

**Operational Assessment Report**  
*August 2006*

# **Fire and Rescue Operational Assessment of Service Delivery**

**Isle of Wight Fire & Rescue  
Authority**

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## Executive Summary

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

The FRA is rated by this assessment as **adequate performance**.

5. Isle of Wight Fire and Rescue Service has strong leadership and strong political support for the Principal and Service Management Teams. Since CPA in 2005, the Service has been restructured and reorganised which has led to many middle and senior management changes. Whilst this review of the post CPA structure for appropriateness has been necessary and is now a completed key action of the SICMP, continuity of the management of service delivery has naturally been affected. The Service was found to be performing adequately against the evidence criteria for judgement in terms of Risk Analysis, Prevention and Protection Services, Call Management and Incident support. Within the Operational Preparedness and Emergency Response KLOE, some risk critical issues were discovered which supports the rating of below minimum requirements with areas for improvement identified within this report. The Review Team acknowledge that across all areas of service delivery there is a significant amount of work in progress which is anticipated to deliver structured improvements in key areas.. Overall, Isle of Wight Fire and Rescue Service demonstrate adequate performance at this time based on the scoring principles with a clear and focussed direction of travel to support future service delivery improvements. Any risk critical issues discovered, were notified to

the service and immediate action to resolve these, was assured by senior management.

## The Assessment process

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

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

## Overview of the “Key themes” and “observations”

10. Prior to on-site activity, a detailed review of the self assessment document, context statement and additional background information available from DCLG and publicly on the Service’s website was carried out. The local Health and Safety Executive liaison officer, the regional Business Change Manager and the Audit Commission Relationship Manager were consulted in order to establish an external view on developments relevant to their areas of interest. The review was carried out with team members responsible for specific KLOEs, with pairing of KLOEs as appropriate. During the pre-site meeting, the review team identified a number of areas requiring further investigation.
11. Upon examination of the self assessment, the review team concluded that there was insufficient detail to justify the scoring against the evidence criteria for judgement and this gave the team some cause for concern. The team identified that the document called “OASD v1” listed within the self assessment as an evidence source was a more detailed self assessment drafted against the self assessment consultation toolkit. This was submitted to the team on the evening prior to the start of the on-site visit. The team agreed a flexible approach to this review reflecting where possible the evidence criteria for judgement set out in OASD v1 document. In preparation for this review the team also considered background information that was either available from DCLG or publicly on the Service’s website.
12. The review team met for a site specific planning meeting to confirm which key areas would form the focus of the review. With the limited detail provided against the evidence criteria for judgement within the self assessment, it was agreed that the review team would concentrate on common themes across all five KLOE. This would support a more flexible approach to the review and allow for emerging key strengths and areas for improvement to be further evidenced across a wider range of staff and partners.
13. The agreed focus areas for the review were as follows:
  - Competence of personnel
  - Document management
  - Monitoring, review and audit of Service delivery functions.
  - Impact risk assessments to include diversity and equality
  - Effective risk targeting to inform response standards
  - Incident Command System
  - Partnership working arrangements
  - Equality and Diversity
14. The Review Team also agreed to reiterate that the focus of the review was the current Service delivery performance of Isle of Wight Fire and Rescue Service. This was important as the self assessment document and the OASD v1 against the evidence criteria for judgement document referred to a number of strategies, reviews and projects that were work in progress and had therefore not been implemented to form part of current Service delivery provision.

## Key Lines of Enquiry – Strengths & Areas for Improvement

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

<b>KLOE</b>	<b>Judgement</b>
Risk Analysis	Performing adequately
Prevention and Protection	Performing adequately
Operational Preparedness	Inadequate Performance
Call Management and Incident Support	Performing adequately
Emergency Response	Inadequate Performance

## *Risk Analysis*

18. Isle of Wight scored itself as performing well in Risk Analysis with five key areas out of five being scored this way. There was insufficient evidence to support this view in relation to all of the key areas as it was felt that there was a lack of evidence to demonstrate that arrangements were embedded and operating effectively with clear outcomes. The scores in all key areas were therefore reduced from performing well to performing adequately. This has an impact on the overall KLOE score which has also been reduced from performing well to performing adequately.

