on compliance with fire safety regulations. During this inspection, we were pleased to see the progress the service has made and have discharged this area for improvement.

The service proactively works with local businesses and other organisations to promote compliance with fire safety legislation. For example, it produced a business awareness video that was later used by the National Fire Chiefs Council. The service has also worked with landlords and provided fire safety information to some ethnic minority communities. The service provides information for businesses on its website. It also manages two [primary authority partnership schemes](#), which give advice to large and small businesses about compliance with fire safety legislation.

However, despite the increased involvement with local businesses, the service recognises that it can do more.

The service needs to do more to manage unwanted fire signals

The service is taking only limited action to reduce the number of unwanted fire signals. We were told that firefighters and fire safety inspectors responding to an unwanted fire signal carry out limited action and intervention. As a result of a recent retirement, there isn't a process to monitor the data on a regular basis. And the service's unwanted fire signals policy has passed its review date.

This means fire engines may not be available to respond to incidents because they are attending false alarms. It also creates a risk to the public if more fire engines travel at high speed on the roads to respond to these incidents.

In 2021/22, the service only attended 38 percent of automatic fire alarm calls, which is much lower than the national rate of 64 percent. The service needs to make sure a clear process is put in place and that staff understand their roles.

The service accepts it needs to get better at managing unwanted fire signals and a review is underway.

The service still doesn't have enough fire safety cover at all times

In our last inspection, we raised an area for improvement that the service should make sure it has effective arrangements for providing specialist protection advice out of hours.

The service has introduced a pool of specialist fire safety staff who can be called on, but this depends on the goodwill of staff. There is no backup plan or guarantee that individuals will respond 24 hours a day, 7 days a week. The service's duty system still doesn't provide enough expertise when responding to certain fire safety concerns.

Wholtime firefighters have only recently started to receive fire safety training. Without appropriate training, firefighters may not identify instances where they could need to escalate a fire safety issue. Outside office hours, there may be dangerous situations where access to premises needs to be prohibited or restricted. Only a limited number of staff on the rota system have the specialist protection knowledge required to authorise this decision.

We aren't satisfied that the current arrangements for providing specialist fire safety advice out of hours are as robust as is reasonably required. There are successful '24/7 models' in place nationally that don't require disproportionate resources. We expect all services to have the capability to respond to fire safety concerns at all times. Therefore, this area for improvement will remain.

Responding to fires and other emergencies

Inadequate

Avon Fire and Rescue Service is inadequate at responding to fires and other emergencies.

Fire and rescue services must be able to respond to a range of incidents such as fires, road traffic collisions and other emergencies in their areas.

Cause of concern

On 16 August 2023, we published some of our findings as an [accelerated cause of concern](#).

The service's [mobilisation](#) system, which records information and dispatches resources to emergency incidents, isn't reliable and crashes during emergency 999 calls. This unnecessarily delays the mobilisation of resources, which results in the public receiving a slower response to emergencies.

Recommendations

By 19 September 2023, the service should develop an action plan to make sure:

- the mobilisation system is effective and that it doesn't result in the public receiving a slower response to emergencies;
- it has strategic oversight arrangements in place and that any faults are recorded regularly and escalated to senior leaders where necessary; and
- [fire control](#) staff are provided with regular updates and welfare support is put in place.

Areas for improvement

The service should make sure incident commanders know how to command fire and rescue service assets assertively, effectively and safely at incidents and have completed their two-yearly incident command assessment.

The service should make sure its [mobile data terminals](#) are reliable so firefighters can easily access up-to-date risk information.

The service should make sure its operational staff have good access to relevant and up-to-date cross-border risk information.

The service should make sure it has an effective system for learning from operational incidents.

The service should assure itself it has procedures in place to record important operational decisions made at incidents and that staff understand these procedures well.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service has no response strategy

The service doesn't have an overarching response strategy. The operational response plan lacks detail and isn't clearly linked to the risks the service has identified in its service plan.

In 2018, the service commissioned an external organisation to review its resources and station locations. The review was extended in 2021 to include the analysis of risk and demand. The service has committed to further developing this work and is reviewing the number and type of fire engines it sends to emergency incidents.

This work will help the service understand how best to use its resources to reduce risk. It will provide a rationale for the location of its fire engines and response staff as well as for its working patterns. It will also make sure the service can respond flexibly to fires and other emergencies with the appropriate resources. We look forward to reviewing the progress of this work but note that it has been ongoing for some time.

The service is meeting its response standards, but its response times are slower than those of other similar services

There are no national response standards of performance for the public. But the service has set out its own response standards in its service plan. There are three categories: emergency critical; emergency non-critical; and non-emergency.

The service aims to attend emergency [critical incidents](#), such as house fires, within eight minutes. The service uses an average (mean) for the relevant year to see if it has reached its target.

The service meets its standards. It told us that, in the year ending 31 March 2023, the average emergency critical response time was 7 minutes 12 seconds.

Despite this, the service is slower when compared with other predominately urban services. For example, in 2021/22:

- the service's average call-handling time was 1 minute 54 seconds for [primary fires](#) – the average for predominately urban services is 1 minute 22 seconds and the national average is 1 minute 21 seconds;
- the service's average crew turnout time was 1 minute 25 seconds – the average for predominantly urban services is 1 minute 3 seconds and the national average is 1 minute 34 seconds; and
- the service's average overall response time to primary fires was 9 minutes 19 seconds – the national average is 8 minutes 50 seconds.

The service hasn't set itself a target for the number of fire engines that need to be available to support its service plan. The service told us that in the year ending 31 March 2023, overall availability was 83.8 percent.

There are longstanding issues with the mobilisation system

We are concerned about the longstanding issues with the mobilisation system. During emergency 999 calls, the mobilisation system, which records information and dispatches resources to emergency incidents, isn't reliable and crashes. This causes unnecessary delay in the mobilisation of resources and results in the public receiving a slower response to emergencies.

For example, we were concerned to hear about a particular ambulance service request for an emergency response to a serious road traffic collision. While the fire control operator was recording the information to dispatch resources, the system crashed. This resulted in the fire control operator having to use a different console and restart the whole process as other operators were busy taking other calls.

These concerns have placed unnecessary stress on fire control staff. We were told that multiple health and safety '[near miss](#)' forms were completed to report this issue as it has adversely affected staff welfare, but these have been overlooked or ignored.

Fire control staff didn't know who was dealing with the issue, and limited updates have been provided.

We were informed that this issue was caused by an update to the mobilisation system. At the time of our inspection, the service told us that the mobilisation system had crashed or frozen on 20 occasions in the past 12 months. But members of staff told us this has happened many more times and some staff have stopped reporting the problem. In 2021/22, the service received 20,979 emergency calls. Although the system has crashed on comparatively few occasions, the actual number of times this has happened is believed to be much higher than reported. In the circumstances, even one delay is too many because it could put the public at risk. The service doesn't record how long the system is down on each occasion, so it can't assure itself that the issue hasn't had a detrimental effect on the response the public receives.

Worryingly, at the time we discovered these problems, they hadn't been appropriately escalated and prioritised and weren't on the service's corporate risk register. The service has limited plans in place to address them.

The service should assure itself that incident commanders are up to date with their competency accreditation

Not all incident commanders in the service have been assessed regularly and properly. So the service can't assure the public that it can safely, assertively and effectively manage all the incidents it could face. In the small number of records we sampled, we found that incident commanders' competency accreditation had expired, which included the accreditation of a senior leader. The service told us it risk assesses each individual whose accreditation has expired. But this process isn't set out in policy and the decision isn't formally recorded.

The service's incident command policy is out of date and should be reviewed.

As part of our inspection, we interviewed incident commanders from across the service. Not all of them were confident in explaining how they complete [risk assessments](#), make decisions and record information at incidents in line with national best practice. We found that risk assessments weren't routinely completed during an incident. Several files we sampled showed that fire control sent repeated prompts to incident commands to complete the risk assessments, but these reminders were often overlooked or ignored.

In our last inspection, we found that incident commanders didn't carry out any ongoing training to maintain their competencies in between their two-yearly assessments. Limited progress has been made in this area. The service would benefit from providing its incident commanders with continuing professional development in between their command competency assessments.

The service has invested in a team that is dedicated to working on implementing national operational guidance. But we found that operational assurance or monitoring wasn't regularly carried out to make sure that staff command incidents in line with operational guidance.

Firefighters can't always access risk information

We sampled a range of risk information records for residential and commercial risks. This included the information in place for firefighters who respond to incidents at high-risk, high-rise buildings and the information held by fire control.

The information we reviewed wasn't always up to date or detailed. It hadn't always been completed with input from the service's prevention, protection and response functions when appropriate.

Concerningly, we were told by firefighters that on one occasion when they were reviewing the risk information on their way to an incident, a completely different building was displayed that had no relevance to the incident they were attending. We were also told of an occasion when firefighters attended a fire on a ship. The risk information record said it had two floors and a slated roof, which was clearly inaccurate.

Many operational staff told us that the mobile data terminal used to access risk information often crashes and isn't reliable. This is a regular cause of frustration.

The service shares information about cross-border risks and major risks through a national database, which flexible duty officers have access to. However, specific cross-border risk details aren't available to fire control staff and firefighters.

In our 2021 inspection, we raised an area for improvement that the service should make sure its operational staff have good access to relevant and up-to-date cross-border risk information. We were disappointed to find that little progress had been made. Therefore, this area for improvement will remain.

Fire control staff are more involved in response activity

In our previous inspection, we found that the service hadn't reviewed its ability to provide fire survival guidance to many callers simultaneously, as we would have expected. This was identified as learning for fire and rescue services after the [Grenfell Tower Inquiry](#).

We were pleased to see that the service's control staff are integrated into its command, training, exercise, debrief and assurance activity. We found an increase in the number of exercises that fire control staff took part in, including testing the management of high-rise incidents and fire survival guidance. We also found that fire control staff were part of the debrief process after a fire in a high-rise building.

The operational debrief process should be improved

In our 2021 inspection, we raised an area for improvement that the service should make sure it has an effective system for learning from operational incidents. We also raised this in our first inspection in 2018. Disappointingly, not enough progress has been made, so this area for improvement will remain.

The staff we spoke with who deal with operational debriefs were passionate and eager to make positive changes. The service has introduced a new debrief process and, as part of our inspection, we reviewed a range of emergency incidents and training events. These included major incidents at high-rise residential buildings.

We found some examples of safety-critical information and operational learning from incidents being communicated across the service. However, we also found that actions resulting from the debriefs weren't routinely followed up and there was a lack of strategic oversight of the process. For example, several learning points identified at the debrief were assigned to departments, but the actions weren't completed in a timely manner. We also found that risk assessments weren't routinely completed by incident commanders, as required. But this information was missing from any learning points.

Many firefighters we spoke with told us that they couldn't recall any operational learning in the past 12 months and that the onus is on the individual to make sure they read the information available to them. However, many staff told us that they find it difficult to locate the relevant pages to read or record any operational learning. We found that immediate debriefs were completed at incidents where staff can discuss any learning points. But lower-level learning isn't recorded or shared across the organisation. And, disappointingly, we found that prevention or protection teams weren't involved in the debrief process when appropriate.

The public is kept informed of ongoing incidents

The service has good systems in place to inform the public about ongoing incidents and help keep them safe during and after incidents. These include:

- corporate communications officers and flexible duty officers who have received media training and are available 24 hours a day, 7 days a week;
- using social media; and
- arrangements with [local resilience forum \(LRF\)](#) partners to inform the community about ongoing incidents.

Responding to major and multi-agency incidents

Adequate

Avon Fire and Rescue Service is adequate at responding to major and multi-agency incidents.

All fire and rescue services must be able to respond effectively to multi-agency and cross-border incidents. This means working with other fire and rescue services (known as intraoperability) and emergency services (known as interoperability).

Areas for improvement

The service should make sure it has an effective method to share fire survival guidance information with multiple callers and that it has a dedicated communication link in place.

