

**Matt Parr CB**

Her Majesty's Inspector of Constabulary  
Her Majesty's Inspector of Fire & Rescue Services

Dr Sabrina Cohen-Hatton  
Chief Fire Officer  
West Sussex Fire and Rescue Service

Councillor Duncan Crow  
Cabinet Member  
West Sussex Fire Authority

21 May 2021

Dear Dr Cohen-Hatton and Councillor Crow,

**WEST SUSSEX FIRE AND RESCUE SERVICE CAUSE OF CONCERN REVISIT**

We conducted our third revisit to West Sussex Fire and Rescue Service (FRS) between 22 and 25 February 2021 to review progress against your action plan. This letter provides an update on our findings.

**Background**

2. The focus of the revisit was the causes of concern we reported after our inspection of West Sussex FRS in the week of 26 November 2018. These were that:

(a) West Sussex FRS lacks clear management and oversight of its safe and well visit process. Between 400 and 500 high-risk checks haven't been completed. There are also problems with how information is managed through a paper-based safe and well visit process.

(b) West Sussex FRS doesn't have an effective risk-based inspection programme (RBIP) and the database used to manage this work is unreliable. The service can't show how it prioritises its protection work to target premises at highest risk. We can't see how capacity in the protection team would meet the demands of the service's RBIP and, therefore, how it would meet the priorities set out in the service's integrated risk management plan.

(c) West Sussex FRS's staff sometimes act in ways that go against its core values. This is leading to bullying in the workplace.

(d) West Sussex FRS doesn't engage with or seek feedback from staff to understand their needs. We found this to be the case especially for some under-represented groups. When staff raise difficulties and worries, the service doesn't respond quickly enough.

3. On our previous revisits to the service, we considered progress in prevention and protection (points a and b, above). We were encouraged by the progress we saw in these areas on our previous revisit, in January 2020. Suitable governance arrangements had been put in place to monitor progress against the service's action plan.

4. During our most recent revisit, we considered progress against all causes of concern. We interviewed staff who were responsible for implementing your action plan, including the chief fire officer (CFO). We interviewed managers and staff responsible for prevention and protection work, and their team colleagues. We also interviewed managers responsible for human resources. At the end of the revisit, we provided our findings to CFO Sabrina Cohen-Hatton, Councillor Duncan Crow and Deputy CFO Mark Andrews.

### **Action plan**

5. The service has an action plan covering the causes of concern. It specifies deadlines, staff responsible for specific actions, and senior staff responsible for overall completion. The plan is updated regularly.

6. During our last revisit, we said that the service needs to improve programme management, so it can better co-ordinate and prioritise improvements. Since then, a project management team has been created to help co-ordinate projects across the service. It makes sure that different teams and projects get planned support, and that improvements are measured. This has improved how the service's resources are used to implement the action plan.

7. In November 2020, an external audit of the county council's improvement plans considered the action plan effective.

8. This latest revisit is the first time we have reviewed progress on the causes of concern relating to values and engagement (c and d). We found that the service has comprehensive plans in place to improve these areas and a clear commitment at senior level to prioritise this work.

### **Governance**

9. There has been significant improvement and investment in programme management arrangements since our last revisit. This is supported by senior leadership commitment to improve. This has led to service-wide improvements, including on the causes of concern.

10. The programme management team's responsibility and remit have expanded and it's now an organisational assurance and governance team. It has responsibility for overseeing projects and reviewing interdependencies to support the progress of the improvement plan.

11. Governance and scrutiny arrangements are now more effective than we found in our last revisit. This includes reviewing and amending meeting structures and reporting procedures.

12. We saw during our last revisit that the service had been supported in its improvement work by the National Fire Chiefs Council (NFCC). An independent advisory panel, including

representatives of the NFCC and the Local Government Association, had also been established to advise and assure the service in making the improvements. However, this panel no longer meets, as it was agreed that the service has appropriate procedures and people in place to monitor and maintain progress.

13. Progress and risks are reviewed every month by the senior leadership team's executive board. Fire authority members get regular updates and scrutinise the plan and associated actions.

### **Progress against causes of concern**

#### *Prevention: safe and well visits*

14. There have been many improvements since our last revisit. The service has increased the size of its prevention team and has introduced new roles to help identify and prioritise risk.

15. The prevention team is now better resourced and has the capacity to implement the service's prevention strategy. For example, an extra person has been appointed to work with other organisations in areas such as social care, healthcare, community nursing, and housing, to improve the quality of safe and well referrals.

16. A new IT system makes it easier for the service to scrutinise and report on its own performance. It allows the service to better monitor the work of its teams, which helps it avoid backlogs.

17. To improve the quality of safe and well visits, two more prevention training roles have been created. These staff have trained all operational crews in making safe and well visits, safeguarding, and supporting people who are vulnerable as a result of hoarding. This training is being evaluated and reviewed.

18. The service has plans to make sure safe and well visits are being done well enough. Progress has been affected by COVID-19 restrictions, but the service plans to improve evaluation and quality assurance this year.

19. COVID-19 restrictions have also affected the service's ability to engage directly with its most vulnerable people. Whilst the datasets that inform the local risk management plans enable operational crews to identify and target their most at-risk vulnerable people, there have been very limited opportunities to deliver community-based events and initiatives. As the restrictions ease, operational crews plan to resume their targeted local activities.