## *Strengths and areas of notable practice*

19. A risk management culture is evolving with the Service utilising FSEC to develop Isle of Wight attendance standards and a suite of local PIs; this will include targeting RTC reduction and community risk profiling as a priority. The Service has an *'Improvement and Change Management Plan (2006 – 2009)'* that clearly sets out the key outcomes for the Service. The views of local communities and relevant stakeholders were effectively obtained and acted upon as appropriate during the development of this Plan. During interviews, staff demonstrated a good understanding of service policy and they were clear on the positive direction of travel.
20. The FRA has a number of plans in place to utilise and develop its risk analysis techniques to inform future Emergency Response provision. Whilst this work is underway it has kept the existing standards of emergency cover in place (C and D risk).
21. The Service is striving to maintain continuous improvement and has an effective process to develop self-awareness of its strengths and areas for improvement. As part of this process external challenge is encouraged, evidenced by the IDeA acting as a critical friend and facilitating a Peer Review that included Principal Officers and a Councillor from other Authorities.

## *Areas for improvement*

22. Many of the systems and processes proposed in the 'Community Safety and Risk Management Plan' and 'Service Improvement and Change Management Plan' have not yet been fully developed. The Service is therefore currently using the previous national standards of fire cover as the means to identify existing and potential risks to the community. There was no evidence found of the use of station based local response standards or a process to review the speed and weight of operational response. This is considered to be having a short term detrimental impact on the ability of the Service to target its operational response in the areas of most need. The Review Team therefore is not confident that the current disposition of resources for both intervention and prevention fully addresses the risks within the local community.
23. There is no over arching risk reduction strategy and little evidence of FSEC being utilised to support decision making at present. However, FSEC will shortly be populated with the final two years data and plans are in place to ensure that future IRMPs utilise the data to fully assess the risk to the community and develop appropriate prevention, protection and emergency response options.

24. The review team acknowledge the existing work in progress, the evolving risk management culture and the current capacity issue facing the Isle of Wight Fire and Rescue Service. However insufficient evidence to support the self assessment score of three was provided in that all level two criteria across the Risk Analysis KLOE were not found to be embedded, operating effectively and providing clear outcomes for the Service at this time.

## Prevention and Protection

25. Isle of Wight scored itself as performing adequately in Prevention and Protection with four key areas out of five being scored this way and one key area scored as performing well. The review team found sufficient evidence to support this view in relation to the overall KLOE score but did not find sufficient evidence to support this score in relation to the key areas of planning and implementation, monitoring (performance) and audit and review where it was felt that there was a lack of evidence to demonstrate adequate performance or, in the case of planning and implementation, that arrangements were embedded and operating effectively with clear outcomes. The scores in monitoring (performance) and audit and review were reduced to performing inadequately and the score in planning and implementation was reduced to performing adequately. This had no impact on the overall KLOE score which has remained unchanged at performing adequately.

## Strengths and areas of notable practice

26. Community Safety engagement was found to be prevalent across the Service throughout the review. Partnership working arrangements are strong and the new *'Working Together Partnerships Strategy'* document provides a framework to ensure that partnerships are effective with outcomes measured and performance monitored. The planned review of existing partnerships utilising the framework outlined within the strategy document will provide detailed information on the benefits of those partnerships. It will also provide an opportunity to prioritise community safety partnership activities to help address capacity issues.
27. The Service was found to be held in high regard by a number of partners who are assisting in delivering an improving service to the community. Partnership working arrangements are in place and evidenced through active participation in the Blue Light Emergency Service Forum and collaboration with other council directorates, such as Education and Social Services. Partnerships within the voluntary sector include the Royal National Institute for the Blind and Age Concern providing smoke/fire detection for the visually and hearing impaired. The Service also provides a positive contribution to developing the social inclusion agenda through working closely with key partners, such as the Youth Offending Team, Drug Action Team and the Police to address locally identified issues around drug and alcohol abuse.
28. The provision of the RTC reduction programmes "HEAD ON" and "Safe Drive Stay Alive" is a key strength in terms of Community Safety delivery. Identified as a target area through effective monitoring of road deaths and injuries, these programmes provide good examples of effective targeting of resources and partnership working arrangements. Further development of the PRIME initiative with effective delivery of the short, mid and long term aims will further enhance this targeted programme of road safety activities.
29. Isle of Wight Fire and Rescue Service is recognised as a key partner within the LAA pilot. Involvement in the youth intervention stretched target within the safer and stronger communities block which aims to *"improve attendance at schools and reduce the number of first time offenders"* is good practice. Governance and funding arrangements to support youth diversion activities to achieve this stretch require confirmation, with partner expectations of the Isle of Wight Fire and Rescue Service made clear through the Youth Diversion Steering Group.

