

MINUTES

POLICE, FIRE AND CRIME COMMISSIONER FOR ESSEX AND ESSEX COUNTY FIRE & RESCUE SERVICE PERFORMANCE AND RESOURCES BOARD

30 November 2020, 10.00am – 12.07 pm Video Conference

Present:

Roger Hirst (RH)	Police, Fire Crime Commissioner
Jane Gardner (JG)	Deputy Police, Fire and Crime Commissioner (Chair)
Rick Hylton (RHy)	Deputy Chief Fire Officer, ECFRS
Pippa Brent-Isherwood (PBI)	Chief Executive & Monitoring Officer PFCC's Office
Neil Cross (NC)	Finance Director and Section 151 Officer, ECFRS
Karl Edwards (KE)	Director of Corporate Services, ECFRS
Moira Bruin (MB)	Director of Operations, ECFRS
Colette Black (CB)	Asst. Chief Exec – People, Values & Culture, ECFRS
Leanne Little (LL)	Performance Analyst, ECFRS
Janet Perry (JP)	Strategic Head of Performance & Resources, PFCC's Office
Jo Thornicroft (JTh)	Head of Performance & Scrutiny (Fire), PFCC's Office
Christine Butler (CHB)	PA to Roger Hirst (Minutes)

Apologies:

Dave Bill (DB)	Director of Innovation, Risk and Future Development, ECFRS
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1 Welcome and apologies

RH welcomed all to the meeting. Apologies given from DB, PBI would be joining the meeting later.

2 Minutes of the last meeting

The Board reviewed the Minutes of the previous meeting of 29 October 2020. Minutes and matters arising agreed with no amendments.

3 Action Log

- 54/20 The percentage of absence is now in the Performance Report and in the Q2 People report. Close.
- 50/20 Lucy Clayton presenting the Annual Plan Update at the PFCC Team meeting in January. On Forward Plan. Close.
- 51/20 Presentation booked for 01.12.20. Close
- 58/20 The document has now been corrected. Close

- 63/20 NC advised to remain open at present as a decision sheet is needed. NC to pick up PBI. RHy added that it was regarding Surge Funding and the allocation which needed a decision sheet. MB agreed. Remain open.
- 67/20 Emily Cheyne has confirmed to JTh that there is an accessibility statement on join.essex.fire.uk and a holding statement on the website intranet as Essex County Council are currently working on a new website which will be available next year. Close
- 68/20 JP & DB meeting due to go ahead for 27.11 but needs to be rescheduled. JP to bring back to the group in December. Remain open.
- 69/20 PBI to update in December meeting. Open
- 70/20 JTh has spoken to Jon who will be pursuing with RHy
- 71/20 PBI to update in December meeting
- 72/20 NC this was a question in the last meeting, re day crew payments and allocated operational training costs which was being absorbed in BAU. JP and NC to pick up. Remain open.
- 73/20 JP added to Capital Board attendees list. Close
- 74/20 JP and MC have spoken re current budget timetable but do need to get together re next year's timetable. Remain open.
- 75/20 Change to timed agendas but due to November being a condensed meeting, this will begin as from December's meeting. Remain open.
- 76/20 Concept of Operations added to catch-up with RH & JG. Close.
- 77/20 Covid-19 has now been removed from the Forward Plan. Close
- 78/20 The Enforcement Policy is being reviewed as part of the Performance improvement Plan and is on the P&R Forward Plan for December. Close.
- 79/20 Duplicate action – merge with 80/20. Close
- 80/20 Risk Register updates moved to quarterly unless any salient risks arise. PBI agreed at the last meeting. JP to pick up with PBI offline. Close.
- 81/20 JP and RHy have not yet had the discussion which is to be arranged. Remain open.
- 82/20 This is still to be arranged. Remain open.
- 83/20 JTh confirmed that there is nothing in the report that needs to be redacted. Close.
- 84/20 This is now on the Forward Plan for February 2021 for a mid-term review. Close

Action 85/20

RH noted that some "Due Dates" were marked "ASAP" this needs to be changed to actual due dates.

4 Forward Plan

JTh took the board through the Forward plan.