The service should make sure it participates in a programme of cross-border exercises, with learning from them recorded and shared.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service is well-prepared to respond to major and multi-agency incidents

The service has effectively anticipated and considered the reasonably foreseeable risks and threats it may face. These risks are listed in both local and national risk registers as part of its community risk report 2022. They include severe weather and flooding risks. The service has effective means of declaring a major incident and responding to it.

It is familiar with some of the significant risks in neighbouring fire and rescue service areas, which it might reasonably be asked to respond to in an emergency. But it has more to do. For example, firefighters and fire control staff don't always have risk information available from all neighbouring services.

The service should make sure it is well-prepared to form part of a multi-agency response to a terrorist incident and that its procedures for responding are understood by all staff and are well tested. We spoke with some staff who didn't know what their roles are in response to incidents like a marauding terrorist attack.

The service has the resources to support a major incident

In our last inspection, we focused on how the service had collected risk information and responded to the Government's building risk review programme for tall buildings.

In this inspection, we focused on how well-prepared the service is to respond to a major incident at a tall building, such as the tragedy at Grenfell Tower.

At the time of our inspection, the service had recently introduced new procedures and policies for safely managing this type of incident. However, we found that not all staff at all levels properly understood the policies and procedures in place. We found evidence that some training and exercising had taken place to test them, but the service hadn't trained all its operational staff.

At this type of incident, a fire and rescue service would receive a high number of simultaneous fire calls. We found that the systems in place in the service weren't robust enough to receive and manage this number of calls.

The service relies too heavily on paper-based systems. These systems are open to operator error. They also mean that staff in the emergency control room, at the incident and in assisting control rooms can't share, view and update actions in real time. These systems could compromise the service's ability to safely resolve a major incident at a tall building.

The service works well with other fire and rescue services

The service supports other fire and rescue services responding to emergency incidents. For example, in summer 2022, the service supported Norfolk Fire and Rescue Service because it experienced major fires and called on [national resilience assets](#). It is intraoperable with other fire and rescue services and can form part of a multi-agency response.

The service has resources to support a major incident, such as a mass decontamination unit, a high-volume pump and an [urban search and rescue](#) team. Staff are clear about when and how to deploy these resources.

Cross-border exercising needs to be co-ordinated

Although cross-border exercises take place, they are usually arranged locally and there isn't a co-ordinated approach across the service. We spoke with some firefighters who haven't completed any recent cross-border exercises despite being located near to a border with another service area. The service has no cross-border policy or process in place.

We raised this in our last inspection. We encourage the service to have a cross-border plan and to make sure there is appropriate oversight so that all exercises can be planned, tracked and debriefed and that the learning is shared. The service currently uses limited learning from these exercises to inform risk information and service plans.

Most incident commanders were familiar with the Joint Emergency Services Interoperability Principles

Most incident commanders we interviewed had been trained in and were familiar with [Joint Emergency Services Interoperability Principles](#). The service showed us strong evidence that it consistently follows these principles. This included multi-agency exercising to test these principles with Avon and Somerset Police in a joint flooding exercise carried out in Wales. And the service and the police recently worked closely together in an armed response scenario at Avonmouth docks.

We sampled a range of debriefs the service had carried out after multi-agency incidents. Although the service needs to improve local learning, we were encouraged to find that it was identifying any problems it had with applying the principles and taking appropriate, prompt action with other emergency services.

The service is proactive in its work with partners

The service has good arrangements in place to respond to emergencies with partners that make up the Avon and Somerset LRF. The service shares its headquarters site with Avon and Somerset Police, which helps with building effective working relationships.

The service is a valued partner in the LRF and is represented at its strategic and tactical co-ordinating groups and subgroups.

It takes part in regular training events with other members of the LRF. For example, in the year ending March 2023, the service completed 55 multi-agency exercises and 51 national resilience training events. It uses the learning to develop planning assumptions about responding to major and multi-agency incidents.

The service makes use of national learning

The service makes sure it knows about national operational updates from other fire and rescue services and joint organisational learning from other organisations, such as the police service and ambulance trusts. It uses this learning to inform planning assumptions that it makes with partner organisations.

National operational learning and joint organisational learning are shared through a single point of contact in the service. An example of learning includes an occasion when the police had breached fire doors in a high-rise residential building, which had caused ventilation issues.

Making best use of resources

Requires improvement

Avon Fire and Rescue Service requires improvement at making best use of its resources.

Fire and rescue services should manage their resources properly and appropriately, aligning them with their risks and statutory responsibilities. Services should make best possible use of resources to achieve the best results for the public.

The service's revenue budget for 2023/24 is £48.9 million. This is a 9.25 percent increase from the previous financial year.

Areas for improvement

The service needs to show a clear rationale for the resources allocated between prevention, protection and response activities. This should reflect and be consistent with the risks and priorities set out in its service plan.

The service should have effective measures in place to assure itself that its [wholetime](#) workforce is productive and that their time is used as efficiently and effectively as possible to meet the priorities in the service plan.

The service should assure itself that all processes in place to support performance management are effective.

The service should make sure it effectively monitors, reviews and evaluates the benefits and outcomes of any collaboration activity.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service's resourcing plans need more work

The service sometimes uses its resources well to manage risk, but there are several weaknesses that need to be addressed. For example, its service plan details the resources available in prevention, protection and response. But without comprehensive strategies, the service doesn't have enough information to determine what level of resource it needs to meet future risk. We also found:

- a lack of capacity and support within the team that manages risk information and operational debriefs;
- not enough resources in prevention, which has led to a backlog of HFSVs; and
- too few staff in fire control, which means it has experienced regular staff shortages in the previous 12 months.

The service has introduced dual-response vehicles at some on-call stations to help with staff shortages. This is where the crew of a fire engine is made up of firefighters from different nearby on-call stations who respond simultaneously. Some on-call firefighters we spoke with were frustrated with the lack of action to mobilise this vehicle. For example, for a fire at a school, the request for firefighters from different on-call stations to crew the dual-response vehicle was refused and a wholetime fire engine was sent instead. However, the dual-response vehicle could have provided a quicker response.

The service hasn't evaluated its mix of crewing and duty systems. It hasn't completed a recent analysis of its response cover and can't show it deploys its fire engines and response staff to manage risk efficiently. However, we recognise that this work is in progress, and we look forward to seeing how this develops.

At the time of our inspection, we found that the service relied too much on overtime. It has high levels of overtime costs compared with other services. We also found that the incident command vehicle was unavailable 8 times in the previous 12 months because of staff shortages.

The service's financial position has improved after a rise in the local council tax precept and an increase in central government funding. Its work on improving its financial planning has included scenario planning. The service has got better at recognising pressures and future risks. This has helped it to build its financial plans on sound scenarios and make sure the service is sustainable. Financial controls reduce the risk of misusing public money.

The service has made limited progress in making sure wholetime firefighters are used more productively

In our 2021 inspection, we raised an area for improvement that the service should have effective measures in place to assure itself that its wholetime workforce is productive and that their time is used as efficiently and effectively as possible to meet the strategic priorities in the service plan. Disappointingly, not enough progress has been made, so this area for improvement will remain.

The service has appointed a senior leader to undertake an efficiencies, productivity and savings review. We understand the service has undertaken an analysis of the current working day to identify options to improve effectiveness and efficiency. We also recognise that problems with IT infrastructure are affecting the service's ability to collect meaningful data. However, the service doesn't understand how it uses its wholetime firefighters. It doesn't collect data on how they spend their time across day and night shifts. And the service doesn't make the most of its capacity.

In our last inspection, we identified that:

- it carried out fewer HFSVs than the national average;
- it had carried out fewer fire safety audits in the previous three years compared with the national average;
- wholetime firefighters weren't carrying out any protection work; and
- a low number of SSRI records had been completed.

We were disappointed to find that there had been limited progress since our 2021 inspection, and these findings remain. The service should broaden its focus on productivity to make sure that its staff are as efficient as they can be. This includes considering new ways of working.

The service's performance arrangements are weak

We found that the service's arrangements for managing performance were weak and didn't clearly link resource use to its service plan and its strategic priorities. There are insufficient governance, oversight and assurance processes in place. For example, senior leaders weren't aware of the number of overdue HFSVs, which include visits to highly vulnerable people.

The service doesn't have clear processes to manage the performance of its workforce. Limited training is provided to managers to make sure they can confidently manage performance. Some managers told us that they don't manage the performance of their teams because they are afraid of upsetting their staff. We were also told that there aren't any capability processes in place for those not performing well. And there are no performance measures in place for HFSVs. The service needs to do much more to make sure that its performance management processes are effective.

We were told that the service has found it difficult to recruit for some posts because wholetime firefighters don't want to leave their station or the favoured shift system. This means some departments are under-resourced, which has led to a lack of progress in addressing the areas for improvement we identified in our last inspection.

The service collaborates with others but needs to review and evaluate this work

We were pleased to see that the service meets its statutory duty to collaborate. It routinely considers opportunities to collaborate with other emergency responders. For example, it works with the ambulance service to help enter premises if there are concerns for occupants' welfare. We also found the service has supported the police by using its drone to search for [missing persons](#).

The service has a collaboration and partnerships register, which lists the details of all the agreements and includes a brief overview of each arrangement.

The service needs to do more to monitor, review and evaluate the benefits and results of its collaborations. Its current reviews and evaluation are limited in scope, and the service doesn't use them to learn from or change decisions or to make sure it achieves value for money.

However, we were encouraged to see that the service is publishing its new evaluation process which, if effectively implemented, will address these issues. We look forward to seeing how this develops.

The service has effective business continuity arrangements in place

The service has good continuity arrangements in place for areas in which it considers threats and risks to be high. It regularly reviews and tests these threats and risks so that staff know the arrangements and their associated responsibilities.

The service has appropriate business continuity plans in place for industrial action. It has assured itself and can demonstrate that it has adequate resources available for future periods of industrial action. The plans are detailed and comprehensive and set out the service's planning assumptions. These include where fire engines will be located, actions to be taken during industrial action and the recovery phase and the communication channels to be used with the workforce. It has tested these plans and used learning to update them.

The service has sound financial management processes in place

The service has a good process for financial planning and budgeting. This is supported by external and internal audits. Reviews consider all the service's expenditure, including its non-pay costs. Middle managers are now more involved in budget setting and are asked to review their financial budgets regularly.

Expenditure is regularly reviewed through the [fire and rescue authority](#) scrutiny arrangements. The service has developed a capital prioritisation and steering group, which consists of managers across the service who review capital expenditure. Managers are tasked with providing business cases for any significant expenditure.

The service has made savings and efficiencies. These haven't had a negative effect on its operational performance and the service it gives the public. For example, the service has a savings register, which shows it has saved £25,000 annually by paying its IT invoices upfront. The service has also saved significant energy costs through its renewable energy sources across its estate.

Making the fire and rescue service affordable now and in the future

Requires improvement

Avon Fire and Rescue Service requires improvement at making the service affordable now and in the future.

Fire and rescue services should continuously look for ways to improve their effectiveness and efficiency. This includes transforming how they work and improving their value for money. Services should have robust spending plans that reflect future financial challenges and efficiency opportunities, and they should invest in better services for the public.

Areas for improvement

The service should assure itself that its IT systems are resilient, reliable, accurate and accessible and that strategic oversight arrangements are in place to manage its IT infrastructure.

The service should assure itself that it has the capability and capacity it needs to achieve future change.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service's IT infrastructure is failing staff and holding the service back

During our 2021 inspection, we highlighted an area for improvement that the service should assure itself that its IT systems are resilient, reliable, accurate and accessible. The service has made limited progress in this area, so this area for improvement will remain.

We also said in our previous inspection that investment had been made and senior leaders were more focused on IT developments. However, during this inspection, we were disappointed to find that poor IT infrastructure was still holding the service back. Staff can't work effectively or efficiently. This is also preventing the service from making some important improvements.

There are insufficient governance, oversight and assurance processes in place to improve this. Staff are frustrated that the problems with technology still haven't been resolved. We found evidence that many IT systems are out of date and don't work efficiently and effectively. Many systems are standalone and don't allow effective data sharing between prevention, protection and response teams. Staff can't always easily access the information they need to do their jobs. We found that some IT issues weren't being escalated to senior leaders. The service should make sure it has appropriate strategic oversight arrangements in place.

