



**Wednesday,
28 June 2017
10.00 am**

**Meeting of
Performance and
Overview Committee
Fire Service HQ
Winsford**

Contact Officer:
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Cheshire Fire Authority

Notes for Members of the Public

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The Agenda is usually divided into two parts. Members of the public are allowed to stay for the first part. When the Authority is ready to deal with the second part you will be asked to leave the meeting room, because the business to be discussed will be of a confidential nature, for example, dealing with individual people and contracts.

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MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE WEDNESDAY, 28 JUNE 2017

Time : 10.00 am
Lecture Theatre - Fire Headquarters, Cheshire

AGENDA

PART 1 - Business to be discussed

1 PROCEDURAL MATTERS

1A Record of Meeting

Members are reminded that this meeting will be audio-recorded.

1B Apologies for Absence

1C Declaration of Members' Interests

Members are reminded that the Members' Code of Conduct requires the disclosure of Statutory Disclosable Pecuniary Interests, Non-Statutory Disclosable Pecuniary Interests and Disclosable Non-Pecuniary Interests.

1D Minutes of the Performance and Overview Committee

(Pages 1 - 6)

To confirm as a correct record the Minutes of the meeting of the Performance and Overview Committee held on 1st March 2017.

ITEMS REQUIRING DISCUSSION/DECISION

- | | | |
|---|--|-----------------|
| 2 | End of Year Financial Report 2016-17 | (Pages 7 - 16) |
| 3 | End of Year Review - IRMP Programmes and Projects 2016-17 | (Pages 17 - 34) |
| 4 | End of Year Review - Performance 2016-17 | (Pages 35 - 62) |
| 5 | End of Year - Internal Audit Progress Report and Director of Audit Opinion | (Pages 63 - 88) |
| 6 | Forward Work Programme
<p>The table includes those items that have been identified/agreed to-date. Members are asked to agree any additional items at the end of the meeting which need to be added to the programme.</p> | (Pages 89 - 90) |

PART 2 - BUSINESS TO BE DISCUSSED IN PRIVATE

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MINUTES OF THE MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE held on Wednesday, 1 March 2017 at Lecture Theatre - Fire Service Headquarters, Winsford, Cheshire at 10.00 am

PRESENT: Councillors J Mercer, D Bailey and J Saunders

1 PROCEDURAL MATTERS

A Record of Meeting

Members were reminded that the meeting would be audio-recorded.

B Apologies for Absence

Apologies were received from Councillors H Deynem, P Harris, L Morgan, M Simon and independent (non-elected) member A Ruddy.

In Councillor Harris's absence Councillor Mercer took the chair for the meeting.

C Declaration of Members' Interests

There were no declarations of Members' interests.

D Minutes of the Performance and Overview Committee

RESOLVED: That

[1] the minutes of the meeting of the Performance and Overview Committee held on Wednesday 16th November 2016 be confirmed as a correct record.

E Minutes of Policy Committee

The meeting of the Policy Committee scheduled for 25th January 2017 was cancelled.

2 2016-17 QUARTER 3 REVIEW - FINANCIAL

The Head of Finance introduced the report and drew Members' attention to Appendix 1 to the report which showed the estimated outturn position of the Authority compared to the revised budget. She provided Members with further information on the variances in certain departments, including an underspend in Service Delivery pay budgets which was partly offset by the costs of a pilot on call support officer and payments relating to the On Call Attendance Reward Scheme (OCARS) and estimated underspends in Prevention and Protection as a result of continuing staff vacancies. An overspend on Property Management was due to funds being earmarked for fire safety requirements in the Authority's properties.

The Head of Finance explained that the overall anticipated underspend at Quarter 3

was £505k. This was in addition to anticipated underspends of £119k at Quarter 1 and £192k at Mid Year Review, as previously reported to Members.

The Head of Finance referred Members to Appendix 2 to the report which provided an update on the Authority's expected outturn on the capital programme for 2016-17. She informed Members of a projected overspend of £761k on the Emergency Response Programme. Reasons for this projected overspend included omissions/re-measurement, unforeseen issues and costs, scope changes and additions to the stations at Alsager, Lymm, Penketh and Powey Lane. Additional overspend was also anticipated due to the fit out costs for the Safety Centre at Lymm. Overall, the anticipated outturn on the capital programme showed only a slight overspend (£207k) and the build programme remained within the Member approved contingency.

RESOLVED: That

- [1] the 2016-17 Quarter 3 financial position and anticipated financial outturn be noted.**

3 2016-17 QUARTER 3 REVIEW - PERFORMANCE

The Head of Protection and Organisational Performance introduced the report which provided Members with an update on the Quarter 3 (Q3) review of performance for each of the Service's Key Performance Indicators (KPIs) to Members.

He referred Members to the Corporate Performance Scorecard, attached as Appendix 1 to the report, which reflected the Q3 position against targets set and the year on year direction of the travel for the Service's KPIs. Officers expanded on each of the KPIs, providing further context particularly where targets set had not been achieved. These included the number of recorded deaths and injuries in primary fires, which had risen but remained at a low level and with the overall five year direction of travel being positive.

The Head of Service Delivery provided further detail concerning the Service's current performance for on call availability, informing Members that performance had improved since Quarter 2. He highlighted the significant performance differences between the different on call shift systems with the combined availability of nucleus and primary on call appliances averaging 78.3% throughout Q3, compared to secondary on call appliances which averaged 44.03% availability. He informed Members that the availability of the appliances as small incident units (SIUs) was not reflected in this data and, if added, would likely increase performance figures by approximately 10%. The data was not currently included on SIUs as they cannot attend all incidents. He referred Members to Item 5 on the agenda, the Internal Audit Progress Report, which indicated that the review of on call availability received significant assurance from Mersey Internal Audit Agency due to continuing improvements in on call availability. Members were also informed that the Service was pursuing a partnership with Howdens Joinery Group PLC to bolster on call cover within Cheshire.

The Chair queried what type of incidents an SIU could not attend. The Head of

Service Delivery advised that SIUs could not attend incidents requiring breathing apparatus, but could attend most other incidents.

The Deputy Chief Fire Officer referred Members back to the statistics on the number of deaths in primary fires and informed Members that there had been a national increase in deaths related to mental health. He informed Members that the Service were leading on work involving mental health awareness and how fire services could assist both locally and nationally. He also advised Members of prevention work focusing on the implementation of a national burns strategy.

A Member queried whether the spike in mental health incidents related to any particular age groups. The Deputy Chief Fire Officer informed Members that the age group was relatively broad but that there had been a spike in incidents involving males with mental health problems.

RESOLVED: That

- [1] the 2016-17 Quarter 3 Review of Performance be noted.**

4 2016-17 QUARTER 3 REVIEW - INTEGRATED RISK MANAGEMENT PLAN PROGRAMMES AND PROJECTS

The Head of Legal and Democratic Services provided Members with an update on the Service's 2016-17 Integrated Risk Management Plan (IRMP 13) programmes and projects. Progress on delivery of the IRMP programmes and projects was reported to Members in the form of a 'health report', attached as Appendix 1 to the report.

He informed Members of the progress made in respect of the Blue Light Collaboration Programme and explained that the current status of the Programme was amber. This was due to delays in the delivery of the Multi Force Shared Service (MFSS) arrangement and timescales associated with effecting changes to the Clemonds Hey site had been extended due to complications associated with the PFI.

Officers also provided updates on several other programmes and projects within the health report, including the firefighter apprenticeship scheme, sprinkler campaign, Emergency Response Programmes 1 and 2, Safe and Well, and the Emergency Services Mobile Communication Programme.

A Member asked for further information on the delays to the MFSS project within the Blue Light Collaboration Programme. The Head of Legal and Democratic Services informed Members that delays were due to outstanding decisions that needed to be made by existing MFSS partners to enable the programme to begin in earnest.

A Member queried whether the current issue at Penketh station concerning the landline not being connected to the admin hub or station was affecting the running of the station. The Head of Legal and Democratic Services confirmed that it was not as there were adequate communications available.

The Head of Legal and Democratic Services concluded by referring to the risk log within the health report. He informed Members that the risk of failing to recruit sufficient numbers of Safety Central volunteers had been mitigated as the apprentices would be operating as volunteers as part of their training.

RESOLVED: That

- [1] the 2016-17 Quarter 3 Review of IRMP Programmes and Projects be noted.**

5 2016-17 QUARTER 3 INTERNAL AUDIT PROGRESS REPORT

Kevin Lloyd (the Auditor), a representative from Mersey Internal Audit Agency was in attendance at the meeting to present the report to Members. He advised Members that the Internal Audit Progress Report, attached as Appendix 1, provided an update on progress against the 2016-17 Internal Audit Plan.

He informed Members that, since the previous meeting of the Committee in November, reviews had been completed concerning treasury management, cash and bank, payroll, the station management framework and on call availability. All areas received a 'significant' assurance level, with the exception of the treasury management review which received a 'high' assurance level.

The Auditor concluded by informing Members of the key recommendations agreed for action within the report and to the overview of output delivery in Appendix B to the Internal Audit Progress Report.

RESOLVED: That

- [1] the 2016-17 Quarter 3 Internal Audit Plan Progress Report be noted.**

6 ANNUAL BONFIRE PERIOD REPORT 2016

The Arson Reduction and Road Safety Manager introduced the report to Members which presented the preventative and operational activities carried out by the Service and partners during the bonfire period 24th October 2016 to 7th November 2016 inclusive.

He advised Members that there was a continuing downward trend in deliberate fires in Cheshire, with 32% fewer incidents of deliberate secondary fires attended compared to 5 years ago. He referred Members to several areas within the report, providing a brief overview of various matters, e.g. on the recording of incidents, partnership activity, and educational events.

He referred Members to paragraphs within the report containing statistics on service delivery area performance and station performance throughout the period. Five station areas accounted for 82% of all small deliberate fire activity recorded during the period, with a significant increase in activity in Winsford. He highlighted the work undertaken by the Service and partners to act upon this increase. He also asked

Members to note the significance of Runcorn not being included in the top five stations for small deliberate fire activity and that prevention efforts throughout the area had assisted with the decrease in activity.

The Arson Reduction and Road Safety Manager concluded by advising Members of the recommendations arising from activity within the 2016 bonfire period.

The Deputy Chief Fire Officer thanked the Arson Reduction and Road Safety Manager for his work throughout the period.

RESOLVED: That

- [1] the report be noted; and
- [2] the recommendations in the Annual Bonfire Period Report 2016 be supported.

7 FORWARD WORK PROGRAMME

The forward work programme for 2016-17 was submitted to Members for consideration and they were asked to agree any additional items that they wished to include for future meetings. The Head of Legal and Democratic Services informed Members that an item had been requested at the recent Fire Authority meeting. He intended to add an item to the forward work programme concerned with performance in the Chester areas following the changes at Chester since the go-live at Powey Lane. Members noted this.

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Agenda Item 2

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 21ST JUNE 2017
REPORT OF: HEAD OF FINANCE
AUTHOR: WENDY BEBBINGTON

SUBJECT: END OF YEAR FINANCIAL REPORT 2016-17

Purpose of report

1. To present the 2016-17 year end review of the Authority's financial position.

Recommended: That

- [1] Members note the 2016-17 year end position.

Background

2. On 10 February, 2016 the Authority approved the 2016/17 revenue budget of £42.03m together with a capital programme of £2.62m. Budget monitoring reports have been presented to the Performance and Overview Committee on a quarterly basis focussing on the forecast outturn position and revisions to the overall budget in response to changes in year.

Information

Revenue Budget

3. From the first to third quarter reviews, the overall forecast revenue underspend was £0.816m. At the end of the fourth quarter there was a further £1.52m underspend, resulting in an overall £2.34m underspend for the year.
4. Appendix 1 to this report shows the year end financial position compared to the budget as revised at the Performance and Overview Committee on 1 March 2017. Appendix 1a to this report is a more detailed analysis for Members' information.
5. The key areas of underspend arise from Service Delivery, Central Contingencies and Provisions.
6. For Service Delivery the main reasons for this are lower than anticipated pay costs partly offset by the costs of a pilot on-call support officer and payments relating to the On-Call Attendance Reward Scheme (OCARS).

7. The approved 2016/17 budget included a contingency to cover any unforeseen operational costs together with any impact of changes to forecast inflation; neither of which materialised during 2016/17.
8. Finally, the Authority receives part of its funding from business rates collected by the four local authorities. A provision was created within the budget to cover any in-year fluctuations between the forecast funding and the actual amounts received. Only £2k of this was required in year leaving an underspend of £248k.
9. Within the approved budget are two contributions to reserves - £1m towards supporting the capital programme delivery and £1.1m for the delivery of the IRMP. At three quarter year review a further £0.8m was added to the capital programme funding as reported to the Performance and Overview Committee on 1 March 2017. The underspend reported at outturn of £1.5m will be returned to General Reserve. Within the year, £83k was spent from the service specific earmarked reserves.

Capital Programme

10. The year end position of the capital programme (which covers on-going projects approved from 2011-12 onwards) is contained in Appendix 2 to this report and shows an overspend of £226k against a total programme of £22.9m, just under 1% variance.
11. Most of the programme is within budget or forecast to be underspent upon completion with the exception of the Emergency Response Programme (ERP). This shows an overspend of £796k against an overall budget of £17.4m; a 4.6% variance. Updates on the progress of the ERP have been provided throughout the year and have been discussed with Members in detail at the Members Planning Day in January 2017. The key reasons for the overspend are minor re-measurements; unforeseen costs such as security and unforeseen ground condition works; and increased costs of fitting out the new Safety Centre at Lymm. However, the overall package remains just within the contingency (£871k) agreed by Members in December 2015.
12. The remaining capital programme is either complete or progressing well with the exception of the server replacements which are now being delivered as part of the overall Bluelight Collaboration Programme through the creation of a new improved data centre.

