



**Wednesday,  
6 September 2017  
10.00 am**

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

Contact Officer:  
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Democratic Services

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## **Cheshire Fire Authority**

### **Notes for Members of the Public**

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#### **Attendance at Meetings**

The Cheshire Fire Authority welcomes and encourages members of the public to be at its meetings and Committees. You are requested to remain quiet whilst the meeting is taking place and to enter and leave the meeting room as quickly and quietly as possible.

All meetings of the Authority are held at Fire Service Headquarters in Winsford. If you plan to attend please report first to the Reception Desk where you will be asked to sign in and will be given a visitors pass. You should return your pass to the Reception Desk when you leave the building. There are some car parking spaces available on site for visitors at the front of the Headquarters Building. Please do not park in spaces reserved for Fire Service personnel.

If you feel there might be particular problems with access to the building or car parking please contact the Reception Desk at Fire Service Headquarters on Winsford (01606) 868700.

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#### **Questions by Electors**

An elector in the Fire Service area can ask the Chair of the Authority a question if it is sent to the Monitoring Officer at Fire Service HQ to arrive at least five clear working days before the meeting. The contact officer named on the front of the Agenda will be happy to advise you on this procedure.

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#### **Access to Information**

Copies of the Agenda will be available at the meeting. A copy can also be obtained from the contact officer named on the front of the Agenda. Alternatively, individual reports are available on the Authority's website ([www.cheshirefire.gov.uk](http://www.cheshirefire.gov.uk))

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.

**This agenda is available in large print, Braille, audio CD or in community languages upon request by contacting; Telephone: 01606868414 or email: [equalities@cheshirefire.gov.uk](mailto:equalities@cheshirefire.gov.uk)**

#### **Recording of Meetings**

Anyone attending the meeting should be aware the Authority audio-records its meetings. There is a protocol on reporting at meetings which provides further information. Copies are available on the Service's website [www.cheshirefire.gov.uk](http://www.cheshirefire.gov.uk) or alternatively contact Democratic Services for details

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#### **Fire Evacuation**

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**MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE  
WEDNESDAY, 6 SEPTEMBER 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 28<sup>th</sup> June 2017.

**1E Minutes of the Closure of Accounts Committee**

(Pages 7 - 10)

To confirm as a correct record the minutes of the meeting of the Closure of Accounts Committee held on 28<sup>th</sup> June 2017.

**ITEMS REQUIRING DISCUSSION/DECISION**

**2 Quarter 1 Finance Report 2017-18**

(Pages 11 - 18)

**3 Quarter 1 Performance Report 2017-18**

(Pages 19 - 46)

**4 Quarter 1 Programme Report 2017-18**

(Pages 47 - 68)

**5 Internal Audit Plan - Quarterly Progress and Follow Up Reports**

(Pages 69 - 108)

**6 Annual Equality Monitoring Report 2016-17**

(Pages 109 - 140)

**7 Cheshire Cardiac Response Pilot Evaluation Report**

(Pages 141 - 174)

**8 Sprinkler Update**

(Pages 175 - 178)

- 9 High-Rise Update** (Pages 179 - 188)
- 10 Powey Lane and Chester Fire Stations - Presentation**  
The presentation will provide an update on operational response/performance in Chester following the implementation of the new cover arrangements which included moving the second appliance from Chester to Powey Lane fire station.
- 11 Daytime On Call Availability Cover - Presentation**  
As part of the Watch Manager Step Up Development Programme mangers were tasked with working together to develop ideas and initiatives to improve Service performance. This presentation is a proposal from one of the cohorts on the programme and focuses on improving day-time cover at on call stations.
- 12 Forward Work Programme** (Pages 189 - 190)  
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.

## **PART 2 - BUSINESS TO BE DISCUSSED IN PRIVATE**



**MINUTES OF THE MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE  
held on Wednesday, 28 June 2017 at Lecture Theatre - Fire Headquarters, Cheshire at  
10.00 am**

**PRESENT:** Councillors D Bailey, M Biggin, A Dirir, P Harris, J Saunders, T Sherlock and M Simon and independent member A Ruddy

**1 PROCEDURAL MATTERS**

**A Recording of Meeting**

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

**B Apologies for Absence**

No apologies for absence were received.

**Chair and Membership of Committee**

Members noted the appointment of a Chair and membership of the Performance and Overview Committee for 2017-18, as agreed by the Fire Authority at its annual meeting on 21 June 2017 and listed below:

**Councillors:**

P Harris – Chair  
T Sherlock – Deputy Chair  
D Bailey  
M Biggin  
A Dirir  
J Saunders  
M Simon

**Substitutes:**

H Deynem  
D Mahon  
R Polhill

**Independent Member:**

A Ruddy

**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 1<sup>st</sup> March 2017 be confirmed as a correct record.**

## **2 END OF YEAR FINANCIAL REPORT 2016-17**

The Accountant introduced the report which presented the 2016-17 year end review of the Authority's financial position. He informed Members that, 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 underspend of £1.52m, resulting in an overall underspend of £2.34m for the year. The key areas of underspend arose from Service Delivery, central contingencies and provisions.

The Accountant referred Members to the Authority's capital programme, detailed in Appendix 2 of the report. He highlighted that the year end position of the capital programme showed an overspend of £226k against a total programme of £22.9m. The Accountant informed Members that most of the programme was within budget or forecast to be underspent upon completion with the exception of the Emergency Response Programme (ERP). This showed an overspend of £796k against an overall budget of £17.4m (a 4.6% variance). The key reasons for the overspend were minor re-measurements, unforeseen costs and increased costs of fitting out the new Safety Centre at Lymm. However, the overall package remained within the contingency (£871k) agreed by Members at the outset of the ERP in December 2015.

The Accountant drew Members' attention to the Authority's reserves and the fact that 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 was earmarked to complete the ERP and support the IRMP and Medium Term Financial Plan. General reserves currently stood at £6.5m (just over 15% of the Authority's net budget). He concluded by referring Members to the note within the report which highlighted that the current figures concerning the general reserve excluded the provisional year end underspend of £1.5m which was subject to audit.

A Member requested that the Committee be briefed regularly concerning financial matters due to uncertainties surrounding the current economic and political climate. The Accountant informed Members that the Authority had entered into a fixed four year settlement with the government and that Members would remain briefed should changes occur.

**RESOLVED: That**

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

## **3 END OF YEAR REVIEW - IRMP PROGRAMMES AND PROJECTS 2016-17**

The Director of Governance and Commissioning provided Members with an update on the Service's 2016-17 Integrated Risk Management Plan programmes and projects by taking them through the health report, attached as Appendix 1.

The Director of Governance and Commissioning drew Members' attention to the programmes and projects which previously and currently had an amber status within the health report. He informed Members of the progress made in respect of the Blue Light Collaboration Programme and explained the challenges the Service faced concerning the delivery of the programme by April 2018. He referred Members to updates on Penketh and Lymm fire stations, highlighting areas where minor delays and snagging had occurred.

He informed Members that they would receive an update concerning the duty system reviews and on call recruitment situation for Ellesmere Port and Crewe at the Members' Planning Day scheduled for 14<sup>th</sup> July 2017.

The Director of Governance and Commissioning concluded by referring Members to the update within the report on the Authority's sprinkler campaign. He informed Members that an update would be taken to Members at the Committee's meeting in September to provide a position statement in light of the recent incident at Grenfell Tower in North Kensington. A Member queried whether officers could provide details of the cost of retrospectively fitting sprinklers in properties. It was agreed that this information would be provided at the Committee's meeting in September.

A Member requested clarification concerning the increased risk score for Crewe and Ellesmere Port on call recruitment within the health report. The Deputy Chief Fire Officer informed Members that the increased risk related to the delivery of the project and not to service levels.

A Member welcomed the decision to take further information on the Authority's sprinkler campaign to Members later in the year. He reminded Members that the Service had campaigned for a change in legislation concerning sprinklers and had approached housing associations, landlords and property owners regarding the installation of sprinklers.

The Deputy Chief Fire Officer informed Members that the Authority had led on the sprinkler campaign and that the Service had offered to jointly fund/subsidise the installation of sprinklers. He informed Members that offers were being renewed and that a budget remained in place. He also advised that the Service did not currently have the legislative right to enter private homes. He reiterated that Members would receive regular updates on the Service's work and progress concerning sprinklers and that Members who sat on the Sprinkler Group would be invited to the Committee's meeting in September.

A Member queried what the Service was currently doing in Cheshire to reassure residents with concerns about the safety of their homes. The Director of Governance and Commissioning informed Members that the Service had been informed that no cladding of the type fitted at Grenfell Tower had been found on tower blocks in Cheshire. However, there was a need to consider other types of cladding from a fire safety perspective. The Service did not have the facilities to test the cladding. The Head of Protection and Organisational Performance informed Members that cladding had been removed from several tower blocks within the area.

A Member queried whether the Service had any legislative powers concerning

compliance and the safety of unregulated, multiple occupancy housing and how the Authority could improve this situation. The Deputy Chief Fire Officer informed Members that the Service worked alongside building inspectors and could prosecute if fire safety issues were found in unregistered homes in multiple occupation. He highlighted the importance of local intelligence from Members. He informed Members that information would be provided to Members concerning the work of the Service's fire prevention team.

**RESOLVED: That**

**[1] the End of Year IRMP Programmes and Projects Review for 2016-17 be noted.**

#### **4 END OF YEAR REVIEW - PERFORMANCE 2016-17**

The Head of Protection and Organisational Performance introduced the report which provided Members with an update on the 2016-17 end of year review of performance for each of the Service's key performance indicators (KPIs).

He referred Members to the Corporate Performance Scorecard, attached as Appendix 1 to the report, which reflected the end of year position against targets set and the year-on-year direction of 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, fires in non-domestic premises and on call availability.

The Head of Protection and Organisational Performance informed Members that a number of the incidents included in the statistics for the number of deaths in primary fires were still to be considered by the Coroner where cause of death would be confirmed. He also highlighted that there was an indication that some incidents had been miscoded within the data relating to the number of injuries in primary fires and that individuals included in the figures may have received a 'precautionary check' rather than been treated for an injury.

The Head of Service Delivery provided further detail concerning the Service's current performance for on call availability, informing Members that on call availability had increased by 5.8% from Q1 to Q4. He highlighted the performance differences between the different on call shift systems, with nucleus on call appliances achieving 98% availability, primary on call appliances achieving 77% availability and secondary on call appliances achieving 48% availability. He highlighted actions that would be required to improve performance during the next quarter, including scoping a new approach to on call recruitment involving moving towards monthly initial courses to provide more opportunities for new candidates. He also informed Members that the On Call Availability Reward Scheme (OCARs) has had a positive impact on on call availability.

A Member queried whether it would be possible for officers to include the duty system of appliances attending incidents within the daily incident summary that was sent out to officers and Members. The Head of Service Delivery confirmed that it was possible and that he would communicate this to the officers responsible for

sending out the information.

A Member queried what rewards were in place for wholetime firefighters and whether the cardiac response scheme would continue if the Fire Brigades Union (FBU) withdraws its support. The Deputy Chief Fire Officer informed Members that the Service provided several wellbeing services and rewards schemes, including medical assistance for staff, mental health support and training and continual professional development (CPD) payments. He also informed Members that the Service wished to continue the cardiac response scheme and would work alongside the FBU to try to continue to operate the scheme within Cheshire.

**RESOLVED: That**

**[1] the end of year review of performance for 2016-17 be noted.**

**5 END OF YEAR - INTERNAL AUDIT PROGRESS REPORT AND DIRECTOR OF AUDIT OPINION**

Kevin Lloyd (the Auditor), a representative from Mersey Internal Audit Agency (MIAA) was in attendance at the meeting to present the Internal Audit Progress Report (attached as Appendix 1) and Director of Audit Opinion (attached as Appendix 2) to Members.