We found issues with:

- how risk information is collected and recorded;
- the mobile data terminals that are mounted on fire engines;
- the mobilisation system to dispatch resources;
- an update that resulted in the system being restricted for up to two weeks, which affected prevention and protection teams;
- the appraisal system not functioning; and
- the recording of firefighter availability – firefighters told us that this system has crashed on several occasions.

The service has invested in its IT infrastructure. Since our last inspection, it has rolled out Microsoft 365 and Microsoft Teams to improve staff's day-to-day work. But there is significantly more to do.

The service doesn't have the capability and capacity to make future change

During our 2021 inspection, we highlighted an area for improvement that the service should assure itself that it has the capability and capacity it needs to achieve future change. The service has made limited progress in this area, so this area for improvement will remain.

In our last inspection, we highlighted that the service had invested in a transformation programme that aimed to improve its policies and processes through use of digital technology. However, many of those aims have proven to be ineffective because of insufficient governance, oversight and assurance processes.

Disappointingly, we found several key policies across the service that had passed their review dates or were in draft form. This is an area we highlighted in our previous inspection. There has been a lack of strategic oversight and assurance measures in place to progress this.

For example, we found that the grievance policy was last published in January 2007, and there hadn't been any meaningful review since then. In this inspection, we were disappointed to find that no progress had been made and the same grievance policy from January 2007 was still in place.

We found that the transformation team was hindered in how much progress it could make. Some staff were frustrated with the lack of progress made in some areas. This is because subject matter experts in the respective departments carry out policy reviews to make sure the information is accurate and relevant. However, we found that because of limited resources and IT constraints, the reviews weren't always completed. The service has extended the transformation programme until March 2024.

The service has identified its future financial challenges

The service has developed a sound understanding of future financial challenges. The higher-than-anticipated pay awards have created a significant budget shortfall and contingency funding has been used to cover the increase in 2023/24. The service needs to save £2.4m by 2026/27. It has plans to mitigate its main or significant financial risks. For example, £520,000 of savings have already been identified in 2023/24 from employee costs, fuel and procurement.

At the time of our inspection, the service had appointed a strategic leader to undertake an efficiencies, productivity and savings review to bridge this gap. But the plans are still in their early stages.

The underpinning assumptions about the service's future financial challenges are relatively robust, realistic and prudent. They take account of the wider external environment and some scenario planning for future spending reductions. These include financial modelling on income and expenditure variables, such as the projected pay award levels, non-pay inflationary levels, contingency budgets and income levels. The service has also considered the rise in capital construction costs resulting from inflationary pressures because it has plans to develop and modernise some of its fire stations.

The service has clear arrangements in place for the use of its reserves

The service has a sensible and sustainable plan for using its reserves. It sets its minimum general reserves requirement at £1.5m, which represents just under 3 percent of its annual revenue budget. The level of earmarked reserves is risk-assessed every year to provide continuity and adequacy.

The service's plans for the use of its reserves include the modernisation of its estates among other projects.

In our 2021 inspection, we were pleased to report that the service had successfully secured a [Public Sector Decarbonisation Scheme](#) grant of £823,670. It was the only fire and rescue service to receive a grant. The service has used this to install heat pumps, thermal efficiency, solar thermal and solar photovoltaic systems, and battery storage. In addition, it has invested in electrical vehicle charging points across its estate and 25 electrical vehicles.

We found that the service mainly used paper-based systems for managing the fleet. Some vehicles have a telematics system but because of the limitations of the IT system, the service doesn't use the information effectively. The service hasn't completed any recent [benchmarking](#) exercises to see how its estates and fleet compare with those of other services.

The service's ten-year estates and fleet strategies are under review. It is important for these strategies to continue to link to the service plan and medium-term financial plan to support key decisions about the future of its estates and fleet.

The service continues to generate some income and make cost savings

The service actively considers and exploits opportunities for generating extra income. It has been successful in receiving a grant to access the expertise and skills needed to put in place a heat decarbonisation plan for buildings.

The service anticipates that its newly built fire station, Avonmouth, will have minimal energy costs. The service has also significantly reduced energy costs through its renewable energy sources across its estate.

Promoting the right values and culture

Inadequate

Avon Fire and Rescue Service is inadequate at promoting the right values and culture.

Fire and rescue services should have positive and inclusive cultures, modelled by the behaviours of their senior leaders. Services should promote health and safety effectively, and staff should have access to a range of well-being support that can be tailored to their individual needs.

Cause of concern

The service has shown an intent to improve its culture, with some staff reporting improvements across the service. However, more needs to be done. We found evidence of behaviours that weren't in line with service values. We were told about cultures among some teams where staff demonstrate unacceptable behaviours, such as using sexist or inappropriate language and disguising this as banter. And worryingly, some staff don't have the confidence to report these issues. We were told that there is a disconnect at different levels of the service, such as between middle and senior management, and information isn't always filtered down to the whole workforce.

Recommendations

Within 28 days, the service should develop an action plan to:

- make sure that its values and behaviours are understood and demonstrated at all levels of the organisation;
- assure itself that senior and middle managers act as role models and show they are committed to service values through their behaviour;
- make sure that staff are trained and supported to identify and challenge inappropriate behaviour;
- assure itself that staff are confident using its feedback processes to raise their concerns; and
- make sure that the appropriate support is provided to those raising workforce concerns.

Areas for improvement

The service should assure itself that managers are appropriately trained and understand the well-being provisions available to them and wider staff.

The service should proactively monitor working hours (including overtime and secondary contracts) to make sure staff don't work excessive hours.

The service should assure itself that managers are appropriately trained to manage staff absence.

The service should make sure it has effective absence and attendance procedures in place.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service's values aren't routinely demonstrated by all staff

We are concerned that some behaviours we were told about don't meet the standards expected. The culture of the organisation doesn't always align with its values. And there isn't a strong culture of challenge. The service has a clearly defined set of values, but it should improve awareness of them at all levels.

We were told about several examples of poor behaviour that staff have experienced, such as:

- sexist or homophobic language and inappropriate language being disguised as banter;
- poor cultures among some operational teams, where staff have made it clear that they won't work in these areas;
- corporate staff being undermined by operational staff and some on-call staff not feeling valued; and
- operational staff not attending mandatory HR-related training despite being on duty.

Worryingly, we found that some staff didn't have the confidence to challenge poor behaviour or report this to their line managers.

Most staff we spoke with during our inspection were committed. But some felt frustrated with the middle management level and above. We were told that there is a disconnect at different levels of the service, such as between middle and senior leaders. Some staff told us that information isn't always filtered down effectively from senior leaders and that some leaders aren't approachable.

We spoke with some staff who were frustrated with the number of changes at middle management level. At 1 fire station, there had been at least 4 different station managers in the previous 12 months. This doesn't help to build an effective working relationship between staff and line managers.

The chief fire officer wrote to all females across the service after media reports of poor culture in the service. Although this was a positive step, some females we spoke with felt that these were "just words" and there was a lack of follow-up or action. They feel that their line managers don't know what to do when approached with an issue or what support they should provide. Disappointingly, we heard from one female member of staff whose line manager told her not to approach them if they had any problems. We also heard from other staff who have raised workforce concerns but haven't been provided with appropriate support.

At the time of our inspection, the service introduced its 'being the best that you can be' framework, which sets out the expectations for leaders. The service has also introduced a zero-tolerance statement and a dignity and respect toolkit. However, managers and wider staff aren't trained and supported to identify and challenge inappropriate behaviour. Senior leaders recognise there is a lot more to do in terms of improving the organisational culture.

The service continues to have good well-being provisions in place, but some managers still aren't trained to understand them

The service continues to have well-understood and effective well-being policies in place, which are available to staff. A significant range of well-being provision is available to support both physical and mental health. For example, the service has:

- specialist trauma practitioners, who are trained to help people who have experienced a traumatic (or potentially traumatic) event;
- 'blue light' champions and family liaison officers; and
- access to an external workplace counselling service.

During our 2021 inspection, we highlighted an area for improvement that the service should assure itself that managers are appropriately trained and understand the well-being provisions available to them and wider staff.

The service has recently recruited a health and safety and well-being manager. Staff spoke positively about the changes that have taken place. For example, we heard how some staff have received emails to let them know what well-being provisions are available and how to access them. We were encouraged to find that 97 percent (223 out of 231) of respondents to our staff survey agreed that they feel able to access services to support their mental well-being.

Some staff we spoke with felt that the specialist trauma practitioners don't always provide the necessary support after an initial discussion has taken place. Although most staff spoke positively about well-being provisions, some expressed their concerns about how the service deals with staff mental health. The service still needs to make sure managers are appropriately trained and understand the well-being provisions available to them and wider staff. Therefore, this area for improvement will remain.

The service's approach to health and safety needs to improve

The service's health and safety policy is out of date. The 'statement of intent' was signed by the previous chief fire officer and the policy needs to be updated. Of the 20 health and safety records we sampled, we found that 9 records had no health and safety training recorded.

The service doesn't actively monitor staff who have secondary employment or dual contracts to make sure they comply with the secondary employment policy and don't work excessive hours. Its secondary contract policy has passed its review date. There is no designated responsibility to monitor the number of hours staff work. For example, for those on dual contracts, we heard that rest periods before and after wholetime shifts weren't always adhered to by staff in order to maintain their on-call availability. We found many cases where staff were working excessive hours and they weren't properly monitored.

The service's absence management process is ineffective

During our 2021 inspection, we highlighted an area for improvement that the service should assure itself that managers are appropriately trained to manage staff absence. During this inspection, we were disappointed with the lack of progress in this area, so this area for improvement will remain.

Most managers we spoke with haven't received the relevant training. The attendance management policy has passed its review date. There has been a lack of oversight and control to make sure the service has an effective absence management process in place.

We spoke with managers who are frustrated because they haven't been provided with the appropriate support to manage staff absence. For example, we spoke with a supervisory manager who considered that they have a member of staff who is continuing to exploit the absence management process and taking regular time off work. But, with the lack of guidance, training and support, the manager is constrained in how they can manage the situation.

The service has seen an increase in the number of days firefighters were unable to work due to short-term sickness, from 855 days lost in 2020/21 to 2,127 days lost in 2022/23. Over the same period, the number of days firefighters were unable to work due to long-term sickness has stayed broadly the same.

Getting the right people with the right skills

Requires improvement

Avon Fire and Rescue Service requires improvement at getting the right people with the right skills.

Fire and rescue services should have a workforce plan in place that is linked to their [community risk management plans](#). It should set out their current and future skills requirements and address capability gaps. This should be supplemented by a culture of continuous improvement, including appropriate learning and development throughout the service.

Areas for improvement

The service should put in place a credible succession plan, for the whole organisation.

The service should assure itself that all staff are appropriately trained for their role.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service still hasn't addressed workforce planning

During both our 2018 and 2021 inspections, we highlighted an area for improvement that the service should put in place a credible succession plan for the whole organisation. Disappointingly, more needs to be done in this area. Therefore, this area for improvement will remain.

The service does some workforce planning, but it doesn't take full account of the skills and capabilities it needs to effectively carry out its service plan. We found limited evidence that the service's planning allows it to fully consider workforce skills and overcome any gaps in capability. For example, in our last inspection, we found that staff numbers in fire control went below the service's standard staffing levels on

several occasions. Disappointingly, this is still the case. At the time of our inspection, the service told us that staff numbers in fire control went below the standard staffing levels on 96 shifts in the past 12 months.

The service also needs to do more to improve the way it considers its future needs and succession planning. Succession planning is monitored through the leadership of the transfers, appointments and promotions board. But this mainly focuses on wholetime operational roles. The service makes forecasts, such as retirement profiles. However, it uses limited other data, and not all departments across the service are considered, including those staffed by on-call firefighters.

We found that wholetime firefighters were reluctant to leave their operational roles because of the favoured shift system. This creates a challenge when recruiting into non-operational roles in prevention, protection and response. We also heard from many staff who are frustrated with the number of times their line managers have changed.