Reserves

13. At the start of 2016/17 the Authority held £36.7m in reserves comprising of £18.7m in support of the IRMP; £3.4m capital; £7.2m revenue and £7.4m general reserves. The following table shows the breakdown of these reserves and the net changes in year.

Reserves	Balance 31 Mar 16 £000	Changes in year £000	Balance 31 Mar 17 £000
IRMP related	(18,680)	8,464	(10,216)
Capital receipts	(311)	(29)	(340)
Capital Grants unapplied	(2,576)	2,576	0
Capital Reserves	(534)	(1,603)	(2,137)
Resource Centre Managers	(6,338)	(236)	(6,574)
Community Risk Reduction	(506)	65	(441)
UPG	(358)	(14)	(372)
Total earmarked reserves	(29,303)	9,223	(20,080)
General Reserve ¹	(7,408)	941	(6,467)
Total usable reserves	(36,711)	10,164	(26,547)

Note ¹ - this excludes the provisional year end underspend of £1.5m which is subject to audit.

14. During 2016/17 a net £10.2m of the reserves were utilised to fund the capital programme including the building of the new fire stations. The remaining £20.1m is earmarked to complete the ERP programme and support the IRMP and Medium Term Financial Plan. General reserves currently stand at £6.5m which is just over 15% of the Authority's net budget. During 2017-18 officers intend to review the Reserve Strategy and present their findings to Members.

Financial implications

15. This report considers financial matters.

Legal Implications

16. There are no legal implications arising from the report.

Equality and diversity implications

17. There are no equality and diversity implications arising from this report.

Environmental implications

18. There are no environmental implications arising from this report.

BACKGROUND PAPERS: NONE

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Cheshire Fire Authority Revenue Budget Outturn 2016/17

Department	Original Budget £000	Qtr 1 £000	Qtr 2 £000	Qtr 3 £000	Revised Budget £000	Outturn £000	Variance £000	Notes
Firefighting & rescue services								
Service Delivery	20,781	0	(349)	(346)	20,086	19,388	(698)	Under establishment & savings on pensions
Operational Policy & Assurance	3,771	83	27	(21)	3,860	3,855	(5)	Delay in operational equipment purchases
Protection	1,815	(70)	(111)	(64)	1,570	1,547	(23)	Lower fire safety costs and vacancies
Prevention								
Community Safety	1,968	(14)	(48)	(137)	1,769	1,712	(57)	Additional income & lower TYST spend
Public Services Transformation	0	0	0	0	0	(6)	(6)	
Safety Centre	208	(30)	(9)	0	169	168	(1)	
Support Services								
Executive Management	737	(102)	(1)	(29)	605	593	(12)	Recharge of costs to CFOA
Property Management	1,495	0	414	348	2,257	2,218	(39)	Lower estates costs & minor project delays
Finance	475	0	(41)	(9)	425	414	(11)	Vacancies held
ICT	1,603	0	(97)	(36)	1,470	1,405	(65)	Data circuits at new stations not installed in year
Legal & Democratic Services	528	0	9	(22)	515	510	(5)	
People & Development	1,420	9	(47)	(5)	1,377	1,344	(33)	Short-term vacancies whilst recruitment ongoing
Planning, Performance & Comms	1,345	0	19	(30)	1,334	1,296	(38)	Vacancies & delay in website upgrade
Procurement & Stores	586	0	(3)	2	585	584	(1)	
Fleet Services	1,477	5	7	(9)	1,480	1,439	(41)	Lower fuel, leading and repair costs
Unitary Performance Groups	100	0	0	0	100	100	0	
Finance Resources	3,722	0	39	(148)	3,613	3,129	(484)	Contingencies set-aside not required in year
TOTAL	42,031	(119)	(191)	(506)	41,215	39,696	(1,519)	
Funding								
Council Tax Precept	(25,540)	0	0	0	(25,540)	(25,540)	0	
Collection Fund Surpluses (Council Tax)	(457)	0	0	0	(457)	(457)	0	
Business Rate Retention Scheme	(8,816)	0	0	0	(8,816)	(8,816)	0	
Collection Fund Deficit (Business Rates)	152	0	0	0	152	152	0	
Revenue Support Grant (RSG)	(7,370)	0	0	0	(7,370)	(7,370)	0	
TOTAL	(42,031)	0	0	0	(42,031)	(42,031)	0	
Net Budget / Outturn Variance	0	(119)	(191)	(506)	(816)	(2,335)	(1,519)	

Cheshire Fire Authority Revenue Budget Outturn 2016/17 - Details

Department	Original Net Budget £000	Expenditure			Income			Reserve Movements			Net		
		Revised Budget £000	Outturn £000	Variance £000	Revised Budget £000	Outturn £000	Variance £000	Revised Budget £000	Outturn £000	Variance £000	Revised Budget £000	Outturn £000	Variance £000
Firefighting & rescue services													
Service Delivery	20,781	20,133	19,411	(722)	(1)	(3)	(2)	(46)	(20)	26	20,086	19,388	(698)
Operational Policy & Assurance	3,771	4,333	4,061	(272)	(148)	(160)	(12)	(325)	(46)	279	3,860	3,855	(5)
Protection	1,815	1,600	1,562	(38)	(39)	(44)	(5)	10	29	19	1,571	1,547	(24)
Prevention													
Community Safety	1,968	2,826	2,471	(355)	(853)	(652)	201	(204)	(107)	97	1,769	1,712	(57)
Public Services Transformation	0	149	147	(2)	(29)	(34)	(5)	(121)	(119)	2	(1)	(6)	(5)
Safety Centre	208	149	141	(8)	0	0	0	19	27	8	168	168	0
Support Services													
Executive Management	737	758	754	(4)	(60)	(67)	(7)	(93)	(94)	(1)	605	593	(12)
Property Management	1,495	2,481	2,018	(463)	(341)	(355)	(14)	117	555	438	2,257	2,218	(39)
Finance	475	459	446	(13)	(33)	(32)	1	0	0	0	426	414	(12)
ICT	1,603	1,726	1,748	22	(350)	(435)	(85)	94	92	(2)	1,470	1,405	(65)
Legal & Democratic Services	528	551	543	(8)	0	(1)	(1)	(36)	(32)	4	515	510	(5)
People & Development	1,420	1,714	1,630	(84)	(88)	(103)	(15)	(249)	(183)	66	1,377	1,344	(33)
Planning, Performance & Comms	1,345	1,574	1,535	(39)	(172)	(174)	(2)	(68)	(65)	3	1,334	1,296	(38)
Procurement & Stores	586	506	545	39	(21)	(18)	3	99	57	(42)	584	584	0
Fleet Services	1,477	1,690	1,566	(124)	(94)	(92)	2	(116)	(35)	81	1,480	1,439	(41)
Unitary Performance Groups	100	100	50	(50)	0	37	37	0	13	13	100	100	0
Finance Resources													
Contingencies & Insurance	989	739	522	(217)	0	0	0	157	152	(5)	896	674	(222)
Interest and capital financing costs	544	643	642	(1)	(160)	(162)	(2)	61	63	2	544	543	(1)
Other (incl. reserve contributions)	2,237	504	494	(10)	0	0	0	1,725	1,728	3	2,229	2,222	(7)
Section 31 / Business Rates Grants etc.	(48)	250	2	(248)	(306)	(314)	(8)	0	0	0	(56)	(311)	(255)
TOTAL	42,031	42,885	40,288	(2,597)	(2,695)	(2,609)	86	1,024	2,015	991	41,214	39,695	(1,519)
Funding													
Council Tax Precept	(25,540)										(25,540)	(25,540)	0

Cheshire Fire Authority Revenue Budget Outturn 2016/17 - Details

Collection Fund Surpluses (Council Tax)	(457)
Business Rate Retention Scheme	(8,816)
Collection Fund Deficit (Business Rates)	152
Revenue Support Grant (RSG)	(7,370)
TOTAL	(42,031)

Net Budget / Outturn Variance	0
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(457)	(457)	0
(8,816)	(8,816)	0
152	152	0
(7,370)	(7,370)	0
(42,031)	(42,031)	0

(817)	(2,336)	(1,519)
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Cheshire Fire Authority Capital Outturn 2016/17

Project	Approval Year(s)	Approved Funding £000	Brought Forward £000	2016/17 £000	Total to date £000	Expected Outturn £000	Variance £000	Notes
Emergency Response Programme								
Lymm	2013/14, 2014/15, 2015/16	9,159	1,673	6,963	8,636	9,779	620	Station build programme, Penketh/Powey ahead of schedule.
Penketh	2013/14, 2014/15, 2015/16	3,403	2,198	1,304	3,502	3,525	122	
Powey Lane (M53/M56)	2013/14, 2014/15, 2015/16	3,523	1,916	1,634	3,550	3,585	62	
Alsager	2013/14, 2014/15, 2015/16	1,340	1,322	4	1,326	1,332	(8)	
Sub-total		17,425	7,109	9,905	17,014	18,221	796	
Prior Year Schemes								
ICT Review/Server Replacement	2011/12, 2015/16	400	311	0	311	400	0	Spend delayed due to Bluelight
Hydraulic Platform	2014/15	700	110	491	601	601	(99)	COMPLETE – June 2016
Appliance Replacement	2015/16	840	0	756	756	756	(84)	COMPLETE – March 2017
Hydraulic Platform	2015/16	700	110	491	601	601	(99)	COMPLETE – May 2016
Line Rescue Vehicle	2015/16	50	0	0	0	80	30	Higher spec post review, delayed
Driver Training Vehicle	2015/16	16	0	20	20	20	4	COMPLETE – April 2016
Minibus	2015/16	30	0	23	23	23	(7)	COMPLETE – March 2017
Support Vehicles	2015/16	20	0	22	22	22	2	COMPLETE – June 2016
Sub-total		2,756	531	1,803	2,334	2,503	(253)	
2016/17 Schemes								
Appliance Replacement	2016/17	857	0	339	339	765	(92)	Contract awarded, expected delivery June 2017
One additional new appliance	2016/17	286	0	114	114	255	(31)	
Four wheel drive resilience	2016/17	55	0	51	51	51	(4)	COMPLETE – Nov 2016
One additional 4WD resilience	2016/17	55	0	0	0	0	(55)	No longer required
Two water incident units	2016/17	154	0	0	0	154	0	Order placed, due Sept 2017
One flat bed lorry	2016/17	60	0	31	31	31	(29)	COMPLETE – January 2017
Two Cadet vehicles	2016/17	20	0	0	0	20	0	Delayed, now in 2017/18
Support Vehicles Replacement	2016/17	60	0	20	20	60	0	Partially delivered, complete Jun 17
Replacement Cutting Gear	2016/17	814	0	734	734	734	(80)	COMPLETE – Feb/Mar 2017
Replacement Defibrillators	2016/17	62	0	41	41	41	(21)	COMPLETE – Apr-16
Additional Defibrillators	2016/17	14	0	9	9	9	(5)	
Server Replacement	2016/17	58	0	0	0	58	0	Spend delayed due to Bluelight
Sub-total		2,495	0	1,339	1,339	2,178	(317)	
TOTAL		22,676	7,640	13,047	20,687	22,902	226	

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 28TH JUNE 2017
REPORT OF: CHIEF FIRE OFFICER AND CHIEF EXECUTIVE
AUTHORS: JOANNE SMITH/VICTORIA ELLIOTT

SUBJECT: END OF YEAR REVIEW –
IRMP PROGRAMMES AND PROJECTS 2016-17

Purpose of Report

1. To update Members on the Service's 2016-17 Integrated Risk Management Plan programmes and projects.

Recommended: That

- [1] Members review and consider the information provided.

Background

2. This end of year report forms part of the Authority's quarterly performance reporting cycle which also includes performance reports on key performance indicators and financial performance.

Information

3. Progress on delivery of the IRMP programmes and projects is reported in the form of a 'health report' quarterly to the Service's Performance and Programme Board (members of Service Management Team). The Service's Performance and Programme Board is responsible for ensuring the successful delivery of programmes and projects contained in the Authority's annual IRMP action plans. The health report for the final quarter of 2016-17 that was considered at Performance & Programme Board is attached as Appendix 1 . It was produced in April 2017 and verbal updates will be provided, where necessary.

Financial Implications

4. Specific financial and budget impacts are detailed in the financial report presented separately by the Head of Finance.

Legal Implications

5. There are no issues to report at the end of the year that would affect the Service's ability to meet its statutory or other legal obligations.

Equality & Diversity Implications

6. Programmes and projects are required to have equality impact assessments completed in accordance with the approved Project Management Framework.

Environmental Implications

7. Projects are individually assessed for environmental implications by the relevant project managers in accordance with the Service's Project Management Framework.

Appendix 1 – Quarter 4 IRMP Programme Health Report

Performance and Programme Board – Programme Health Report

All data supplied in the report has been populated directly from the Cheshire Planning System on 10 April 2017, any changes after this date will not be reflected.

Reporting Period	FROM	13 JANUARY 2017	TO	10 APRIL 2017
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PROJECT PROGRESS SUMMARIES, RAG STATUS AND IMPACT MITIGATION

1226 PROGRAMME: BLUE LIGHT COLLABORATION

PROGRAMME SPONSOR		Mark Sellwood	PROGRAMME MANAGER	Sarah Davies
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
				

Programme Update

Staff from Estates, Strategic Change and Risk, Audit and Governance have successfully transferred on 1st April 2017.