He drew Members' attention to the Internal Audit Progress Report and highlighted work in progress which would be reported to the Committee following completion. It included work being undertaken concerning site specific risk information and the Service's partnership arrangements. He informed Members of the assurance definitions and risk classifications, as contained within Appendix A. He also referred Members to Appendix B to the report, which contained information on general performance indicators and an overview of output delivery.

The Auditor referred Members to the Director of Audit Opinion and Annual Report 2016-17. He informed Members that the overall opinion for the period covering 2016-17 was that significant assurance could be given. He highlighted the key commentary provided within the report which provided context to the significant assurance level received by the Authority. This included challenging issues in respect of financial sustainability, strategic monitoring of the Service's performance by the Authority, governance arrangements concerning the Blue Light Collaboration Programme and the potential undertaking of more formal assessments and inspections in the future following the Service's move from the Department for Communities and Local Government to the Home Office in early 2016.

**RESOLVED: That**

**[1] the end of year Internal Audit Progress Report and Director of Audit Opinion and Annual Report 2016-17 be noted.**

**6 FORWARD WORK PROGRAMME**

The forward work programme for 2017-18 was considered by Members. The

Director of Governance and Commissioning informed Members that the environment and sustainability annual update scheduled for September would be taken to the Estates and Property Committee initially and brought back to the Committee at a later date. The inclusion of an update for the Committee concerning work associated with the incident at Grenfell Tower was also agreed (to be presented at an appropriate time).

A Member queried whether the North West Fire Control Annual Performance Report would include call handling times alongside response times. The Chair advised Members to approach officers for this information and the Head of Operational Policy and Assurance agreed to provide further information on this for the Member that had requested the information.



**MINUTES OF THE MEETING OF THE CLOSURE OF ACCOUNTS COMMITTEE held on Wednesday, 28 June 2017 at Lecture Theatre - Fire Service Headquarters, Winsford, Cheshire at 12.00 pm**

**PRESENT:** Councillors D Bailey, M Biggin, A Dirir, P Harris, J Saunders, T Sherlock, and M Simon and independent member A Ruddy.

**1 PROCEDURAL MATTERS**

**A Recording of Meeting**

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

**B Membership of Committee**

Members of Performance and Overview Committee fulfil the role of the Closure of Accounts Committee.

**C Apologies for Absence**

No apologies for absence were received.

**D Declaration of Members' Interests**

There were no declaration of Members' interests.

**2 2016-17 DRAFT FINAL ACCOUNTS**

The Accountant introduced the report and advised Members that it was a statutory requirement that the Treasurer approved the draft annual accounts of the Authority by the end of June each year. He explained that, as part of the annual accounts process, a draft set of accounts was reported to this Committee for its consideration. He advised that the accounts were subject to external audit and that this process had already commenced. Once the audit was completed the accounts would be formally considered for approval by the Fire Authority at its meeting in September.

The Accountant highlighted that from 2017-18 the deadlines for the approval of accounts would change. The accounts would need to be approved by the Treasurer by 31<sup>st</sup> May 2018, and would need to be approved by the Authority by 31<sup>st</sup> July 2018. Plans were in place to deliver the accounts within the new deadlines and the relevant Member meetings would be timetabled accordingly.

The Accountant provided initial context to the report by referring Members to the Statement of Responsibilities within the report, which included the responsibilities of the Authority and the responsibilities of the Treasurer to the Authority. He drew Members' attention to the Narrative Report, attached as Appendix 1 to the report,

which provided an introduction to the accounts. He highlighted that an important supporting document to the accounts was the Authority's annual Governance Statement, which explained how the Authority managed its governance and internal control measures. Appendix 2 to the report explained the Treasurer's view as to why the Authority should be considered as a going concern.

The Accountant referred Members to the financial statements within the accounts. For 2016-17 the accounts included a new statement called 'The Expenditure and Funding Analysis'. It showed how annual expenditure was used and funded from Government grants and council tax by the Authority in comparison with those resources consumed or earned by the Authority in accordance with generally accepted accounting practices. It also showed how this expenditure was allocated for decision making purposes between the Authority's services and departments.

He drew Members' attention to the Comprehensive Income and Expenditure Statement which captured the inflow and outflow of resources for the financial year up to 31 March, which were received or incurred as part of the ordinary activities of the Authority. He highlighted that the net expenditure for the cost of services for 2016-17 was £40.2m, with gross income at £2.1m and gross expenditure at £42.3m. The figure concerning the (Surplus)/Deficit on Provision of Services for 2016/17 showed a deficit of £14.3m compared to £6.2m in 2015-16. The Accountant informed Members that this had increased by £8.1m compared to 2015-16 due mainly to higher IAS 19 pension costs, higher depreciation costs and lower grant income.

The Accountant also referred Members to the Movement in Reserves Statement 2016/17 which indicated the movement from the start of the year to the end on the different reserves held by the Authority, divided into 'usable' reserves and other 'unusable' reserves. He drew Members' attention to the general fund balance which changed from £7.4m to £7.9m over the financial year. He informed Members that the Authority started 2016-17 with £36.7m of usable reserves and by the end of the financial year these had reduced to £28.1m, reflecting the investment made through the Emergency Response Programme in new fire stations and the Safety Centre at Lymm together with the annual vehicle replacement programme.

A Member queried whether the IRMP reserves were used for both capital and revenue expenditure and whether the Service allocated a specific amount to either. He also queried how the Services' levels of reserves compared nationally. The Accountant informed the Committee that no specific percentage of IRMP reserves were designated for capital or revenue expenditure and that there were currently no national statistics available to compare the Service's reserves against.

The Accountant referred Members to the Balance Sheet which detailed the value, as at the Balance Sheet date, of the assets and liabilities recognised by the Authority. He drew Members' attention to short-term investments, short-term debtors and creditors, long-term assets and net pension liability (IAS 19). He also drew Members' attention to the Cash Flow Statement and Firefighter Pension Fund.

A Member asked for further information concerning the Authority's short-term debtors. The Accountant informed Members that further detail was contained within

Note 15 to the accounts which broke down the £4.7m owed to the Authority into categories. A Member requested a breakdown of the figures behind the 'unusable' reserves. The Accountant informed Members that further detail on the 'unusable' reserves was contained in Note 20 and the increase reflected the growth in the value of assets.

The Accountant concluded by referring Members to page 18 of the draft accounts which contained a list of the notes to the accounts that provided further detail on all areas within the main body of the report.

**RESOLVED: That**

- [1] the draft Statement of Accounts 2016-17 and going concern document (Appendix 2) be noted.**

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## CHESHIRE FIRE AUTHORITY

**MEETING OF:** PERFORMANCE AND OVERVIEW COMMITTEE  
**DATE:** 6<sup>TH</sup> SEPTEMBER 2017  
**REPORT OF:** HEAD OF FINANCE  
**AUTHOR:** WENDY BEBBINGTON

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**SUBJECT:** QUARTER 1 FINANCE REPORT 2017-18

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### Purpose of report

1. The report provides a summary of the Service's financial performance and details progress against 2017/18 corporate projects.

### Recommended that:

- [1] Members note the information presented in this report and request further detail on any matter if required.

### Background

2. The Authority's vision, plans, policies, and organisational structures are all focused on ensuring the Service can deliver the improvements in safety outcomes that matter to the communities of Cheshire East, Cheshire West and Chester, Halton and Warrington. On 14<sup>th</sup> February 2017 the Authority approved the 2017/18 revenue budget of £41.3m together with a 2017/18 capital programme of £1.765m. This Quarter 1 report forms part of the quarterly corporate reporting schedule.

### Information

#### Revenue Budget

3. At this point of the financial year, it is too early to anticipate any significant changes to year-end position. Details of each service area's forecast outturn is set out in Appendix 1. Any significant changes that have been identified are set out below.
4. Although the savings from the Emergency Response Programme were approved within the 2017/18 budget, Members agreed to put a hold on the implementation for Crewe and Ellesmere Port (second pump from whole time to on-call) until a review had been undertaken with reserves being utilised to fund the shortfall. This is reflected within the reserves movements for Service Delivery in Appendix 1.
5. Additional reserves have been allocated to Operational Performance and Assurance of £179k to fund the purchase of hose reels and connectors approved for 2016/17 but delivered in 2017/18.

6. The Head of Property Management's contract was extended under Bluelight Collaboration implementation leading to a small predicted overspend of £17k. Also within Property Management additional reserves of £448k have been applied to fund approved projects delayed until the current financial year.
7. Since the 2017/18 budget was approved, Members have agreed to move to the Living Wage as the minimum pay threshold for all employees including apprentices. This has resulted in a forecast overspend of £64k for People and Development. The funding of this will be reviewed as the year progresses and reported to Members at mid-year.
8. Finally, there has been additional call on reserves for £309k under Finance Resources. The Authority's Green Book employees may join the Local Government Pension Scheme (LGPS) for which the Authority pays employer contributions. The rate of the contribution payable depends on the triennial valuation of the LGPS with the latest valuation being 31 March 2016. To save interest, the Authority has elected to make a lump sum payment to meet the additional contribution requirements arising from this valuation, funded from reserves.

## Capital Programme

9. The capital programme is forecasting an overall outturn of £16.1m against an approved budget of £15.4m – a variance of £0.7m. This is broken down to individual projects and schemes in appendix 2.
10. Progress against the Emergency Response Programme (ERP) is nearing completion with all new built stations now finished and the Safety Centre in the final fit-out stage. Only minor fees are outstanding. The overall programme is forecast to be £0.87m above the approved budget of £17.4m, a variance of 5%. The overall overspend on ERP remains within the contingency agreed by Members when they approved the final capital expenditure.
11. The remaining capital programme is progressing with some underspends forecast on appliance and vehicle purchases as set out in appendix 2. Members should note that the Chester Station project is currently on hold and the new Training Facility at Sadler Road is at detailed design stage.

## Financial implications

12. This report considers financial matters.

## Legal Implications

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

## Equality and diversity implications

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

## **Environmental implications**

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

**BACKGROUND PAPERS: NONE**

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**Cheshire Fire Authority Revenue Budget**

Department	Budget Movement			Net Expenditure/Income			Reserve Movements			Total		
	Original Budget £000	Q1 Adjusts £000	Revised Budget £000	Revised Budget £000	Expected Outturn £000	Variance £000	Revised Budget £000	Expected Outturn £000	Variance £000	Revised Budget £000	Expected Outturn £000	Variance £000
<b>Firefighting &amp; rescue services</b>												
Service Delivery	19,540	0	19,540	19,713	20,613	900	(173)	(1,073)	(900)	19,540	19,540	0
Operational Policy & Assurance	3,947	0	3,947	4,267	4,446	179	(320)	(499)	(179)	3,947	3,947	0
<b>Protection</b>	1,732	0	1,732	1,732	1,732	0	0	0	0	1,732	1,732	0
<b>Prevention</b>												
Community Safety	2,045	0	2,045	2,078	2,078	0	(33)	(33)	0	2,045	2,045	0
Safety Centre	397	0	397	397	397	0	0	0	0	397	397	0
<b>Support Services</b>												
Executive Management	671	0	671	671	671	0	0	0	0	671	671	0
Property Management	1,539	0	1,539	1,932	2,397	465	(393)	(841)	(448)	1,539	1,556	17
Finance	437	0	437	437	437	0	0	0	0	437	437	0
IT	1,623	0	1,623	1,599	1,599	0	24	24	0	1,623	1,623	0
Legal & Democratic Services	599	0	599	599	599	0	0	0	0	599	599	0
People & Development	1,512	0	1,512	1,849	1,913	64	(337)	(337)	0	1,512	1,576	64
Planning, Performance & Comms	1,210	0	1,210	1,210	1,210	0	0	0	0	1,210	1,210	0
Procurement & Stores	584	0	584	895	895	0	(311)	(311)	0	584	584	0
Fleet Services	1,544	0	1,544	1,572	1,572	0	(28)	(28)	0	1,544	1,544	0
<b>Unitary Performance Groups</b>	100	0	100	100	100	0	0	0	0	100	100	0
<b>Finance Resources</b>	3,853	0	3,853	2,538	2,847	309	1,315	1,006	(309)	3,853	3,853	0
<b>Section 31 / Business Rates Grants etc.</b>	(112)	0	(112)	(112)	(112)	0	0	0	0	(112)	(112)	0
<b>TOTAL</b>	41,221	0	41,221	41,477	43,394	1,917	(256)	(2,092)	(1,836)	41,221	41,302	81
<b>Funding</b>												
Council Tax Precept	(26,449)									(26,449)	(26,449)	0
Collection Fund Surpluses (Council Tax)	(360)									(360)	(360)	0
Business Rate Retention Scheme	(9,039)									(9,039)	(9,039)	0
Collection Fund Deficit (Business Rates)	123									123	123	0
Revenue Support Grant (RSG)	(5,496)									(5,496)	(5,496)	0
<b>TOTAL</b>	(41,221)									(41,221)	(41,221)	0
<b>Net Budget / Outturn Variance</b>	<b>0</b>									<b>0</b>	<b>81</b>	<b>81</b>