- 4.1 JTh listed the standing items and substantive items on the Forward Plan for the December meeting. RH noted that the Forward plan has not been updated for 2021. RHy added that he is due to liaise with JTh on this. JTh has prepared a draft but this needs to be discussed with the Service. RH stated that this needs to include the priorities in the Fire & Rescue Plan plus the moving parts of the Annual Plan as well as budget information that we need on an ongoing basis. NC added that the timelines may be tight re budget report for the December Performance and Resources Board. Agreement to extend deadline to 10th December for papers
- 4.2 JTh stated that the next round of HMICFRS Inspections should be added and asked if a timeline paper was needed. RHy will bring to December or January Board. Tracy King will instigate this.

Action 86/20

RHy to organise a HMICFRS Timeline paper to be shared with the Board at either the December or January 2021 P&R meeting.

- 4.3 RH asked why the Performance Report was being moved to January 2021? RHy replied that the Q2 Performance Report has slipped to January due to issues with the Mobilising System, and a paper could be provided detailing that. The Monthly Performance Report will be provided in December as usual. LL added that the Q2 report would be ready at the end of December/early January and it will be forwarded if ready before the meeting.

5 Budget Review – November Finance Report

NC talked the board through the report.

- 5.1 There has been a small change in the overall financial position. Net expenditure is £1.4m below budget, in the prior month we were at £1.3m.
- 5.2 Pay awards are now being paid and have been backdated during the October and November period. The pay awards go into period 13 and once the award has been confirmed it is released back. This has been considered in the year to date figure.
- 5.3 With regard to the four-year forecast, this has not changed since the prior month. A couple of updates needed for December, re On-Call costs, which are low in the projection but will be off-set from further savings and temporary savings in non-pay. The overall net position is not expected to change but there will be some alignment variances in those categories.
- 5.4 In respect of Covid-19 Funding, £450,000 remains of the grant. This continues to be consistent with other FRS, however many FRS are trying to accelerate the Covid spend of the grant to use the grant before the end of the financial year.
- 5.5 There have been a couple of single source justifications in the month. One for £46,000 for operational training for water training at Lea Valley and £8,000 for the Property Team due to a Control Room sensor.
- 5.6 Since the last P&R meeting, NC has reviewed draft budget with Directors and is working towards a final budget paper by 07th December which will go to the Strategic Board on 21st December.

Questions

- 5.7 JTh asked that looking at the establishment sheet there is a temporary freeze on support staff recruitment whilst that is being investigated, when could we see a change in the budget? NC replied that the freeze was regarding the work done with the budget process and headcount that was submitted. That has now been lifted and open roles have been looked which were part of the recruitment and seen whether they were included in budget numbers, which was a specific piece of work.
- 5.8 RH referred to the table in the Summary, Income and Expenditure – support costs are projected to be £400,000 better than budget, is this an on-going readjustment and does this need to be considered next year? NC replied that some of those support costs relate to travel and subsistence and there is a reduction in those costs where technology can serve better. Some underspends are due to levels of training due to Covid. The training budget has been adjusted slightly going forward and there are savings being made in longer term earmarked reserve spending that we can bring into our BAU.
- 5.9 RH stated that there was another substantial variance in “other” and asked for more detail. NC said that it relates to property spend and the establishment costs. There are some contractors’ consultants cost which had been booked into this section which made the spend even but this has been reversed out and it will be a capital spend. There will be an underspend which is expected to roll through to the full year forecast. Regarding next year’s budget, some minor savings have been added although not a significant variance, due to Covid activity.
- 5.10 JP questioned why there were two or more single source justifications every month and did they need to happen? NC confirmed that the Service are pushing back more and have updated the SSJ Form again to provide more evidence on it. NC feels that some of the issues are planning related and is working towards eliminating these SSJ’s.
- 5.11 RH commented that we know where we are with the budget for this year and in terms of base for next year. There will be issues around Council Tax and NC is working on getting the latest updates. 75% funding was in the spending review, that will assist to bring the deficit in the budget down. RH added that there was a process for submitting a Return and RH has not had sight of this yet. NC replied that the spending review announced that it would be based upon the January 2021 report that the districts submit, and the Service will not have that information until the end of the budget process. Our **Return** will be based on the best information that is available. RH asked if NC needed to be in dialogue with the billing authorities? NC is liaising with Liz Helm and a contact at the districts to obtain information. RH stated that Liz Helm would not with the PFCC in the long term and suggested that NC begin to form his own contact relationships for the future.

6. Performance Report

LL talked the board through the latest report.