MFSS

- Decision made on 6th March 2017 by Partners to proceed with Fusion implementation.
- CFRS on-boarding project kick-off is expected to be completed by April 17, pending more detailed plans from MFSS.

Joint Corporate Services

- Further blueprint panels for Communications and Business Intelligence will be held in June 2017.
- Principal officers co-locating to joint HQ in August 2017.
- Stores, Procurement, Finance and HR due to Transfer in line with April 2018 go live.

Estates

- 'Look & Feel' works have commenced, planning permission received for the car park, expected completion August 2017.
- Space planning for a combined Cheshire Fire Rescue Service (CFRS) & Cheshire Constabulary (CC) stores, Liaison with both CC & CFRS end users is on-going.

People

- Vetting now complete for all permanent CFRS staff who are due to transfer.
- Work taking place with Corporate Communications and Planning & Performance in relation to structures and requirements for new roles.

Legal	<ul style="list-style-type: none"> Collaboration Agreement being developed for October 2017.
IT	<ul style="list-style-type: none"> HQ Data Centre Hardware Install completed 2nd February 2017 DR Data Centre Hardware Install completed 10th February 2017 Telephony Hardware Migration is expected to be completed by end March 2017

1280	PROGRAMME: COMPLEX DEPENDENCIES				
PROGRAMME SPONSOR	Mark Cashin	PROGRAMME MANAGER	Mike Anderson		
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)			
					
Programme Update					
Closedown report submitted for approval.					

OTHER IRMP PROJECTS			
1241	Firefighters Apprenticeship Scheme Cohort One		
Project Sponsor	Andrea Harvey		
Project Manager	Lynne Roberts		
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)	
			
<ul style="list-style-type: none"> Apprentices have been enrolled onto the SFJ Awards and are currently working hard to complete elements of their qualifications. They have so far attended over 11 workshops to assist them in gaining the knowledge and skills that they require to gather evidence for their portfolio including safeguarding, conducting Safe and Well visits and 'Train the Trainer'. Apprentices have set up and are chairing their own meetings looking at ways to fundraise for Nepal and are using these to monitor money collected so far. In April they will start their operational training. All Apprentices will be aligned to a coach, where they can discuss personal goals and development. 			

1494	Firefighters Apprenticeship Scheme Cohort Two	
Project Sponsor	Andrea Harvey	
Project Manager	Lynne Roberts	
Previous status	Current status	Mitigating steps (where status is red or amber)
		<ul style="list-style-type: none"> Successfully applied to be listed on the Register of Apprenticeship Training Providers (RoATP) as there was a concern that due to local college mergers we may find it difficult to engage with a local college. Currently deciding as to whether this is a viable option for us as a Service. Contact has been made with the main colleges in the area and local sports groups looking to run positive action events. Our first positive action event was cancelled but the next one will be held at Warrington Fire Station on 05/04/17. Warrington Collegiate Public Service students have been invited and attendance from BME and minority groups has also been encouraged. Website has been updated with the latest apprentice information.
1058	Sprinkler Campaign	
Project Sponsor	Mark Cashin	
Project Manager	Simon Gibbins	
Previous status	Current status	Mitigating steps (where status is red or amber)
		<ul style="list-style-type: none"> Wulvern has tendered for a sprinkler system and agreed on installer - a meeting is to be arranged. Wulvern is now part of the Guinness group and all fire risk assessments and fire strategy are in the process of being reviewed. Sprinklers are being installed to protect means of escape, however, they need to be in every flat - we will highlight this. Residents are mostly vulnerable and/or elderly people.

1279	EMERGENCY RESPONSE PROGRAMME (ERP1)				
PROGRAMME SPONSOR	Mark Cashin	PROGRAMME MANAGER	Alex Waller		
1167	Penketh Fire Station				
Project Sponsor	Alex Waller				
Project Manager	Lynsey McVay				
Previous status	Current status	Mitigating steps (where status is red or amber)			
		IT continue to work closely with providers to resolve delays.			
ICT Latest update on optical fibre installation from Martin Dent, ICT on April 7 th stated that: <ul style="list-style-type: none"> • There is a blockage identified which is currently being progressed with our supplier. • They have had permission back from National Grid giving permission for us to dig in the vicinity of its cable, with an advisory to dig with caution and no mechanical diggers. (i.e. this will need to be dug by hand). • The supervisor has attended site today to perform a pre-survey for traffic management and highways noticing. • The traffic management plans need to be drawn up and submitted for an agreed date. • Other works are reliant on this work to complete. The above spells out the slow progress being made by Openreach to rectify the conduit blockages. There is still no specific timeframe in which this work will be completed.					
Wig wags Installation <ul style="list-style-type: none"> • The lights were fitted and working on 28th March. All crews have been briefed on operation and the wig wags will be used every time the appliance leaves the station. Maintenance and contract guarantees to be progressed. New Appliance <ul style="list-style-type: none"> • The Wholetime appliance has now been replaced with a new model. The previous first appliance has been sent to workshops to be serviced and will return in the coming weeks to replace the On Call appliance. Snagging <ul style="list-style-type: none"> • The majority of defects have now been rectified but some remaining and new defects have occurred which are being dealt with through business as usual and the contractor. 					

1179	Lymm Fire Station	
Project Sponsor		Alex Waller
Project Manager		Lynsey McVay (Mike Clark)
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
		'Go live' date has been reforecast from 24 th April to 28 th June to allow time for the new teams to consolidate all of the specialist training that they have received.

Station 'Go Live' Date

- Following feedback from crews it has been decided that the go live date will be put back slightly to provide more time for the new teams to consolidate all of the specialist training they have received, as such the new go live date has changed from 24th April to 28th June. Once all risk assessments and familiarisation with the station and equipment is complete, crews will be able to utilise the station for training and as a base.

Station Build and Fit Out

- Station build is now complete but snagging has not yet been concluded. This is programmed in for the week commencing 24th April.
- The furniture for the station fit out was delivered week beginning 27th March and should be completed by 24th April in line with previous station go live date.
- GM McVay visited the station with ICT to discuss IT requirements and test the sounders around the station. Some additional sockets and connection points are required. All sounders worked and computers should now have been ordered along with a television for the 'main entrance' to the station.
- GM McVay also accompanied the Technical Fire Safety Officer (TFSO) on the Fire Risk Assessment walk around. A couple of minor points were picked up however, these need to be raised with the main building contractor. The TFSO is picking this up.

1178	Safety Centre	
Project Sponsor	Nick Evans	
Project Manager	Mark Shone	
Previous status	Current status	Mitigating steps (where status is red or amber)
		

Construction & Fit Out

- Practical completion of the Safety Central complex took place on 20/3/17. The safety centre team has since moved into the centre, while ISG completes snagging and ICT sub-contractors carry out their work. Paragon Creative moved onto site on 27/3/17 and their works are due for completion on 14/7/17. The first of their monthly invoices has been paid and work remains on budget, with no significant variations instructed to date. Tesco, Dynniq and SP Energy Networks have installed their scenarios. Network Rail failed to follow up on their commitment to support the centre so the railway track has now been installed by an independent rail contractor.

Programme Development

- Programme development remains on track in readiness for testing the two schools programmes in July. More than 3,600 children and young people are now booked to visit from September, with most sessions up until March 2018 now filled. Extensive consultation on the format of the older persons visit has taken place and the new parents' session will follow newly-published Public Health England guidance on accident prevention.

Staffing

- Sixteen volunteer rangers have so far been recruited, with training to commence in May for them, apprentices and other community safety staff.

Governance

- Work is underway on a paper for Cheshire Fire Authority outlining proposed governance arrangements for the centre in the future, remaining as part of the Service's Prevention Department.

1180	Powey Lane	
Project Sponsor	Alex Waller	
Project Manager	Steve Barnes (Paul Watts)	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
		

Special Appliance Training

- Preparations are progressing well for the special appliances that will transfer to Powey Lane, including EPU, Moffet Mounty/Hook Lift and FOT.
- Further training events are to be booked in relation to Essar training ground to allow personnel to experience the foam / slim jets in operation.

Snagging

- Site meeting has been held with ISG and the outstanding snagging has been identified. A programme of works will be agreed and completed over the coming weeks.
- United Utilities has visited the site and have increased the water pressure to the fire main to an acceptable level. However if cannot raise the pressure on the domestic supply.
- Cheshire Police has now marked up the rear station yard to allow driver training / reversing to be completed, this will commence this month.

1176	Knutsford	
Project Sponsor	Alex Waller	
Project Manager	Leon Parkes	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
		

Recruitment

The new wholetime on call watch manager has been appointed and will oversee both Knutsford and Holmes Chapel fire Stations. This brings the total staff up to 11, including 7 WT staff (from Knutsford) and 3 on call firefighters. The latter are progressing well with their development, two have successfully completed their Q1 assessments with impressive results and one has commenced the development phase after successful completion of the certificate to ride process.

The on call firefighters have been responding on the Knutsford pump and from neighbouring wholetime stations to gain experience.

Following a recent recruitment process only one succeeded and he has now completed the pre employment medical and will be offered a place on the June 17 module one initial FF course pending DBS and references. Three further potential candidates have expressed an interest and are in the process of completing applications and declarations of availability. They have all been invited to attend a recruitment event planned for April where they will be able to undertake a sample of the practical selection tests utilising the recruitment pod.

In addition expressions of interest have been submitted by two existing competent On Call Crew managers from other locations, both of whom require the use of a service property at Knutsford in line with the appropriate agreements and conditions. These applications are currently being considered.

IT and Mobilising

All of the staff have received training in the use of the Gartan On Call availability module and work is ongoing to prepare and test the Gartan feed and mobilising system.

1089	Crewe	
Project Sponsor	Alex Waller	
Project Manager	Leon Parkes (Stephen McCormick)	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
	REVIEW PENDING	Due to recent CFA meetings the on call recruitment for Crewe has been suspended pending the completion of a review.

The Crewe On Call project has been amended following the recent Fire Authority meeting held on the 14/02/2017. All new recruitment has been suspended but all active FFs aligned to the Crewe On Call system will continue with their on going development course and assessments pending the outcomes of the review. The project lead has briefed all On Call from Crewe of the current situation and informed them that their training will continue.

Crewe On Call Position

- 7 OC fire fighters in development
- 1 OC fire fighter expressed an interest to transfer to Crewe On Call subject to primary employment
- 1 OC fire fighter attending the June course. Will be providing cover at Crewe subject to house move

Total potential crew (9)

1092	Ellesmere Port		
Project Sponsor	Alex Waller		
Project Manager	Steve Barnes (Anthony Jones)		
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)	
	REVIEW PENDING	Due to recent CFA meetings the on call recruitment for Ellesmere Port has been suspended pending the completion of a review.	
<p>The Ellesmere Port On Call project has been amended following the recent Fire Authority meeting held on the 14/02/2017. All new recruitment has been suspended but all active FFs aligned to the Ellesmere Port On Call system will continue with their on going development course and assessments pending the outcomes of the review. The project lead has briefed all On Call from Ellesmere Port of the current situation and informed them that their training will continue.</p> <p>Ellesmere Port On Call Position</p> <ul style="list-style-type: none"> • 2 competent fire fighters (both wholetime junior officers at Ellesmere Port) • 3 OC fire fighters in development • 2 potential OC fire fighters scheduled to attend the June recruitment course) <p>Total potential crew (7)</p>			

1276	EMERGENCY RESPONSE PROGRAMME (ERP2)				
PROGRAMME SPONSOR	Mark Cashin	PROGRAMME MANAGER	Alex Waller		
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)			
					
Programme Update					
<p>IRMP consultation and the subsequent feedback to Fire Authority Members has resulted in some amendments to the ERP2/IRMP proposals. As a result of feedback received during the consultation process changes were proposed for IRMP 14. These are highlighted on the next page:</p>					

- Review of staffing arrangements Wilmslow – in light of feedback received during the consultation period, the Authority would undertake a further review of the suitability and sustainability of the current duty system at Wilmslow Fire Station.
- Review of Staffing Arrangements Penketh – The draft IRMP 14 proposed the introduction of the nucleus duty system in Penketh, similar to that which operated at Wilmslow, Birchwood and Macclesfield. However, in light of the feedback received by the Authority this proposal will be reconsidered in 2018-19. Any future proposal would be subject to a further period of consultation.
- Hydraulic Platform Review: The draft IRMP 14 proposed a reduction from 3 to 2 hydraulic platforms (aerial appliances). In light of feedback a hydraulic platform is to be maintained at Macclesfield until the Service assesses the impact of the move of the hydraulic platform from Stockton Heath to Lymm. It was considered appropriate to review this issue again in 2018-19. Any future proposal would be subject to a further period of consultation.

Additionally, although part of ERP1, it was agreed that a review of the proposals relating to the ERP1 operational configuration at Crewe and Ellesmere Port should take place.

The CPS project 1276 ERP2 will now be closed. The above workstreams will be adopted as individual projects within CPS. An ERP2 close down report and new projects will be created.

1300		Review of Station Manager Flexi Duty System (FDS)
Project Sponsor		Mark Cashin
Project Manager		Alex Waller (Andy Royle)
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
G	G	<ul style="list-style-type: none">• The Station Manager Flexible Duty System Collective Agreement was signed by all parties on the 26th January 2017. The new duty system was implemented on 1st February 2017. Within the agreement there are stated review periods. These will now be managed by the Head of Service Delivery and the ERP team. The project close down documentation and lessons learned log will follow next quarter.