Not all staff are appropriately trained for their roles

During our 2021 inspection, we highlighted an area for improvement that the service should assure itself that all staff are appropriately trained for their roles. We said that operational staff hadn't received appropriate training on prevention or how to carry out an SSRI visit. In addition, we said that most managers we spoke with hadn't received appropriate training in how to resolve workforce concerns or how to carry out a performance development review. Disappointingly, during this inspection, we were told that because of a lack of resources, there has been limited progress in making sure all staff are appropriately trained for their roles. Therefore, this area for improvement will remain.

The service doesn't treat risk-critical training as a high enough priority. We found incident commanders at middle manager level and above whose competency accreditation had expired but who were still available for incident command duties.

The service told us it is the individual's responsibility to make sure their competency accreditation is in date. But there is limited strategic oversight of training records to make sure they are accurate and up to date. For example, we were told that managers' core competencies are in date, but the training system the service uses doesn't reflect this. We were also told that, as a result of IT constraints, recording any training is a time-consuming process. Although there is a system in place to review workforce capabilities, it is ineffective and there is a risk that staff may lack important skills for the future.

Some learning and improvement take place

We found that 80 percent (185 out of 231) of respondents to our staff survey felt that they can access the right learning and development opportunities. Specialist staff in prevention and protection receive continuing professional development days. This supports staff learning in specialist roles.

We spoke with several firefighters who had recently joined the service. They spoke positively about the learning and development available to them and the support they have received from their teams, which includes being assigned a mentor who provides additional support.

Despite the positives, we found the performance development system wasn't functioning as it should by supporting staff who identify further learning and development opportunities. There aren't adequate processes in place to help staff access the resources they need to do their jobs effectively.

The learning created from operational debriefs isn't always easily accessible to staff, so they aren't able to continually learn from incidents or training exercises that have taken place. We were also told that prevention staff are stopped from attending operational debriefs, meaning they are unable to access further learning. This is likely to affect what the service can offer the public.

Ensuring fairness and promoting diversity

Requires improvement

Avon Fire and Rescue Service requires improvement at ensuring fairness and promoting diversity.

Creating a more representative workforce gives fire and rescue services huge benefits. These include greater access to talent and different ways of thinking. It also helps them better understand and engage with local communities. Each service should make sure staff throughout the organisation firmly understand and show a commitment to equality, diversity and inclusion (EDI). This includes successfully taking steps to remove inequality and making progress to improve fairness, diversity and inclusion at all levels of the service. It should proactively seek and respond to feedback from staff and make sure any action it takes is meaningful.

Areas for improvement

The service should make sure it has effective grievance procedures. It should identify and implement ways to improve staff confidence in the grievance process.

The service should make sure it resolves discipline and work-related concerns promptly and that officers investigating these concerns have the specialist skills required.

The service should make sure all staff understand the benefits of equality, diversity and inclusion and their role in promoting it.

The service should make sure it has robust processes in place to undertake [equality impact assessments](#) and review any actions agreed as a result.

The service should make sure it improves the way it collects equality data so it can better understand its workforce demographic and needs.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service needs to improve its approach to seeking and acting on feedback and challenge

More work is needed to build trust and confidence between senior leaders and the workforce by improving the way the service seeks challenge, gathers feedback from all staff and responds to staff concerns. Staff told us that they feel there is a disconnect between senior and middle managers and that information isn't always filtered down to the workforce.

The service has processes in place to gather feedback and respond to staff concerns. These include senior leaders and managers carrying out station and departmental visits and the increased use of staff bulletins. The service also has a staff engagement network. Staff can use this to give feedback or suggest improvements on any matters related to their work.

However, staff have limited confidence in the service's feedback processes and don't think they are effective. For example, a staff member feared that they would be labelled a "troublemaker" if they raised any concerns. Staff also told us that they don't provide senior leaders with feedback as nothing will happen as a result.

In our staff survey, 42 percent (96 out of 231) of respondents said that they don't have confidence in the process for providing feedback at all levels. Representative bodies and staff associations reported that they would like better communication from the service.

The service isn't dealing with workforce concerns effectively

During both our 2018 and 2021 inspections, we highlighted an area for improvement that the service should make sure it has effective grievance procedures. It should identify and implement ways to improve staff confidence in the grievance process. During this inspection, we were surprised and disappointed to find that no progress had been made in this area. Therefore, this area for improvement will remain.

We reported in our last inspection that the current grievance policy was published in January 2007 and that it hadn't had any meaningful review since. During this inspection, we found that there hadn't been any progress in this area and that the same policy dated January 2007 was still in place. We recognise that the service has commissioned an external organisation to review the grievance policy, but limited

progress has been made in this area. Staff told us they don't raise workforce concerns because they have no confidence in the process.

In our previous inspection, we also raised an area for improvement that the service should make sure its bullying, [harassment](#) and discrimination policy is up to date and is understood by all staff. The service has published a revised values, ethics and behaviour framework and a new dignity and respect policy. There are also toolkits to support staff to carry out self-learning. But the toolkits aren't compulsory learning for staff, and it is up to staff whether they read the information.

In our staff survey, 16 percent (37 out of 231) of respondents told us that they have felt bullied or harassed at work in the last 12 months and 16 percent (36 out of 231) told us that they have felt discriminated against in the last 12 months.

Although the service has policies and procedures in place, staff have limited confidence in how effectively it can deal with cases of bullying, harassment and discrimination as well as discipline. We found that staff didn't have confidence in the managers investigating cases and that they didn't feel the resulting sanctions were appropriate. We were also told that some cases took too long to investigate, and limited communication was provided to all those involved. Worryingly, those staff who raised concerns told us that they have received limited support from the service.

The service proactively commissioned an independent external review of historic discipline and grievance cases. At the time of our inspection, it was considering the findings of the review. The service is progressing the recommendations of the London Fire Brigade [Independent Culture Review](#) and the spotlight recommendations in our report [Values and culture in fire and rescue services](#). The service needs to make sure that the actions it has completed in response to the values and culture report, which outlines several recommendations, are consistent with the findings of this report.

The service is addressing disproportionality in recruitment and retention

There is an open, fair and honest recruitment process for staff or those wishing to work for the fire and rescue service. The service has an effective system to understand and remove the risk of disproportionality in recruitment processes. For example, one of the practical assessments to become a firefighter is to carry out a 'ladder lift', which tests upper and lower body strength and co-ordination. The weight to be lifted is 35 kg. But the service found that the ladders it uses aren't this heavy and changed this assessment to a 30 kg weight to make it more realistic. This means that the test for those applying to be a firefighter will now better match what they would experience in the role.

We were pleased to find that the service had introduced neurodiversity passports to support staff. We heard from staff how reasonable adjustments had been provided during the interview process.

The service told us that the last wholetime recruitment campaign led to 24 new firefighters. Six of those identified as being from an ethnic minority background and one was female.

The service advertises recruitment opportunities both internally and externally, including on the National Fire Chiefs Council website, social media and its own website. However, more could be done to encourage applicants from diverse backgrounds, including into middle and senior management roles.

For the whole workforce in 2021/22, 5.3 percent were from an ethnic minority background compared to 18.4 percent in the local population and 8 percent throughout all fire and rescue services. And 19.5 percent were women, which is higher than the average of 18.6 percent throughout all fire and rescue services.

The proportion of firefighters from an ethnic minority background increased from 4 percent (25 people) in 2020/21 to 4.8 percent (29 people) in 2021/22. The proportion of female firefighters increased from 5.6 percent (38 people) to 6.9 percent (46 people) over the same period.

The service has improved its approach to EDI, but it needs to do more

The service has published its dignity and respect policy and has introduced a toolkit to support staff. Since our last inspection, the team that manages EDI has only recently reached full capacity.

During our 2021 inspection, we raised an area for improvement that the service should make sure all staff understand the benefits of EDI and their role in promoting it. During this inspection, we were pleased to find that most staff had completed their e-learning training. A face-to-face package has also been introduced for on-call firefighters and most have received the appropriate training. The package will be rolled out to the rest of the workforce for completion by spring 2024.

Despite this, the service needs to understand how effective the training is and whether the intended objectives are being met. Some staff we spoke with told us that the training may have the opposite effect to that intended. But they were too afraid to provide any feedback because they didn't wish to offend anyone. We were told that the service is in the process of evaluating the training to make sure it is effective and that the desired outcomes are achieved.

The service has wrapped fire engines with key messages to show support for celebrations such as Pride and Black History Month. Although most staff support this, we found that a minority didn't, and this has had a negative effect on some teams. The service should continue to communicate with members of its workforce to make sure they understand the benefits of EDI and their role in promoting it.

In our previous inspection, we raised an area for improvement that the service should make sure it has robust processes in place to undertake [equality impact assessments](#) and review any actions agreed as a result. Although the number of completed equality impact assessments has increased, we found that there was still a lack of oversight to make sure actions are completed as a result. This may mean the service doesn't properly assess or act on the impact on each [protected characteristic](#). Therefore, this area for improvement will remain.

The service recognises that it needs to improve the way it collects equality data so it can better understand the people in its workforce and their needs. The service has only recorded equality data for a low number of staff members who have declared it, but it is forming a plan to address this. The service told us that equality monitoring for all staff will be undertaken, along with communications to explain how the data will be used. Its aim is to significantly increase the level of reporting and staff confidence in this process.

While we found that exit interviews weren't always carried out, they are offered to members of staff leaving the service. The service may be missing opportunities to work with staff to find out what does and doesn't work in the organisation and to identify any potential improvements it could make.

Managing performance and developing leaders

Requires improvement

Avon Fire and Rescue Service requires improvement at managing performance and developing leaders.

Fire and rescue services should have robust and meaningful performance management arrangements in place for their staff. All staff should be supported to meet their potential and there should be a focus on developing staff and improving diversity into leadership roles.

Areas for improvement

The service should improve all-staff understanding and application of the performance development review process.

The service should make sure its selection, development and promotion of staff is open and fair.

The service should put in place a system to actively manage staff careers, with the aim of diversifying the pool of future and current leaders.

We set out our detailed findings below. These are the basis for our judgment of the service's performance in this area.

Main findings

The service's performance and development review system isn't working

During our 2021 inspection, we highlighted an area for improvement that the service should improve all-staff understanding and application of the performance development review (PDR) process. During this inspection, we were disappointed to find that no progress had been made in this area. Therefore, this area for improvement will remain.

The service continues to have an inconsistent process in place for performance and development. Not all staff have specific and individual objectives or have had their performance assessed in the past year. We found the IT system that manages the PDR process wasn't working and that staff needed to complete their PDRs manually. Most staff told us that they feel PDRs hold limited value. They said that PDRs aren't reviewed and feel it is a tick-box exercise. The process hasn't been changed since our last inspection. Many questions aren't user-friendly. We found that managers hadn't received appropriate training on how to carry out PDRs. This means PDRs may not be effective.

Staff don't have confidence in the promotion process

The service needs to do more to make sure its promotion and progression processes are fair. In our previous inspection, we raised an area for improvement that the service should make sure its selection, development and promotion of staff is open and fair. We were told that the service aims to have HR representatives on all promotions and recruitment panels, but because of a lack of resources, this isn't always achievable. We were also told that interviewers aren't always performed by staff with the appropriate training to carry out interviews, which may allow for inconsistencies in the process. Operational staff felt that the promotion process relies heavily on the interview itself. And those who aren't successful aren't offered development programmes to increase their chances next time they apply. Of the respondents to our staff survey, 50 percent (115 out of 231) disagreed that the promotion process in their service is fair. Therefore, this area for improvement will remain.

The service doesn't have strong succession-planning processes in place to allow it to effectively manage the career pathways of its staff, including roles needing specialist skills. We were told that departments such as HR and learning and development don't always work together effectively. For example, the service hasn't planned well for the number of drivers required. We found evidence of the incident command vehicle not being available because of staff shortages.

The service doesn't manage temporary promotions well. We found evidence of temporary promotions being in place for longer than they should be. This is a source of frustration for some staff. We recognise that changes are being made to better manage staff pathways and look forward to seeing how this develops in the future.

