

# **WEST MIDLANDS FIRE AND RESCUE AUTHORITY**

## **SCRUTINY COMMITTEE**

**7<sup>th</sup> NOVEMBER 2022**

### **1. SCRUTINY REVIEW OF SAFE AND WELL**

Report of the Chief Fire Officer

RECOMMENDED

THAT the Committee considers and approves the learning and recommendations from the Scrutiny Review of Safe and Well (SAW).

### **2. PURPOSE OF REPORT**

For the Committee to receive the final report from the review which provides a summary of the findings and recommendations for improvement which conclude this review.

### **3. BACKGROUND**

3.1 At Scrutiny Committee on 23 May 2022, The Committee agreed the scoping and methodology for carrying out the review.

3.2 This report brings to Committee the learning from the review and the recommendations as a result.

3.3 The proposed methodology for the review was to facilitate four themed, focused and interactive workshops aligned to the purpose of the review and these were:-

3.3.1 risk stratification including referrals and relationships with partners

3.3.2 record keeping

3.3.3 delivery including training and development,

3.3.4 performance management, quality assurance and evaluation

3.4 As stakeholders in SAW, the Prevention Partnerships and Vulnerability Team (PVT) held a workshop, facilitated by the Head of Community Safety and the Partnership Manager. This served two purposes, it enabled the team to:-

- contribute to the four themed areas as stakeholders
- test out the proposed questions, and workshop facilitation for the sessions

The PVT workshop identified that it would be more beneficial to hold a single larger workshop as a more effective way of engaging stakeholders because of the interdependencies between the four themes.

The PVT therefore facilitated a single workshop at Fire Service HQ on 7 July 2022, with all stakeholder's present contributing to the themes using a round robin approach.

Alongside the workshop, a Microsoft (MS) Forms questionnaire was developed to open engagement and involvement for everyone with a role in SAW to contribute to the review.

The following groups of staff have contributed:

Staff Group	Workshop	MS Form
Trainee Firefighters	2	
Fire Fighters	2	8
Crew Commander	1	1
Watch Commander	1	9
Complex Needs Officers	1	
Station Commanders	7	
Home Safety Centre	1	
Partnerships and Vulnerability Team	8	
Evaluation and Quality Assurance Team	1	
Data Hub	1	
Administration Support	1	

## **4. KEY LEARNING FROM THE REVIEW**

Below is an overview of the key learning from the workshop and the MS Form and other evidence used in the review.

### **4.1 Risk Stratification**

WMFS currently uses incident data, learning from serious incident reviews and the National Fire Chief Council (NFCC) risk stratification model to identify those who are most at risk and vulnerable to fire including risks and vulnerabilities linked to health inequalities.

There are varying levels of understanding about the stratification of risk. Personnel on Grey Book conditions had an awareness of the links to fire and reducing health inequalities but didn't always have a deep understanding of each the various factors and how they link to fire risk. For example, some participants didn't identify or understand the link between falls risk and fire risk. This is also highlighted by limited clarity about why the Safe and Well workbook records includes the 'well' elements such as falls prevention and winter warmth advice.

A significant number of the referrals received for Safe and Well visits in the system are for low or no risk individuals and that there is currently no method for applying a proportionate response to the risk known at the point of referral/self-referral. This means that WMFS currently provides the same level of intervention regardless of the level of risk identified at referral., i.e., everyone receives a face to face Safe and Well.

As a result, SAW cases escalated to Complex Needs Officers (CNOs) are often not complex and do not require CNO intervention. Many individuals could be supported during a SAW through the fitting of equipment to mitigate risk alongside single agency referrals to partners for support.

There is limited knowledge and understanding amongst participants of what resources are available to support our education work with partners. For example, to increase partner understanding of risks and vulnerabilities to fire, the benefits of equipment to mitigate the risk and the services

that WMFS provides.

There is a belief that crews are trying to manage and nurture too many pathways leaving little time to develop them and that the Service needs to focus on the pathways that generate significant numbers of high-risk referrals, i.e., focus on the quality of rather than the number of pathways with partners.

When partners refer their service's users, they currently pass the risks and vulnerabilities to WMFS. This is because there is no routine mechanism for the provision of feedback to the referring partner to make them aware of the education and advice we have provided and what, if anything they need to continue to monitor and manage the risk and ensure that the advice is being applied.

WMFS does not currently have a 'revisit programme' for those who are identified as being at highest risk or and whose circumstances will change over time increasing their risk and vulnerability.

Evidence emerging from Station Prevention Evaluations (SPEs) highlights that:-

- appointments for SAW are not being made in a timely manner, and some cases without the application of the process designed to ensure that those whose risk is highest are prioritised for appointments in a timely manner.
- in some cases, there is no process to record resources and effort applied to manage and review SAW referral pathways.