1301	Review of Station Management Structures	
Project Sponsor	Mark Cashin	
Project Manager	Alex Waller (Andy Royle)	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
		<ul style="list-style-type: none"> The new Station Manager Flexible Duty System was implemented on the 1st February 2017. The system now operates with twenty station managers; a reduction of four FDS posts spread across three departments. The duty system has now entered into the post implementation review phase, as agreed in the signed collective agreement. The review will be undertaken by the Head of Service Delivery on behalf of the DCFO, monitoring and data collection being undertaken by the ERP team, business intelligence and OPA. The whole-time duty system Watch Manager Flexible Shift Agreement was implemented on the 1st January 2017 (11th Jan 2016/17 redeployment date). Competent WMs on the wholetime duty shift have been rostered off duty for four shifts in early Jan/Feb. The ERP team and the station performance and audit team have now declared the dates for the programme of CFRS station inspections, work now continues to allocate payback shifts for WMBs who will form an integral part of the overall station inspection teams. The ERP team have been engaging WMBs via a flexible shift working group, this is to establish some further working principles in relation to the signed agreement. At this time all the competent WMBs have been rostered to undertake one flexible shift related to personal development for the audit and performance programme and for induction to OTG/CTG, these dates are 28th April, 12th and 18th May 2017. This project formed part of the original overarching ERP2 PID. The ERP2 programme is now being moved to the closedown phase and this project as implemented, will be closed down and moved into the post implementation review phase. The closedown reports for each of these projects will follow.
1302	Review of On Call Duty System	
Project Sponsor	Mark Cashin	
Project Manager	Alex Waller	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
		<ul style="list-style-type: none"> The first On Call Availability Reward Scheme (OCARS) payments were made in February 2017. Payments were made to staff at Birchwood, Frodsham, Macclesfield, Nantwich, Poynton and Sandbach. The total amount paid in rewards was £9,952.23. The data for Quarter 4 2016/17 is now being compiled and validated. The overall performance related to availability for on call appliances in 2016-17 is contained in the Performance Report.

1303	Review of Special Appliances and Crewing arrangements	
Project Sponsor	Mark Cashin	
Project Manager	Alex Waller (Andy Royle)	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
		

The overarching ERP2 special appliance review has been completed and PAG papers submitted in relation to:

- The future Swift Water Rescue Team (SWRT) response in CFRS (phase 1)
- The future hydraulic appliance (aerial appliance) model including number and location

The proposal for the SWRT was approved by PAG and implemented inline with the 2016/17 appointment and redeployment procedure related to ERP1.

The draft IRMP (14) proposed a reduction from 3 to 2 hydraulic platforms (or aerial ladder platforms). In light of consultation feedback and feedback from the Fire Authority Members it was agreed that a hydraulic platform is to be maintained at Macclesfield FS until the Service assesses the impact of the move of the hydraulic platform from Stockton Heath to Lymm. It was considered appropriate to review this issue again in 2018-19. Any future proposal would be subject to a further period of consultation.

The overarching ERP2 Special Appliance Project in CPS will now be moved to the closedown phase with closedown reports to follow.

New projects will be created in CPS to provide governance for future work streams related to the provision, deployment, crewing and review of special appliances. These projects will include:

- Review/assessment of the impact of the move of the hydraulic platform from Stockton Heath to Lymm. The ERP team including the business intelligence team will monitor and collate data as required
- The planning and timeline of relocation of special appliances to stations as agreed by PAG.
- The provision of a training plan to facilitate the above and a maintenance of competency framework for special appliance base stations and the network of support stations.

1318	Cardiac Arrest Response Project		
Project Sponsor	Mark Cashin		
Project Manager	Alex Waller (Stewart Forshaw)		
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)	
			
<ul style="list-style-type: none"> Following the recall to conference (FBU) on the 21/03/2017 it has been decided that the EMR scheme will continue to the end of November 2017. This will allow further negotiations at a national level regarding pay and conditions. On a more local level, a date has been scheduled for the next Joint Officers Steering Group (JOSG) meeting. These meetings were temporarily suspended whilst the national debate was on-going. A comprehensive report has been compiled following the 6 month 'pilot' period. We are waiting on a final piece of data that is to be supplied by NWAS. 			

1110	ON CALL RECRUITMENT				
PROGRAMME SPONSOR	Andrea Harvey	PROGRAMME MANAGER	Steve Barnes		
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)			
		The project group has been reformed, and will be focusing on the application and training process for new on call firefighters and increasing recruitment activity.			
Programme Update					
<ul style="list-style-type: none"> A new On Call Induction document is now in place and will be used for the first time as part of the June 2017 intake. The document captures the required pre learning for the initial training course, and essential reading which give the new employee a full and detailed understanding of their new role, and the expectations and values of the Service. The June intake consists of 11 new employees from across the area. Recognition is given to the station themselves who actively drive the recruitment process for their areas, and help target groups and organisations that are more receptive to the On Call firefighter role. The service is currently out to advert for a new On Call Training Instructor Role. This role is a dedicated resource that will provide support to the HR and OTG departments with recruitment, training and assessment of On Call Firefighters across the Service. This will include planning and delivering workshops on the selection process, assisting in the delivery of initial On Call recruits courses and undertaking workplace assessments .The role will ultimately offer a more flexible training and assessment approach to meet the ever growing needs of the role and the demand for On Call staff. 					
1308	Expanding Safe & Well Visits				

PROJECT SPONSOR		Mark Cashin	PROJECT MANAGER	Mike Larking
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
				
Programme Update				
<ul style="list-style-type: none"> • Closedown report submitted. • A new project has been created for Phase 2 and a decision on the future reporting arrangements is now required. 				

1313	EMERGENCY SERVICES MOBILE COMMUNICATION PROGRAMME			
PROJECT SPONSOR		Mark Cashin	PROJECT MANAGER	Paul Walmsley
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
				
Programme Update				
<ul style="list-style-type: none"> • During British APCO, in March, an Operational Communications in Policing (OCiP) led event was attended to explore a beta version of the PSCS application (fire safety system), essentially the PTT. The progress being made with this was evident and encouraging. Also at the BAPCO event in March we met with EE who updated us on the progress being made with the network extension, namely the new masts as well the control centre functionality. We had pre loaded a series of questions which were answered. One of which is, “why can we not take the current 4G signal as an indication of ESN coverage?”. Although technical, the answer lies with the bandwidths being used and the inability of commercial handsets to access them. • While the Vehicle Solution is some way off ancillary ESN compatible equipment is becoming available, in particular Antennae. Several suppliers have presented to the region and the quality appears good. One company in particular have an ESN antenna that has an additional traditional aerial incorporated. This could receive our current Airwave signal. They have offered a sample to test and it is intended that we will speak with the Fleet Manager with a view to fitting it to a spare appliance. 				

LESSONS LEARNED THIS PERIOD

CPS REF	PROJECT	LESSON LEARNED DETAIL
1280	Complex Dependencies	Refer to closedown report
1308	Expanding Safe & Well Visits	Refer to closedown report

RESOURCE PROFILE THIS PERIOD

RESOURCE	PROJECT	RESOURCE DETAIL (from Resource Report)
No significant resource issues to report for this period.		

RISK AND ISSUE MANAGEMENT				
REF	RISK DETAIL	RISK OWNER	RISK SCORE	PROGRESS UPDATE
ON CALL RECRUITMENT: 1089 CREWE AND 1092 ELLESMERE PORT				
862	Crewe and Ellesmere Port On-call recruitment: Not being able to recruit the 1X WM, 2 x CM and 12 FF for the On Call pumps at Crewe and Ellesmere Port.	Service Delivery	20 	Risk 862 and all mitigating activities are on hold following the Authority's decision made in February to review plans for Ellesmere Port and Crewe. At Risk Management Board in March it was agreed that this risk was covered by the new risk on the strategic risk register 'IRMP Impact of Crewe/Ellesmere Port On Call Review'.
1058 SPRINKLER CAMPAIGN				
889	Lack of commitment from housing providers to fit sprinklers: As a result of the austerity measures there is a risk that Registered Social Landlord's are unable to commit to the sprinkler system programme.	Protection and Organisational Development	16 	Risk reviewed by the Project Manager: Score still considered current.
1226 BLUE LIGHT COLLABORATION PROGRAMME				
943	Managing Resource Capacity through transition of BLC: As a result of delivering the Blue Light Collaboration Programme there is a risk that CFRS key staff and corporate knowledge may not be retained during transition period.	Legal & Democratic Services	20 	Following the departure of key members of staff, there are interim solutions which should provide the necessary resources, but these will be tested given the timing of the departures and the significant workload associated with the creation of the joint teams and the Multi-Force Shared Service (MFSS). There is an intention to mitigate the risks around the MFSS delivery by reviewing the resource requirements in the near future. It is anticipated that additional interim resources will be required.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 21ST JUNE 2017
REPORT OF: HEAD OF PROTECTION AND ORGANISATIONAL
PERFORMANCE
AUTHOR: DAVID ROBINSON/ANTHONY JONES

SUBJECT: END OF YEAR REVIEW – PERFORMANCE
2016-17

Purpose of Report

1. To present the 2016-17 end of year review of performance for each of Cheshire Fire and Rescue Service's (the Service) Key Performance Indicators (KPIs).

Recommended that:

- [1] Members review and consider the information presented in this report.

Background

2. The report forms part of the Authority's performance reporting cycle and provides a summary of the Service's performance against the KPIs for 2016-17.

Information

3. The Service's Performance and Programme Board (officers meeting) receive a quarterly review of performance against KPIs captured in the Corporate Performance Scorecard. The Board is responsible for monitoring and reviewing progress against performance targets and ensuring that action is taken if targets are not being met. The performance reviews are in turn presented to the Performance and Overview Committee.
4. The Corporate Performance Scorecard is attached as Appendix 1. It reflects the end of year position against targets set and the year on year direction of travel for the Service's KPIs.
5. A more detailed description of each KPI which includes a summary of current performance and any actions taken to improve performance is attached as Appendix 2.

Financial implications

6. Specific financial and budget impacts are detailed in the financial report presented separately by the Head of Finance.

Legal implications

7. There are no issues to report at the end of Q4 that would affect the Service's ability to meet its statutory or other legal obligations.

Equality & Diversity implications

8. There are no specific equality and diversity issues. Equality monitoring information and resulting issues are reported to the Equality Steering Group.

Environmental implications

9. There are no specific environmental implications. Environmental performance targets are reviewed and monitored as part of the delivery of the Fire Authority's Environmental Strategy.

Appendix 1 – Q4 2016-17 Corporate Scorecard

Appendix 2 – Performance Summary Reports

Appendix 1 - Quarter 4 2016/17 Performance

Vision

A Cheshire where there are no deaths, injuries or damage from fires or other emergencies

IRMP
Theme



Outcomes

Protecting Local Communities

	Actual	Target	Q4 Year on Year	Q4 2015-16
Deaths in Primary Fires	8	0	↑	6
Injuries in Primary Fires	47	41	↑	46
Accidental dwelling fires	401	370	↑	394
- % starting in kitchens	236 (59%)	n/a	↓	236 (60%)
- % in homes with residents over pensionable age	100 (25%)	n/a	↔	97 (25%)
Deliberate fires (Primary and Secondary)	1,127	1,253	↓	1,263
Fires in Non Domestic Premises	176	151	↑	159
AFAs in Non Domestic Premises	1122	1,036	↑	1,046

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Outputs

	Actual	Target	Q4 Year on Year	Q4 2015-16
HSAs Delivered to Heightened Risk	36,962	40,000	↑	25,430
Platinum address success rate	68%	65%	n/a	66%
Thematic Inspections Completed	1,671	1,640	↓	1,725
NDP Fire Safety Audits Completed	1,633	1,600	↓	2,423

Performance key

- █ Meeting target
- █ Within 10% of target
- █ Failing against target by at least 10%

Year on year direction key

- █ Positive direction of travel year on year
- █ Negative direction of travel year on year by up to 10%
- █ Negative direction of travel year on year by at least 10%

Responding to Emergencies

	Actual	Target	Q4 Year on Year	Q4 2015-16
10 Minute Standard	87%	80%	↑	85%
On Call Availability	70%	85%	↔	70%

Developing the organisation

	Actual	Target	Q4 Year on Year	Q4 2015-16
Average Days/Shifts Lost to sickness	2.64	4.13	↓	3.46
Working Days Lost To Injury	38	45	↓	42

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Performance and Programme Board – Performance Report

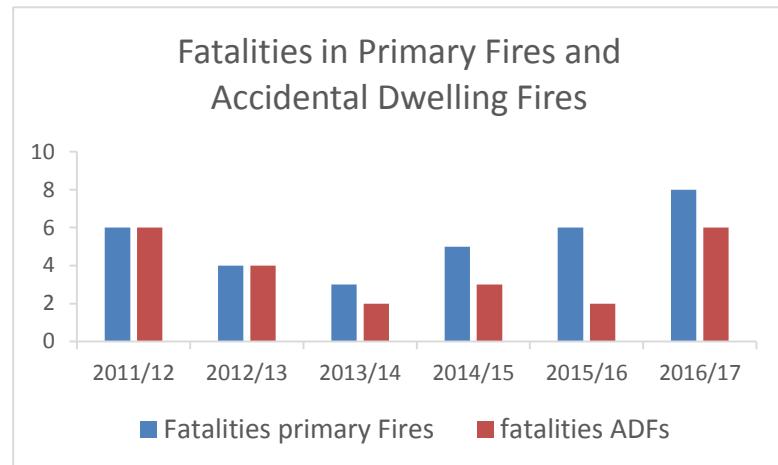
Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
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Indicator: [Number of Deaths in Primary Fires]

Previous Status	Current Status	Summary of Current Performance
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- At the end of Q3 there were six fatalities year to date, a further two occurred in Q4, bringing the total no to 8 for 16/17.
- All were Primary Fires within dwellings.
- A number of these incidents are still to go to Coroner's court where cause of death will be confirmed.
- Two incidents relate to suicide/misadventure.