**Cheshire Fire Authority Capital**

Project	Approval Year(s)	Approved Funding £000	Brought Forward £000	2017/18 £000	Total to date £000	Expected Outturn £000	Variance £000
<b>Emergency Response Programme</b>							
Lymm	2013/14, 2014/15, 2015/16	0	0	0	0	0	0
Penketh	2013/14, 2014/15, 2015/16	0	0	0	0	0	0
Powey Lane (M53/M56)	2013/14, 2014/15, 2015/16	9,159	8,636	686	9,322	9,859	700
Alsager	2013/14, 2014/15, 2015/16	3,403	3,502	(35)	3,467	3,524	121
Sub-total		12,562	12,138	651	12,789	13,383	821
<b>Operational Training Centre Project</b>							
New Training facility - Sadler Road	2016/17	0					
Sub-total		0	0	0	0	0	0
<b>Prior Year Schemes</b>							
ICT Review/Server Replacement	2011/12, 2016/17	405	311	0	311	408	3
Line Rescue Vehicle	2015/16, 2017/18	0	0	0	0	0	0
Appliance Replacement Programme	2016/17	0	0	0	0	0	0
One additional new appliance	2016/17	80	0	0	0	80	0
2 * water incident units	2016/17	857	339	207	546	765	(92)
2 * cadets vehicles	2016/17	286	114	69	183	255	(31)
Support Vehicles	2016/17	154	0	0	0	154	0
Sub-total		1,782	764	276	1,040	1,662	(120)
<b>2017/18 Approved Schemes</b>							
Appliance Replacement	2017/18	0	0	0	0	0	0
1 * cadets vehicle	2017/18	0	0	0	0	0	0
1 * 4 Wheel drive resilience	2017/18	810	0	320	320	765	(45)
1 * 4 Wheel drive resilience (Freelander replacement)	2017/18	23	0	0	0	23	0
Support Vehicles	2017/18	55	0	0	0	55	0
Replacement Fire bike	2017/18	30	0	0	0	30	0
1 * minibus	2017/18	60	0	0	0	60	0
1 * display unit (chip pan demo unit)	2017/18	11	0	9	9	9	(2)
Server replacement programme	2017/18	28	0	0	0	28	0
Chester Station	2017/18	25	0	0	0	25	0
Capital Contingency	2017/18	49	0	0	0	49	0
Sub-total		1,091	0	329	329	1,044	(47)
<b>TOTAL</b>		15,435	12,902	1,256	14,158	16,089	654

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## CHESHIRE FIRE AUTHORITY

**MEETING OF:** PERFORMANCE AND OVERVIEW COMMITTEE  
**DATE:** 6<sup>TH</sup> SEPTEMBER 2017  
**REPORT OF:** HEAD OF PROTECTION AND ORGANISATIONAL PERFORMANCE  
**AUTHOR:** DAVID ROBINSON / ANTHONY JONES / CARL RAINBIRD

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**SUBJECT: QUARTER 1 PERFORMANCE 2017-18**

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### **Purpose of Report**

1. To present the 2017-18 Quarter 1 review of performance for each of the Service's 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 Q1 2017-18.

### **Information**

3. The Service's Performance and Programme Board receives a quarterly review of performance against KPIs. 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 to this report as Appendix 1. It reflects the Q1 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 including a summary of current performance and any actions taken to improve performance is set out in the Performance and Programme Board – Performance Report attached to this report as Appendix 2.

## **Financial implications**

6. Specific financial and budget considerations 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 Q1 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 Authority's Environmental Strategy.

**Appendix 1 – Q1 2017-18 Corporate Scorecard**

**Appendix 2 – Performance and Programme Board – Performance Report**

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

Vision

IRMP Theme



Outcomes

Page 21

Outputs



Protecting Local Communities

	Actual	Target	Q1 Year on Year	Q1 2016-17
Deaths in Primary Fires	0	0	↓	1
Injuries in Primary Fires	13	12	↑	12
Accidental dwelling fires	93	95	↓	117
- % starting in kitchens	53 (57%)	n/a	↓	69 (59%)
- % in homes with residents over pensionable age	21 (23%)	n/a	↓	38 (32%)
Deliberate fires (Primary and Secondary)	410	359	↑	270
Fires in Non Domestic Premises	55	42	↑	49
AFA's in Non Domestic Premises	144	302	↓	261

	Actual	Target	Q1 Year on Year	Q1 2016-17
HSAs Delivered to Heightened Risk	10,355	40,000	↓	11,174
Platinum address success rate	61%	65%	↓	73%
Thematic Inspections Completed	448	400	↑	438
NDP Fire Safety Audits Completed	430	450	↑	392

Performance key

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

Responding to Emergencies

	Actual	Target	Q1 Year on Year	Q1 2016-17
10 Minute Standard	88%	80%	↑	87%
On Call Availability	66%	85%	↓	68%

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

Developing the organisation

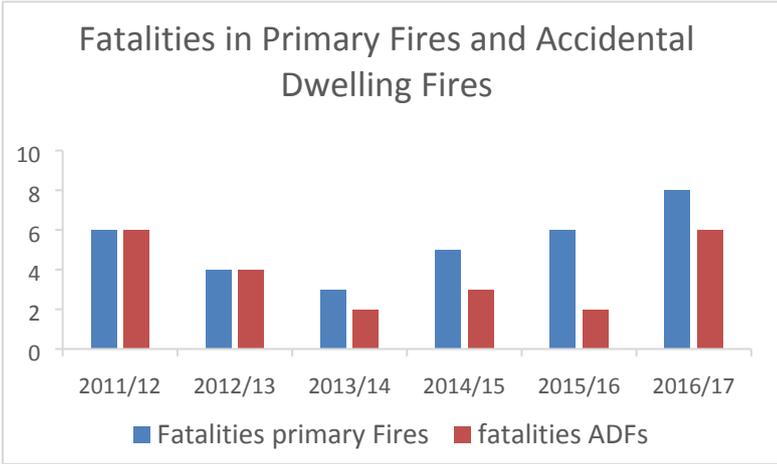
	Actual	Target	Q1 Year on Year	Q1 2016-17
Average Days/Shifts Lost to sickness	1.03	1.37	↑	0.79
Working Days Lost To Injury	8	11	↓	27

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## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	0	Actual	0		

### Indicator: [Number of Deaths in Primary Fires]

Previous Status	Current Status	Summary of Current Performance																					
		<p style="text-align: center;"><b>Fatalities in Primary Fires and Accidental Dwelling Fires</b></p>  <table border="1"> <caption>Fatalities in Primary Fires and Accidental Dwelling Fires</caption> <thead> <tr> <th>Year</th> <th>Fatalities primary Fires</th> <th>Fatalities ADFs</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>6</td> <td>6</td> </tr> <tr> <td>2012/13</td> <td>4</td> <td>4</td> </tr> <tr> <td>2013/14</td> <td>3</td> <td>2</td> </tr> <tr> <td>2014/15</td> <td>5</td> <td>3</td> </tr> <tr> <td>2015/16</td> <td>6</td> <td>2</td> </tr> <tr> <td>2016/17</td> <td>8</td> <td>6</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>At the end of Q1 there have not been any fatalities.</li> </ul>	Year	Fatalities primary Fires	Fatalities ADFs	2011/12	6	6	2012/13	4	4	2013/14	3	2	2014/15	5	3	2015/16	6	2	2016/17	8	6
Year	Fatalities primary Fires	Fatalities ADFs																					
2011/12	6	6																					
2012/13	4	4																					
2013/14	3	2																					
2014/15	5	3																					
2015/16	6	2																					
2016/17	8	6																					

### 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.
- Discussions are also 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. They have been supplied with our Heightened Risk Referral form to inform their processes.

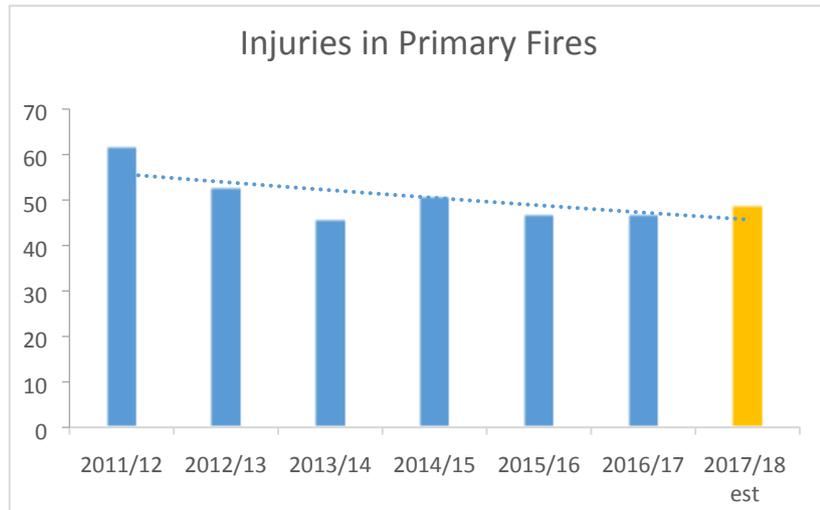
## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
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Target	12	Actual	13
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### Indicator: [Number of Injuries in Primary Fires]

Previous Status	Current Status	Summary of Current Performance
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- Currently performance is above target with 13 injuries in Primary Fires recorded in Q1.
- There were 10 individual incidents resulting in injury, compared to 12 incidents for Q1 in 2016/17.

		Description	Number of Injuries	incidents resulted in multiple injuries (7 from smoke inhalation and 2 from burns) incidents involved residential dwellings, non-domestic premises (NDPs) and were outdoors. firefighter sustained a fractured finger at one of the incidents.
		Burns - severe	3	
		Burns – slight	3	
		Fracture	1	
		Overcome by gas, smoke or toxic fumes or asphyxiation	6	
		<b>Total</b>	<b>13</b>	
		<b>Unitary Authority</b>	<b>Number of Injuries</b>	
	• 3	Cheshire East	7	
		Cheshire West and Chester	4	
		Halton	0	
		Warrington	2	
		<b>Total</b>	<b>13</b>	
		<b>Age</b>	<b>Number of Injuries</b>	
	• 5	0-9	1	
		10-19	3	
		20-29	1	
		30-39	1	
	3	40-49	2	
		50-59	3	
		60-69	0	
		70-79	1	
	2	80-89	1	
		<b>Total</b>	<b>13</b>	
	• A	<b>Room of Origin</b>	<b>Number of Injuries</b>	
		Kitchen	2	
		Living Room	3	
		External Fittings	3	
		Other	2	
		Open area next to house	1	
		Store Room	1	
		Not Stated	1	
		<b>Total</b>	<b>13</b>	

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

- Officers meet quarterly at the Performance Scrutiny and Campaigns Group to interrogate performance, utilising local intelligence from UPGs and 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 mis-coded 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.