- 6.1. LL talked about the new style report that is now being used, which was refreshed just before the summer, and collation of the Q2 Report is currently being undertaken. The report is back on track with items coming through in a timely manner and backlog being cleared. LL gave thanks to MB and her team and station managers.
- 6.2 LL asked the board to please bear in mind, that at the point of reporting there were 123 instances in the quarter in October awaiting Quality Assurance. There is now a significant improvement.

6.3 LL went through the highlights of the report and referred to the key statements:

- Incidents, attendance and availability – Less incidents than previous month, decrease in attendance particularly secondary fires, slight increase in response times, decrease in total and On-Call pump appliance availability, increase in wholetime and day crew availability.
- Information Governance – 2 reported personal data breaches and decrease in total number of statutory requests, although a slight increase in FOI requests.
- Human Resources – now included the % of working days lost and % those employees who took more than one day sickness.
- Learning and Development – Focus on evaluation of tenders.
- Health & Safety – Three safety flashes this month.
- Protection – 99.7% of planning, building regulations and licencing cases responded to within timescales, 54 notification of deficiencies raised.
- Community Development & Safeguarding – 70 safeguarding referrals to ECFRS in October 20 increase of 27 compared to September 20.

Questions

6.4 RH referred LL to page 9 of the report and asked LL to confirm if the graph showed total availability overall. RH feels that we may have an underlying problem and is looking for assurance from RHy regarding the timeframe to see it turn around. RHy replied that it was how we wanted to use the data going forward, the stats are based on total pump availability. The report is aiming to be more risk based than target and availability. If we have the right appliance at the right time, at the right place, we can meet attendance times and strategic indicators. It is not uncommon across the country to see a decline in On-Call availability, the Service needs to find a new solution to the problem to protect and respond to residents in Essex, which is more targeted approach, the aim is being able to deploy more flexibility.

6.5 RH referred to the previous chart on Page 8 re attendance to life threatening incidents, the red bar is frequently low. RH asked RHy that although we have been looking at this for some time and it is on the annual plan, when have we completed this exercise? RHy passed to MB who is leading on the work around Key Stations and timeframes. Essex measure their response times by the time control receive the call to the moment the appliance is in attendance. This is not consistent across all other FRS; the standard suggests that the response time is measured from when the appliance is deployed until the appliance is booked in attendance. The Service does not feel that this is a fair representation to the public, as they expect the time to start as soon as they call for help. NFCC have implemented a new community risk management profiling which is currently out for consultation and will seek to standardise the measure. Some anomalies in our figures are currently being addressed where the call is sometimes left open which reflects in the numbers. Our position is probably better than we are currently showing.

6.6 MB talked further on Key Stations. The Service need to get to a place to use risk placed deployment. MB is leading the piece of work together with DB and his work with Process Evolution to evidence that we are clear on exactly where our Key Stations should be and not necessarily where they are now. If we understand where the Key Stations are, we can then make sure they are always available to enable the Service to always meet response times everywhere in the County. This will be part of the Annual Plan. MB is waiting for information on Key Stations which will inform policies and procedures on mixed crewing and out duties on a flexible basis. This will be in place by the next financial year. RH asked if LL would be able to report using the new measurement framework as from next April? RHy replied and said that it would and that he would check with DB and ask him to produce a paper on the Key Stations and where they are for the January P&R meeting. The Service need to be able to fully crew those stations with mixed crewing which is currently out for consultation for our Mixed

Crewing Policy. Once this is in place then we can crew those appliances with different shift work. RH would like to see a proposal on the new structure, from where we are to where we get to, with total availability and to ensure that we have the right response times. LL anticipates the proposal would be available for the February P&R.

Action 87/20

RHy to speak to DB to prepare a paper for the January P&R meeting regarding the Key Stations and where they are.

Action 88/20

Report from LL in February once the Key Stations paper has been provided by DB on what we are reporting against. RH would like to see a proposal on how we are going to change the reporting against the new structure.

Action 89/20

RHy to liaise with JTh to populate forward plan with the roadmap towards the Response Strategy, which is due to come to the Strategy Board in June 2021, before that there will be several stages for engagement and consultation on regarding a new model.

- 6.7 JTh referred to page 19 on the section re protection – there were 54 notifications of deficiencies raised and significant increase based on previous months. Is that based on the new risk-based inspection program? MB replied that this was due to the teams being about to get back out and undertake more inspections which slowed down during COVID. In some bases the deficiencies are not serious i.e. light bulb out in emergency area or notice which can be easily rectified. RH suggested that they be classified as significant, major or minor. MB will investigate this.