30. Child and adult protection policies are in place with awareness training provided across the Service. Education and the engagement of children and young people form a key theme through the *Community Safety and Risk Management Plan* with excellent results achieved in schools across the island. Criminal Records Bureau enhanced adult/child protection training is in development and available from September 2006. This demonstrates further support for staff to deliver targeted community safety education initiatives and engage young people to reduce road deaths and injuries.

### *Areas for improvement*

31. The document control system for Technical Fire Safety is in hard copy and controlled manually. A formal document control management system is not currently in place and many documents are past prescribed review dates. Staff interviewed involved in policy development demonstrated no knowledge of impact assessments including risk, equality and diversity.
32. The Review Team could find no evidence of a performance framework to measure the quality of the delivery of prevention and protection activities. Some evidence existed in the form of testimony following teacher appraisal of education programmes and a customer survey but these are limited and a far greater range of quality audit is required to cover all aspects of prevention and protection.
33. No evidence was provided to the team prior to or during the review of a training policy or training strategy for prevention and protection services. Community Safety strategy and policy are in development with a focus on central co-ordination and local delivery. Concerns were expressed over the quantity rather than quality of work delivered which suggests an evaluation of Community Safety programmes to address capacity issues is overdue, though it is recognised that a review of quality of CS work has been undertaken and RTC work evaluation is in place. Technical Fire Safety Officers have been trained and developed at the Fire Service College and training for the Regulatory Reform (Fire Safety) Order had been carried out at a regional level at Wray Park, Surrey. However evidence suggests that this was sporadic and the staff interviewed by the Review Team had no knowledge of workplace appraisal to assess the training needs. Additionally staff interviewed were not clear with regard to their specific roles and did not have up to date job descriptions following the rank to role process completed earlier this year. It is recognised that this is currently being addressed.
34. The Review Team acknowledges the current Fire Investigation Review has been subject to slippage and the present arrangements were acknowledged as in need of updating by staff. Fire Investigation is a key part of arson reduction programmes and forms a good link for Community Safety education programmes and should therefore form part of the Community Safety strategy and policy that is currently in development.
35. The Fire Safety Management Information System used is CFRMIS, which is populated by the Fire Safety Inspecting Officers audit outcomes and the Operational Data Gathering Forms which are also used to inform FSEC, Fire Control and Operational Planning. The completed Operational Data Gathering Forms viewed by the review team were very poorly completed. The risk rating created was ambiguous and uncertainty existed as to how premises are identified. It was also noted that

CFRMIS populates FSEC but there is no migration of data from FSEC to CFRMIS to support targeted fire safety delivery.

36. The review team were provided with evidence of adequate performance in many key areas of the Prevention and Protection KLOE as outlined above within this report. Whilst there is a lot of activity underway, some of has yet to be delivering results and evaluation of programmes, whilst planned, has not yet taken place. This was the justification to support no change in the overall KLOE score of two. During the review the review team were not provided with sufficient evidence to support a score of three for Planning and Implementation and within the Monitoring, Audit and Review areas there was insufficient evidence to support the self assessment score of two.