We spoke with fire control staff who are frustrated that they haven't been able to progress in other areas of the service because they have been told they need to provide resilience within the core fire control function. The service should consider succession planning for fire control staff and allow them to develop and progress in other areas of the service. In our last inspection, we highlighted that crewing levels in fire control went below minimum staffing levels, and we were disappointed to find the same in this inspection.

The service should aim to diversify the pool of future leaders

The service needs to encourage applicants from diverse backgrounds into middle and senior-level positions. It has introduced corporate roles in the business fire safety department. And it has also successfully advertised and filled positions with external candidates.

We were pleased to see that the service is 1 of 7 fire and rescue services (out of 44) in the country that have adopted the National Fire Chief Council's direct entry scheme. This will help the service to recruit from a wider pool of candidates with a broader set of backgrounds, skills and experiences.

The service needs to do more to develop leadership and high-potential staff at all levels

The service needs to improve the way it actively manages the career pathways of staff, including those with specialist skills and those with potential for leadership roles.

The service is introducing a leadership academy, which is an 18-month programme that focuses on leadership. The service has career pathways and has subscribed to the external programmes Springboard and Stepping Up. These aim to unlock potential and develop talent, particularly among women, ethnic minority staff and staff with disabilities. The service should consider putting in place more formal arrangements to identify and support members of staff to become senior leaders.

At the time of our inspection, the service had undertaken a gap analysis to effectively implement the Fire Standards Board's fire standards, [leading the service](#) and [leading and developing people](#) (December 2022). We look forward to seeing how this develops in future.

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Avon Fire & Rescue Service Chief Fire Officer responds to HMICFRS report

Today (22 November 2023), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) published its findings into Avon Fire & Rescue Service (AF&RS), following their Round 3 inspection.

Taking place in June and July 2023, the inspection assesses the Service's effectiveness, efficiency and how well it looks after its people, measuring the Service against 11 areas, with each one being given a graded judgement.

Following the inspection, HMICFRS will now carry out enhanced monitoring on the Service to assist in finding ways to improve identified causes of concern and support in carrying out a comprehensive analysis and development of an improvement plan.

AF&RS Chief Fire Officer (CFO), Simon Shilton said: "There can be no denying that His Majesty's Inspectorate of Constabulary and Fire & Rescue Services' inspection report into the Service makes for uncomfortable reading. That said, as a Service we welcome the challenge and support to ensure we are the best Service we can be, however, I'm sorry if local people feel let down.

"I accept these are the Inspectorate's findings, and I want to reassure our local communities we have already put plans in place to address some of the concerns raised. It is disappointing, despite the hard work undertaken by our staff to deliver the best possible service to our communities, it's clear the pace of change has not been sufficient against the challenging financial and political backdrop we've faced this past year.

"There is more to be done to tackle and improve on the areas highlighted going forward, particularly in relation to our provision of risk critical information and in creating a more inclusive culture. However, I feel strongly that the findings do not represent who we are as a Service and what I know the dedicated staff I work alongside daily, strive for the Service to be."

Since the publication of HMICFRS' initial findings, the Service has already addressed concerns regarding the reliability of its mobilising system. Extensive mitigation has been put in place to rectify the issues identified with the software used to mobilise our fire engines which is supplied by a third-party provider and used by about 80% of UK fire and rescue services.

The Service also continues to meet its response standards as set out in our Service Plan and the Inspectorate also acknowledged in its report how the Service has effective arrangements in place for dealing with multi-agency incidents.

Chair of Avon Fire Authority, Councillor Brenda Massey said: "On behalf of the Fire Authority, it is regrettable that these are the Inspectorate's findings into Avon Fire & Rescue Service, despite how much work staff have put into making continual improvements across the Service since the last inspection.



“It’s important our local communities know and have confidence the Service will respond to them in an emergency. However, the Inspectorate have highlighted areas for improvement and the Authority and I, will continue to work with the Chief Fire Officer and the Service to ensure pace of positive change; working together to ensure the necessary improvements and progress are made and reported on.”

The Chief Fire Officer has outlined plans to work closely with staff, partners and communities to develop and share intelligence and strengthen the Service’s ability to prevent, protect, respond and increase resilience in all areas of the Service’s work.

Cultural challenges being faced by AF&RS and the sector have also been addressed by the Service, for example: investing in leadership training, commissioning an independent external review into the handling of past staff complaints, grievances and discipline cases and publishing a new zero tolerance statement and dignity and respect toolkit.

CFO Shilton continued: “We recognise there is more work to do and, while we may not be able to fix the past, we are focused on improving current staff experiences and ensuring a supportive and inclusive organisation where our staff can thrive – and one where we maintain the public’s confidence in us as a Service.

“As an organisation, we are truly committed to continuous improvement and to be there for you, our local communities, as and when you need us most. We have made – and continue to make – significant changes: implementing initiatives, systems and support mechanisms to make our communities safer and make our Service stronger.”


As part of the monitoring process, the CFO will report back on Service improvements to the Fire Performance Oversight Group (FPOG), made up of representatives from HMICFRS, the Home Office, Local Government Association and the National Fire Chiefs Council.

The recommendations outlined in the HMICFRS inspection report have formed the basis of an action plan for the Service and progress on their implementation will be publicly shared via the Service’s website – www.avonfire.gov.uk.

Avon Fire & Rescue Service: HMICFRS accelerated causes of concern (August 2023) – action plan



Site-specific risk information (updated 8 November 2023)

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
Understanding fires and other risks								
7/8	Accelerated Cause of Concern	The service still doesn't have an effective system to make sure it gathers and records relevant and up-to-date risk information to help protect firefighters, the public and property during an emergency. We found examples of risk information available not being effective, accurate or up to date. Concerningly, most operational staff haven't been given the support they need to collect risk information, and there is limited strategic oversight in place to improve the risk information process. Recommendations By 19 September 2023, the service should provide an action plan to demonstrate how it will meet our recommendations, and it should have an effective risk information process in place. The service should make sure:	We will deliver a plan that effectively and robustly:					
		<ul style="list-style-type: none"> meets the six accelerated requirements; delivers a site-specific risk information (SSRI) policy linked to Fire Standards and National Operational Guidance (NatOG); delivers associated processes which support the policy; develops a culture of SSRI visits, data publication and quality assurance within the organisation; enables effective sharing of data across multiple organisations and platforms; and ensures that the response to emergency operations is as informed as possible, reducing risk to staff, members of the public, businesses, and the wider AF&RS community. 						
		<ul style="list-style-type: none"> it has identified all those premises that require a site-specific risk visit; 	<ul style="list-style-type: none"> Complete work to identify current risk inspection data available on CFRMIS and DragonMap. Align these sites to the defined SSRI risk assessment grading 5 (very high risk) to 1 (low risk) of premises; issue to Service Delivery – Response to complete SSRI visits and data collection; and identify visits to be completed in the short term. Define the SSRI risk assessment (SSRI-RA) process detailing risk levels 1-5 (see above) linked to the NatOG strategic gap analysis (SGA) requirements for SSRI inspections data collection. 	ACFO – Service Delivery Support	Group Manager – SSRI	02 Oct 23	✓	
					02 Oct 23	✓		Update 12 Sep 23: Avon FRS will follow the NFCC PORIS scoring; slight adjustment needed to ensure risks are not scored too low. Partially completed,

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								<p>discussions held with Dorset & Wiltshire FRS. Use of the five level scoring is standardised, cross-mapping with the London Fire Brigade.</p> <p>Update 08 Nov 23: Definition is complete and fixed, digital version hosted on MSharePoint. Completing this SSRI-RA is referenced and delivered within the face-to-face training sessions in process of delivery. Guidance to complete the process is contained within the ARA document.</p>
			<ul style="list-style-type: none"> Use the updated SSRI-RA and risk level to identify new SSRI risks linking in available data sets from community risk management planning (CRMP), risk partners, local knowledge, etc. 		Group Manager – SSRI	31 Mar 24		<p>Update 13 Sep 23: New sites are being sent into SSRI team from Business Fire Safety and the number of SSRI sites is growing. The formalised process of generating a more detailed SSRI work packet database has not yet started.</p> <p>Update 08 Nov 23: The Avon Data Warehouse (ADW) is the final method of delivering this process. The work is ongoing to integrate the SSRI-RA and additional data sets and process into CFRMIS. This will facilitate the ADW-linked work packet generation in the future.</p> <p>The SSRI team has a number of data sets available that will be analysed centrally to identify new sites.</p> <p>The SSRI team has been working with Environment Agency to identify sites of concern.</p> <p>A desktop review was completed to close gaps in SSRI data, against key risks to inform the first tranche of visits issued to staff for completion in Oct 23.</p>





HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale		Cross-reference to other plans and documents	Remarks
			<ul style="list-style-type: none"> Produce suitable templates to record and capture SSRI data which comply with Fire Standards, NatOG and available best practice guidance. To date these have been defined as: <ul style="list-style-type: none"> SSRI-RA / data collection form; Initial Attendance Plan (IAP); and Tactical Action Plan (TAP) Each to be readied for training delivery, use during inspections and for digitisation within a suitable system, over the medium- to long-term timeframe of the SSRI project. 		Group Manager – SSRI	31 Oct 23	✓		<p>Update 05 Sep 23: These were completed via a sprint day. Require QA tracking data method page to be added prior to sign-off and inclusion in training delivery. Once tracking sheets added this can be signed off.</p> <p>Update 08 Nov 23: Templates completed, stored on MSharePoint and staff now being trained in completion.</p> <p>NFCC support in Nov 23 looked at templates and were satisfied with the formats used.</p> <p>Incident command training team are using IAPs as prompts and document content for ICS scenarios in training events to build familiarity (first used ICL2 assessments in Nov 23).</p>
			<ul style="list-style-type: none"> Define sites to be visited in the short-term based on current organisational SSRI-RA position. 		Group Manager – SSRI	05 Sep 23	✓		<p>Update 05 Sep 23: Sites have been identified; work required to start visits, capturing data and hosting.</p> <p>Update 08 Nov 23: Phil O'Connor met with Group Managers on 17 Oct 23 to allocate jobs to stations – this has been completed and jobs issued. As staff are trained, visits are starting.</p> <p>A booking management system has been developed to manage bookings and monitor progress, this is being used to allocate work packets.</p>
			<ul style="list-style-type: none"> Task visits to start – collect, store, and share up-to-date data on identified premises. 		Group Manager – SSRI	31 Mar 24	✓		<p>Update 12 Sep 23: SSRI team building MExcel spreadsheet to host on MSharePoint to enable the job list to be given to Service</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								Delivery – Response to start planning against station activities; once teams receive training visits can start. Aimed completion between nine and 15 weeks from end of training evolution. Update 08 Nov 23: Visits have started and teams tasked with respective visit allocations; as training is completed, visits start. System created to manage and monitor bookings of visits (as above).
			<ul style="list-style-type: none"> Develop systems and processes to embed a culture of SSRI gathering, recording and communication. Develop a process to support required policy update of SSRI site identification and risk assessment from the current position to one that is integrated with wider organisational data sets. As a minimum this should include Business Fire Safety, CRMP, Community Safety, partner agencies and neighbouring organisations. 		Group Manager – SSRI	31 Mar 24	→	Update 12 Sep 23: SSRI team will build this during the short-term phase so that full process can go live at start of medium-term planning. Update 08 Nov 23: Training has started and this will affect (and is affecting) the culture of SSRI completion. Work tasking for policy and process review issued on 08 Nov 23 to SSRI team as individual work packets.
			<ul style="list-style-type: none"> Record significant findings during/after inspections; staff to use the SSRI-RA and the process of transposing the data collected to Initial Attendance Plans and Tactical Action Plans. 		Group Manager – SSRI	31 Mar 24	→	Update 13 Sep 23: The 15 sites subject to the Control of Major Accident Hazards (COMAH) Regulations 2015 in the Avon FRS area and several other Level 5 sites have been completed and are in the process of publication. Update 08 Nov 23: Staff being trained and starting visits. Quality assurance (QA) process and MSharePoint hosting in place. Progress reviewed weekly.
			<ul style="list-style-type: none"> Gain local specialist advice from partner agencies or other organisations. Create and formalise process of sharing and gathering data from partners, neighbouring fire and rescue services, Local Resilience Form (LRF)-identified agencies, link in with the Risk 		Group Manager – SSRI	31 Mar 24	→	Update 13 Sep 23: This process has not formally started; scoped to start after training delivery is completed and capacity in SSRI team