Action 90/20

MB to look at classification rating for the deficiency notifications in the Performance report.

- 6.8 JP referred to page 5, JP interested in peak in fires in July 2018. LL replied that this was due to a heatwave and an increase in secondary outdoor bonfires and BBQs.
- 6.9 JP thanked LL for providing the percentage for sickness. JP questioned 6.6% which appears to be high, how does this compare to other fire services? KE replied there are 43 other FRS that contribute to the sickness stats and we sit roughly in the middle, previously we were at the higher end, due to an anomaly in how we were reporting absence. Once we came in line with the national reporting formula, we moved to the middle. KE can refer JP to a slide in the quarterly report that is a benchmark against the other FRS. Covid absence has had an impact of this year's figure which would have normally been around 4.5%.
- 6.10 RH said that he reads the new style reports that LL provides, but would like to see more comparatives. LL suggested that more benchmarking could be added to the quarterly reports giving more time to collate the information. This would include information that the Fire minister has an interest in i.e. the eight indicators re EPNR. The Service will try to align as much as possible to the national and our own internal measures. Much of the data is released by the home office but we do not yet do similar reporting in house.

Action 91/20

LL to provide more comparatives in the quarterly Performance Report.

- 6.11 RH asked JG & RHy if there is a paper on what the Fire Minister is asking for in terms of those indicators, what we already monitor and your opinion as to whether they are

things that matter? JTh stated we have already added the indicators to the quarterly reports, and it does have benchmarking information on those. This is data that it is already provided by FRS. RH asked RHy can this information be used to manage the Service? RHy replied that when the Minister set out his performance data, he asked for comments. The Service replied stating that whilst it was particularly helpful, it has a narrow view of fire performance and we would encourage a wider and more diverse view linked into the work of NFCC for its Data Digital Program, as it makes a number of assumptions. RHy feels that is for more asking questions of ourselves. It is useful data, but it does not necessarily result in the outcome-based approach that the Service want to take on a strategic level.

- 6.12 RH suggested that when LL brings the Quarterly Report that has incorporated that, LL can do a covering note which are the Ministers interests and which of those we will use and which of we think are not so useful. LL replied that these were already part of the Quarterly report, but she would provide more context. RHY said that the data in the report itself was fine but it is the conclusions that the Minister draws from the data which is quite narrow i.e. less people die if you have faster response times, which is not the case.

Action 92/20

LL to provide a covering note around the Ministers Interests for those items which we will use, and which are not so useful in the Quarterly report. Although they are already in the report LL to provide more context to the report;

7. HMICFRS Performance Report

MB talked the board through the paper.

- 7.1 MB stated that the key items on the Improvement Plan process: -

- Testing of Risk Base Inspection Program - This has been implemented. A couple of issues around access to data which have now been resolved
- Operational staff to carry out visits – Challenging due to change in Covid Guidance.
- Staff Recruitment – Although advertised there has not been much interest. The Services are changing approach and head hunting as well as keeping a permanent advert open.
- Quality Assurance process – will be embedded in the organisation to set up a performance framework so we can change what we do.

- 7.2 MB said that some internal scrutiny had been undertaken on the run up the reinspection visit. Tony Smith The Head of Protection from Hertfordshire FRS is to review our Protection Improvement Plan. This will provide us with valuable feedback to ensure that we have got it right and progressed it as appropriate. MB to feedback peer review once received.

Action 93/20

MB to supply feedback on peer review to the Protection Improvement Plan following review by Hertfordshire FRS

- 7.3 There is one Amber item on the plan which is the Review of the Enforcement Policy which we discussed in the action points.

- 7.4 RH questioned why people are reluctant to apply for vacancies. MB believes that it could be there is a demand for that skill set nationally at present and some FRS may be a position to offer better salaries than Essex. There will have to be more emphasis

on training, which will be more expensive due to the new framework and in alignment with the Skills for Justice program. RH asked NC if this was allowed for in the budget as it is an important area. NC replied not yet. RHy added that the Service does have the Surge Funding which is approx. £300,000 which has not been used yet. The vacancies could be covered from establishment. Some of the Surge funding could be applied to this for training. RH replied that we need to be consistent going forward and there needs to be a change to the base budget to provide financially for this going forward. RHy agreed and will pick up with MB and CB.