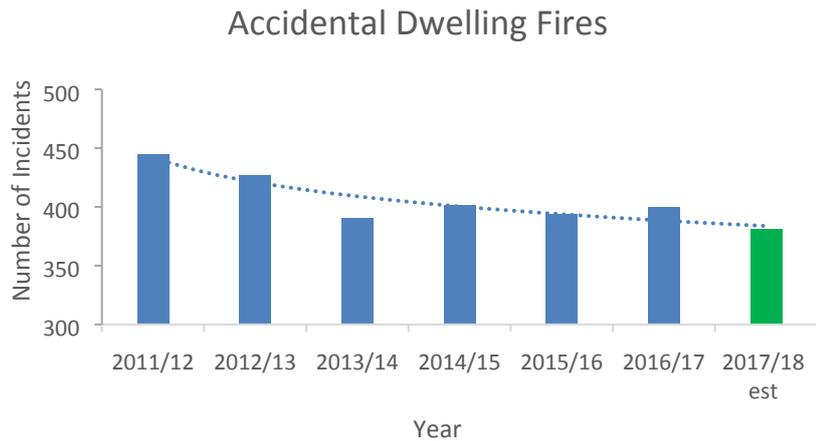
## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
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Target	95	Actual	93
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### Indicator: [Number of Accidental Dwelling Fires]

Previous Status	Current Status	Summary of Current Performance
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- 93 accidental dwelling fires (ADFs) were recorded in Q1 as against 117 recorded for the same period last year.
- 43 (47%) were out on arrival.
- 86 (92%) ADFs were confined to the room of origin.

Unitary Authority	Total
Cheshire East	29
Cheshire West and Chester	27
Halton	15
Warrington	22
<b>Total</b>	<b>93</b>

Occupancy Type	Total
Lone person over pensionable age	21
Couple with dependant children	20
Lone person under pensionable age	15
Other	13
Couple both under pensionable age with no children	11
Lone parent with dependant children	8
Couple one or more over pensionable age, no children	5
<b>Total</b>	<b>93</b>

Location	Total
Kitchen	53
Living room	7
Bedroom	11
Bathroom/Toilet	3
Utility room	3
Garage	1
Other	15
<b>Total</b>	<b>93</b>

- There has been a reduction in the number of ADFs involving lone persons over pensionable age (21), compared to 32 in the same period last year - supporting our targeting methodology.

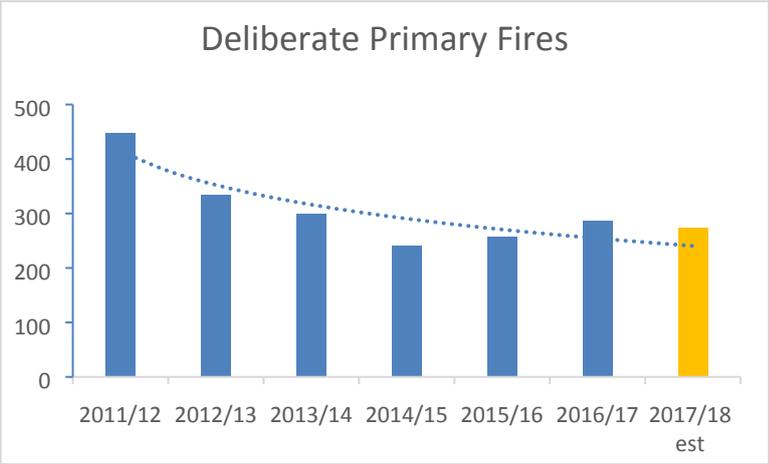
#### What actions will be required to improve performance during the following quarter?

- Officers meet quarterly at the Performance Scrutiny and Campaigns Group to interrogate performance, utilising local intelligence from UPGs and 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.
- ADF activity is reducing or static within all unitary areas except Halton. Halton has been affected by an increase in the number of ADFs in the Runcorn station area (12 ADFs), with 73% of these starting within the kitchen; unitary managers are scrutinising the detail to support prevention campaigns.
- 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 visits.

## Performance and Programme Board – Performance Report

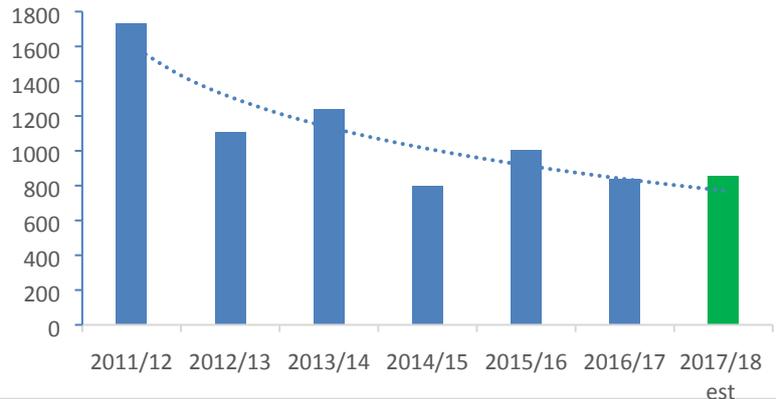
Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target (Primary)	359	Actual	410		
Target (Secondary)	69		75		
	290		335		

### Indicator: [Number of Deliberate Fires]

Previous Status	Current Status	Summary of Current Performance																
		<p style="text-align: center;"><b>Deliberate Primary Fires</b></p>  <table border="1"> <caption>Deliberate Primary Fires Data</caption> <thead> <tr> <th>Year</th> <th>Number of Fires</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>450</td> </tr> <tr> <td>2012/13</td> <td>340</td> </tr> <tr> <td>2013/14</td> <td>300</td> </tr> <tr> <td>2014/15</td> <td>250</td> </tr> <tr> <td>2015/16</td> <td>260</td> </tr> <tr> <td>2016/17</td> <td>290</td> </tr> <tr> <td>2017/18 est</td> <td>280</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• 75 Deliberate Primary Fires were reported in Q1.</li> <li>• The target is 69 (estimated to be 10 % over target at year end).</li> <li>• Increase of 5 incidents compared to the same period last year.</li> <li>• The peak times for incidents was between 19:00-00:00.</li> </ul> <p>The highest number of incidents:</p> <ul style="list-style-type: none"> <li>• 32 involved a road vehicle. 21 of these were cars (the same as for Q1 in 16/17).</li> <li>• 23 occurred in non-domestic premises.</li> </ul>	Year	Number of Fires	2011/12	450	2012/13	340	2013/14	300	2014/15	250	2015/16	260	2016/17	290	2017/18 est	280
Year	Number of Fires																	
2011/12	450																	
2012/13	340																	
2013/14	300																	
2014/15	250																	
2015/16	260																	
2016/17	290																	
2017/18 est	280																	



### Deliberate Secondary Fires



- There were 335 Deliberate Secondary Fires reported during Q1, against a target of 290.
- We have estimated that our year-end projected number of incidents is 855, which should bring us under target (based on seasonal variations and historical data).
- The areas with the highest recorded numbers are Warrington, Winsford, Runcorn and Crewe.
- The main items ignited are loose refuse (104 incidents), tree scrub (42) and refuse/recycling containers (32).

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

#### Primary Fires

- Analysis of car fires continues with any relevant information being shared with the Police. Police Notification Reports are completed after each incident.

#### Secondary Fires

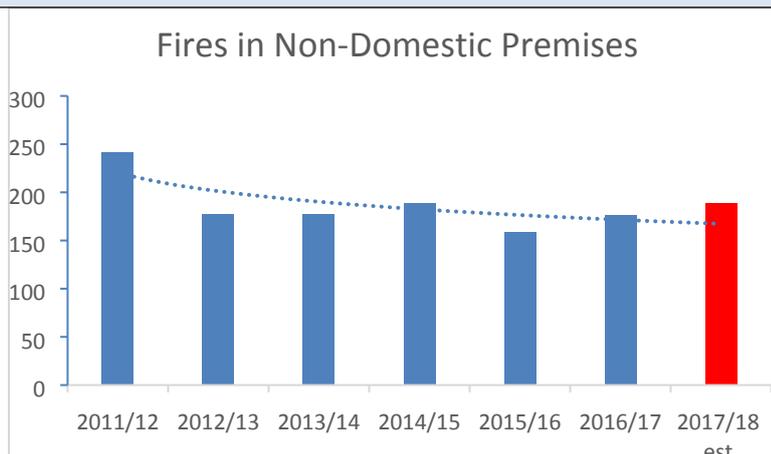
- Halton continue to see a significant reduction in small fires, countering the Service wide trend. Best practice noted in Halton is to be shared across the Service. The Station Manager works closely with the Police Single Point of Contact (SPOC) and liaison takes place at watch level with the beat managers to obtain a police log and record small fires as a crime.
- Service Delivery and Prevention teams continue to work with local partners via problem solving groups, Police SPOCs and the use of the Services "On the Streets" youth teams, who are deployed within the targeted areas.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	42	Actual	55		

### Indicator: [Fires in Non-Domestic Premises]

Previous Status	Current Status	Summary of Current Performance
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Fires in NDPs are over target with 55 incidents, whilst for the same period last year there were 49 incidents.

The property types with the highest number of incidents in Q1 are:

- Industrial Manufacturing and Processes (14).
- Retail (8).
- Food and drink establishments (8).
- There have been no prison fires this quarter at Styal, which was highlighted as a concern last year.

Unitary Authority	Total
Cheshire East	14
Cheshire West and Chester	27
Halton	2
Warrington	12
<b>Total</b>	<b>55</b>

- 56% of incidents were confined to the item first ignited or there was just heat and smoke damage, whilst a further 24% were confined to the room of origin.

<b>Fire Spread</b>	<b>Total</b>
Limited to item first ignited	21
Limited to room of origin	13
Confined to heat and smoke damage	10
Affected two or more floors	6
Limited to floor of origin (not whole building)	3
Other	2
<b>Total</b>	<b>55</b>

### 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 presently occurring although the Service Policy allows for directing audits following local or national incidents or trends.
- The Protection team will continue to work with the Health and Safety Executive regarding the issue of fires occurring in work processes.
- Where appropriate enforcement action will continue to be taken in accordance with our enforcement management model.
- The Business Safety Team has delivered four fire safety seminars during Q1. The team will look at these incidents to ascertain any trends and target future awareness campaigns and initiatives as appropriate.
- Impact days will take place in each unitary authority area to promote compliance with fire safety legislation.
- The Service's website has been improved in Q1 to assist business occupiers comply with fire safety legislation and reduce the number of NDP fires.
- We will continue to prosecute duty holders where necessary. Successful prosecutions will be highlighted to the media by means of a deterrent.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	294	Actual	144		

### Indicator: [AFAs in Non Domestic Premises]

Previous Status	Current Status	Summary of Current Performance																
		<div data-bbox="564 584 1401 999" data-label="Figure"> <table border="1"> <caption>Automatic Fire Alarms Data</caption> <thead> <tr> <th>Year</th> <th>AFAs</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>2000</td> </tr> <tr> <td>2012/13</td> <td>1700</td> </tr> <tr> <td>2013/14</td> <td>1500</td> </tr> <tr> <td>2014/15</td> <td>1300</td> </tr> <tr> <td>2015/16</td> <td>1100</td> </tr> <tr> <td>2016/17</td> <td>1150</td> </tr> <tr> <td>2017/18 est</td> <td>600</td> </tr> </tbody> </table> </div> <p>AFAs in NDPs are under target – 144 as at the end of Q1 (against a target of 294). There has been a reduction of 44.8% compared to the same period last year.</p> <p>Property types with the highest number of AFAs are:</p> <ul style="list-style-type: none"> <li>• hospitals (49)</li> <li>• retirement homes (19)</li> <li>• residential care homes (14).</li> </ul> <p>The main causes of AFAs are faults on the system, accidental or carelessly being set off and burnt toast which together account for 68% 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 AFAs is between 8am and 12pm.</p>	Year	AFAs	2011/12	2000	2012/13	1700	2013/14	1500	2014/15	1300	2015/16	1100	2016/17	1150	2017/18 est	600
Year	AFAs																	
2011/12	2000																	
2012/13	1700																	
2013/14	1500																	
2014/15	1300																	
2015/16	1100																	
2016/17	1150																	
2017/18 est	600																	