## **4.2 Record Keeping**

Activity Assistant is the current ICT system used to record SAW. It is a legacy system with limited capability that is not 'mobile first' technology, i.e., it cannot be accessed from mobile devices such as phones and tablets. Information from the SAW records is accessible through the Organisational Performance PowerBi dashboard.

The Service is currently developing and implementing a new ICT system called Tymly and this will be used for SAW in the future.

Paper based notes are taken during a SAW which are then duplicated by the need to enter the information into the SAW workbook on Activity Assistant once back at station.

There is a view that the information within the workbooks 'doesn't go anywhere' and discussions highlighted that this is because there is mixed knowledge and understanding about the accessibility of SAW information within the Organisational Performance PowerBi dashboard and how filters can be applied to present data appropriately in accordance with GDPR.

There is uncertainty about what information could be recorded and shared in line with GDPR. Some people do not feel comfortable obtaining and sharing data as they are not aware of the policies relating to this.

There is too much reliance on 'tick box' only answers within the Activity Assistant workbooks and they would benefit from more opportunity to add contextual information and upload notes. Mandating the answering of all questions will improve the content and quality of record keeping.

Currently WMFS creates records for SAW based on addresses which is not a person-centred approach, i.e., it does not identify and record the risks and vulnerabilities for individuals within the household. Therefore, when a person moves addresses, the risk and vulnerability moves with them, but we have systems and records that do not allow us to track the person.

Some individuals do not understand why we create SAW records of visits, where this data goes and what it is used for. This further supports some of the information in this report about understanding of how risk is stratified. Some people are unsure about the right approach to asking questions because they lack the understanding of why some questions are necessary and what to do with the information from

responses. Having guidance embedded within the SAW workbook will support improved understanding and increase confidence to ask the questions.

Evidence emerging from SPEs highlights that:

- the level of detail in SAW workbooks is poor.
- very few free text boxes are completed to provide additional information for the boxes that were ticked.
- in some workbooks the Fire Hazards identified do not correlate with the advice given, e.g. candles in use, with no candle safety advice recorded.
- in many SAW Workbooks, there was no evidence of onward referrals to partner agencies being made.
- there were watches that felt that the SAW systems were inadequate.

### **4.3 Training and Development**

The Service has a comprehensive [Prevention Policy](#) which covers expectations for prioritising, targeting and delivering, quality assuring and evaluating SAW. It provides links to all guidance and resources available to enable the delivery of SAW.

Publication in January 2022 was supported through a series of engagement sessions with Prevention Leads and Command Teams. Commands were provided with presentations to cascade to their station-based personnel.

To support the delivery of the policy and the Prevention priorities to reduce risk and vulnerability to fire, comprehensive guidance and resources are available on MESH for Operational crews, Supervisory and Middle Managers in the development and maintenance of referral pathways and the delivery of SAW.

The Prevention Partnerships and Vulnerability Team regularly engage virtually and face to face with watches and Middle Managers in Commands. They provide direct support and use the opportunity to signpost and raise awareness about the support available from the team and on MESH.

A survey circulated in January highlighted that most people who are seeking support and guidance go to MESH as their first port of call. However, the learning from this report suggests that the workforce isn't accessing the MESH support and that the engagement by PVT with Command Teams and watch based personnel is not making a significant difference to the delivery of SAW.

There is consensus that there needs to be more training for:

- record keeping
- softer skills for communicating in a 'person centred' way risk stratification and links between fire and health inequality
- need for further support/training to be able to signpost for further support

eLearning is identified as not always providing quality training that enables people to absorb the information.

There needs to be a consistent approach to content, and a national training package would be an advantage.

A buddy system and SAW champions available to support trainee firefighters and watches would enable improvement in the delivery of SAW.

Evidence emerging from SPEs highlights that:

- every watch visited so far felt training on how to complete a SAW visit is poor including training on the equipment WMFS provides.
- often stated was that new entrants are not SAW trained before they go to station so learn "on the job" leading to a lack of consistency/quality.

#### **4.4 Performance Management, Evaluation and Quality Assurance**

The data in relation to performance management, evaluation and quality assurance is available through the Organisational Performance PowerBi dashboard.

#### 4.4.1 Performance Management

The risks and vulnerabilities identified during a SAW are attributed risk points and certain risks and vulnerabilities have multiplication factors built in to indicate the severity. The SAW record calculates the overall risk score upon completion of the workbook.

The Service has performance priorities and quality measures linked to this risk scoring system which are:

- an average risk points score of 8.5 points per SAW which an indicator that the Service is accessing those in our communities who the CRMP identifies as being most at risk and vulnerable
- the total number of SAW risk points which measures the total risk identified during SAWs across a financial year.