Date	Unitary	Cause	Age	Gender	Ethnicity
25/05/16	Cheshire East	Accidental - smoking materials	85	Male	White British
20/07/16	Halton	Deliberate - suicide	25	Male	White British
28/07/16	Halton	Accidental - cooking	40	Male	White British
30/07/16	Halton	Deliberate - suicide	43	Male	White British
11/09/16	CWAC	Accidental - matches	65	Female	White British
30/10/16	Cheshire East	Accidental - candles	8	Male	White British
02/01/17	Cheshire East	Accidental – smoking materials	46	Male	White British
18/02/17	Warrington	Accidental – smoking materials	63	Female	White British

What actions will be required to improve performance during the following quarter?

- The Service continues to work with partners and stakeholders, completing a fatal fire review after each incident. Findings and outcomes continue to be recorded and actions are monitored at Head of Department level.
- The Service will continue to make recommendations to the Coroner (where appropriate) and will work with partner agencies to prevent these instances occurring in the future.
- Not all of the deaths were in the over 65 age group. Discussions are underway with local mental health and alcohol reduction teams around the NHS's Sustainability and Transformational Plan and we continue to work with partners regarding the assessment of risk from fire at the time of patient discharge.
- In particular, following the recent fatalities in Runcorn we have liaised with the Booker Centre (Mental Health Services), offered fire safety awareness training to staff, informed them of our High Risk Referral process and provided dedicated points of contact via our Prevention officers who they can consult for further advice and support.

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Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
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Indicator: [Number of Injuries in Primary Fires]

Previous Status	Current Status	Summary of Current Performance																																																
R	R	<p style="text-align: center;">Injuries in Primary Fires</p> <table border="1"> <caption>Data for Injuries in Primary Fires</caption> <thead> <tr> <th>Year</th> <th>Actual (Blue)</th> <th>Estimated (Red)</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>62</td><td></td></tr> <tr><td>2012/13</td><td>52</td><td></td></tr> <tr><td>2013/14</td><td>46</td><td></td></tr> <tr><td>2014/15</td><td>49</td><td></td></tr> <tr><td>2015/16</td><td>46</td><td></td></tr> <tr><td>2016/17</td><td>46</td><td></td></tr> <tr><td>2017/18 est</td><td></td><td>45</td></tr> </tbody> </table> <ul style="list-style-type: none"> • 11 injuries in Primary Fires were recorded in Q4 • Total of 47 for 2016/17 against a target of 41. • There were 46 injuries recorded over the same period last year. <table border="1"> <caption>Injury Type</caption> <thead> <tr> <th>Injury Type</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Overcome by gas, smoke or toxic fumes; asphyxiation</td><td>24</td></tr> <tr><td>Burns - slight</td><td>14</td></tr> <tr><td>Burns - severe</td><td>6</td></tr> <tr><td>Other</td><td>3</td></tr> <tr><td>Total</td><td>47</td></tr> </tbody> </table> <table border="1"> <caption>UPG</caption> <thead> <tr> <th>UPG</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Cheshire East</td><td>15</td></tr> <tr><td>Cheshire West and Chester</td><td>19</td></tr> <tr><td>Halton</td><td>3</td></tr> <tr><td>Warrington</td><td>10</td></tr> <tr><td>Total</td><td>47</td></tr> </tbody> </table>	Year	Actual (Blue)	Estimated (Red)	2011/12	62		2012/13	52		2013/14	46		2014/15	49		2015/16	46		2016/17	46		2017/18 est		45	Injury Type	Total	Overcome by gas, smoke or toxic fumes; asphyxiation	24	Burns - slight	14	Burns - severe	6	Other	3	Total	47	UPG	Total	Cheshire East	15	Cheshire West and Chester	19	Halton	3	Warrington	10	Total	47
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What actions will be required to improve performance during the following quarter?

- Officers meet quarterly within Performance Scrutiny and Campaigns Board to interrogate performance, utilising local intelligence from UPGs to create targeted prevention campaigns.
- We continue to validate IRS records to confirm the accuracy of the data, as there is an indication that some incidents may have been miscoded and the individual concerned may have received a 'precautionary check' rather than suffering an injury.
- Relevant messages are communicated to our local communities with the support of the Communications team.
- Target-led initiatives and campaigns are promoted via the Service's website, e.g. white goods and Home Safety Direct.
- A Risk Rater App is available to download which residents can use to risk assess their own homes.

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Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017																														
Indicator: [Number of Accidental Dwelling Fires]																																			
Previous Status	Current Status	Summary of Current Performance																																	
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		<ul style="list-style-type: none"> • 92 accidental dwelling fires (ADFs) were recorded in Q4 • The total number was 401 at the end of 2016/17 (8.4% over target). • 394 recorded for the same period last year. • 43.1% were out on arrival • 357 were confined to the room of origin <table border="1"> <thead> <tr> <th>UPG</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Cheshire East</td><td>168</td></tr> <tr><td>Cheshire West and Chester</td><td>133</td></tr> <tr><td>Halton</td><td>32</td></tr> <tr><td>Warrington</td><td>68</td></tr> <tr><td>Total</td><td>401</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Occupancy Type</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Lone person over pensionable age</td><td>100</td></tr> <tr><td>Couple with dependant children</td><td>94</td></tr> <tr><td>Lone person under pensionable age</td><td>56</td></tr> <tr><td>Other</td><td>46</td></tr> <tr><td>Lone parent with dependant children</td><td>44</td></tr> <tr><td>Couple both under pensionable age with no children</td><td>35</td></tr> <tr><td>Couple one or more over pensionable age, no children</td><td>26</td></tr> <tr><td>Total</td><td>401</td></tr> </tbody> </table>				UPG	Total	Cheshire East	168	Cheshire West and Chester	133	Halton	32	Warrington	68	Total	401	Occupancy Type	Total	Lone person over pensionable age	100	Couple with dependant children	94	Lone person under pensionable age	56	Other	46	Lone parent with dependant children	44	Couple both under pensionable age with no children	35	Couple one or more over pensionable age, no children	26	Total	401
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<ul style="list-style-type: none">• Officers meet quarterly within Performance Scrutiny and Campaigns Board to interrogate performance, utilising local intelligence from UPGs to create targeted prevention campaigns.• Cooking is still the most common cause of ADFs and it is also the cause of the most injuries.• We will continue with targeted campaigns, interventions and educational programmes with an aim to reducing these figures.• Relevant messages are communicated to our local communities with the support of the Communications team. Target-led initiatives and campaigns are promoted via the Service's website, e.g. white goods and Home Safety Direct. A Risk Rater App is available to download which residents can use to risk assess their own homes.• Feedback from health partners has been really positive regarding the new Safe and Well initiative; they are delighted with the number and quality of referrals we are making to their agencies to help protect older and vulnerable people.																					

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017																								
Indicator: [Number of Deliberate Fires]																													
Previous Status	Current Status	Summary of Current Performance																											
A	A	<table border="1"> <caption>Estimated Data for Deliberate Primary Fires</caption> <thead> <tr> <th>Year</th> <th>Actual (Blue Bar)</th> <th>Estimated (Red Bar)</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>440</td> <td></td> </tr> <tr> <td>2012/13</td> <td>320</td> <td></td> </tr> <tr> <td>2013/14</td> <td>290</td> <td></td> </tr> <tr> <td>2014/15</td> <td>240</td> <td></td> </tr> <tr> <td>2015/16</td> <td>250</td> <td></td> </tr> <tr> <td>2016/17</td> <td>290</td> <td></td> </tr> <tr> <td>2017/18 est</td> <td></td> <td>230</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • 63 Deliberate Primary Fires were reported in Q4 • 287 year end total against a target of 264 • 8% above target and 11% up on 15/16 figures <p>This includes deliberate fires in prisons which increased from 10 to 21 (These incidents are outside of the jurisdiction of the Fire Service).</p> <p>The peak times for incidents was between 21:00-23:00 and 01:00-03:00.</p> <p>The highest number of incidents involved:</p> <ul style="list-style-type: none"> • 21 cars in Q4 (87 in total for 16/17). 41 of the fires involving cars in 16/17 occurred between 22:00 and 03:00, particularly in the Crewe and Warrington areas. • 4 single occupancy houses (30 in total for 16/17). • 3 in prisons during Q4 (21 in total for 16/17). 				Year	Actual (Blue Bar)	Estimated (Red Bar)	2011/12	440		2012/13	320		2013/14	290		2014/15	240		2015/16	250		2016/17	290		2017/18 est		230
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G	G	<p style="text-align: center;">Deliberate Secondary Fires</p> <table border="1"><thead><tr><th>Year</th><th>Actual (Blue Bar)</th><th>Trend (Dotted Line)</th></tr></thead><tbody><tr><td>2011/12</td><td>~1750</td><td>~1600</td></tr><tr><td>2012/13</td><td>~1100</td><td>~1450</td></tr><tr><td>2013/14</td><td>~1200</td><td>~1250</td></tr><tr><td>2014/15</td><td>~800</td><td>~1050</td></tr><tr><td>2015/16</td><td>~950</td><td>~950</td></tr><tr><td>2016/17</td><td>~850</td><td>~850</td></tr><tr><td>2017/18 est</td><td>~750</td><td>~750</td></tr></tbody></table>	Year	Actual (Blue Bar)	Trend (Dotted Line)	2011/12	~1750	~1600	2012/13	~1100	~1450	2013/14	~1200	~1250	2014/15	~800	~1050	2015/16	~950	~950	2016/17	~850	~850	2017/18 est	~750	~750
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<p>• There were 129 Deliberate Secondary Fires reported during Q4</p> <p>• 840 in total at the end of 16/17, against a target of 989.</p> <p>• We have achieved our target, with a reduction of 17% compared to 2015/16</p> <p>• These projected improvements are expected to continue during next year.</p> <p>• The highest recorded areas are Warrington, Winsford and Ellesmere Port. These three areas account for 50.4% of all incidents during 2016/17.</p> <p>• The main ignition sources are loose refuse (263 incidents), refuse or recycling containers (148) and wheelie bins (133).</p>																										
<p>What actions will be required to improve performance during the following quarter?</p> <ul style="list-style-type: none">Analysis of car fires continues with any relevant information being shared with the Police. Police Notification Reports are completed after each incident.In terms of prison fires, Cheshire Fire Authority has no jurisdiction to enforce fire safety in Crown premises, however we continue to work with Prison fire officers and the Crown Premises Inspection Group (CPIG) on strategies to reduce these numbers.Service Delivery and Prevention teams continue to work with local partners through Problem Solving Groups, Police specific point of contacts and localities youth teams, with the CFRS On the Streets youth teams being deployed within the targeted areas.																										

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017																																																				
Indicator: [Fires in Non Domestic Premises]																																																									
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What actions will be required to improve performance during the following quarter?

- Our Risk Based Inspection Programme is driven by life safety and not directed where the fires are actually occurring.
- The Business Safety team will look at these incidents to ascertain any trends and target awareness campaigns and initiatives as appropriate.
- The Protection team continue to work with the Health and Safety Executive regarding the issue of fires occurring in working processes.
- Where appropriate enforcement action will continue to be taken in accordance with our enforcement management model.
- The main cause given for accidental fires in NDPs is electrical. Details of fires involving electrical issues are shared with the appropriate Enforcement teams within the relevant local authorities.
- Advice on electrical safety will continue to be included on future Business Safety and audit visits, business seminars, impact events and the Service's website.

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Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
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Indicator: [AFAs in Non Domestic Premises]

Previous Status	Current Status	Summary of Current Performance														
A	A	<p style="text-align: center;">Automatic Fire Alarms</p> <table border="1"> <caption>Data for Automatic Fire Alarms</caption> <thead> <tr> <th>Financial Year</th> <th>Number of AFAs</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>~2000</td></tr> <tr><td>2012/13</td><td>~1650</td></tr> <tr><td>2013/14</td><td>~1500</td></tr> <tr><td>2014/15</td><td>~1250</td></tr> <tr><td>2015/16</td><td>~1050</td></tr> <tr><td>2016/17</td><td>~1100</td></tr> </tbody> </table> <p>AFAs in non-domestic premises are over target – 1,122 as at the end of Q4 (against a target of 1,036). 239 AFAs were recorded in Q4.</p> <p>Looking at the property types with the highest number of AFAs during 16/17:</p> <ul style="list-style-type: none"> • hospitals (178) • schools (103) • purpose built offices (90). <p>The main causes of AFAs are faults on the system, accidental or careless activations, e.g. burnt toast accounting for 67% of all calls.</p> <p>The majority of AFAs at hospitals occurred at the Countess of Chester Hospital and Warrington General Hospital.</p> <p>The peak time for AFA's is between 7am and 9am, with 81.6% of calls occurring outside of the previous Unwanted Fire Signals policy hours (i.e. 9am to 5pm non-attendance).</p>	Financial Year	Number of AFAs	2011/12	~2000	2012/13	~1650	2013/14	~1500	2014/15	~1250	2015/16	~1050	2016/17	~1100
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What actions will be required to improve performance during the following quarter?