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

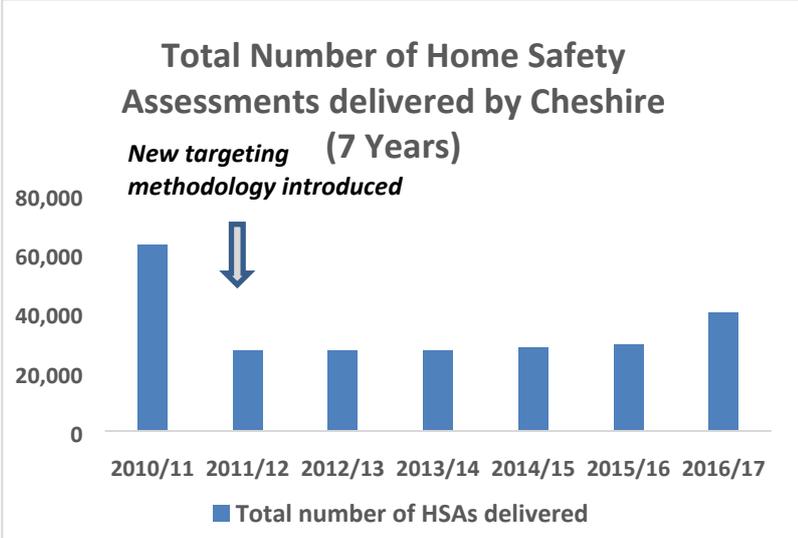
- The revised Unwanted Fire Signals (UwFS) Policy went live on 3<sup>rd</sup> April 2017 and significant reductions have been seen in Q1 of 17/18.
- We now have a non-attendance policy 24 hours a day, seven days a week to all non-sleeping risk NDPs, such as businesses, offices, and shops etc. unless supported by a phone call to confirm there is a fire. Those higher risk and sleeping risk premises, e.g. hospitals, residential care homes, COMAH sites and high rise buildings will continue to get an attendance.

- Fire inspecting officers continue to work to reduce the number of false alarms with representatives on the hospital groups across the unitary areas, although year on year performance has significantly improved.
- Local fire inspecting officers continue to liaise with repeat offenders to bring numbers down further. Two dedicated seminars took place in May 2017 aimed at schools which focussed on UwFS, fire safety, business continuity, electrical safety and the benefits of sprinklers.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	A) 10,000 B) 65%	Actual	A) 10,355 B) 61%		

**Indicator: A) [Number of Safe and Well visits delivered to properties of Heightened Risk]  
B) [Platinum Address Success Rate : Percentage]**

Previous Status	Current Status	Summary of Current Performance
		<p><u>Number of Safe and Well Visits</u></p> <div style="text-align: center;">  </div> <p>The total number of HSAs (excluding Non-High Risk Data visits) completed as a service during Q1 was 10,355 against a yearly target of 40,000.</p> <p>Target 17/18 - Ops= 20,000, Prevention = 20,000</p> <p>Actual 17/18 Q1 – Ops = 5,027, Prevention = 5,328</p> <p>In Q1 we have conducted a total of 11,137 (incl. Non-HRD) Safe and Well visits, resulting in:</p> <ul style="list-style-type: none"> <li>• 775 referrals to NHS England Bowel Cancer Screening Hub for a kit to be sent out to the householder.</li> <li>• 183 referrals to Local Authority falls teams.</li> <li>• 34 referrals to Local Authority smoking cessation.</li> <li>• 2 referrals to Local Authority alcohol reduction teams.</li> <li>• 534 Atrial Fibrillation screening tests for Halton, resulting in advice for 19 people to make an urgent GP appointment.</li> </ul> <p>During 2017/18 Q1, 9.1% of Safe and Well visits have resulted in a referral to health agencies.</p>

		<p><u>Platinum Address Success Rate</u></p> <ul style="list-style-type: none"> <li>• Currently 61% of platinum safe and well visits have been completed during Q1 which is slightly below target. (Platinum are those households identified at most risk from fire).</li> <li>• 41% of platinum households and 31% gold households have been engaged with, which is ahead of target.</li> </ul>
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**What actions will be required to improve performance during the following quarter?**

- 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 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 Q1	From	01/04/2017	To	30/06/2017
Target	400	Actual	448		

### Indicator: [Thematic Inspections Completed]

Previous Status	Current Status	Summary of Current Performance
		<p>448 thematic inspections were completed in Q1 compared to 438 in the same quarter last year</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"> <li>• Educate and Inform: 4</li> <li>• Notification of Deficiencies: 3</li> <li>• Action Plan: 3</li> <li>• Enforcement Notice: 2</li> <li>• Prohibition: 1</li> <li>• Alteration Notice: 0</li> </ul>

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

- We will 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.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	450	Actual	428		

### Indicator: [Number of NDP Fire Safety Audits Completed]

Previous Status	Current Status	Summary of Current Performance
		<p>At the end of Q1 there have been 428 audits complete, with 36 more audits completed when compared to the same period last year.</p> <p>Outcomes of Audits:</p> <ul style="list-style-type: none"> <li>• Educate and Inform: 273</li> <li>• Notification of Deficiencies: 122</li> <li>• Action Plan: 25</li> <li>• Enforcement Notice: 7</li> <li>• Prohibition: 1</li> <li>• Alteration Notice: 0</li> </ul>

### 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 presently occurring, although the Service policy also allows for directing audits following local or national incidents or trends.
- The Protection team will continue to work with the Health and Safety Executive regarding the issue of fires occurring in work processes.
- Where appropriate enforcement action will continue to be taken in accordance with our enforcement management model.
- The Business Safety team has delivered four fire safety seminars during Q1. The team will look at these incidents to ascertain any trends and target future awareness campaigns and initiatives as appropriate.
- Impact days will take place in each unitary authority area to promote compliance with fire safety legislation.
- The Service's website has been improved in Q1 to assist business occupiers comply with fire safety legislation and reduce the number of NDP fires.
- We will continue to prosecute duty holders where necessary. Successful prosecutions will be highlighted to the media by means of a deterrent.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
------------------	------------	------	------------	----	------------

Target	80%	Actual	88%
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### Indicator: [10 Minute Standard]

Previous Status	Current Status	Summary of Current Performance
		<ul style="list-style-type: none"> <li>• The response standard to life risk incidents was 88%</li> <li>• This is significantly above the target of 80%</li> <li>• The response standard for dwelling fires was 97% (Three failures within Q1)</li> <li>• The response standard to RTCs was 78%.</li> <li>• There were 15 failures to RTCs.</li> <li>• The majority of the failures for RTCs occurred on the M6</li> </ul>

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

- 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 Q1	From	01/04/2017	To	30/06/2017
Target	1.37	Actual	1.03		

### Indicator: [Average Days/Shifts Lost to Sickness]

Previous Status	Current Status	Summary of Current Performance																																																				
		<p>The Q1 statistics for sickness show that performance is still strong. Against the Q1 target of 1.37 working days lost to sickness (annual target of 5.5 days/shifts). Results were as follows:</p> <table border="1"> <thead> <tr> <th>Staff Category</th> <th># of sickness days/shifts</th> <th>Headcount</th> <th>Average working days lost to sickness per person</th> </tr> </thead> <tbody> <tr> <td>Wholetime</td> <td>373.5</td> <td>396</td> <td>0.94</td> </tr> <tr> <td>On Call</td> <td>264</td> <td>284</td> <td>0.93</td> </tr> <tr> <td>Support</td> <td>307</td> <td>234</td> <td>1.31</td> </tr> <tr> <td>CFRS Q1 Total</td> <td>944.5</td> <td>914</td> <td>1.03</td> </tr> </tbody> </table> <p>Sickness is also monitored at a national level and a report is compiled by Cleveland FRS on a quarterly basis. The Q1 national results are not yet available but the end of year results for 2016/17 showed that Cheshire is now the highest overall performing FRS in the UK for sickness when compared against 37 other FRS. The year end report 2016-17 showed that Cheshire was ranked as follows:</p> <table border="1"> <thead> <tr> <th>Staffing Categories</th> <th>Rank</th> <th>% of Days Lost to Sickness per person</th> <th>Average % of Days Lost to Sickness pp across all FRS</th> </tr> </thead> <tbody> <tr> <td>Whole-time</td> <td>1</td> <td>1.71%</td> <td>4.23%</td> </tr> <tr> <td>Green Book</td> <td>1</td> <td>1.31%</td> <td>3.13%</td> </tr> <tr> <td>On Call</td> <td colspan="3"><i>Not applicable as total working days per annum used for calculation varies</i></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Staffing Categories</th> <th>Rank</th> <th># of Days Lost to Sickness per person</th> <th>Average # of Days Lost to Sickness pp across all FRS</th> </tr> </thead> <tbody> <tr> <td>Whole-time</td> <td>1</td> <td>3.13</td> <td>7.5</td> </tr> <tr> <td>On Call</td> <td>1</td> <td>3.23</td> <td>10.02</td> </tr> <tr> <td>Green Book</td> <td>2</td> <td>3.41</td> <td>7.97</td> </tr> </tbody> </table>	Staff Category	# of sickness days/shifts	Headcount	Average working days lost to sickness per person	Wholetime	373.5	396	0.94	On Call	264	284	0.93	Support	307	234	1.31	CFRS Q1 Total	944.5	914	1.03	Staffing Categories	Rank	% of Days Lost to Sickness per person	Average % of Days Lost to Sickness pp across all FRS	Whole-time	1	1.71%	4.23%	Green Book	1	1.31%	3.13%	On Call	<i>Not applicable as total working days per annum used for calculation varies</i>			Staffing Categories	Rank	# of Days Lost to Sickness per person	Average # of Days Lost to Sickness pp across all FRS	Whole-time	1	3.13	7.5	On Call	1	3.23	10.02	Green Book	2	3.41	7.97
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## What actions will be required to improve performance during the following quarter?

- Whilst there are no specific actions for improvement, monthly scrutiny at the Attendance Management meetings 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 and performance.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	11	Actual	8		

### Indicator: [Working Days Lost to Injury]

Previous Status	Current Status	Summary of Current Performance
		<ul style="list-style-type: none"> <li>• There have been 8 working days lost to injury</li> </ul> <p>The improvement in performance has occurred for a number of reasons:</p> <ul style="list-style-type: none"> <li>• The improved absence management by HR,</li> <li>• There has been fewer accidents,</li> <li>• The severity of the accidents has reduced.</li> </ul> <p>All of which together have contributed to the average number of working days lost to injury being reduced significantly.</p>

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

The Service will continue to monitor accident and injury trends and respond accordingly.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	85%	Actual	66%		

### Indicator: [On-Call Availability]

Previous Status	Current Status	Summary of Current Performance and Intelligence
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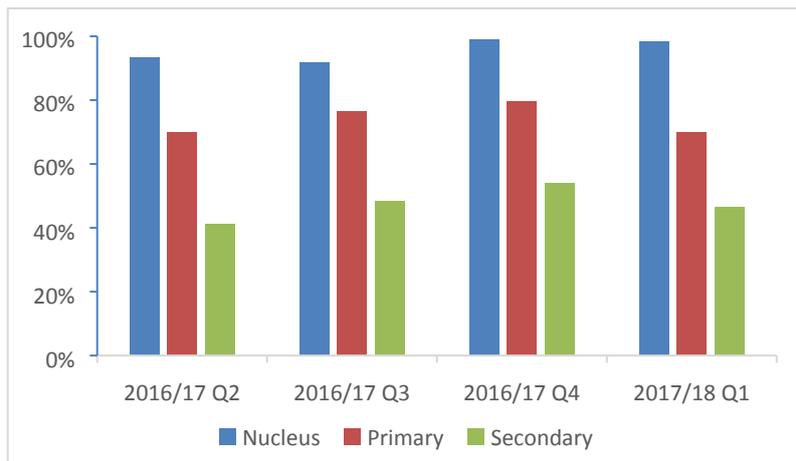
#### Nucleus on-call



#### Primary on-call



#### Secondary on-call



- Q1 performance for on-call availability across all pumps is 66%.