In addition, there is a target for the number of SAWs that are completed because of a referral from a partner, and this is currently 45%.

The report from HMICFRS following WMFS inspection during April and May is yet to be published. However, the debrief that followed the inspection highlighted that the Service delivers SAW based on resources rather than risk. This related to the application of the performance metric of the delivery of an average of two SAWs per appliance per day. The feedback resulted in [changes to SAW priorities](#) which were communicated on 4 August 2022. This means that the number of visits an appliance completes is no longer a performance measure.

There is belief that the Service has a target driven culture, that the targets are arbitrary driving a culture of quantity over quality which supports the feedback from HMICFRS. The workshop was held before the change SAW priorities were introduced on 4 August referenced above and it is intended that the changes to SAW priorities will provide a focus on quality and in accessing those that the CRMP identifies as being



most at risk and vulnerable.

Good work should be recognised. The work that people do to reduce risk and vulnerability should be recognised in performance priorities.

#### **4.4.2 Quality Assurance**

Prevention provide quality assurance for SAW through the Prevention Station Evaluation (SPE) process. SPE provides oversight of prevention activities and records in a non-punitive way, in a positive and open environment. The Prevention QA and Evaluation team sample the quality of Safe and Well workbooks and review how relationships with and referrals from partners are managed. The SPE also provides opportunity to discuss the sampled evidence with staff, including areas of good practice and areas for improvement. It highlights to them how the Prevention team can support and enables the capture ideas, concerns, and areas they feel the central Prevention team and improve.

There is awareness that quality assurance is being done, however people are unclear about what happens as a result because that they do not receive feedback about the learning and as a result are not able to learn from good practice or areas highlighted as needing improvement.

#### **4.4.3 Evaluation**

The Service can evidence the impact SAW visits provide to its communities through evaluation of the service. We routinely engage with SAW service users to establish the impact on risk and vulnerability to fire and health, wellbeing, and quality of life. This enables the Service to demonstrate the positive impact that SAW has. The data and responses to the surveys are displayed on the Organisational Performance PowerBi dashboard.

There is little knowledge of the SAW survey PowerBi

dashboard available to the workforce. This means that people are not aware of the positive difference that the work they do makes to improving health wellbeing and quality of life and in reducing risk and vulnerability to fire.

#### **4.5 Learning from COVID/Role of Remote SAW (RSAW)**

During the COVID pandemic, the Service introduced a telephone assessment. This assessment incorporated the 'fire' element of the SAW and was used to enable the Service to continue to deliver to lower risk households whilst reducing the opportunity for SAW to spread infection in our workforce and in the community.

There are mixed views about how the Service can learn from the use of RSAW during the pandemic and in how it can be incorporated into a proportionate suite of interventions to respond to lower risk referrals.

Some believe it has a role and others believe that the only way to accurately identify risk is through a face-to-face visit.

#### **4.6 Culture and Equity**

Whilst this was not part of the original scope of the review, officers were asked by The Chair to consider culture and equity during the review. Evidence obtained during the review suggested that:

- performance is managed differently in different commands
- there is a target driven culture that drives performance on quantity rather than quality
- limitations of current systems, processes and knowledge can create barriers which hold people back from performing at a high level
- good work and risk mitigation actions are not always celebrated
- not everyone is comfortable in asking sensitive questions
- everyone's learning styles are different, and the current opportunities for learning and development for SAW may not suit everyone's needs e.g., considerations for neurodiversity

- people do not believe they have the softer skills to be able to communicate with SAW service users in a person-centered way
- there is limited opportunity to learn from good practice and areas highlighted for improvement.

## **5. RECOMMENDATIONS AND NEXT STEPS**

It is relevant to highlight to Committee Members that much of the learning from this review is not new. Regular engagement has resulted in some improvements and changes to support the delivery of SAW already. The implementation of these recommendations also aligns the remainder of the work identified for WMFS to become fully compliant with all components of the Fire Standards Board, Fire Standard for Prevention.

As a result of the learning from the review, 10 recommendations have been identified. In implementing the recommendations, consideration should be given to the learning within paragraph 4.6, Culture and Equity. The recommendations are below.

### **Recommendation 1**

Continue to develop and implement the Tymly system and supporting automated business processes which already includes the following functionality:

- improvement of administration, communication, and onward referral tasks through automated processes
- prioritises appointments for those most at risk
- triages lower risk to proportionate interventions
- broadens the data collection to include all risk and vulnerability
- eliminates the need for paper records
- records risk and vulnerability at an individual and household level
- multiple search options including name and Date of Birth
- mandatory answer requirements for key questions

- information buttons embedded in the record that provide guidance and support conversations about risk and vulnerability
- triages CNO case referrals
- introduces revisit scheduling based on risk remaining after SAW
- supports two-way referral processes into and from SAW
- self-service for referring partners to obtain feedback on their referrals compliant with GDPR and enables 'sharing ownership of risk'
- performance management is based on the work done to reduce risk and vulnerability, i.e., the impact of the SAW.