## *Operational Preparedness*

37. Isle of Wight FRA scored itself as performing adequately in Operational Preparedness with three key areas out of five being scored this way and the others scored as performing well. There was insufficient evidence to support this view in relation to all of the key areas as it was felt that there was a lack of evidence to demonstrate that arrangements were either in place or embedded and operating effectively with clear outcomes. The scores were therefore reduced to performing inadequately in four key areas and performing adequately in one key area. This has an impact on the overall KLOE score which has also been reduced from performing adequately to performing inadequately.

## *Strengths and areas of notable practice*

38. Communication between all departments within the Service, stakeholders and frontline staff is good. There are Station and Combined Manager Forums providing information and links from top to bottom of the Service. The Senior Management Team have sound and trusted relationships with the Representative Bodies and this is exemplified by co-operation in developing and implementing effective change management initiatives, such as the provision of out of hours competence training for the Swift Water and Line Rescue Teams.
39. There is a good working relationship with the County Council Emergency Planning Section with Service representation on the Regional Resilience Forum and Isle of Wight Local Resilience Forum. There is adequate involvement in civil contingency and business continuity planning with joint table top and live exercises involving all the local Category (A) Responders.
40. The Service has a variety of arrangements necessary to support the training and development of its staff in place. A good example of this is the provision of a learning centre pilot at Newport Fire Station, which was facilitated in partnership with the Fire Brigade's Union. Staff indicated that targeted training is valued and are assisting with the improvement of operational competence; this can be exemplified by the provision of the extra hours training for all Retained Duty System personnel. Personal development plans are being undertaken and are effectively linked to the Service training needs analysis process. The Retained Duty System development programme is in place but lacks support on occasion resulting in a large number of failures during the development period. There is good use of the NVQ as part of the Wholetime development programme; however the BTech Technical Standard is yet to be incorporated.
41. There is a comprehensive set of training guidelines designed to cover all aspects of training delivery but no overarching Training and Development strategy was provided. A 'TAPS' system is utilised to maintain competence, this is proving to be effective in covering the majority of risk critical areas and Generic Risk Assessments (GRAs).

## *Areas for improvement*

42. There is no overarching Operational Preparedness Policy/Strategy. In the main, operational procedures are currently under review and have not been updated to reflect changes in guidance and key legislation with many procedures not being

reviewed on a systematic basis. On two fire stations the review team visited, risk critical information was not removed from the Fire Appliance 'Dynamic Risk Assessment Aide Memoir' (DRAAM) file leaving operational staff potentially at risk. This demonstrated a lack of adherence to policy and process by the Service and a lack of familiarity of operational procedures by front line staff.

43. The paper based training recording system was found to be difficult to administer, it has a time consuming process for audit, and many personal records were found to be incomplete. This made it particularly difficult for Retained Duty System Officers to monitor individual's competence and assess the requisite training requirements. This issue has been exacerbated by the recent reduction of two Instructors from the Training Centre resulting in a lack of training support. Staff interviewed reported a difficulty in maintaining competence for the Retained Duty System staff based at Newport Fire Station due to the requirement to safely operate the very large range of specialist equipment available.
44. There is considered to be insufficient support for the retained workforce particularly in respect to the provision of training and assessment. This may be addressed by the provision of recently introduced Wholetime Station Managers, however stations reported that they were confused as to the role of these Officers and doubted their effectiveness due to other Service commitments and responsibilities placed on them. Job descriptions were not yet available.
45. There is evidence that the large number of temporary appointments and fluctuations in staff continuity are starting to have a detrimental affect on service delivery and impact on staff and partners. This is particularly acute in managerial functional areas where lead officers are being moved and are required to bring skills up to date in a new area without the necessary support and development.
46. The equality and diversity agenda appears to have a low profile and lacks focus and direction; this is exemplified by there being no named Senior Management Team lead on the Service organisational chart. Whilst good for RDS, wholetime recruitment currently being restricted to IWFRS serving RDS personnel will do little to address diversity in the service. Adoption of the national selection process should address this. Additionally, there was no evidence of new policies being subject to 'impact assessments including risk, equality and diversity. Staff interviewed indicated that little equality and diversity training has been offered to over the last two years.
47. There is an Memorandum of Understanding with Hampshire Fire and Rescue Service for the provision of assistance when requested, however there is no policy for regional sharing of resources other than responding to a New Dimension incident
48. The Service has an Incident Command policy however no evidence of training for maintenance of skills for staff at all levels of the Command structure was provided. The Vector Command training system is available and a range of personnel have received familiarisation training of approximately one hour but there is no evidence of any training or assessment being carried out with the system.
49. The process for gathering operational information is very detailed but poorly maintained. The information provided to the stations is in a format that is not user friendly and is generally not utilised at incidents. The information sheets do not in the main include a plan of the site or a plan of action and the text is very small and