- The recent Unwanted Fire Signal (UwFS) Policy review identified that improvements in numbers are unlikely until further incremental changes are implemented.
- The revised UwFS Policy went live on 3rd April 2017 and significant reductions should be seen in Q1 of 17/18.
- We now have a non-attendance policy 24 hours a day, seven days a week to all non sleeping risk non-domestic premises, such as businesses, offices, and shops unless supported by a phone call to confirm there is a fire and a fire service attendance is required.
- Higher risk and sleeping risk premises, e.g. hospitals, residential care homes, COMAH sites and high-rise buildings will continue to get attendance anytime during the day and night.
- Fire inspection officers continue to work to reduce numbers with representatives on the hospital groups across the 3 areas, although year on year performance has significantly improved.
- Local fire inspection officers continue to liaise with repeat offenders to bring numbers down further. Two dedicated seminars due to take place in May 2017 aimed at schools which focused on UwFS, fire safety, business continuity, electrical safety and the benefits of sprinklers.
- If the new policy (which went live on 3rd April 2017) had been in place in 2016/17 the Service would only have attended 391 calls over the course of the year based on premises type.

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
Indicator: [Number of HSAs Delivered to properties of Heightened Risk] [Platinum Address Success Rate : Percentage]					
Previous Status	Current Status	Summary of Current Performance			
		<p>The total number of HSAs completed as a service during Q4 was 6,717. During 16/17 the total recorded was 36,962 against a target of 40000.</p> <p>Target 16/17 – Ops = 20,231 Prevention = 19,769 Actual 16/17 - Ops = 20,332 Prevention = 16,630.</p> <p>From 1st February to 31st March 2017 we have conducted 4,911 Safe and Well visits, resulting in:</p> <ul style="list-style-type: none"> • 416 referrals to NHS England Bowel Cancer Screening Hub for a kit to be sent out to the householder. • 115 referrals to Local Authority falls teams for help and support. • 10 referrals to Local Authority smoking cessation teams for help and support. • 3 referrals to Local Authority alcohol reduction teams for help and support. • 51 Atrial Fibrillation screening tests for Halton, resulting in advice for one person to make an urgent GP appointment. <p>So far, 11% of Safe and Well visits have resulted in a referral to health agencies.</p>			
		<p>The target has been met with 68% of platinum HSAs completed by 30/09/16, in addition 100% of platinum and gold households have been engaged with.</p>			

What actions will be required to improve performance during the following quarter?

- Staff capacity has had an impact on delivery during 16/17 with an unprecedented number of retirements, leavers, reduction in hours requests and new staff not yet being fully competent.
- In Q1 of 17/18 we are moving forward with a full cohort of staff, the majority of whom are competent.
- Individual and team targets have been adjusted, should anyone leave in a particular team, other individual staff targets will be adjusted upwards until vacancies can be filled to ensure the team targets will be met. This more rigorous method of performance management will no doubt see an improvement in next year's performance.
- Feedback from health partners has been really positive regarding the Safe and Well visits. They are delighted with the number and quality of referrals we are making to their agencies to help protect older and vulnerable people.

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
------------------	------------	------	------------	----	------------

Indicator: [Thematic Inspections Completed]

Previous Status	Current Status	Summary of Current Performance
		<p>396 thematic inspections were completed in Q4. A total of 1,671 thematic inspections completed in 16/17 (annual target 1,640).</p> <p>Protection officers carried out audits/re-inspections of premises following issues identified by operational crews during thematic inspections resulting in:</p> <ul style="list-style-type: none">• Educate and Inform - 18• Notification of Deficiencies - 17• Action Plan - 9• Enforcement Notice - 3• Prohibition - 0• Alteration Notice - 0

What actions will be required to improve performance during the following quarter?

- We continue to monitor and identify any appropriate trends for thematic inspections and the Protection team will continue to follow-up on any issues operational crews find during their visits and enforce where appropriate.
- Discussions are taking place regarding 17/18 targets as the new stations boundaries, e.g. Lymm and Powey Lane may not contain appropriate premises so some adjustment may need to be made moving forward.

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
------------------	------------	------	------------	----	------------

Indicator: [Number of NDP Fire Safety Audits Completed]

Previous Status	Current Status	Summary of Current Performance
		<p>At the end of Q4 the number of fire safety audits is slightly over target with a total of 1,633 audits having been completed against a yearly target of 1,600.</p> <p>Outcomes of Audits in 16/17:</p> <ul style="list-style-type: none"> • Educate and Inform – 1,018 • Notification of Deficiencies - 364 • Action Plan - 146 • Enforcement Notice - 62 • Prohibition - 6 • Alteration Notice - 1

What actions will be required to improve performance during the following quarter?

- Our Risk Based Inspection Programme is driven by life safety and not necessarily directed where the fires are actually occurring. The Business Safety team and protection officers will look at these incidents to ascertain any trends and target awareness campaigns and initiatives as appropriate, for example impact days and seminars etc.
- The Protection team are currently reviewing and preparing a number of cases for prosecution for premises where serious breaches of the FSO have occurred.
- During 2016/17 we have successfully prosecuted the Responsible Persons/Duty Holders concerned with two residential care homes: Smallwood Homes (Thelwall Grange) and Minster Care (Croftwood).

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
------------------	------------	------	------------	----	------------

Indicator: [10 Minute Standard]

Previous Status	Current Status	Summary of Current Performance
		<ul style="list-style-type: none">The response to life risk incidents within 10 minutes was 87%Significantly above the target of 80%Dwelling fires 91.5%RTCs 81%.This year's improvement was achieved because of an improved response standard for RTCs which rose from 77% to 81%.
What actions will be required to improve performance during the following quarter?		
<ul style="list-style-type: none">Performance is improving but we will continue to analyse all incidents where we failed to achieve the standards to identify any patterns and possible interventions that will improve performance.		

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
------------------	------------	------	------------	----	------------

Indicator: [Average Days/Shifts Lost to Sickness]

Previous Status	Current Status	Summary of Current Performance																
		<p>The Q4 statistics for sickness show that performance is still strong in this area at both a local level and when compared against other Fire and Rescue Services.</p> <ul style="list-style-type: none">During Q3 the national report compiled by Cleveland FRS showed that Cheshire was ranked 3rd for the best attendance for Whole time fire-fighters.By the end of Q4 the most recent national report showed that Cheshire is now the highest performing FRS in the UK when compared against 32 other FRS for whole time firefighter attendance.Cheshire holds the rank of second highest performing for On Call and Support staff sickness. <table border="1"><thead><tr><th>Staffing Categories</th><th>Rank</th><th>Working Days Lost</th><th>Average Days Lost across all FRS</th></tr></thead><tbody><tr><td>Whole-time</td><td>1</td><td>2.35</td><td>5.55</td></tr><tr><td>On Call</td><td>2</td><td>2.63</td><td>6.98</td></tr><tr><td>Green Book</td><td>2</td><td>2.93</td><td>5.53</td></tr></tbody></table>	Staffing Categories	Rank	Working Days Lost	Average Days Lost across all FRS	Whole-time	1	2.35	5.55	On Call	2	2.63	6.98	Green Book	2	2.93	5.53
Staffing Categories	Rank	Working Days Lost	Average Days Lost across all FRS															
Whole-time	1	2.35	5.55															
On Call	2	2.63	6.98															
Green Book	2	2.93	5.53															

What actions will be required to improve performance during the following quarter?

- Whilst there are no specific actions for improvement, monthly scrutiny continues to be applied to all absence cases to ensure that the appropriate interventions are put in place to ensure staff are given adequate support to assist with their return to the workplace.
- Quarterly contract meetings with OHU are also ongoing to monitor service delivery.

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017
------------------	------------	------	------------	----	------------

Indicator: [Working Days Lost to Injury]

Previous Status	Current Status	Summary of Current Performance
		<ul style="list-style-type: none">Our records show that in the fourth quarter only one day was lost to injury.The total for the year was 38 this is lower than that recorded in 2015/16.

What actions will be required to improve performance during the following quarter?

The improvement in performance has occurred for a number of reasons:

- Improved absence management by HR,
- There have been fewer accidents,
- Severity of accidents has reduced.

All of which together have contributed to the average number of working days lost to injury being reduced significantly.

Performance and Programme Board – Performance Report

Reporting Period	Quarter Q4	From	01/04/2016	To	31/03/2017									
Indicator: [On Call Availability]														
Previous Status	Current Status	Summary of Current Performance and Intelligence												
Nucleus on-call														
G	G													
Primary on-call														
R	A													
Secondary on-call														
R	R													
<p>The chart displays four blue bars representing On-Call Availability percentages for each quarter. The y-axis ranges from 0.0% to 100.0% in increments of 20.0%. The x-axis shows the quarters Q1, Q2, Q3, and Q4. Each bar has a callout indicating its value: Q1 at 68.9%, Q2 at 65.7%, Q3 at 71.7%, and Q4 at 74.7%.</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>On-Call Availability (%)</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>68.9%</td> </tr> <tr> <td>Q2</td> <td>65.7%</td> </tr> <tr> <td>Q3</td> <td>71.7%</td> </tr> <tr> <td>Q4</td> <td>74.7%</td> </tr> </tbody> </table>					Quarter	On-Call Availability (%)	Q1	68.9%	Q2	65.7%	Q3	71.7%	Q4	74.7%
Quarter	On-Call Availability (%)													
Q1	68.9%													
Q2	65.7%													
Q3	71.7%													
Q4	74.7%													
<p>End of year performance for on-call availability across all pumps is 70%, an improvement over Q3.</p> <ul style="list-style-type: none"> Five individual pumps achieved the Service target of 85% 80% of pumps saw improved levels of availability The availability has increased by 5.8% from Q1 to Q4 <p>There are significant variations between the differing on-call shift systems:</p> <ul style="list-style-type: none"> If on-call pump is part of nucleus crewing availability is 98%, a significant improvement on target If on-call pump is the primary pump availability is 77%. (e.g. Malpas, Poynton etc.) above average but below target. If on-call pump is second pump availability is 48% (e.g. Winsford, Congleton etc.) <p>The Individual figures for each pump are shown in appendix 1.</p> <table border="1"> <thead> <tr> <th>All OC Pumps (average)</th> <th>70%</th> </tr> </thead> <tbody> <tr> <td>Nucleus OC Pumps</td> <td>98%</td> </tr> <tr> <td>Primary OC Pumps</td> <td>77%</td> </tr> <tr> <td>Secondary OC Pumps</td> <td>48%</td> </tr> </tbody> </table>						All OC Pumps (average)	70%	Nucleus OC Pumps	98%	Primary OC Pumps	77%	Secondary OC Pumps	48%	
All OC Pumps (average)	70%													
Nucleus OC Pumps	98%													
Primary OC Pumps	77%													
Secondary OC Pumps	48%													

What actions will be required to improve performance during the following quarter?

RECRUITMENT

- Full complement recruited for Penketh, the team went live on 11 January 2017.
- Full complement recruited for Alsager. The cohort have responded to dozens of incidents as shadow pump and are on track to go live from April 2017.
- IRMP 14 review at Crewe and Ellesmere Port has resulted in the suspension of further on-call recruitment at these locations at this time, staff already in the recruitment system will continue to be processed.
- Currently scoping new approach to on-call recruitment and initial training course. This would mean that each month there would be one initial course (MOD1) and 1 session for the written and practical tests - the aim being to provide more and regular opportunities for new candidates.

REWARDS / RETENTION (Increase pay, rewards and job satisfaction thus improving retention)

- Introduced Forced Entry across all stations
- Introduced Cardiac Response Pilot at Holmes Chapel and Frodsham. This is currently being evaluated with the aim of rolling it out across all stations as per IRMP objective.
- Continue to facilitate on-call staff to work full shifts on whole-time stations and further increase opportunities by including on-call in the new Resilience Register which will be launched in May 17.
- Continue to use 'shadow pump' concept for new on-call teams
- To further improve pay and link it directly to performance, officers have recently (1 October 2016) introduced a new on-call Availability Reward Scheme (OCARS). This scheme provides a financial reward of between £550 and £1000 for staff working at stations that achieve the on-call availability target of 85%. OCARS Payments were made to on-call teams at 6 stations for Qtr3 (02,06,12,16,19,22), total cost was circa.£9.9k. Qtr4 data indicates that payments will be made across 6 stations (02,06,12,16,17,19) costing circa.£10.4k. On-call availability has increased since the scheme was launched.

MANAGEMENT/SUPERVISION

- Appointed an additional on-call Support Officers Station Manager thereby increasing the number of support managers from 2 to 3.
- Introduced a pilot for a new 'Whole-time on-call Watch Manager' role. This new role will oversee Knutsford and Holmes Chapel, providing both managerial capacity and operational daytime cover, thus helping to improve pump availability. Interviews have been completed and a manager has been appointed.
- Delivered regular meeting/conferences for on-call managers so they can interact with senior officers and feedback issues and concerns.
- Continue pilot at a number of stations, which means those stations can employ an extra supervisory manager on a temporary basis.

DAYTIME COVER

- Considering the possibility of using technology to allow the on-call pumps to be available - in certain circumstances - but on a delayed turnout, thus maximising resources.
- Currently developing a partnership with Howdens Joinery to increase day cover at Runcorn.
- Participants from the WM Step Up Programme have developed new ideas and initiatives which will be taken forward with the aim of improving day cover.