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
			Intelligence Team to create a two-way system of data sharing.					allows. Aim to be in place and formalised for Apr 24. Update 08 Nov 23: Sharing with neighbouring FRS exists and we are hosting this data on the MSSharePoint site and MDTs via SCResponse. This is formalised via Resilience Direct (RD). South Wales FRS does not currently share via RD; SSRI team has contacted them for data. SSRI team has started working with partner agencies such as the Environment Agency (as described above). SSRI has approached National Highways with reference to key risks such as Avonmouth Bridge and the Severn Tunnel.
			<ul style="list-style-type: none"> Ensure that familiarisation visits and exercises are carried out at identified premises or sites (this may require participation from cross-border resources). Build a revisit schedule and familiarisation process that balances the work output capability of operational response staff against the current and future list of SSRI tasks. Link SSRI to testing and exercising on operations, ensuring cross-border events are facilitated. 		Group Manager – SSRI	31 Mar 24		Link to review of operational Testing and Exercising Policy that was partially superseded by the Operational Assurance Policy. Update 13 Sep 23: Process of re-visiting, familiarisation and cross-border SSRI visits has not started. This will be built as part of the wider quality assurance process; data on visit times and feedback from SSRI work packets needed to set re-visit frequency.
		<ul style="list-style-type: none"> staff are trained in how to carry out a site-specific risk visit and identify site-specific risk information; 	<ul style="list-style-type: none"> Create a two-stage training process, starting with the delivery of face-to-face training for all operational staff from Crew to Area Manager to instruct on methodology of completing SSRI visits. 	ACFO – Service Delivery Support	Group Manager – SSRI	31 Dec 23		Update 09 Sep 23: Course training plan completed w/e 09 Sep 23; requires testing on a team/Watch, revision and finalisation prior to training start in Oct 23. Update 08 Nov 23: Training trialled and started, face-to-face training planned for completion by end of Dec 23 (anticipated 75% complete by end Nov 23). Stage 1 creation is complete.

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								As detailed above, ICS training using IAP and TAP to support training of commanders and staff, and to build familiarity with operational use of documents and SSRI data.
			<ul style="list-style-type: none"> Develop an e-learning solution for refresher training of staff after the initial input. 		Group Manager – SSRI	31 Mar 24	→	<p>Update 08 Nov 23: Jo Farrow has looked at the training sessions to develop an understanding of context. Discussions held to scope creating videos for completing IAP and TAP. During the face-to-face training we are identifying areas to focus e-learning package on.</p>
			<ul style="list-style-type: none"> Identify specific operational knowledge, equipment, skills and understanding which may need to be incorporated into local training plans. 		Group Manager – SSRI	31 Mar 24	→	<p>Update 12 Sep 23: Not yet started – once visits start and data is fed into the SSRI team under new process of data capture, trends can be identified. Trends can then be collated by SSRI team and fed into operational learning system so that relevant adjustments in service can be made.</p>
			<ul style="list-style-type: none"> Build into SSRI process method of feeding learning back into the operational learning process to inform training, equipment, etc. 		Group Manager – SSRI	31 Mar 24	→	<p>Update 08 Nov 23: Operational Assurance (Guidance) team is developing a system to manage Operational Learning (OL). SSRI is a workstream within that project build to ensure that all SSRI learning from data capture and visits that will impact learning and equipment is tracked into the OL process, risk assessed and cross-mapped against NatOG strategic actions (SAs). A Monitoring Officer prompt sheet is being produced by the OL team and will have SSRI prompts to ensure SSRI data use, availability and new risks are identified.</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								The QA tracker has sections to highlight learning, equipment and exercising needs from inspections; this is then passed to OL.
		<ul style="list-style-type: none"> it has effective quality assurance and strategic oversight arrangements in place; 	<ul style="list-style-type: none"> Embed a quality assurance programme; build into the start of the plan delivery and formalise over the short-term phase through feedback. 	ACFO – Service Delivery Support	Group Manager – SSRI	31 Mar 24	➡	<p>Update 13 Sep 23: Plan for process to start with work packet completion is in place, formalising this is required once feedback from visits is received and processed.</p> <p>Update 08 Nov 23: QA process built and being overseen by SSRI team and dedicated staff member. QA is part of the face-to-face delivery.</p> <p>QA process with managers may require further dedicated input; there is a guidance document on MSharePoint that instructs staff for each step of the QA process.</p>
	<ul style="list-style-type: none"> Schedule reviews and audits for the validity and accuracy of such information. 		Group Manager – SSRI		31 Mar 24	➡	<p>Update 13 Sep 23: Review and auditing process to be developed during short-term phase whilst initial data is being captured.</p> <p>Update 08 Nov 23: Monthly review and audits planned and programmed in for review and auditing process.</p>	
	<ul style="list-style-type: none"> Encourage feedback from personnel about any errors or omissions in SSRIs. 		Group Manager – SSRI		31 Mar 24	➡	<p>Update 13 Sep 23: Not yet started (unable to start until SSRI work packets start to be completed and data is received by SSRI team using new data collection and communication methods).</p> <p>Update 08 Nov 23: Feedback as per this task is being delivered as part of the initial training process, to encourage staff to feedback and assist with system</p>	

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								refinement and SSRI improvement.
			<ul style="list-style-type: none"> Ensure any inaccuracies in, or omissions to, SSRIs are resolved and systems updated. 		Group Manager – SSRI	31 Mar 24		<p>Update 13 Sep 23: Not yet started (unable to start until SSRI work packets start to be completed and data is received by SSRI team using new data collection and communication methods).</p> <p>Update 08 Nov 23: Process has started to be developed but will need data in need of refinement to be processed through the SSRI team; as yet, no data requiring this process has been created or identified. SSRI team is waiting for data to flag up so that process can be refined and formalised.</p>
		<ul style="list-style-type: none"> temporary risks, including individual vulnerabilities that are added onto the risk information system, are managed appropriately; 	<ul style="list-style-type: none"> Establish a task-and-finish group to resolve the issue of transient data held on the mobilising system and owned by Prevention/Protection. 	ACFO – Service Delivery Support	Group Manager – SSRI	31 Mar 24		<p>Existing RP/011 process for risk information gathering</p> <p>Update 13 Sep 23: Discussions held with Area Manager (Risk Reduction) – agreed that this can be processed.</p> <p>Update 16 Sep 23: Discussed with Station Manager (Control) – agreed that this work packet can start.</p> <p>Update 08 Nov 23: Meeting scheduled with Risk Reduction for 08 Nov 23 was cancelled at short notice – to be rebooked. Preliminary conversations have taken place to scope the issue.</p>
			<ul style="list-style-type: none"> Establish a task-and-finish group to define the temporary tactical action plans and build an agreed process to embed to the SSRI system. 		Group Manager – SSRI	31 Mar 24		<p>Update 13 Sep 23: Provisional solutions identified; e-mail trail generated by stakeholders discussing issues available. Aim to start by Nov 23.</p>
		<ul style="list-style-type: none"> risk information is uploaded in a timely manner; and 	<ul style="list-style-type: none"> Establish a delivery method to present SSRI in a clear and timely manner: <ul style="list-style-type: none"> SC Response, PDF; MSSharePoint; 	ACFO – Service Delivery Support	Group Manager – SSRI	31 Mar 24		<p>Update 13 Sep 23: Two of the methods, front MDT/SC Response and MSSharePoint are set up as at 12 Sep 23; the final method in the short-term needs formalising</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
			<ul style="list-style-type: none"> hard copies of IAP on appliances and within Fire Control Room (FCR). 					(paper copies on appliances and within FCR).
			<ul style="list-style-type: none"> Ensure communication systems are in place to inform relevant personnel, stakeholders, and partner agencies of the SSRI; this may need to include resources across borders or boundaries. <ul style="list-style-type: none"> Move data from Resilience Direct (RD) to MSharePoint (shared). Upload our data onto RD for sharing. Formalise this process. Link to LRF via Risk Intelligence Unit to ensure data is shared/made available where appropriate. 		Group Manager – SSRI	31 Mar 24		<p>Update 13 Sep 23: Process not yet formalised/finalised – this will need to be constructed.</p> <p>MSharePoint is ready to host data from other agencies and this data is available from a number of neighbouring services; data needs moving from Resilience Direct sharing files to our site.</p>
			<ul style="list-style-type: none"> Make SSRIs available to personnel in accessible formats to help them successfully plan for, and resolve, incidents. 		Group Manager – SSRI	02 Oct 23	✓	<p>Update 05 Sep 23: Three agreed formats produced, finalised and ready for use (proven with COMAH visits and in use).</p>
			<ul style="list-style-type: none"> Structure risk information so it is easy to identify risk critical content such as evacuation arrangements and significant hazards. 		Group Manager – SSRI	02 Oct 23	✓	<p>Update 05 Sep 23: Structure of risk information has been finalised and agreed – three document types, ready for use. Once feedback on end user interface and authoring is received these can be adapted as needed against NatOG requirements.</p>
		<ul style="list-style-type: none"> fire control has access to relevant and up-to-date risk information, including evacuation strategies, in high-rise residential buildings. 	<ul style="list-style-type: none"> Assess and build a detailed set of solutions to the FCR needs regarding SSRI. Using a solution to host in the short-term, allowing development time during the medium phase and solution in the long-term, where digitisation is desired as part of the PORIS process 	ACFO – Service Delivery Support	Group Manager – SSRI	31 Mar 24		<p>Update 16 Sep 23: Mobilising system is hosting evacuation information for high-rise buildings where Avon FRS holds the data. The majority of high-rise/tall buildings have this data provided and this information is available to FCR and operational staff via flash messages. This will need expanding during the SSRI capture process.</p> <p>Methods of ensuring data relating to SSRI is effectively hosted on the mobilising system, quality assured, and</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								<p>removed after lifespan has elapsed (requires formalising).</p> <p>Update 08 Nov 23: FCR managers have assessed SSRI availability within FCR, Solutions exist – agreed process with SM(C) Kirkby and FCR trainers will ensure all staff are refreshed prior to HMICFRS re-visit in Dec 23; trainer has been allocated.</p> <p>FCR can access SCResponse, MSharePoint and have printed plans for tall buildings available.</p>

Avon Fire & Rescue Service: HMICFRS accelerated causes of concern (August 2023) – action plan

Mobilising system (updated 21 November 2023)

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks	
Responding to fires and other emergencies									
25	Accelerated Cause of Concern	<p>The service's mobilisation system, which records information and dispatches resources to emergency incidents, isn't reliable and crashes during emergency 999 calls. This unnecessarily delays the mobilisation of resources, which results in the public receiving a slower response to emergencies.</p> <p>Recommendations</p> <p>By 19 September 2023, the service should develop an action plan to make sure:</p> <ul style="list-style-type: none"> the mobilisation system is effective and that it doesn't result in the public receiving a slower response to emergencies; 	<p>We will:</p>						
			<ul style="list-style-type: none"> Continue to implement enhanced, interim, mitigation and bespoke contingency arrangements to ensure that the impact of isolated console errors is reduced to as low as reasonably practicable. Specifically, this will include: <ol style="list-style-type: none"> establishing daily meetings with our software provider's Service Delivery Manager (SDM) and software engineers to evaluate new instances of individual console errors, so that data can be analysed to enable dynamic hot fixes to be developed and implemented; the isolation of specific software errors that have minimal impact on the mobilising system, while issues are investigated (<i>ie</i> the 'lock tool' function); installing provisional hot fixes on the 'reference' (test) system for the 'fatal forms' error to enable Fire Control Officers (FCOs) to interrogate the fix prior to installation on the 'production' (live) system; installing the tested/verified software upload to resolve the fatal forms error into the production system; 	ACFO – Service Delivery	Area Manager (Response)	From 03 Jul 23 until suitable 'fixes' are deployed	✓		
				Group Manager (Fire Control and Comms.)	03 Jul 23	✓		Update 03 Jul 23: Twice daily meetings were established on 03 Jul 23 moving to ongoing daily meetings as of 26 Jul 23.	
					03 Jul 23	✓		Update 03 Jul 23: The 'lock tool' function was removed while solution identified.	
					w/c 21 Aug 23	✓		Update 23 Aug 23: Hot fix deployed to three consoles to vigorously test over the next few days before deploying to rest of consoles.	
					31 Aug 23	✓		Update 29 Aug 23: Hot fix deployed to all consoles at primary Fire Control Room (Lansdown).	