almost indecipherable in the dark. However there is the facility for emergency plans to be e-mailed to the incident ground via the Incident Support Unit. Much operational information is available via the Station computer; however there is a lack of training/understanding on how to access the system and staff made comment with regard to the slow operation of the IT provision.

50. The review team were not provided with sufficient evidence to support the self assessment score of two within this KLOE. Risk critical areas within the document management system and failure to demonstrate fulfilment of a significant number of level two criteria for judgement has resulted in an amended score at level one which reflects a level of achievement of below minimum requirements at this time.

## *Call Management and Incident Support*

51. Isle of Wight FRA scored itself as performing well in Call Management and Incident Support with three key areas out of five being scored this way and two scored as performing adequately. There was sufficient evidence to support this view in relation to two key areas but not in the key areas of policy, monitoring (performance) and audit and review as it was felt that there was a lack of evidence to demonstrate that arrangements were either in place or embedded and operating effectively with clear outcomes. The scores in policy and audit and review were reduced to performing inadequately and the score in monitoring (performance) was scored as adequately. This has an impact on the overall KLOE score which has been reduced from performing well to performing adequately.

### *Strengths and areas of notable practice*

52. The Service has set target staffing levels appropriate to the normal call volume handled but the small number of staff provides a challenge in the event of sickness or spate conditions. The contingency arrangements, flexibility of staff and working arrangements together with the close availability of additional operators maintains adequate staff cover.
53. Fire Control has an effective hydrant mapping system, which can overlay their incident mapping system to allow the location of the nearest hydrant to be quickly passed to incident ground.
54. There is an effective system to provide operational plans and information to the incident ground. This is achieved via electronic links between the fire control and the incident support units utilising e-mail.
55. The Service has good arrangements to support crews at operational incidents, with two support units strategically located across the island that are deployed either on request or by pre-determined attendance.
56. Fire Control takes out of hour's calls on behalf of the County Council Highways Agency. This arrangement allows the Service early notification of possible road closures or diversions and assists in closer working with this agency.

### *Areas for improvement*

57. The call management and incident support policies are not within a document management system and are not reviewed on a structured basis. Fire Control staff carry out minor amendments to special procedures which have led to inconsistent mobilising protocols within this area. There is also a heavy reliance on operator knowledge to mobilise the appropriate response to incidents. Changes have been made to mobilising arrangements that are not reflected in the special procedures. An example of this is the situation where currently a wholtime appliance is mobilised to property fires in Retained Duty System areas in addition to the initial attendance. The special procedures do not reflect this change, so operators are not prompted for this change when mobilising.
58. There is no evidence that call management and mobilising actions have been taken into account during operational debriefs or that occasional informal feedback from

incidents has improved control room activity. Control and operational debriefs do not form part of any review of call management and incident support.