Action 94/20

RHy, MB & CB to work through recruitment issue of few applicants and the consistent funding of training using Surge Funding as well as financial provision for the future by changes to the base budget.

8. Dovercourt Plan

MB updated the board on the availability gap at Dovercourt

- 8.1 Dovercourt is showing improvement: Staff are in place to meet the skills gaps where the appliances were not being available. There is an additional Watch Manager and two additional Crew Managers at the station. Together with the basic competent firefighter drivers to meet the driver's skills gaps and the different shift patterns improvements will start to be seen going forward. There is a Flexi station Manager overseeing this, who is dedicated to seeing that it is managed effectively. As it is a Key Station, the station will not be left without an available pump and in addition recruitment has been more successful, attracting more people than can be trained up. There is a dedicated training course at Dovercourt. The culture is also changing at Dovercourt, i.e. the previous resistance to On-Call has now been overcome.
- 8.2 RH asked if we are up from the 40% availability and where should it be? MB said that it was beginning to improve but not where it should be, but the Service is working very hard to get it there. The availability target is 75%. LL said that this figure was agreed at the target setting paper at the P&R board, this paper sets out the new target and the target was based on whether it was a Key Station or not and the average attendance over 3 years. MB added that figure this was for the Station i.e. both pumps combined. RH if we are 100% for the first pump then it would be 50% for the second. MB agreed. RH feels that it is unclear at the 31st March re the second pump and maybe this needs to be revisited. JG agreed. RHy said the issue with Dovercourt is it is an isolated Station, one pump can make the initial attendance and an additional pump is a good back up, but it is not a high demand area. The risk is that as it is an isolated Station, the first pump can attend to address that risk. The Service continues to work hard to get the second pump availability higher and can take decisions via IRMP to what that should be. The Station is now an On-Call Station and this will need to be factored in what is achievable. 50% attendance for the 2nd appliance will be worked towards and once there, the bar can be reviewed. RHy would be nervous if we did not have a pump at Dovercourt. RH said that there is a public concern and we have not offered them the response that they need. RH was not aware of the 50% for the second pump, there has not been a conversation with the public. There may not be the public buy-in without evidence.
- 8.3 PBI on looking at the March Paper that came to P&R says that it was an information paper and not a decision paper as P&R do not make any decisions. It refers to the meeting noting the agreed targets and talking about how the targets were agreed by the business owners and signed off by SLT. PBI suggested that being clear what targets are set and agreed by SLT and what targets require the agreement of the Commissioner and tightening up the process by how we do that. This would make it more obvious what RH is being asked to sign up to. RH agreed.

- 8.4. RH asked RHy to confirm that 50% what is to be achieved for the future. RH would like SLT to look at the Risk Assessment in Dovercourt and work out what good looks like and work out a timeframe on how to get there. RHy agreed that this work was already being undertaken following a conversation between RH and RHY, which DB is currently looking at. RH asked RHy to provide a report in December giving a timeframe for an increase in the 2nd pump response time. RHy said that 50% is a realistic but will be difficult to bring the figure up in the short term due to various factors, additional resources may assist this. RH a conversation needs to be had on the figures before additional resources can be discussed.

Action 95/20

RHy to liaise with DB and report back in December with an update on the Dovercourt timeframe for a risk assessment in the 2nd pump response time. To include what good looks like and how we get there.

- 8.5 PBI referenced the Minutes of 31st March, in which there was a conversation about it not being clear how it works in relation to station that has a second pump and there being a request from JTh for that approach to be more clearly defined in the Policy. PBI suspects that the request has not be picked up in the action log and so we have not seen that through from when the target setting paper came.

9. Building Risk Review Update

MB Updated the board.