PERFORMANCE MONITORING

- Continue quarterly monitoring report to track key indicators relating to on-call availability. These include Mobilisations; percentage of Budget spent; Pump Availability YTD; Number of Staff, Supervisory Managers, ICAs, Drivers, Competent FFs, Number of New Recruits and Leavers in last 12 months.
- Introduce quarterly performance report comparing individual contracted hours with actual performance for all on-call employees. This will be sent to Watch and Station Managers for the purposes of performance management.
- Introduce a revised station performance report to separate the three different types of on-call pump: 1) Primary on-call (Wholly on-call station) 2) Secondary on-call (second pump on a 2 pump station) 3) Nucleus on-call (on-call providing night cover). This will be published to all stations each month showing on-call availability performance from 1 April, compared with the same period in the previous year.

Appendix 1

Shift System OC	Appliance Location	April	May	June	July	August	September	October	November	December	January	February	March	Average Percentage
Secondary OC	Stockton Heath	31.70%	25.64%	32.72%	26.22%	45.22%	37.05%	52.75%	51.83%	47.27%	51.10%	46.30%	48.60%	41.32%
Secondary OC	Runcorn	52.07%	54.01%	41.75%	37.05%	40.01%	26.39%	48.97%	54.25%	38.72%	77.90%	44.70%	58.60%	48.67%
Secondary OC	Congleton	58.37%	55.41%	55.34%	54.01%	53.20%	51.15%	54.05%	61.13%	44.27%	64.80%	64.00%	61.80%	56.40%
Secondary OC	Macclesfield	62.56%	49.01%	42.98%	37.15%	23.46%	54.32%	73.40%	60.89%	48.66%	67.30%	73.80%	78.50%	55.58%
Secondary OC	Northwich	47.06%	46.79%	45.80%	48.77%	41.58%	40.35%	52.72%	46.93%	35.04%	52.60%	52.00%	47.40%	46.34%
Secondary OC	Winsford	32.82%	17.77%	34.32%	31.50%	45.26%	33.85%	41.10%	41.14%	14.19%	29.90%	30.20%	21.20%	36.90%
Primary OC	Frodsham	88.18%	89.99%	87.26%	80.38%	75.27%	78.95%	91.72%	96.70%	91.72%	83.20%	94.60%	95.90%	87.78%
Primary OC	Tarporley	54.46%	48.73%	62.84%	59.84%	57.86%	58.51%	59.84%	69.61%	56.60%	67.30%	56.10%	58.10%	59.16%
Primary OC	Malpas	69.17%	70.84%	79.77%	79.15%	75.58%	74.55%	64.16%	77.76%	74.76%	83.40%	78.00%	73.30%	75.01%
Primary OC	Nantwich	82.35%	78.40%	78.51%	79.22%	81.91%	76.70%	85.62%	90.26%	88.25%	91.70%	93.20%	94.00%	84.96%
Primary OC	Audlem	60.83%	65.80%	56.60%	62.32%	58.13%	57.66%	66.00%	69.85%	57.15%	75.20%	65.00%	65.90%	63.35%
Primary OC	Sandbach	93.94%	98.40%	98.77%	95.74%	94.79%	84.67%	94.55%	91.89%	89.68%	93.90%	94.20%	92.60%	93.58%
Primary OC	Holmes Chapel	77.59%	82.25%	80.24%	75.44%	80.34%	76.87%	78.98%	83.27%	81.30%	92.80%	89.00%	84.70%	81.86%
Primary OC	Bollington	55.89%	63.89%	41.68%	45.60%	33.95%	55.17%	70.13%	52.82%	38.75%	58.90%	63.40%	54.60%	52.81%
Primary OC	Poynton	75.81%	86.03%	72.82%	70.94%	67.57%	65.90%	81.13%	87.94%	84.33%	88.30%	79.00%	83.10%	78.57%
Primary OC	Middlewich	76.84%	82.22%	67.57%	70.36%	52.38%	65.42%	72.61%	78.68%	62.46%	77.90%	86.20%	80.40%	72.65%
Nucleus OC	Birchwood	84.80%	92.84%	94.95%	86.91%	88.89%	75.52%	91.48%	96.93%	86.91%	99.73%	100.00%	98.78%	95.66%
Nucleus OC	Wilmslow	99.18%	98.64%	98.33%	95.98%	99.35%	99.59%	98.71%	97.55%	99.18%	100.00%	98.60%	98.30%	98.75%
Nucleus OC	Macclesfield	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Monthly Availability	69.25%	70.20%	67.32%	66.77%	65.62%	64.70%	73.81%	74.44%	66.93%	76.63%	74.12%	73.46%	69.96%

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 28TH JUNE 2017
REPORT OF: DIRECTOR OF GOVERNANCE AND CONSTITUTION
AUTHOR: CHRIS ASTALL

SUBJECT: END OF YEAR - INTERNAL AUDIT PROGRESS
REPORT AND DIRECTOR OF AUDIT OPINION

Purpose of Report

1. To present to Members the:
Internal Audit Progress Report – Quarter 4; and
Director of Audit Opinion and Annual Report 2016/17

Recommended That:

- [1] Members of the Performance & Overview Committee review and note the attached report; and
- [2] Members highlight any specific audit findings for which they would like further detail.

Background

2. Internal audit is an assurance function that primarily provides an independent and objective opinion to the Authority on the organisation's control environment.
3. Findings and recommendations made by Mersey Internal Audit Agency (MIAA) during the course of an audit are presented formally in a report to the relevant Heads of Department. Each recommendation is prioritised as Critical, High, Medium, or Low to reflect the assessment of risk associated with any identified control weakness. It is a management responsibility to respond to the recommendations and identify actions that can be taken to address any issues.
4. The Terms of Reference (ToR) and final audit reports are reviewed by senior officers and any substantial risks identified may be referred to the Risk Management Board if considered necessary. The Performance and Overview Committee receives updates on a quarterly basis for the purpose of monitoring and scrutiny of progress against the annual audit plan and to consider notable findings from audits undertaken during the course of the year.
5. All recommendations are populated on the Service's Cheshire Planning System (CPS) so that progress in implementing the improvement actions is monitored during the year and independently assessed by MIAA during an annual 'follow-up' audit which commenced in May 2017.

Information

Internal Audit Progress Report

6. Since the last report to Performance & Overview Committee the following audits are in progress:
7. **Partnerships** – Draft report issued, awaiting response on recommendations
8. **National Fraud Initiative Exercise** – Final stage of testing in progress
9. **Site Specific Risk Information** – Draft report issued, awaiting agreement and sign off.

Director of Audit Opinion

10. In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisations' risk management, control and governance processes (i.e. the organisations' systems of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Authority.

Follow Up

11. The follow-up audit commenced in May and will provide assurance regarding management implementation of agreed actions. The outcome will be presented to Performance and Overview Committee as part of the Quarter 1 progress report.

Financial Implications

12. Internal audit is an outsourced service funded from base budget. Any additional financial implications arising from internal audit recommendations are assessed individually as part of the management response to final audit reports.

Legal Implications

13. There are no specific legal implications arising from this report.

Equality & Diversity Implications

14. There are no differential impacts on any particular section of the community arising from this report.

Environmental Implications

15. There are no specific impacts on the environment arising from this report.

**CONTACT: JOANNE SMITH, FIRE SERVICE HQ, WINSFORD
TEL [01606] 868804**

Appendix 1 – Internal Audit Progress Report - Quarter 4

Appendix 2 – Director of Audit Opinion and Annual Report 2016/17

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Internal Audit Progress Report

Performance and Overview Committee

(28th June 2017)

Cheshire Fire Authority / Fire & Rescue Service



Contents

1. Introduction
2. Key Messages for Committee Attention
3. Work in progress

Appendix A: Risk Classification and Assurance Levels

Appendix B: Contract Performance

Appendix C: Critical / High Level Risk Recommendations



1. Introduction

This progress report provides an update to the Performance and Overview Committee in respect of the assurances, key issues and progress made in respect of the 2016/17 Audit Plan. Comprehensive reports detailing findings, recommendations and agreed actions are provided to the organisation, and are available to Committee Members on request. In addition, a consolidated follow up position is reported on a periodic basis to the Performance and Overview Committee.

2. Key Messages for Committee Attention

Section 3 of the report provides details of the work in progress. Appendix A provides the categorisation of assurance levels and risk ratings and Appendix B confirms performance against plan for 2016/17. Details of High Level actions are provided in Appendix C.

3. Work in Progress

The following pieces of work are in progress and will be reported to the Committee following completion:

Work In progress

- **Site Specific Risk Information (SSRI)** – To provide assurance that the Service has an effective process in place to gather, store and disseminate Site Specific Risk Information (SSRI). **Draft Report Issued, awaiting agreement and sign off.**
- **Partnership Arrangements** – To assess the effectiveness of the arrangements in place to manage prevention partnerships to achieve the best outcomes and that the reporting routes through the Authority are clear. **Draft Report Issued and assurance level agreed, awaiting agreement and sign off of recommendations**



Request for Audit Plan Changes

Policy Approval Group approval will be requested for any amendments to the original plan and this will be reported to the Performance and Overview Committee to facilitate the monitoring process. There are no proposed amendments to the audit plan.

Appendix A: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process.
Significant	There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.
Limited	There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.
No	There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> • the efficient and effective use of resources • the safeguarding of assets • the preparation of reliable financial and operational information • compliance with laws and regulations.
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

Appendix B: Contract Performance

The primary measure of your internal auditor's performance is the outputs deriving from work undertaken. The plan has also been discussed with lead officers to determine the appropriate timing of individual work-streams to accommodate organisational priorities, availability, mandatory requirements and external audit views.

General Performance Indicators

The following provides some general performance indicator information to support the Committee in assessing the performance of Internal Audit.

Element	Status	Summary
Progress against plan	Green	Audit reviews are on track in terms of planned completion.
Timeliness	Green	Generally, reviews are progressing in line with planned delivery.
Qualified Staff	Green	MIAA Audit Staff consist of: <ul style="list-style-type: none"> • 65% Qualified (CCAB, IIA etc.) • 35% Part Qualified
Quality	Green	MIAA operate systems to ISO Quality Standards. Triennial review by External Audit was positive.

Overview of Output Delivery

REVIEW TITLE	PLANNED COMPLETION				ASSURANCE LEVEL	Commentary
	Aug	Nov	Mar	Jun		
FINANCE & RESOURCES						
Counter Fraud Arrangements				●		Providing Support on National Fraud Initiative
Financial Systems			●		High / Significant	Final Reports Issued
Insurance Arrangements		●			Significant	Final Report issued
PERFORMANCE						

REVIEW TITLE	PLANNED COMPLETION				ASSURANCE LEVEL	Commentary
	Aug	Nov	Mar	Jun		
On Call Availability			●		Significant	Final Report Issued
Partnership Arrangements				●	Significant	Draft Report
OPERATIONAL COMPLIANCE						
IT Critical Applications				O		Management request for deferral to 2017/18
Site Specific Risk Information			●			Draft Report – awaiting management response
Station Management Framework			●		Significant	Final Report Issued
GOVERNANCE, RISK AND LEGALITY						
ALARM Benchmarking		●				Complete
Statement of Assurance				●		Advisory Support
FOLLOW-UP AND CONTINGENCY						
Follow-up		●				See Follow Up Report
Contingency			●			ALARM Benchmarking

Key O = Planned ● = In Progress / Complete



Appendix C: Critical/ High Risk Recommendations

There were no high or critical risk recommendations included within the reports.

Mersey Internal Audit Agency

Director of Audit Opinion and Annual Report 2016/17

Cheshire Fire Authority / Fire and Rescue Service



Contents

1. Introduction
2. Director of Internal Audit Opinion – Executive Summary
3. Director of Internal Audit Opinion – Detailed Commentary
4. MIAA Quality of Service Indicators



1. Introduction

1.1 Purpose of this Report

The purpose of this Director of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Authority which underpin their own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Authority in the completion of its Annual Governance Statement (AGS), along with considerations of organisational performance, regulatory compliance and wider transformation such as the Blue Light Collaboration. Section 3 of the report provides additional information to support your AGS.

1.2 Authority and Accountable Officer Roles and Responsibilities

The whole Authority is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is an annual statement by the Accountable Officer, on behalf of the Authority, including:

- How the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control and governance that supports the achievement of policies, aims and objectives.
- The purpose of the system of internal control as evidenced by a description of the risk management and review processes;
- The conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisations' risk management, control and governance processes (i.e. the organisations' systems of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Authority, which can provide assurance, subject to the inherent limitations described below. The outcomes and delivery of the internal audit plan are provided in Section 3.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Strategic Risk Register and Risk Management process. As such, it is one component that the Authority should take into account in making its AGS.

2. Director of Internal Audit Opinion – Executive Summary

My opinion is set out as follows:

- Basis for the opinion;
- Overall opinion; and
- Commentary

2.1 Basis for the Opinion
1. An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of systems reviewed and management's progress in respective of addressing control weaknesses identified.
2. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.
3. An assessment of the assurance arrangements in place to underpin the AGS and provide reasonable assurance that there are effective systems of internal control to manage the principal risks identified by each organisation.

My opinion is one source of assurance that the organisation has in providing its AGS. Other third party assurances should also be considered. In addition the Authority should take account of other independent assurances that are considered relevant.

1.2 Overall Opinion

My overall opinion for the period covering 2016/17 is: -



Significant Assurance, can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

2.3 Commentary

This opinion is provided in the context that the Fire Authority, like other organisations across the public sector, has faced, and is facing, some challenging issues in respect of financial sustainability. Cheshire Fire Authority's Medium Term Financial Position reflects this and has identified the need for savings of between £3.9m and £4.5m in the four year period from 2017-18 to 2020-21. The Authority has already delivered almost £9m of savings in the previous CSR period and an additional £900k in the current year. Proposals have been developed for the majority of these savings requirements. The continued focus and delivery of these savings will be a key to the Authority delivering an efficient and effective service.