59. The method of review of call management and incident support arrangements has been ineffective in ensuring that standard operating protocols are set and followed. Many procedures are informal and are amended informally. Officers may be informed or mobilised dependent on the understanding of the operator.
60. The special procedures reviewed and personnel interviewed provided no evidence of an impact assessment of risk, equality or diversity relating to call management and incident support.
61. Control Operators have devolved authority to dynamically mobilise an amended pre-determined attendance based on information available at time of call. This should allow initial attendance to be increased or decreased as appropriate, however, control operators are comfortable to increase an attendance but very reluctant to decrease.
62. Copies of Operational Data Gathering Forms are sent to Fire Control. Broadly, staff were unaware of these with only one member of staff questioned demonstrating a knowledge of the forms, who when further challenged questioned its usefulness and benefit to the Service. The purpose of these forms is to collate and disseminate risk information and it is vital that systems are in place to ensure that staff are aware of the importance of this information and the need for it to be communicated to the incident ground when appropriate.
63. A clear mobilising policy exists for when officers are to be mobilised and when they are only to be informed. This policy is not being adhered to with reluctance from control operators to order officers on to an incident, preferring rather to inform. Mobilising policies such as this need to be instigated to ensure safety and suitable command and control on the incident ground.
64. The review team acknowledges that the service has implemented effective staffing arrangements for call management within the capacity of a comparatively small FRS control. The self assessment score within two areas of this KLOE were considered justified but, the evidence provided was not adequate to justify the self assessment score of three within the Policy, Monitoring and Audit and Review areas, this justifies a reduction to a score of two for this KLOE which reflects a level of adequate performance in this area.

## Emergency Response

65. Isle of Wight FRA scored itself as performing well in Emergency Response with five key areas out of five being scored this way. There was insufficient evidence to support this view in relation to all key areas as it was felt that there was a lack of evidence to demonstrate that arrangements were either in place or embedded and operating effectively with clear outcomes. The score in one key area was reduced to performing adequately, and the other four key areas were reduced to performing inadequately. This has an impact on the overall KLOE score which has been reduced from performing well to performing inadequately.

### *Strengths and areas of notable practice*

66. Evidence to support effective emergency response in terms of resource provision was apparent in that all areas of the island are able to be reached by the first appliance within seven minutes. It is proposed that this will be reviewed as part of the 'Isle of Wight Response Standards' project. Support from the mainland has only been required twice in the last eight years
67. The Service has implemented Wholetime/Retained contracts to assist in maintaining staffing levels and increase capacity. Overtime and the recent increase in the Retained Duty System weekly training to three hours has given more scope to secure the competence of personnel at these stations. The good working relationship with Representative Bodies in addition to a shared vision for the Service has been instrumental in achieving this.
68. The Service is very well provided with specialist vehicles and equipment, these include an Aerial Ladder Platform and a Turntable Ladder, High Volume Pump, Swift Water Rescue Unit, Rope Rescue Unit, Water Carriers, Command Unit, Rescue Tender, Incident Support Unit and a Fire Support Tender. This level of specialist appliance provision is historic and reflects the fact that the FRA has felt the need to be self sufficient to the local geography.

### *Areas for improvement*

69. Emergency response policies and procedures are contained within an ineffective document control system; the majority of policies and procedures are overdue for review or do not have a review date. This has contributed to safety critical issues resulting in out of date control measures and procedures for incidents being held on operational appliances and some current procedures being incompatible with nationally recognised best practice. The limitations of the current system have been recognised by the Service and a new system is currently being introduced.
70. The level of fire appliance provision for emergency response is significant. Whilst it is recognised that being an Island does present some unique challenges for the service, this could however be considered to be an over provision as most of the Island was classed as 'C' and 'D' risk using the old standards of fire cover. Detailed analysis using FSEC and other risk analysis tools is needed to identify appropriate levels of emergency cover, the last such review being some years old.