## **Recommendation 2**

Continue to review, improve, update, and raise awareness of the guidance, and support available on MESH. This should include:

- quality assurance and evaluation
- good practice for information sharing
- purpose and use of the Organisational Performance PowerBi dashboard for SAW
- links to relevant organisational policies

Where eLearn is the learning tool, consider how this can facilitate shared group rather than individual input to enhance understanding and knowledge.

## **Recommendation 3**

Identify, develop, and implement solutions to address the training gaps identified in paragraph 4.3 detailed below:

- record keeping
- softer skills for communicating in a person-centred way risk stratification and links between fire and health inequality
- need for further support/training to be able to signpost for further support

Consideration should be given to the role that development plans for trainee firefighters, firefighters, supervisory and middle managers has within this.

#### **Recommendation 4**

Explore the option to quality assure SAW delivery alongside the current quality assurance of records through 'observed practice' in the form of standardised assessments.

#### **Recommendation 5**

Continue with the implementation of RSAW as a means of providing SAW to those who are identified as low risk at the point of referral. Ensure that there is a clear escalation process to SAW where risk identified at RSAW requires this.

#### **Recommendation 6**

To enhance risk stratification and opportunities to improve delivery, explore and implement opportunities for raising awareness of the learning from:

- serious incident reviews to increase awareness of those in our communities who are overrepresented, and therefore at risk of being a serious or fatal casualty in an accidental dwelling fire.
- Station Prevention Evaluation sessions

Consideration should be given to the use of Organisational Intelligence debriefs and the role that the prevention teams, and operational middle and supervisory managers have for this.

#### **Recommendation 7**

The organisation has an independent internal Service Peer Assessment process (SPA). The purpose of which is to enable feedback, check understanding and application of processes and policy. Consider how this process can evidence:

- levels of understanding and application of current processes and policy
- improvement in understanding and application of new systems and processes as the recommendations from this review are implemented.

### **Recommendation 8**

To support the recent changes in SAW priorities, consider the benefits of the creation and publication of good practice guidance for operational middle and supervisory managers to support them to monitor and manage performance and quality assurance. This should include consideration of the benefits of the introduction of buddy schemes and champions to support delivery.

### **Recommendation 9**

To support the provision of a consistent and national approach to SAW and continue to implement the 8 core components of the NFCC Person Centred Framework for Home Fire Safety Visits including the:

- standardised data set
- training package
- evaluation framework

### **Recommendation 10**

Continue to develop the SAW Membership arrangements and onboard partners who work with service users that the CRMP identifies as being at risk and vulnerable to fire in order to:

- improve performance management of referral pathways through the provision of resources for partners to identify risk and refer to WMFS for SAW
- enhance data sharing arrangements with SAW partners in line with GDPR
- enable sharing of risk for service users with referring partners
- create opportunity for two-way referrals into SAW and from SAW for ongoing support

- enable feedback and data sharing between partners to evidence the impact that SAW has on reducing risk and vulnerability to fire and improving health, wellbeing and quality of life
- improve partner engagement in the Serious Incident Review process and the implementation of the learning that results

### **Next Steps**

If the recommendations in this report are agreed, the next steps are to create the action plan with milestones and to agree dates for progress reports to be brought to Scrutiny Committee.

## **6 EQUALITY IMPACT ASSESSMENT**

In preparing this report an initial Equality Impact Assessment not required and has not been carried out. The matters contained in this report do not currently relate to a policy change. Initial Equality Impact Assessment(s) will be completed for changes to policy, process or practice resulting from the implementation of the recommendations from the review.

## **7. LEGAL IMPLICATIONS**

There are no known legal implications arising from this report.

## **8. FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report.

## **9. ENVIRONMENTAL IMPLICATIONS**

There are no environmental implications arising from this report.

## **BACKGROUND PAPERS**

Scrutiny Review of SAW report presented at Scrutiny Committee on February 2022



Scrutiny%20Committee%20Report%20-%20February%202022

Scrutiny Review of SAW report presented at Scrutiny Committee on 23<sup>rd</sup> May 2022



Scrutiny%20Committee%20Report%20-%2023rd%20May%202022

[Fire Standards Board Fire Standard for Prevention Prevention Policy](#)  
[Changes to SAW priorities](#)  
[Prevention Partnerships & vulnerability Team MESH Site](#)

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