- 9.1 MB talked through the Building Risk Review update paper which tracks the progress against the NFCC Building Risk Review from August 2020 to December 2020. The list on page 2 shows the 10 inspections took place from 1st to 30th September. Five are classified as green. Five were classified as Amber which is due to cladding not being verified or insulation behind the cladding not being verified. We reported this back to NFCC, and we need to work further with the responsible person to get some clarity on what that constitutes. Ambers are currently a work in progress.
- 9.2. RH confirmed that the NFCC are not directing this in any way and not in a position to do so. MB replied that the Service is directing it, the NFCC identified the buildings for us and we have been tasked with a program to ensure that each one was inspected thoroughly in the timeframe specified.
- 9.3 RH asked MB what our view is on the Amber items and what we would do if we had any Red items. MB replied that Amber items are for further action to be followed up and which may require a higher level of enforcement. Clarity is needed in the first instance from the responsible person so it can be risk assessed and made sure it is as safe as it can be.
- 9.4. RH commented that some of the London Buildings have Fire Protection people hired by the Landlords who are patrolling the building constantly and reporting on each floor every 15 minutes. Does our Protection Strategy spell out what our policy is around this and what we expect landlords to do in response to be rated amber? MB does not believe that it goes into that detail. It focusses on our responsibilities and actions. The Service works with the landlords and makes sure they take the necessary action to satisfy us. RH the Planning Officer's Association for the County and Districts put out guidance for developments and we should probably think about doing the same thing for landlords. Unless we have told them what we expect it is going to very hard to enforce against it. JG remembers conversations with RHy & MB just before Covid regarding them wanting to do something along those lines and host a group of

businesses to talk about this issue with RH opening it etc. The Service has indicated that they would like to do that.

- 9.5 JP asked if there was an issue who the responsible person is in a building i.e. landlords? When reading the Grenfell information there seemed to be an issue around who the responsible person was? Is it one responsible person in a block or more? MB replied that it differs from building to building and can be quite complex trying to find out who considers themselves to be the responsible person. This is tied in nationally with who should bear the cost of repatriation where the buildings seem to be non-compliant. There have been instances in Essex where the Service has had to work hard to ascertain the responsible person and a decision was made in one instance after legal advice to serve a notice on both the Landlord and the Tenant to make them jointly responsible. RH this is classic issue of enforcement and action should be taken against all parties.
- 9.6 RH the fire & rescue Service are not geared for enforcement in the way that we need to be. This was one of the findings of HMCIFRS. RHy said that the Service would welcome enforcement. Central government administrations have wanted FRS to work with businesses in that approach rather than enforcement. The Service is now finding its feet in the enforcement area.
- 9.7 NFCC are commissioning a task group on behalf of MHCLG to triage those buildings that have not been inspected. The Service is going a step further by asking that an audit is undertaken of those buildings which will give a sense of what risk we are carrying within Essex. Given that we are the enforcement agency, there is a lot of guidance around what Landlords and responsible persons need to do to put control measures in place if they find themselves with flammable cladding. The Service do not want to step into that space in terms of telling them what do as we are the enforcement agency and our role will be to assess their risk assessments and ensure that they have suitable control measures in place i.e. a waking watch is a last resort as there were a number of other things that we would ask a building to do before this was considered. RH asked RHy to confirm that the guidance out there is clear, and we know what The Service are enforcing against. RHy added that we would be enforcing where a building has flammable cladding on the outside to put in suitable measures in place until such time that the cladding could be removed. RH asked if this was clear in our own Protection Strategy and referenced the documents we are enforcing against? RHy replied that we can reference the Fire & Rescue Services Act, the Fire Safety Order soon to be the Fire Safety Bill as the legal position that we are reporting under. RH added that we need to reference the guidance that is being used. RHy replied that this will be done as and when enforcement action is served but can investigate this further.

Action 96/20

RHy to investigate referencing guidance in our Protection Strategy and be clear at what we are enforcing against.

- 9.8 JP where does funding come from for the inspections as buildings up to a certain height are funded by the government? RH said that £6b was made available in the Chancellors statement last week, we need to be pushing building owners and those responsible to try and access those funds.

10. Quarterly Reports

10a. Q2 HR Report

KE took the board through the Reports.

- 10.1 KE covered the salient points of the Quarterly People Report and went through the slides of his presentation and some salient points to note are:
- Overall establishment is level. On-Call is a key area of focus.
 - Inclusion and Diversity – key area is Diversity Self Classification. Age profile is a key recruitment focus.
 - Whole-time recruitment – recruitment throughout the year and can still draw on people in the holding pool with focus on BAME and younger age groups.
 - Artic Shores On-line psychometric testing is successful.
 - On-Call recruitment – shortening the on-boarding process to 3 months.
 - Retention of On-Call – piloting in new year is the reduction of hours contract to 40,60, 80 hours availability. The current commitment of hours is quite high.
 - Learning & development training compliance – good progress made. Some areas are not 100% due to sickness etc and e-learning platform in April incorporated into the competency management program.
 - Sickness is stable. People are being supported with return to work and access to mental health counselling. There has been a cost to this, but it is getting people the help they need, and back to work quicker. This slide also shows how we are benchmarked in different quarters. KE will put an additional slide in that focussing on attendance.
 - Fitech testing as expected. Some people are not booked in with new appointments but are looking into this. Some elements cannot be undertaken due to Covid guidelines at present, but we can get core figures on fitness rates
 - Disciplinary and grievance – relatively plateaued at present.