20. The service uses data and works with partner organisations to identify and support those most at risk. But we found that staff couldn't clearly explain the approach. The service needs to make sure that all staff can clearly explain how the service triages those who are at the most risk.

### *Protection: risk-based inspection programme*

21. When we first inspected the service in 2018, we raised several problems with the service not fulfilling its protection requirements. We are pleased with the improvements that are being made in several areas, and with the pace of this improvement work.
22. During previous revisits, staff felt that the protection team was separate from the rest of the organisation, but this time they told us that they feel the team is considered an important part of the service.
23. We were pleased to find that there are no outstanding high-risk inspections. This is the result of increasing the size of the protection team and its range of skills, and greater focus on risk.
24. The service's workforce plan for protection includes a career pathway for non-operational staff. This reflects the positive changes we saw in the people-related causes of concern.
25. The full introduction of the new IT system was delayed until April 2021 because of the COVID-19 pandemic. The service is using this time to make sure that its data is cleaned before being transferred from the old system. This is time well spent and should make sure the data used in the new system is accurate.
26. Despite the new system not being fully operational, it is already improving aspects of protection work, such as increasing the amount of information held about high-risk premises. There are plans to use it to better target and manage protection activity.

### *Values and culture*

27. During our first inspection, we identified several problems with the service's culture. While swift action was needed, we recognise that fully resolving these problems will take time. The service has prioritised this problem and we are pleased to see progress in this area.
28. We are pleased to see that staff are involved and engaged in developing new service values and behaviours. We found that the senior leadership team is committed to and enthusiastic about improving the service's culture. The service is also closely monitoring staff survey results and feedback to understand problems and raise awareness of them.
29. The service's recently-published Dignity and Respect Framework was developed with input from staff. The service intends to train all managers in understanding the framework by July 2021.
30. We will continue to monitor the effect of these changes when we next inspect the service later this year. As part of this inspection, we will interview staff to allow us to consider the effect of this work.

### *Fairness and diversity*

31. During our first inspection, we also identified significant problems with the service's approach to fairness and diversity. As with the service's culture, while swift action is needed, we recognise that fully resolving these problems will take time. The service is responding to this issue and making progress.

32. As part of our COVID-19 inspection, we found that the service had increased engagement with staff at all levels. At the start of the pandemic, the service commissioned a survey to better understand the needs of its staff. As a result, it introduced flexible working arrangements for staff with caring needs.

33. We found that the service actively engages with staff in all areas of the organisation. It has increased staff involvement in organisational change (for example its project to review organisational workwear). And a staff survey conducted as part of our COVID-19 inspection showed that staff felt the service engages well with them.

34. In response to staff feedback, the previous promotion process has been replaced with assessment centres, which involve a series of activities that test suitability for promotion. Internal transfers are now more open and transparent. After a recent assessment centre, 92 percent of respondents who went through the process felt it was fair.

35. The service has introduced a diversity and inclusion steering board and identified champions to support under-represented groups.

36. The service has also created a shadow board, a group made up from staff from across the service, to provide feedback on proposals to the senior management board. This should increase staff engagement further, from across the workforce.

37. During our next inspection, we will monitor the outcomes of the shadow board and equality, diversity and inclusion groups.

### **Conclusion**

38. The amount of improvement work and change in the service continues to be significant. Since our last revisit, extra funding has been used to create an appropriately skilled and dedicated programme management team, which has since evolved into the organisational assurance and governance team. This has brought an increased level of co-ordination, and supports organisation-wide improvement.

39. The service has used the extra funding from West Sussex County Council to increase capacity in its prevention and protection teams. This has contributed to the improvements that are being made.

40. While we recognise the improvements made to address our causes of concern relating to prevention and protection, these improvements could have been made more quickly. But we

understand that the service has been dealing with the consequences of the COVID-19 pandemic, which has (understandably) slowed the pace of change.

41. The increased capacity in prevention and protection teams has been used to improve how resources are targeted towards risk and quality assurance processes. The new IT system is supporting these improvements, and there are plans for further progress when the system is fully operational.

42. This was the first time we assessed progress on the causes of concern relating to culture and values. We found that the service has appropriate plans and is making progress in this area. Senior managers have made a clear commitment to prioritise this. Staff have been engaged in developing organisational values and behaviour statements. The new Dignity and Respect Framework will be used to train managers.


43. This was also the first time we assessed progress on the cause of concern relating to engagement and fairness. We saw significant progress in this area. The service developed new ways to engage with staff during the COVID-19 pandemic and got positive staff feedback as a result. For the first time, the service is creating an equality, diversity, and inclusion board, as well as a shadow board to make its strategic decision-making more transparent.

44. The pandemic has slowed progress in some areas of the action plan, but – overall – the service has made improvements in line with the plan.

45. We will continue to monitor progress through updates from the service and data returns. When we next inspect the service, we will further assess progress against these recommendations with a view to closing them.

46. This letter will be published on our website.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'MP' followed by a stylized flourish and a long horizontal stroke.

**Matt Parr CB**

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