Strategic monitoring of the organisation's performance is carried out by the Fire Authority, including quarterly reports to the Performance and Overview Committee. More detailed scrutiny is carried out by an internal Performance and Programme Board and through the Service's unitary performance groups which involve both local councillors and staff. A mixture of nationally accepted fire and rescue service performance indicators together with local targets are used to track progress and monitor progress in achieving the Authority's vision of a Cheshire where there are no deaths, injuries or damage from fires or other emergencies.

Over the past two years the Fire Authority has been working on a blue light collaboration programme with Cheshire Constabulary to bring together each organisation's support services into single teams and establish a new joint headquarters at the police's current site at Clemonds Hey in Winsford. A timetable for the establishment of the new joint support teams has been agreed and a number of staff have already relocated to Clemonds Hey, with the remainder due to move by April 2018. As such the Fire Authority will need to ensure that the governance arrangements to support these developments are robust and support the scale and level of pace of this project.

The Fire and Rescue Service formally moved from Department for Communities and Local Government (DCLG) to the Home Office in early 2016 and it has been highlighted that the Home Office are looking at options for Fire & Rescue

Services undertaking more formal assessments and inspections in the future. It is noted that the Authority is keen to take part in any pilot inspection exercises in 2017-18 and this should provide an excellent opportunity for the Authority to assess its arrangements against this framework.

In providing this opinion I can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. I also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

Tim Crowley
Director of Audit, MIAA
May 2017



3. Director of Internal Audit Opinion – Detailed Commentary

Performance against Plan

The Internal Audit Plan has been delivered in accordance with the plan and any agreed changes reported to the Fire Authority, Performance and Overview Committee and agreed with the Policy Approval Group at the start of the financial year. This position has been reported within the progress reports across the financial year, with the final report concluding completion of the Internal Audit Plan with the exception of two reviews. The review of Site Specific Risk Information is close to finalisation and the review of IT Critical Applications has been deferred to 2017/18. These reviews will be reported to the Performance and Overview Committee and will form part of the 2017/18 Director of Audit Opinion.

Risk Based Reviews

The audit assignment element of the Opinion is limited to the scope and objective of each of the individual reviews. Detailed information on the limitations to the reviews has been provided within the individual audit reports and through the Performance and Overview Committee Progress reports throughout the year. The table below provides a summary of the reviews and overall objectives contributing to this element of the Opinion.

Title	Overall Objective	Recommendations			
		C	H	M	L
HIGH ASSURANCE: Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process.					
Treasury Management	To provide assurance on the design and operation of the key controls within Treasury Management.	-	-	-	-
SIGNIFICANT ASSURANCE: There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.					

Title	Overall Objective	Recommendations			
		C	H	M	L
Cash and Bank	To provide assurance on the design and operation of the key controls within Cash and Bank.	-	-	1	1
Insurance Arrangements	To assess the effectiveness of the revised insurance arrangements in place at the Authority.	-	-	3	2
On Call Availability	To assess the effectiveness of the management and monitoring of arrangements in place relating to on call availability.	-	5	-	-
Payroll	To provide assurance on the design and operation of the key controls within Payroll.	-	-	-	2
Partnership Arrangements	To assess the effectiveness of the arrangements in place to manage prevention partnerships to achieve the best outcomes and that the reporting routes through the Authority are clear.	Report currently in draft - To be agreed with management			
Station Management Framework	To provide assurance on the effectiveness of the controls and processes in place at a local level for compliance with the maintenance and operational preparedness parts of the Station Management Framework.	-	-	-	4
LIMITED ASSURANCE: <i>There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.</i>					
No reviews have received this assurance rating.					
NO ASSURANCE: <i>There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.</i>					
No reviews have received this assurance rating.					



CONTRIBUTION TO GOVERNANCE, RISK MANAGEMENT AND INTERNAL CONTROL ENHANCEMENTS: Areas where MIAA have supported the organisation in strengthening arrangements in respect of governance, risk management and internal control.
Local Code of Corporate Governance: Involvement with the organisation in respect of advice and guidance relating to compliance with the guidance 'Delivering Good Governance in Local Government'.
ALARM Benchmarking: To provide advisory support on the organisations benchmarking against the ALARM standards for Risk Management.
National Fraud Initiative: To provide advisory support in relation to completion of the National Fraud Initiative (NFI) data matching exercise.
Detailed insight into the overall Governance and Assurance processes gained from liaison throughout the year with various officers of the management team and with the s151 Officer and regular review of Committee papers.
Involvement and relationship with the organisation e.g. attendance at the Authority's Risk Management Board and regular attendance at the Performance and Overview Committee.
Follow Up, demonstrating progress against previously agreed recommendations to improve systems and controls.

Follow up

An important aspect of the internal audit process is the follow up to ensure that opportunities for enhancement are delivered.

During the course of the year we have undertaken follow up reviews and can conclude that the good progress has been made with regards to the implementation of recommendations. A report on follow up reviews will next be presented to the Performance and Overview Committee early in 2017/18.

Other key areas for consideration in the completion of your Annual Governance Statement

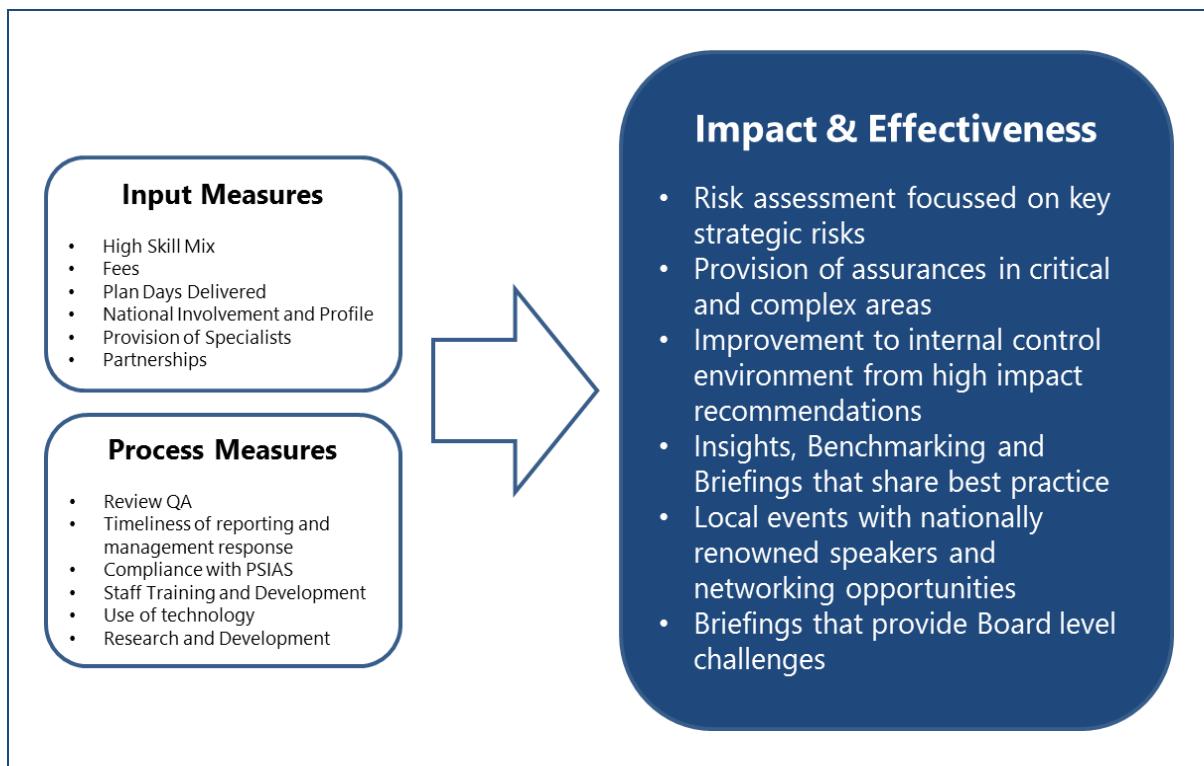
In addition to the Director of Audit Opinion, we have identified a number of other strategic challenges that should be considered by the Authority when drafting the AGS. Whilst the scope of the Internal Audit Plan would have considered elements of these, it is important that the Authority reflects more widely on how these should be factored into the AGS. Areas for consideration include:

- Regulatory compliance, including National Framework, Fire Safety Order and DCLG Health and Safety Framework.
- Responding to changes as a result of the responsibility for fire and rescue policy moving from the Department for Communities and Local Government to the Home Office and development of a new assessment and inspection regime.
- Organisation performance, including unprecedented challenges in achieving financial duties, on-going financial viability, service pressures and key relationships with all Blue Light Services.
- Wider partnership working across local public sector services including development and progression of the Blue Light Collaboration;
- Relationship and management of 3rd party providers upon which the Authority places reliance, and the provision of assurances from these (e.g. Northwest Fire Control Centre); and
- Development of Authority Members throughout the year, along with communication and engagement with key stakeholders and other partners.

4. MIAA Quality Service Indicators

MIAA Service Delivery

It is important that client organisations ensure an effective Internal Audit Service, and whilst input and process measures offer some assurance, the focus should be on outcomes and impact from the service. The figure below confirms the measures that we believe demonstrate an effective service to you.



MIAA regularly report on input and process KPIs as part of our Audit Advisory Committee Progress reports, and the impact and effectiveness measures can be assessed through the HOIA Opinion.

Client feedback is a key part of assessing effectiveness and ensuring continuous improvement. We seek and receive this in a number of ways across our client base, including regular contact and relationships with you, formal questionnaires after each assignment, periodic client surveys and regular post event feedback. A snapshot of this feedback is provided below.



1.4

Average score across all elements
of our Post Audit Questionnaires
(where 1 = good and 4 = poor)

98%

Of attendees rated
our event speakers as Good, Very
Good or Excellent

We recognize that there is a need to modernize the way in which we seek and receive feedback and will continue to look at approaches during 2017/18.

MIAA Compliance with Internal Audit Standards

MIAA comply fully with professional best practice, internal audit standards and legal requirements. This includes guidelines issued by the Auditing Practice Board, professional bodies, MONITOR's Audit Code and the Institute of Internal Auditors. The Public Sector Internal Audit Standards (wef. 2013) and our operational Internal Audit Manual are central to our continued external quality accreditation (BS EN ISO 9001:2000).

The outcome MIAA's recent External Quality Assessment (EQA), undertaken by CIPFA, which evaluated the organisation's compliance with Public Sector Internal Audit Standards confirmed that MIAA conforms to the standards. An EQA is required every 5 years and is of huge significance, as it provides assurance both internally and externally of MIAA's compliance with these Standards across all of the functions that are provided as part of the internal audit plan and via advisory services.



MIAA Quality Assurance

MIAA continue to ensure that quality remains central to our core objective of providing our clients with the best service. To achieve this we have in place a number of internal and external quality processes. These include:

- Investors in People
- BS EN ISO 9001/2000 underpinned by comprehensive internal quality assurance processes
- Professional Body Accreditations (including ACCA Gold and CIPFA Platinum Accreditations)
- Continued adoption of the EFQM Business Excellence Model



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Performance and Overview Committee Meetings								
Date:	28 June 2017		6 September 2017		22 November 2017		28 February 2018	
Report Deadline:	12 June 2017		21 August 2017		6 November 2017		12 February 2018	
Despatch Date:	20 June 2017		29 August 2017		14 November 2017		20 February 2018	
Paper:	Lead	Paper:	Lead	Paper:	Lead	Paper:	Lead	Paper:
1. Q4 Performance Report	SG	1. Q1 Performance Report	SG	1. Q2 Performance Report	SG	1. Q3 Performance Report	SG	
2. Q4 Programme Report	AL	2. Q1 Programme Report	AL	2. Q2 Programme Report	AL	2. Q3 Programme Report	AL	
3. Q4 Finance Report	AL/WB	3. Q1 Finance Report	AL/WB	3. Q2 Finance Report	AL/WB	3. Q3 Finance Report	AL/WB	
4. EOY (Q4)Report - Internal Audit	AL	Quarterly reporting 4. (Q1)against internal audit plan and recs 2017-18	AL	4. Q2 Internal Audit Report	AL/WB	4. Q3 Internal Audit Report	AL	
		5. On the Streets Project - Annual Report	NE	5. Annual Health, Safety and Wellbeing report	GO	5. Equalities Action Plan - 6 monthly review	AH	
		6. NW Fire Control Performance Annual Report	GO	6. Annual Road Safety Report	NE	6. Staff Engagement Survey Update (TBC)	AH	
		7. Annual E&D Monitoring	AH	7. Interim Bonfire Report (TBC)	NE	7. Annual Bonfire Report	NE	
		8. Environment and sustainability annual update	AL	8. Protection Prosecutions annual report	SG			
		9. Powey Lane and Chester FS Performance	SG/AW	9. Prosecutions Annual Report	SG			
Closure of Accounts on rise of P&O 28 June				10. On Call Availability	AW			
Annual Gov Statement				11. UPG - 6 monthly update	AW/SG			
Standing Items:		Standing Items:		12. Unwanted Fire Signal Performance report	SG			
Work Programme Update		Closure of Accounts Minutes						
		Work Programme Update						
				Work Programme Update		Work Programme Update		Work Programme Update

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