KE left the meeting at 11.55.

RH passed the meeting over to Jane to chair. Questions to ask re CB L&D operation training what is new and what has changed and what does that mean for our implementation. RH is unsure of what has changed since last time the board saw it. RH left the meeting at 11.57.

CB joined the meeting at 12.00

10b Health & Safety Highlight Report

MB talked the board through the report

- 10.2 MB went through the highlights of the last quarter which have been divided into two sections under the Covid response work and non-Covid response work. This report entailed a lot of work by the team due to carrying out over 80 risk assessments which has now been adopted by the NFCC.10. The H&S team is now On-Call and is going to Stations with Fogging Units, to deep clean stations if there is a positive test. This has helped to keep Stations on the run.
- 10.3 In terms of Non-Covid the RSM external audit is still shown as having actions which are open. MB has discussed with CB and L&D are dealing but this is not a Health & Safety related omission. It is for L&D to evidence that staff have had appropriate Health & Safety Training which is currently being worked on to get resolved.
- 10.4 There is a changeover from the current Health & Safety Reporting system Optima to OSHIENS who are being taken over by Ideagen and that will bring a different product although it is the same contract. This is an ongoing project involving the procurement team and the change team.

- 10.5 A slight increase in operational training accidents from 4-8 which may be attributable to the increase activity in this area after Covid. Two Riddor incidents, one muscular and one crush injury during a drill. These were Riddor reportable as the member of staff was off sick for over 7 days. Two attacks on Firefighters, one verbal, one spitting.

No further questions

10.c Operational Assurance

MB went through the Key highlights of the report

- 10.6 The station audits were paused when Covid began and the visits will be resumed next quarter. Currently looking at Covid secure ways to do that.
- 10.7 The Monitoring Officer Policy is now complete as we needed to monitor level 1 incidents.
- 10.8 Regarding the lack of return of Analytical Risk Assessments for the firegrounds, which is significant as they are a time stamped record of the risk assessment that took place based on the risk that the crews were responding to and the rationale for the action that was taken. Action has been taken to enable electronic ARA's to be submitted, which will be more efficient.
- 10.9 Thematic Review of Covid PPE Compliance – MB gave assurance that everything is in place as appropriate due to the Risk Assessments. There was an element of confusion over the standards of PPE equipment which has now been resolved.
- 10.10 There have been quite a few alert system failures in Q2. The 4i update seems to have addressed this issue.

Questions

- 10.11 JG thanked MB for clarifying the Monitoring Officer issue.
- 10.12 JG asked re callouts and the new system has rectified the issue, how would we know if we fail to respond? MB replied that this was a glitch in the Mobilising System, where it did not happen as it should have done. Control pick this up and take appropriate action but sometimes that can show as a delay. The system has now been upgraded.

11. Learning & Development Strategy Progress Review

- 11.1 JG asked CB to give the board the headlines and RH would like to know what is new, what has changed in the report.
- 11.2 Leadership and development. There are four pillars to our L&D Strategy. Pillar one shows the key change has been the commissioning of the four-year development programme. Once the Decision Sheet has been agreed, a contract can then be issued and so the first of those courses can begin on 21st January. 125 places per year on a leadership development program.
- 11.3 JP referred to Page 4. It states that the Service is spending £1.4m and it is not from revenue costs. It may be an up-front cost, but it is still a revenue cost. CB to speak to NC to clarify.

Action 97/20

CB to speak to NC to clarify that the up-front cost (total cost) of £1.43 is still a revenue cost.