71. Although job descriptions exist they had not been made available to any staff interviewed following the implementation of rank to role and structure changes within the Service. This has resulted in staff being unclear about their role and responsibilities. It is understood that this is being fully addressed currently.
72. The arrangements to secure the competency of personnel within their role are ineffective in some areas, personnel finding the paper based system lengthy to use and difficult to extract training needs from. Doubts were expressed by some managers as to the competence of their personnel within specific operational areas such as aircraft incidents, this concern was supported by evidence from training records on these Stations. Training for incident command has been sporadic with VECTOR Command familiarisation having been carried out but not used for training or assessment. Some personnel did not demonstrate a clear understanding of their role in responding to incidents at sea or within harbours, including the health and safety issues, appropriate PPE and adequate control measures.
73. The Service has not as yet assessed their responsibilities in responding to non-emergency calls. There is currently a project underway to review the emergency response standards and fire cover for the Service the results of which should be implemented next year.
74. Hazmat Officers are identified within policies and procedures as part of the response to incidents involving hazardous materials, but currently no operational Hazmat Officers are available to attend operational incidents and the current arrangements are not robust. Special procedures in Fire Control require mobilisation of Hazmat Officers to chemical incidents but the system identifies that there are no Hazmat officers currently available. A Hazmat Officer on light duties can be called into Fire Control to provide advice but there are periods when they are not available. Potential to fall back on the Police Hazmat Team was identified but this has not been tested and the guidance they are working to and their operating procedures have not been identified.
75. Arrangements are underway to implement a co-responder scheme in partnership with the Isle of Wight Ambulance Service with funding already secured to purchase vehicles. The business case to support implementation did not include a cost/benefit analysis, or a training needs analysis including maintenance of skills for personnel at the Retained Duty System stations involved. Following interviews the evidence supports the view that Retained Duty System availability for those stations involved has not been fully considered.
76. A policy for formal monitoring of Incident Commanders, Crew managers and crews is in place but the majority of the monitoring carried out is informal. When monitoring does occur, procedures require a monitoring form to be completed but there is little evidence of these formal arrangements being used or forms being completed. There is also little evidence of actions being taken to improve performance being identified or implemented.
77. Feedback from incidents is informal with no evidence of formal incident debriefs or the amendment of operational procedures as a result of post incident analysis and

feedback. Other agencies are rarely involved in incident debriefs and personnel perceive this to be impractical.

78. Standard operating procedures are not regularly reviewed with many being past their review date. Some procedures do not reflect current best practice and evidence of this was reflected at station level where the understanding of some systems of work does not include current recognised best practice. Examples of this include Acetylene procedure and Water Safety procedures.
79. The review team were not provided with sufficient evidence to support the self assessment score of three for this KLOE. There was evidence of risk critical issues identified within this report. These together with insufficient evidence of adequate performance particularly in the areas of Policy, Organising, Planning and Implementing and Audit and Review have justified a reduction of the score for this area to level one reflecting that there are areas for improvement within this KLOE.

## Scoring matrix and judgement descriptions

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

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

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

The number of scores amended by the review team has an effect on the level of confidence that the team have in the FRAs own self assessment. The definitions for these are provided below and provide further background to the statement made in paragraph 4.

Review team changes	Summary statement
No changes whatsoever to any key areas or KLOEs	The review team has <b>every</b> confidence in the accuracy of the self assessment.
Changes to key area/s but no changes to KLOEs	The review team has <b>high</b> confidence in the accuracy of the self assessment.
Changes to key area/s which leads to changes to one or two KLOEs	The review team has <b>broad</b> confidence in the accuracy of the self assessment.
Changes to key area/s which leads to changes to three or more KLOEs	The review team has <b>limited</b> confidence in the accuracy of the self assessment.

## FRA Self Assessment and Reviewed Scores

		FRA self assessment		Review	
KLOE Theme	Area	Area score	Overall theme score	Area score	Overall theme score
Risk Analysis	Policy	3	3	2	2
	Organising	3		2	
	Planning and Implementation	3		2	
	Monitoring (Performance)	3		2	
	Audit & Review	3		2	
Prevention & Protection	Policy	2	2	2	2
	Organising	2		2	
	Planning and Implementation	3		2	
	Monitoring (Performance)	2		1	
	Audit & Review	2		1	
Operational Preparedness	Policy	2	2	1	1
	Organising	2		1	
	Planning and Implementation	3		2	
	Monitoring (Performance)	2		1	
	Audit & Review	3		1	
Call Management & Incident support	Policy	3	3	1	2
	Organising	3		3	
	Planning and Implementation	2		2	
	Monitoring (Performance)	3		2	
	Audit & Review	2		1	
Emergency Response	Policy	3	3	1	1
	Organising	3		1	
	Planning and Implementation	3		1	
	Monitoring (Performance)	3		2	
	Audit & Review	3		1	
<b>Overall Operational Assessment of Service Delivery score =</b>		<b>3</b>		<b>2</b>	