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
			<p>v) undertaking a system health check with the software supplier's Engineering Director to assess configuration and infrastructure needs, prior to a full version software upload; and</p>					Update 31 Aug 23: Hot fix deployed to all consoles at secondary Fire Control Room (Kingswood).
						31 Aug 23	✓	<p>Update 07 Sep 23: Configuration/infrastructure assessment undertaken; report pending. Due to system stability following hot fix deployment decision taken to return to the standard meeting frequency with the software provider (SM(C)/ System Manager/SDM fortnightly; and GM(C)/SDM monthly).</p> <p>Update 26 Sep 23: Following the health check by Engineering Director it has been highlighted the client's operating system (OS) needs upgrading from Windows 7 to Windows 10; quotation supplied and test PC with W10 delivered, awaiting product license key to activate.</p> <p>Update 11 Oct 23: Product license key chased up with SDM.</p> <p>Update 16 Oct 23: Product license key chased up with Engineering Director.</p> <p>Update 08 Nov 23: Windows 10 licence deployed to Windows 10 machine on Console 8. The Client PC has been pointed to VASB and will arbitrate between VASB and VASA to split the load and balance the risk.</p>
			<ul style="list-style-type: none"> Receive a full version software upgrade from v4.33.3 to v4.33.5 to address the reported P1/P2 issues and increased stability for ongoing P3 issues. 			w/c 25 Sep 23	✓	Update 21 Aug 23: Software supplier have advised they are working towards releasing v4.33.5 for testing in the reference system w/c 25 Sep 23. As soon as the version is released, priority will be given to running test scripts to as part of the site acceptance testing.

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								<p>Update 07 Sep 23: Hot fix deployed to all consoles has not resolve the crashing issues. Supplier has advised v4.33.5 should fix these issues.</p> <p>Update 04 Oct 23: v4.33.5 uploaded to Reference for testing before uploading to Production and Training; completion date for testing 20 Oct 23.</p> <p>Update 11 Oct 23: A bug has been found in v4.33.5 by another FRS, a Beta patch has been developed and deployed into their system which has fixed the issue. This patch will be deployed into our reference system w/c 16 Oct 23 where it will be fully tested.</p> <p>Update 19 Oct 23: v4.33.5.1 deployed to Reference on 17 Oct 23 and will be tested until 03 Nov 23 when decision will be taken whether to deploy to Production.</p> <p>Update 08 Nov 23: Supplier SDM has submitted change request to Governance Board to deploy v4.33.5.1 to Production w/c 13 Nov 23.</p> <p>Update 14 Nov 23: Service request submitted to SSS for v4.33.5.1 to be deployed into the production system on 16 Nov 23.</p> <p>Update 16 Nov 23: v4.33.5.1 has been deployed to Production on all clients across both sites.</p>
			<ul style="list-style-type: none"> Undertake market research to bring forward an options paper to the Service Leadership Board (SLB) and/or Directors meeting to consider the ability/impact of either an On-Prem or Hosted 		Area Manager (Response)	05 Oct 23	✓	<p>Update 12 Sep 23: Meeting scheduled on 19 Sep 23 between the Area Manager (Response), the Procurement & Supplies Manager and the</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale		Cross-reference to other plans and documents	Remarks
			<p>System tec refresh or an alternative mobilising system with an alternative provider.</p>						<p>GM(C) to finalise the options paper.</p> <p>Update 04 Oct 23: Draft Options Paper written between Group Manager (Control), Procurement & Supplies Manager and Area Manager (Response); and sent to ACFO (Service Delivery) for submission to SLB on 18 Oct 23.</p> <p>Update 19 Oct 23: Options paper considered at SLB on 18 Oct 23 with approval to submit a paper for a system tec refresh to the Policy and Resources Committee (PRC) of the Fire Authority, following confirmation regarding additional capital funding being sought from the Capital Steering and Prioritisation Group (CSPG) on 20 Nov 23.</p>
			<ul style="list-style-type: none"> Depending upon the decision of the SLB, submit a report to the Capital Steering and Prioritisation Group to ensure that any proposed changes to the capital programme are considered holistically within the constraints of identified funding, value for money and the wider capital spend profile. 		<p>Group Manager (Fire Control and Comms.)</p>	<p>21 Nov 23</p>	<p>✓</p>		<p>Update 12 Sep 23: Will be informed by the option paper decision.</p> <p>Update 19 Oct 23: Following approval by SLB on 18 Oct 23, an update will be provided to the CSPG to consider the potential impact on the Control capital programme to inform the PRC paper to be tabled on 13 Dec 23.</p> <p>Update 20 Nov 23: Exempt report for PRC (mobilisation system business case – written by Group Manager (Fire Control and Comms.) and Procurement & Supplies Manager) is currently with Chief Fire Officer. It was agreed at CSPG that when the option has been decided it will need to be put into the capital programme.</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks																														
			<ul style="list-style-type: none"> Undertake a review of our contract management arrangements to ensure that the mobilising system supplier is providing appropriate and timely contractual customer service with regards to fault resolution response times. <p>Note: Target time responses that Customer Support Team will employ reasonable endeavours to achieve:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>P1 Critical</th> <th>P2 Major</th> </tr> </thead> <tbody> <tr> <td>Initial response</td> <td>20 mins</td> <td>40 mins</td> </tr> <tr> <td>On-site</td> <td>4 hours</td> <td>6 hours</td> </tr> <tr> <td>Fault identified</td> <td>6 hours</td> <td>8 hours</td> </tr> <tr> <td>Service restored if software fault</td> <td>24 hours</td> <td>48 hours</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Category</th> <th>P3 Minor</th> <th>No ops. effect</th> </tr> </thead> <tbody> <tr> <td>Initial response</td> <td>60 mins</td> <td>24 hours</td> </tr> <tr> <td>On-site</td> <td>Next working day</td> <td>14 working days</td> </tr> <tr> <td>Fault identified</td> <td>2 working days</td> <td>15 working days</td> </tr> <tr> <td>Service restored if software fault</td> <td>7 working days</td> <td>Next release</td> </tr> </tbody> </table>	Category	P1 Critical	P2 Major	Initial response	20 mins	40 mins	On-site	4 hours	6 hours	Fault identified	6 hours	8 hours	Service restored if software fault	24 hours	48 hours	Category	P3 Minor	No ops. effect	Initial response	60 mins	24 hours	On-site	Next working day	14 working days	Fault identified	2 working days	15 working days	Service restored if software fault	7 working days	Next release		Group Manager (Fire Control and Comms.)	30 Nov 23	✓	<p>Update 14 Sep 23: Fault resolution response times from Apr 23 onwards requested from SDM to inform review.</p> <p>Update 01 Nov 23: Service Level Agreement (SLA) data received from SDM and reviewed by Group Manager (Control). 2 out of 230 (<1%) instances of initial response being breached were not met but incidents now resolved. SLA data will be included in monthly service reports and will form part of monthly service review meetings as an agenda item with SDM from Dec 23.</p> <p>Update 14 Nov 23: Control Manager has met with Performance and Information Manager and determined that this will be reported as part of the monthly Control target tracker commencing Dec 23 to ensure that it is easily identifiable that the SLA is being monitored and managed. It will be included in Area Manager (Response) / Group Manager (Fire Control and Comms.) 1:1s. The key metrics included on the monthly tracker will, in future, (ie Dec 23 onwards) also include "mobilising system fault response times" which it has been agreed will stand at 90% minimum of all critical and major calls being responded to within the target time responses for the call categories as per the SLA. This information is available to all staff to view via the Service intranet and scrutinised by SLT.</p> <p>Call categories:</p>
Category	P1 Critical	P2 Major																																				
Initial response	20 mins	40 mins																																				
On-site	4 hours	6 hours																																				
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HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale		Cross-reference to other plans and documents	Remarks
									P1 = Critical P2 = Major P3 = Minor No operational effect
		<ul style="list-style-type: none"> it has strategic oversight arrangements in place and that any faults are recorded regularly and escalated to senior leaders where necessary; and 	<ul style="list-style-type: none"> Conduct a Fire Control Room (FCR) business continuity management (BCM) review to evaluate additional learning and good practice to enable a range of escalation thresholds to be embedded and understood within the FCR function. Specifically, this will include: <ul style="list-style-type: none"> i) for all 'critical' (P1) and 'major' (P2) faults on the mobilising system, the duty FCR flexi-duty officer (FDO) is informed, and business continuity plans implemented to mitigate their impact; ii) the FCR FDO will then inform the Duty Group Manager (DGM) of the issue, actions taken and whether there is tangible impact to the delivery of service (in the absence of an FCR FDO being available the DGM shall be informed, and a decision will be taken whether to recall a FCR FDO to duty); iii) where necessary, the Group Manager (Fire Control and Comms) or duty Station Manager (Control) or, in their absence the DGM, will contact the mobilising system supplier's SDM to discuss the issue and put in place additional fault management plans for fault tracking and hot fix deployment; iv) all faults are recorded at the time of occurrence to the mobilising system supplier's helpdesk in line with the current fault reporting process (details of the fault are recorded on an incident log in the mobilising system so all Control staff are informed and can track the fault progress); and v) the development of a 'dashboard' to enable key performance indicators (KPIs) to be set and routinely monitored to support contract 	ACFO – Service Delivery	Group Manager (Fire Control and Comms.)	31 Oct 23	✓		<p>Update 14 Sep 23: Control Manager tasked to conduct a BCM review with Business Continuity & Resilience Manager.</p> <p>Update 05 Oct 23: Control Manager to update G&I page and check understanding with Watch Managers and reaffirming Mobilising Policy to report to FDO. Business continuity plans (<i>ie</i> fallback working) if necessary.</p>
						31 Oct 23	✓		<p>Update 14 Sep 23: As above.</p> <p>Update 05 Oct 23: Escalation procedure to be added to G&I page and check understanding with all Watch Managers.</p>
						31 Oct 23	✓		<p>Update 14 Sep 23: As above.</p> <p>Update 05 Oct 23: Include escalation procedure in G&I page for awareness and to be included in Communications Faults Book.</p>
						30 Sep 23	✓		<p>Update 03 Jul 23: This message has been reinforced following the daily meeting reports sent into the Fire Control Room.</p>
						30 Nov 23	✓		<p>Update 12 Sep 23: Discussion started with the Performance Improvement</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
			<p>management, system performance, proactive wellbeing support and/or escalation thresholds/process. The dashboard will include triggers to underpin escalation thresholds ensuring strategic oversight at the appropriate stage.</p>					<p>Manager regarding data capture and metrics. Update 14 Sep 23: Monthly SLA data requested from SDM for response and resolution times on mobilising system to monitor KPIs. Update 05 Nov 23: E-mail sent to Performance Improvement Manager to develop a dashboard on Control target tracker to monitor KPIs following receipt of SLA data from SDM. Update 14 Nov 23: Control Manager has met with Performance Improvement Manager and determined that this will be reported as part of the monthly target tracker to ensure that it is easily identifiable that the SLA is being monitored and managed. There will be a dashboard on Control target tracker to monitor KPIs following receipt of SLA data from SDM and will be reported on the monthly scorecard. This will be a standing item on routine meetings between Area Manager (Response) and Group Manager (Fire Control and Comms.). The key metrics included on the monthly tracker will, in future, (ie Dec 23 onwards) also include "mobilising system fault response times" which it has been agreed will stand at 90% minimum of all critical and major calls being responded to within the target time responses for the call categories as per the SLA. This information is available to all staff to view via the Service intranet and scrutinised by</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale		Cross-reference to other plans and documents	Remarks
									SLT. In this instance the trigger for escalation via the SLA will be anything less than 90% performance against the target time responses for the different call categories .
			<ul style="list-style-type: none"> Benchmark with existing networks – for example, the Mobilising Officers’ Group (MOG) and/or NFCC Communication Leads – as to whether commonality of software issues exist or are attributable to local configuration. 		Area Manager (Response)	31 Dec 23	✓		<p>Update 11 Sep 23: Enquiries made with the MOG Chair to see if the MOG can be used to host this conversation and have it as a standing agenda item going forward. Next MOG meeting is scheduled for 07/08 Nov 23.</p> <p>Update 12 Sep 23: Following liaison with NFCC Emergency Services Network (ESN) Business Change Lead, a national group will be scoped/established to include FRSs which use the same software.</p> <p>Update 19 Sep 23: The Chair of the MOG has advised she will set up a Fire User Group for all FRSs which use the same mobilising system supplier. The aim is to have this prior to the MOG meeting in Nov 23, but if this is not achievable it will be on the agenda for day one of the MOG meeting.</p> <p>Update 01 Oct 23: No further update available as this work progresses.</p> <p>Update 19 Oct 23: NFCC Strategic User Group meeting undertaken – chaired by the NFCC Strategic Lead for Operational Communications – to consider learning across users and to ascertain if a level of coordination nationally could assist with resolutions. Following discussions, it was agreed that due to the infrastructure and version differences across users, and ongoing engagement with the provider, future strategic</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								meetings would not be necessary, and that ongoing resolution would be monitored at the tactical level via the National User Group. Update 03 Nov 23: Chair of MOG has circulated communication to establish the group; Station Manager (Control) (Training and Improvement) assisting with group facilitation. Update 09 Nov 23: Discussion held with Control Managers at the MOG and understanding gained of issues which other product users are experiencing. Commonality in faults identified and a MOG sub-group is being established to discuss further. Details will be fed up to NFCC Strategic Comms. Lead where appropriate. Avon's Station Manager (Control) (Training and Improvement) will chair the national group.
			<ul style="list-style-type: none"> Review, enhance and embed current risk escalation thresholds/mechanisms between departmental (Response), directorate (Service Delivery) and organisational (SLB/SLT) to ensure the appropriate level of oversight (tactical, strategic, corporate) is maintained and, when applicable, is recorded on the Corporate Risk Register (CRR). 		Area Manager (Response)	31 Oct 23	✓	Update 11 Sep 23: Current isolated issues have been added to CRR06 for corporate oversight. Meeting scheduled in w/c 18 Sep 23 with Corporate Assurance Team to explore whether a separate entry on the CRR is required. Update 01 Oct 23: Following the meeting with Corporate Assurance team on 23 Sep 23 it was determined that the risk was sufficiently captured and highlighted in CRR06. Update 21 Nov 23: The key metrics included on the monthly tracker will, in future, (ie Dec 23 onwards) also include "mobilising system