- 11.4 JG commented that having looked at this paper and the following one, notwithstanding that there might be some parts to pull out, JG will talk to RH regarding changes, as JG feels that an incredible amount of work has been undertaken in a short period of time and is a very fulsome paper.
- 11.3 Professional Development. This is the second Pillar and the key is the NFCC Leadership Framework and Core Learning Pathways at those 4 levels. Each pathway has been running interim sessions over the summer period with good feedback. Commissioning for these has now happened. Core Learning Pathway "light" Webinars have taken place in three-hour sessions. Department training plans have been run without any issues. The purchase order for the training covers the full budget. This will be checked as it is an intense level of spend over a short period.
- 11.5 Personal Development. Regarding Pillar three and continuing to drive people through to the interim personal programs. Going forward it is anticipated that it will drive more people to the four-year plan which is what delivers the efficiencies that mean that we can reduce our departmental training spend.
- 11.6 Essential Training. Pillar four is mandatory training including the Dignity in our Workplace Sessions. Before the current strategy this was not a mandated element, but it is included now, and compliance levels are much higher than they have been before. The key enabler is to move to a more intuitive e-learning system.
- 11.7 The appendices are attached for monthly reporting which CB requested from the team.

Questions

- 11.8 JG noted that in the appendices that Mandatory Training Compliance has gone from over 20% in December last year to over 80%, which is significant. Well done.
- 11.9 JP regarding the mandatory training, what is done in the situation of sickness etc where people have not completed the training? CB replied, sometimes it is sickness or family issues, or other essential training needed to be completed first. We work through the line managers to encourage completion. Hopefully during April 2021, the new platform will be running, and CB would envisage taking a different approach at that point. For the moment due to IT issues, the Service has gone as far as they can go. Elite will be run by Essex before Christmas, from the back end of next year will be Learning-Pro which will revolutionise the way this is done.

12. Operational Training Strategy Update

CB talked through the paper

- 12.1 Operational Training Delivery. This is normal training delivery for core skills.
- 12.2 Operations Training Project. There have been three key decisions: -:
- Ongoing retention of 4 x Group Trainers, 1 X BA Instructor and 1 x Apprentice Manager on a permanent basis,
 - Continuation of the apprenticeship approach for whole-time training firefighters,
 - Recruit training returning in-house – Last squad in January that will be using the Fire Service College.

- 12.3 Appendix 2 shows the training facilities which is part of the key training project. The BA facility has been refurbished at Orsett. There has been a delay due to the pandemic and getting contractors to work. The work is due to resume shortly.
- 12.4 Appendix 3 shows the training that has been delivered YTD and shows the scale and volume of the training that is being undertaken and the diversity of topics being covered.
- 12.5 Appendix 4 gives a commentary on each of the training projects were there are 6 workstreams. They are almost all complete or on track. Item 1.2 has an Amber status but is now back on track.
- 12.6 Crew Managers, Watch Managers and Station Managers are trained as trainers, assessors and verifiers.
- 12.7 JG commented on the assessor's course and is pleased that the Orsett facility is there, and the others will be "ground broken" in January. JG thanked CB and the team for addressing the concerns that the Board had and has responded to those concerns to ensure that this is sustainable and agreed that the Service is moving forward in this area. JG will discuss with RH to see there are any other concerns and feed back to CB.

Action 98/20

JG to speak to RH re the significant work done within Operational Training and come back to CB if there are any further concerns.

- 12.8 CB invited the board for a visit when risk assessments and restrictions allow to see the team in action. JG would like to come along and will ask Camilla Brandal when time allows to come and visit.

13. Culture Improvement Plan

CB took the board through the paper.

- 13.1 There are three key items in this paper. Ignite 2020 which is the employment survey. There are 5 days this year left for completion and this will inform our next steps. The survey is currently at 36% completion and are encouraging employees to complete over next 5 days.
- 13.2 At the next People Strategy Board, time will be taken to re-imagine years 2 and 3 in this Improvement Plan. CB would welcome JG's views at the meeting on this.
- 13.3 Looking at the next step of "Your Voice" Group, which is one way in which employees can be heard and are looking at whether if they are more orientated towards Task & Finish Groups around the Annual Plan and opportunities for our extended leadership team and those in our Talent Pool
- 13.4 JTh asked how the response rates in the questionnaire, how they compared to last year and were they what you expected. CB replied the average completion rate for all FRS was 60%. In May 2018, anything post 60% will be considered to be a positive cultural indicator in terms of engagement.

RHy left the meeting at 12.04

15. AOB

There being no further business the next ECFRS P&R Board meeting is to be held on 16 December 2020.

Meeting ended at 12.07pm