There are significant variations of availability between the differing on-call shift systems, where an:

- On-call pump is part of nucleus crewing, availability is 98%, a significant improvement on target
- On-call pump is the primary pump, availability is 70%. (e.g. Malpas, Poynton etc.).
- On-call pump is the second pump, availability is 47% (e.g. Winsford, Congleton etc.)

The Individual figures for each pump are shown in appendix 1.

<b>All OC Pumps (average)</b>	<b>66%</b>
Nucleus OC Pumps	98%
Primary OC Pumps	70%
Secondary OC Pumps	47%

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

### RECRUITMENT

- Full complement recruited for Alsager went live April 17.
- 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.
- A Watch Manager has been appointed to facilitate on-call recruitment and initial training courses. The initial course (MOD1) and sessions for the written and practical tests are scheduled monthly - 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 & 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 was 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 introduced a new on-call Availability Reward Scheme (OCARS). This scheme will mean an individual financial reward of between £550 and £1000 for staff working at stations that achieve the on-call availability target of 85%. OCARS Payments made to on-call teams during quarter 1 amounted to £4,377.50.

### MANAGEMENT/SUPERVISION

- Appointed an additional on-call Support Officer 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, start date tbc.
- 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 maximizing 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

- Revised quarterly monitoring and reporting processes  
Scoping further changes to Gartan reporting of on call performance and availability.

## Appendix 1

Shift System	Appliance Location	Call Sign	Quarter 2 2016/17			Quarter 3 2016/17			Quarter 4 2016/17			Quarter 1 2017/18			Percentage
			July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017	April 2017	May 2017	June 2017	
Nucleus OC	Birchwood	E02P1	87%	89%	75%	92%	97%	87%	99%	100%	98%	100%	99%	96%	93%
Nucleus OC	Macclesfield	E19P1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Nucleus OC	Wilmslow	E23P1	92%	99%	99%	97%	95%	99%	100%	97%	97%	95%	90%	95%	96%
Primary OC	Frodsham	E06P1	81%	76%	79%	92%	97%	92%	83%	95%	96%	67%	82%	39%	81%
Primary OC	Tarporley	E10P1	60%	58%	58%	60%	69%	57%	67%	56%	58%	58%	48%	54%	59%
Primary OC	Malpas	E11P1	79%	76%	74%	65%	77%	75%	83%	78%	73%	64%	69%	77%	74%
Primary OC	Nantwich	E12P1	80%	83%	76%	86%	90%	90%	92%	91%	93%	92%	90%	93%	88%
Primary OC	Audlem	E13P1	63%	59%	57%	66%	69%	58%	75%	65%	66%	50%	67%	59%	63%
Primary OC	Alsager	E14P1										75%	70%	62%	69%
Primary OC	Sandbach	E16P1	96%	95%	84%	95%	92%	90%	94%	94%	93%	88%	81%	78%	90%
Primary OC	Holmes Chapel	E17P1	76%	81%	76%	79%	83%	82%	93%	89%	85%	72%	77%	70%	80%
Primary OC	Bollington	E20P1	46%	35%	54%	71%	52%	40%	59%	63%	55%	61%	48%	47%	52%
Primary OC	Poynton	E22P1	71%	68%	65%	81%	88%	85%	88%	79%	83%	90%	77%	81%	80%
Primary OC	Middlewich	E26P1	71%	53%	65%	73%	78%	63%	78%	86%	80%	76%	76%	66%	72%
Secondary OC	Stockton Heath	E03P2	27%	46%	36%	53%	51%	48%	51%	46%	49%	33%	51%	46%	45%
Secondary OC	Runcorn	E05P2	44%	42%	25%	50%	53%	40%	78%	45%	59%	60%	66%	64%	52%
Secondary OC	Congleton	E18P2	55%	54%	50%	55%	60%	45%	65%	64%	62%	54%	55%	58%	56%
Secondary OC	Macclesfield	E19P2	38%	24%	55%	74%	60%	49%	67%	74%	79%	60%	56%	50%	57%
Secondary OC	Northwich	E25P2	49%	42%	39%	53%	46%	36%	53%	52%	47%	45%	47%	50%	47%
Secondary OC	Winsford	E27P2	32%	46%	33%	42%	40%	15%	30%	30%	21%	22%	14%	21%	29%
Secondary OC	Penketh	E29P2										50%	39%	38%	42%
			66%	65%	63%	73%	74%	66%	77%	74%	73%	67%	67%	64%	69%

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## CHESHIRE FIRE AUTHORITY

**MEETING OF:** PERFORMANCE AND OVERVIEW COMMITTEE  
**DATE:** 6<sup>TH</sup> SEPTEMBER 2017  
**REPORT OF:** CHIEF FIRE OFFICER AND CHIEF EXECUTIVE  
**AUTHORS:** JOANNE CARTLEDGE/SUSAN WATKINS

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**SUBJECT: QUARTER 1 PROGRAMME REPORT 2017-18**

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### **Purpose of Report**

1. To update Members on the Service's 2017-18 Integrated Risk Management Plan (IRMP) programmes and projects.

### **Recommended: That**

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

### **Background**

2. This 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 first quarter of 2017-18 based on the document that was recently considered at Performance and Programme Board is attached as Appendix 1 . It was produced in June 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 that impact upon 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 1 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.

Reporting Period	FROM	11 <sup>th</sup> April 2017	TO	30 <sup>th</sup> June 2017
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### PROJECT PROGRESS SUMMARIES, RAG STATUS AND IMPACT MITIGATION

1226 PROGRAMME: BLUE LIGHT COLLABORATION

PROGRAMME MANAGER Head of Strategic Change

Previous status	Current status	Mitigating steps (where status is red or amber)
		Current status is amber due to delays to the expected completion dates in the Estates workstream. Ongoing discussions with PFI providers and funders.

#### Programme Update

#### Legal and Contracts

- Property Documents for PFI / draft Sub-Lease to be sent by Police to Fire for consideration. Once agreed the sub-lease will need to be considered and approved by PFI provider/funders. Target date is before August to allow for the move of the Senior Management Team and Democratic Services.
- MFSS Collaboration Agreement and Deed of Adherence – The decision to go ahead with Fusion has now been made. The Memorandum of Understanding (MOU) has been signed. The Collaboration Agreement and Deed of Adherence are being reviewed.
- End State Collaboration Agreement – This document will be better informed as understanding develops from joint working arrangements that have commenced. The aim is to have the document ready in time for the creation of further joint teams.
- Further development of relationship with IT, including discussion at Service Management Team involving the Head of IT.
- Continued discussions with Estates regarding service monitoring arrangements

#### Joint Corporate Services

- Blueprint panels for Planning and Performance and Corporate Communications completed in June 2017. Consultation with the staff has now started.
- Transfer readiness assessment preparation meetings to commence for Corporate Communications and Planning and Performance ready for the transfer in October.
- HR, Legal, Information Management, Finance, Executive Support and Democratic Services are due to move to Clemonds Hey by early September. Co-location pre-meetings have been held with these departments and the key requirements forms have been completed.
- The Stores move has been delayed until April 2018.
- Stores, Procurement, Finance and HR due to transfer in line with MFSS Fusion go live on 1st April 2018.
- The print SLA for CFRS has been reviewed. The mono printer has now moved to Clemonds Hey. The colour printer will move once the SLA has been agreed.

### **People**

- All permanent staff transferring to Cheshire Constabulary or CFRS staff re-locating to Clemonds Hey have now been vetted (approx 90 staff). The process will be ongoing as temporary staff are recruited.
- Head of Procurement interviews took place on 2<sup>nd</sup> June 2017. Current Police Head of Procurement appointed as joint Head of Department.
- Planning and Performance and Corporate Communications - blueprint panels took place in June and the structures were approved for consultation. The 30 day consultation with UNISON has commenced and briefings with both teams have taken place. Once the consultation period has finished all feedback will be reviewed prior to final sign off.
- Letters have been sent to most staff confirming the moves in August and the implications. Co-location Agreements are to be produced. Clemonds Hey induction and building passes to be arranged.
- Preparation of TUPE date information is ongoing ready for Corporate Communications and Planning and Performance TUPE date of 1st October 2017.
- Shortly after TUPE transfer staff to receive short induction welcoming them to Clemonds Hey. Work to update induction presentation ongoing.

### **Estates and Facilities**

- Chief Fire Officer Suite / Deed of Variation - Tentative late August / early September signature date. Submission of full draft lease and the perusal by all parties is yet to be undertaken.
- Reception work - Tentative August completion date. Initial BAM quotation refused. Total sum now substantially reduced. Approved client change note currently with funding banks.
- Car park - Tentative November completion date. Initial BAM quotation was rejected. A value engineering exercise was undertaken in order to reduce costs. A revised specification has been submitted. Waiting for revised specification from BAM (further discussion on costs will probably be required). BAM will then go out to tender and submit a revised quotation. An approved client change note will then require funder approval.
- Tea Points - Tentative November start date with phased introduction of tea points. Due to high design costs a breakdown from BAM has been requested. Further queries against the BAM specification and estimate. Once resolved BAM will then submit a revised quotation. The approved client change note will then require funder approval.
- Conference rooms 7 / 8 modifications - Tentative October / November completion date. Final Audio Visual output specification received from CFRS.
- Stores move - Tentative February / April 18 completion window. It was originally considered that the works would be of a low level but requirements from CFRS and Cheshire Constabulary have resulted in a major reconfiguration / re-organisation of the area. This is likely to substantially delay the progress of the project.

### **Communications and Stakeholder Engagement**

- New communication plan being delivered to cover the period July 2017 – December 2017.
- Work taking place on finalising a letter to invite the Minister for Policing, Fire and Criminal Justice to the new HQ.
- Communication to teams moving in August is ongoing. More tours of Clemonds Hey to be offered to staff about to relocate and staff briefings may also be arranged.
- Communication messages about the August go live date for the joint HQ to be produced and circulate internally and externally.
- New uniform / staff email signatures being finalised.

### **CFRS and CC onboarding to Multi Force Shared Service**

- CFRS on-boarding project kick-off meeting took place in May. MFSS programme kick-off meeting planned for July.
- Communications and Benefits Management Strategy produced in draft for approval by the MFSS Project Board.
- Reporting requirements from all workstreams captured and supplied to the MFSS.

- Solution finalisation workshops planned for July. Gathering of known issues, gaps and details of problematic processes in advance of the workshops.
- Workshop planned to look at CFRS system access and self-serve requirements.
- Legacy system, payroll, data migration, training and testing strategies to be developed.
- Work to be progressed on the cultural change of self service.

#### **Information Management**

- Active records are being cleansed and moved. This includes work in HR to digitise live PRFs.
- Hard copy files to be retained in Corporate HR Store in CFRS HQ as necessary
- Data sharing arrangements to be updated.
- Records store for legacy Fire records to be set up.
- Joint Estates team are co-ordinating storage requirements for all departments moving over to Clemonds Hey and liaising with Fire and Police HODs to find a solution for each department.