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								<p>fault response times" which it has been agreed will stand at 90% minimum of all critical and major calls being responded to within the target time responses for the call categories as per the SLA. Any P3 occurrences (low/no operational impact) will be managed locally between Control and the provider and any P1 or P2 occurrence will be reported to the on-duty Control flexi-duty officer and the Duty Group Manager will be informed.</p> <p>In all instances the trigger for escalation via the SLA will be anything less than 90% performance against the target time responses for the call categories for P1 critical and P2 major faults.</p> <p>To ensure the appropriate level of oversight (tactical, strategic, corporate) is maintained any breaches of the 90% minimum threshold will be reported to SLT/SLB via the monthly tracker and will also be reported to the Area Manager (Response) as an agenda item on periodic meetings with the Group Manager (Fire Control and Comms.). Oversight will be maintained via CRR06 (Control and Mobilising) on the CRR with issues/risks highlighted alongside mitigation measures in place. In order to embed these risk escalation thresholds, regular management team updates will be held by the SM (Control) and this will also be an agenda item in the monthly Fire Control User Group meetings.</p>
		<ul style="list-style-type: none"> fire control staff are provided with regular 	<ul style="list-style-type: none"> Review and enhance, where appropriate, mechanisms to ensure timely updates on fault 					

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
		updates and welfare support is put in place.	reporting, progress and interim business continuity management (BCM) arrangements are established and embedded within the Fire Control Room function. Specifically, this will include:					
			i) following the current monthly meeting between the Group Manager (Fire Control and Comms.) and the mobilising system supplier's SDM a communication will be sent to the Area Manager (Response), the FCR Middle Manager Group and the FCR Watch Management Teams to inform them of any issues, P1/P2/P3 fault progress, and upcoming changes/hot fixes;	ACFO – Service Delivery	Group Manager (Fire Control and Comms.)	30 Sep 23	✓	Update 14 Sep 23: Updates commenced 14 Sep 23.
			ii) for 'critical' (P1) and 'major' (P2) faults where additional reporting/meeting arrangements are put in place, details of these meetings will be sent to all interested parties following the meeting, so all FCR staff are aware of the latest position and projected hot fix deployment date; and			31 Oct 23	✓	Update 03 Jul 23: P1/P2 reporting arrangements as part of the daily meeting reports sent into the FCR. It will be embedded within guidance/General Information (GI) pages as part of the BCM review being undertaken with the Business Continuity & Resilience Manager.
			iii) a FCR User Group is established consisting of the Station Manager (Control) (Training and Improvement), Systems Manager and representatives from the four FCR Watches with the terms of reference set to take a holistic view of the mobilising system from an end users' perspective; this information can then be fed back to the mobilising system supplier, where relevant, via the SDM.			30 Nov 23	✓	Update 30 Aug 23: Communication sent to the Watch Management Teams informing them of the user group which will be set up and to ask for a representative from each FCR Watch. Update 11 Sep 23: Inaugural meeting scheduled for 11 Oct 23. Update 05 Oct 23: Meeting agenda has been circulated to the group in preparation for the meeting on 11 Oct 23. Update 11 Oct 23: Inaugural meeting held, minutes and actions stored in the G:\ drive. Update 16 Nov 23: The Terms of Reference for this group were determined at a FCR user group meeting on the 11 Oct 23:

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								<p>AK set the terms of reference for the group, which is: to take a holistic overview of the mobilising system from an end users' perspective and to provide updates regarding the ongoing work between Avon Fire and Rescue Communications Department and [the supplier]."</p> <p>These minutes are stored on the G:\ drive within the ACoC evidence folder.</p>
			<ul style="list-style-type: none"> In consultation with the Control and Communications Team and the FCR User Group, explore what additional welfare/wellbeing support can be established in addition to the current Service wellbeing provision; for example, this may include: <ol style="list-style-type: none"> thresholds for proactive welfare support based on the type and/or frequency of faults; thresholds for reactive enhanced welfare support; temporarily over-crewing each shift by one, when resources allow; and/or health & wellbeing training for FCOs; health & wellbeing conversation training for all managers. 	ACFO – Service Delivery	Health, Safety, Wellbeing & Fitness Manager	30 Nov 23	✓	<p>Update 11 Sep 23: Health, Safety, Wellbeing & Fitness Manager has been invited to the FCR User Group meeting on 11 Oct 23.</p> <p>Update 31 Oct 23: Reps. from the HSW team will be attending the next FCR User Group meeting on 09 Nov 23 to discuss additional wellbeing support in relation to the system issues. Also, contact will be made with the FCR Watch Managers to meet each FCR Watch to discuss wellbeing of FCR staff.</p> <p>Update 09 Nov 23: HSW representative attended the FCR User Group meeting and discussed with the group the services available to staff as well as asking the Watch representatives what support they would like specifically. Watch representatives will take this back to their respective watches to discuss.</p> <p>In addition, the Watch representatives will supply the HSW team within the next week a date for them to come and speak to the Watches and discuss in detail the wellbeing support available and how this can be tailored to the Watches' specific needs and requirements.</p>

HMICFRS report page ref.	Item	Issue	Our actions and/or response	Lead Director / Statutory Officer	Lead Officer	Timescale	Cross-reference to other plans and documents	Remarks
								<p>Close monitoring of system issues by Control middle managers and enhancing the shift numbers if required. Due to the infrequent occurrences of system crashes this has not been required but will continue to monitor and react accordingly.</p> <p>Update 20 Nov 23: Watch representatives from the FCR User Group are liaising with their teams to schedule the input sessions with HSW team. Red Watch has a date confirmed; reminder sent to the other Watches with the circulation of minutes and actions from the meeting on 09 Nov 23 to make contact with HSW to arrange.</p> <p>All FCR middle managers received tailored input in Q1 2023 from the HSW team manager on TRiM process and how FCR flexi-duty officers can support Control Staff from a welfare perspective when dealing with distressing / difficult situations.</p> <p>It was discussed at the last FCR User Group that the group is a permanent group and will continue indefinitely. This will ensure the FCR Watches and middle managers maintain good communications and proactive welfare support is considered when required and reactive support is provided for every occurrence. Staff welfare is a standing agenda item and is considered at the time of need and not just when the group meets monthly.</p>

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Internal Improvement Team Terms of Reference

Purpose

The purpose of the Internal Improvement Team is to support the improvement architecture established to secure organisational improvement following the HMICFRS Round 3 inspection report published in November 2023, the continuation of a transformation programme, the need for efficiency savings and the HMICFRS Spotlight Report published in spring of 2023.

The overall aim of the improvement programme is to ensure compliance with the Authority's statutory duty to secure continuous improvement in the way in which its functions are exercised having regard to a combination of economy, efficiency and effectiveness.

Status

The Internal Improvement Team directly reports to, and takes direction from, the Chief Fire Officer who chairs the Internal Improvement Board.

Anticipated timescales

November 2023 – until further notice.

Objectives

- To produce and maintain a SMART action plan to discharge the requirements contained within the Fire Authority-approved improvement plan with key milestones, clear outcomes, stakeholder engagement and communications plan.
- To prioritise the HMICFRS Causes of Concern recommendations within its Round 3 inspection report and associated improvements from other recommendations such as the HMICFRS Spotlight Report.
- To provide robust a programme management framework to support the delivery of the improvement plan.

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Internal Improvement Team

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Terms of Reference

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- To ensure that processes are in place to assure the outcomes are embedded into the organisational culture and ways of working.

In fulfilling these responsibilities, the Internal Improvement Team shall:

- ensure that the Internal Improvement Board is kept fully informed of its work and provide progress reports to relevant stakeholders as required;
- maintain a programme risk register (including budgetary risks) and report accordingly;
- refer issues to the Internal Improvement Board where the team cannot reach consensus or which it considers requires escalation;
- make recommendations on the intended outcomes of any reviews and work packages;
- develop, and support the development of, strategy and policy improvements;
- support functional heads and departments to deliver improvements; and
- work with Service Leadership Board/Internal Improvement Board to prioritise tasks and workstreams.

In addition, the Internal Improvement Team may:

- request Avon Fire & Rescue Service (AF&RS) officers, other than those listed below, to attend meeting(s) of the Internal Improvement Team to assist it with its discussions on any particular matter;
- co-opt additional members to provide specialist skills, knowledge and experience where required; and
- procure specialist ad-hoc advice at AF&RS expense, subject to budgets being agreed by the Internal Improvement Board.

Membership

- Head of Internal Improvement
- Head of Transformation
- Improvement Project Managers
- Programme Management Office
- Improvement Delivery Officers



Inclusivity

The improvement plan spreads across the organisation and will involve and influence all areas of the Service. Organisational inclusion will be promoted through the use of a specific communication and stakeholder strategy. Taking positive and visible steps to engage with all stakeholders will support the adoption of an inclusive network to deliver sustainable outcomes for the communities served by AF&RS.

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