1490		PROGRAMME: SADLER ROAD TRAINING CENTRE		
PROGRAMME SPONSOR		Deputy Chief Fire Officer	PROGRAMME MANAGER	Group Manager, Operational Policy and Assurance
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
N/A		The programme needs to be re-forecast following some recent changes. However no delay is expected on the delivery. Once the programme has been re-forecast the status will return to green.		
<b>Programme Update</b>				
<p>The Training Centre Programme Strategic Group met on 23rd June 17 and discussed the outcome of the new Training Centre Working Group's detailed review of the architect's proposal 1c and quantity surveyors valuation for option 1c.</p> <p>The Strategic Group are now at the stage to brief the Fire Authority Members at the next Planning Day on 14th July 2017. It is envisaged that the procurement process will commence following the planning day, which will now include the Police and Fire combined facilities team following the Blue Light Collaboration Programme.</p> <p>The Strategic Group also gave permission to start the relocation project which will now work on plans to relocate staff and services which will be affected during the new training centre construction phase.</p> <p>Two risks have also been added to the PID risks following the strategic group meeting, which include a financial risk regarding the bio-mass boiler grant and a housing development risk on land at the rear of the site in the future should the land owners submit a planning application in the future.</p> <p>The current programme gantt chart is no longer in alignment with the programme. This will be updated following the CFA Planning Day in July when the timescales associated with the procurement process will be identified. The final training centre visit took place on 30th June 2017 at GMFRS new training centre in Bury. The visiting party included members of the working group and CFA Members who have consistently attended the previous training centre visits.</p> <p>Light touch PID approved for the re-location project at Performance and Programme Board on 24<sup>th</sup> July 17.</p>				

OTHER IRMP PROJECTS		
1241	Firefighters Apprenticeship Scheme Cohort One	
Project Sponsor		Head of People and Development
Project Manager		People and Development, Leadership Advisor
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
		
<p>The apprentices are making good progress with their operational training and now have a good understanding of the requirements to become a successful firefighter. Alongside the initial courses the team are undertaking regular drill sessions being supported by OTG. All training is recorded on PDR Pro and a bespoke soft skills training forecast has been developed which the apprentices complete each month which includes e-learning, and familiarity with Standard Operating Procedures. The apprentices are also meeting on a weekly basis with the Service Fitness Advisor for group personal training to ensure they achieve and maintain the required standards of fitness.</p> <p>The apprentices are continuing to make progress with their Nepal fund raising project to visit and build a school in 2018. Over £6000 has been raised as a collective group to date. A small group of apprentices fed back to SMT their PID design on 26/04/2017. The cohort have undertaken both theoretical training and practical training for their trek in Nepal in the form of Duke of Edinburgh expeditions.</p>		
1494	Firefighters Apprenticeship Scheme Cohort Two	
Project Sponsor		Head of People and Development
Project Manager		People and Development, Leadership Advisor
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)
		
<p>The recruitment process for the Service's second cohort of apprentices attracted 140 applications which were reduced to 32 through an application sift and telephone interviews. The 32 candidates were invited to an assessment centre which comprised of an interview, presentation, inray exercise, Safe and Well visit with the home safety vehicle and a group exercise. The assessment centre also requires applicants to undertake firefighter practical tests and also be given an opportunity to meet apprentices and have a tour. It is intended to recruit a cohort of 12 apprentices this year.</p>		

<b>1058</b>	<b>Sprinkler Campaign</b>		
<b>Project Sponsor</b>		Deputy Chief Fire Officer	
<b>Project Manager</b>		Head of Protection and Organisational Performance	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>	
			
<p>Guinness have taken over responsibility for Waverly Court. They have recently confirmed that they will not be fitting sprinklers in Waverly Court.</p> <p>Following the Grenfell fire the Protection Department will now be liaising with all social landlords with the aim of recommending/lobbying for sprinklers in high rise. A number of providers have intimated an interest in installing sprinklers.</p>			

<b>1279</b>	<b>EMERGENCY RESPONSE PROGRAMME (ERP1)</b>		
<b>PROGRAMME SPONSOR</b>		<b>Deputy Chief Fire Officer</b>	<b>PROGRAMME MANAGER</b>
			<b>Head of Service Delivery</b>
<b>1167</b>	<b>Penketh Fire Station</b>		
<b>Project Sponsor</b>		Head of Service Delivery	
<b>Project Manager</b>		Unitary Manager	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>	
		IT continue to work closely with providers to resolve delays with the installation of the optical fibre. However there is little confidence that this will be resolved in the near future. Current impact is minimal.	
<p><u>Optical Fibre installation</u></p> <p>Updata reported that clearance works would be completed before the 3<sup>rd</sup> July 2017. However further issues have arisen during a survey of the trunking where a gas main was cited as being too close for excavation work to be carried out. A verbal report from the BT engineer onsite suggested that BT Open Reach will be looking at alternative routes for the fibre.</p> <p>The current internet/broadband level is sufficient and has minimal impact on the working of the station as staff are continuing to control the number of outside meetings/presentations being held there.</p>			

1179	Lymm Fire Station	
Project Sponsor		Head of Service Delivery
Project Manager		Service Delivery Manager, Warrington and Halton
Previous status	Current status	<b>Mitigating steps</b> (where status is red or amber)
		IT continue to work closely with providers to resolve delays with the installation of the optical fibre. However there is little confidence that this will be resolved in the near future. Current impact is minimal.
<p>The station went live on the 28th June 2017 with no major issues reported. There is still some snagging to complete, however this is expected to be the case over the next few months during the period of settling in.</p> <p>Still waiting for a date for the Optical Fibre to be connected. Updates are being chased by IT on a weekly basis, but currently this does not appear to be causing any issues.</p> <p>Still awaiting some items which have been ordered as part of the station fit out and a couple of items of PPE but nothing which causes any real issues.</p>		

<b>1178</b>	<b>Safety Centre</b>	
<b>Project Sponsor</b>		Head of Prevention
<b>Project Manager</b>		Safety Centre Manager
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u> (where status is red or amber)</b>
		

#### **Building and fit-out**

The Safety Central team moved onto site after handover from ISG on 21<sup>st</sup> March 2017 to help supervise Paragon's fit out. A small number of snags and defects are currently being rectified by ISG. Paragon's installation is progressing to programme and is scheduled to be complete by 7<sup>th</sup> July 2017 to allow for a week of snagging and training before test visits commence on 17<sup>th</sup> July 2017. The quality of Paragon's scenic work is first class.

#### **Budget**

Capital spend remains within budget, while smaller items are being funded from the safety centre's £168k revenue reserve accrued over the last three years. This spending remains well in budget.

#### **Programmes**

Eight partner schools will visit between 17<sup>th</sup> July and 24<sup>th</sup> July to test the full range of KS2 activities, plus a fire evacuation and other elements of a typical visit. All schools' activity plans are now finalised for testing. A total of 3,749 young people are booked to visit from September, with slots also reserved for older people's and other events.

#### **Volunteering/staffing**

Seventeen volunteer rangers have been recruited in addition to apprentices and advocates who will also give around a day a month to the centre. Rostering against bookings is well underway with training is scheduled throughout August.

#### **Policy and procedure**

Awaiting a final draft of the fire risk assessment from Protection and a general risk assessment and workplace inspection schedule is being compiled.

Closedown report to be prepared for the next Performance and Programme Board.

<b>1180</b>	<b>Powey Lane</b>	
<b>Project Sponsor</b>	Head of Service Delivery	
<b>Project Manager</b>	Service Delivery Manager, Cheshire West and Chester	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>
		
<p>The station has now been operational for just over six months. The watches have been training on the foam tender (FOT) and environmental protection unit (EPU). Hook lift training is being undertaken across the watches. The snagging list is still being worked on and is nearing completion, with an inspection by ISG due shortly.</p> <p>As we move forward the establishments will need to be rationalised dependent on the outcome of the review being undertaken by the ERP2 team.</p> <p>Closedown report to be prepared for the next Performance and Programme Board.</p>		
<b>1176</b>	<b>Knutsford</b>	
<b>Project Sponsor</b>	Head of Service Delivery	
<b>Project Manager</b>	Service Delivery Manager, Cheshire East	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>
		
<p>As of the 28<sup>th</sup> June 2017 the Knutsford station transferred over to a fully On Call status. More recent local recruitment campaigns have resulted in 4 further applications. From these applications, 2 candidates have progressed through to the practical assessment phase. The other 2 candidates did not progress due to one living outside the required catchment area. Plans for further recruitment activities are currently being considered and will be underpinned by the Service's positive action campaign. There has been a further On Call CM transfer request which is currently being considered and will be processed accordingly. All arrangements between the NWFC link officer and OPA have now been established.</p> <p><u>Knutsford On Call Position</u></p> <ul style="list-style-type: none"> <li>• 5 fully On Call staff</li> <li>• 10 whole time dual role</li> </ul> <p>Total potential crew (15)</p> <p>Closedown report to be prepared for the next Performance and Programme Board.</p>		

<b>1089</b>		<b>Crewe – on call staffing for the 2<sup>nd</sup> pump</b>	
<b>Project Sponsor</b>		Head of Service Delivery	
<b>Project Manager</b>		Service Delivery Manager, Cheshire East	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>	
	N/A		
<p>Review pending - To be discussed at Members' Planning Day on 14<sup>th</sup> July 17.</p> <p>The On Call project was amended following the recent Fire Authority meeting held on the 14th February 2017. All new recruitment has been suspended but all active fire fighters are continuing with their on-going development course and assessments pending the outcomes of the review.</p> <p>7 Firefighters (Development) 2 Possible transfers from other stations (on hold pending outcome of review) 9 Total</p>			
<b>1092</b>		<b>Ellesmere Port - on call staffing for the 2<sup>nd</sup> pump</b>	
<b>Project Sponsor</b>		Head Of Service Delivery	
<b>Project Manager</b>		Service Delivery Manager, Cheshire West and Chester	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>	
	N/A		
<p>Review pending - To be discussed at Members' Planning Day on 14<sup>th</sup> July 17.</p> <p>The On Call project was amended following the recent Fire Authority meeting held on the 14th February 2017. All new recruitment has been suspended but all active fire fighters are continuing with their on-going development course and assessments pending the outcomes of the review.</p> <p>5 Firefighters (Development) 1 individual programmed to attend the October course pending DBS and a medical (already in process prior to the February decision to suspend recruitment). 1 Watch Manager (wholetime) 1 Crew Manager (wholetime) 8 Total</p>			

1276		EMERGENCY RESPONSE PROGRAMME (ERP2)	
PROGRAMME SPONSOR		Deputy Chief Fire Officer	PROGRAMME MANAGER
		Head of Service Delivery	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)	
			
<b>Programme Update</b>			
Closedown report approved at Performance and Programme Board on 24 <sup>th</sup> July 17.			
1300		Review of Station Manager Flexi Duty System (FDS)	
Project Sponsor		Deputy Chief Fire Officer	
Project Manager		Head of Service Delivery	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)	
			
Closedown report approved at Performance and Programme Board on 24 <sup>th</sup> July 17.			
1301		Review of Station Management Structures	
Project Sponsor		Deputy Chief Fire Officer	
Project Manager		Head of Service Delivery	
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)	
			
Closedown report approved at Performance and Programme Board on 24 <sup>th</sup> July 17.			

<b>1302</b>	<b>Review of On Call Duty System</b>	
<b>Project Sponsor</b>	Deputy Chief Fire Officer	
<b>Project Manager</b>	Head of Service Delivery	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>
		
<p>After the evaluation of the On Call Availability Reward Scheme (OCARS) pilot between October 2016 and March 2017, the Head of Service Delivery has authorised an extension to the OCARS pilot whereby payments are made quarterly rather than annually. The pilot will now run until the end of the second quarter 2017-18, after which a further evaluation will take place.</p>		
<b>1303</b>	<b>Review of Special Appliances and Crewing arrangements</b>	
<b>Project Sponsor</b>	Deputy Chief Fire Officer	
<b>Project Manager</b>	Head of Service Delivery	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>
		
<p>Closedown report approved at Performance and Programme Board on 24<sup>th</sup> July 17.</p>		
<b>1318</b>	<b>Cardiac Arrest Response Project</b>	
<b>Project Sponsor</b>	Deputy Chief Fire Officer	
<b>Project Manager</b>	Head of Service Delivery	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>
		
<p>Following the most recent Joint Officers and Steering (JOands) group meeting in May 2017 the end of a six month pilot evaluation report has been sent in draft to all members of the group for feedback. The inconsistent mobilising issue is the main area of concern for the group which continues to affect the number of requests CFRS receive to attend Emergency Medical Response (EMR) incidents. This is also a national issue identified in the National Joint Council (NJC) report for those FRS's engaged in the EMR pilot.</p> <p>In the period March to May 2017 CFRS only attended 8 incidents, with the majority being in the Warrington area. The group still await news for the Data Electronic Information Transfer (DEIT) solution from North West Ambulance Service (NWAS).</p> <p>Following the NJC report the national pilot has been extended to November 2017. This has been discussed by the JOands group in Cheshire and the decision has been taken to continue the pilot in line with this timeframe.</p>		

1534	<b>Nucleus Review (Birchwood, Macclesfield and Wilmslow)</b>	
<b>Project Sponsor</b>	Head of Service Delivery	
<b>Project Manager</b>	Service Delivery Manager, Warrington and Halton	
<b>Previous status</b>	<b>Current status</b>	<b><u>Mitigating steps</u></b> <b>(where status is red or amber)</b>
		
<p>The draft Nucleus Review Report has been completed. All nucleus staff and trade union representatives have now been invited to attend 5 consultation meetings. There has been staff representation at all of these, however, due to shifts and other commitments at one meeting only 2 personnel attended. The FBU have attended one consultation meeting only, however, a lot of information has been requested all of which has been provided other than a couple of items which should not have any impact on negotiations.</p> <p>Thus far, officers have tabled two formal proposals, the FBU have tabled one proposal. Further meetings have been arranged with FBU to progress negotiations. The deadline for agreement is 15th August 2017. If 'fail to agree' is reached the matter will be referred to the Joint Consultation Committee (JCC) and depending on the outcome may be referred onto the Technical Advisory Panel (TAP). JCC would take place in September 2017 with TAP in October 2017. The new nucleus duty system will be implemented on 1 January 2018.</p> <p>Nucleus Shift System Review Light Touch PID approved at Performance and Programme Board on 24<sup>th</sup> July 17.</p>		

1110		ON CALL RECRUITMENT		
PROGRAMME SPONSOR		Head of People and Development	PROGRAMME MANAGER	Service Delivery Manager, Chester West and Chester
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
		The Programme remains amber until establishment is achieved at all stations.		
<b>Programme Update</b>				
<p>The service has now appointed a Watch Manager to the new role of On Call Operational Training Instructor. The role will solely support the ongoing recruitment and retention programme with the dedicated resource providing greater flexibility and more opportunities for initial training courses, assessments and initial practical testing for potential trainees.</p> <p><u>From January 2017 to May 2017:</u></p> <ul style="list-style-type: none"> <li>• There were a total of 51 applicants in this period, of these 35 passed the sift stage</li> <li>• A total of 18 candidates passed the written assessments.</li> <li>• A total of 15 candidates passed the practical assessments</li> </ul> <p><u>Medicals:</u></p> <ul style="list-style-type: none"> <li>• 10 candidates passed the medicals</li> <li>• All of the 10 candidates started with the Service on 22nd May 2017 – however one of these candidates has now left the service.</li> </ul>				

1415		SAFE AND WELL PHASE 2 – AFFORDABLE WARMTH		
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER	Safe & Well Policy and Projects Manager
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
N/A				
<b>Project Update</b>				
<p>The Affordable Warmth Working Group met in June and agreed the high level screening questions for use by CFRS staff to help identify people at risk from fuel poverty.</p> <p>Training needs were also discussed and the Energy Efficiency Agency is able and willing to deliver training to CFRS staff in due course.</p> <p>There was also a discussion about the appropriate local authority referral pathways for CFRS to refer people to. Pathways are potentially in place for Halton, Warrington, and Cheshire East. No pathway is yet in place for CWAC.</p>				

1500		SAFE AND WELL PHASE 2 – LONELINESS AND ISOLATION		
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER	Safe & Well Policy and Projects Manager
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
N/A				
<b>Project Update</b>				
<p>British Red Cross is still considering a Memorandum of Understanding.</p>				

1496		SAFE AND WELL PHASE 2 – HYPERTENSION, BLOOD PRESSURE and ATRIAL FIBRILLATION		
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER	
		Safe & Well Policy and Projects Manager		
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
N/A				
<b>Project Update</b>				
The NHS chaired the Fire and Rescue Task and Finish group on 28th June 2017. Main outcome was that the NHS are in the process of procuring blood pressure cuffs and provision of training services for Fire and Rescue staff.				

1313		EMERGENCY SERVICES MOBILE COMMUNICATION PROGRAMME		
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER	
		ESMCP Internal Transition Manager		
Previous status	Current status	<u>Mitigating steps</u> (where status is red or amber)		
		Currently awaiting production of an amended plan with a revised timeline.		
<b>Programme Update</b>				
The Programme have eight interested parties in the market place looking to produce a hand held device. Discussion to be held with Head of Finance regarding the costs for the vehicle equipment and the possibility of a financial contingency to enable CFRS to purchase the premium device should this require additional money.				
A draft Training Strategy has been written and is out for comment. Enrolment has now been completed with caveats and sent to the Programme. It is anticipated that the region is expected to follow.				
The high level delivery plan for Cheshire is written and awaiting a new baseline date from the new Programme. The region has agreed to adopt our plan as a template to help dialogue during collaboration activities.				

**INFORMATION RELATING TO PROJECTS CURRENTLY IN INITIATION (without a PID)**

<p><b>Drones (1535)</b></p>	<p>Project Manager – Operational Support, Risk, Research &amp; Development Lead Project Sponsor – Head of Operational Planning and Assurance.</p> <p>A business case was written in January 2017. Approval was given for the purchase of one drone to trial within the service, to assist with proving the concept of using drones at operational incidents within Cheshire. Funds of £30,000 were secured from the 2017-18 budget.</p> <p>Two meetings have been held between Cheshire Fire and Rescue Service and Cheshire Police to explore the possibility of a joint procurement, joint training and joint working procedures. These resulted in a group made up from both organisations vising Lancashire FRS who’s drone is run by the FRS but partially funded by the Police. This was to explore their operational procedures and for a demonstration of their drone.</p> <p>PID drafted which is now with the Group Manager for approval. Next steps are to explore and cost out a response model.</p>
<p><b>Sprinklers in Fire Houses</b></p>	<p>Project Manager – Facilities Manager, Joint Estates Team Project Sponsor – Head of Prevention and Organisational Development</p> <p>The proposed plan is for the project to sit with the Facilities Manager within the joint Estates team. This project will be monitored through business as usual processes and will therefore not report to P&amp;O Committee in future.</p>

## RISK AND ISSUE MANAGEMENT

CPS Ref	Risk Detail	Risk Owner	Rick Score	Progress Update
<b>ON CALL RECRUITMENT: 1089 CREWE AND 1092 ELLESMERE PORT (Department Risk)</b>				
862	<p>Crewe and Ellesmere Port On Call</p> <p>Not being able to recruit the 1X WM, 2 x CM and 12 FF for the On Call pumps at Crewe and Ellesmere Port</p>	<p>Head of Service Delivery</p> <p><b>Risk Review:</b> IRMP Delivery Group</p>	<p>20</p> <p>➔</p>	<p>The 'go live' date for the on call pumps at Crewe and Ellesmere Port is April 2019. To achieve this date the on call team would need to be recruited by no later than September 2017, which will not currently be possible because of the CFA decision to suspend recruitment from February 2017 (pending a review), hence this risk has changed from amber to red.</p> <p>It is vital that the review is completed swiftly so the CFA can decide on next steps. At the Members Planning Day on 14<sup>th</sup> July 17 Members provided guidance as to the scope of the review.</p>
<b>ON CALL RECRUITMENT: 1089 CREWE AND 1092 ELLESMERE PORT (Strategic Risk)</b>				
971	<p>IRMP Impact of Crewe/Ellesmere Port On Call Review:</p> <p>The outcome of the review may result in changes that would affect the anticipated £1.3m savings that will be achieved from changing the wholetime pumps at Crewe and Ellesmere Port to on call.</p>	<p>Head of Service Delivery</p> <p><b>Risk Review:</b> RMB</p>	<p>20</p> <p>➔</p>	<p>New risk added 28<sup>th</sup> March 2017 following Risk Management Board (RMB). Linked to Risk 862.</p>
<b>1058: SPRINKLER CAMPAIGN (Programme and Project Risk)</b>				
889	<p>Lack of commitment from housing providers to fit sprinklers:</p> <p>As a result of the austerity measures there is a risk that Registered Social Landlords are unable to commit to the sprinkler system programme.</p>	<p>Head of Protection and Organisational Development</p> <p><b>Risk Review:</b> PPB</p>	<p>16</p> <p>➔</p>	<p>Risk reviewed - still relevant. Following the high rise fire in London (Grenfell) the Service will re-engage with high rise housing providers to attempt to get them to install sprinklers.</p>
<b>1226: BLUE LIGHT COLLABORATION PROGRAMME (Strategic Risk)</b>				
943	<p>Managing Resource Capacity through transition of BLC:</p> <p>As a result of delivering the Blue Light Collaboration Programme there is a risk that</p>	<p>Director of Governance and Commissioning</p>	<p>20</p> <p>➔</p>	<p>This risk is to be reviewed as part of the next BLC Programme Board and Joint Management Board. To include the review of remaining transferring departments, Governance model and Collaboration Agreement.</p>

	CFRS key staff and corporate knowledge may not be retained during transition period.	<b>Risk Review:</b> RMB	
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## CHESHIRE FIRE AUTHORITY

**MEETING OF:** PERFORMANCE AND OVERVIEW COMMITTEE  
**DATE:** 6<sup>TH</sup> SEPTEMBER 2017  
**REPORT OF:** DIRECTOR OF GOVERNANCE AND COMMISSIONING  
**AUTHOR:** CHRIS ASTALL

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**SUBJECT:** INTERNAL AUDIT PLAN – QUARTERLY  
PROGRESS AND FOLLOW UP REPORTS

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### Purpose of Report

1. To present a quarterly progress summary in relation to the 2017-18 Internal Audit Plan together with the consolidated Follow Up Report (attached as Appendix 1 and 2). Mersey Internal Audit Agency (MIAA) will attend the meeting to present the reports.

### Recommended that Members:

- [1] review the reports appended to this report; and
- [2] highlight any matters which require further explanation.

### Background

2. Internal audit is an assurance function that provides an independent opinion to the Authority on the organisation's control environment.
3. Recommendations made by MIAA are presented formally in a report to the relevant senior officer(s). Each recommendation is prioritised as Critical, High, Medium, or Low to reflect the assessment of risk. It is a management responsibility to respond to the recommendations and identify actions that can be taken to mitigate or reduce the risk.
4. Terms of reference (ToR) and final audit reports are reviewed by senior officers and significant risks identified may be referred to the Risk Management Board (RMB). The Performance and Overview Committee receives quarterly updates for the purpose of monitoring and scrutiny of progress against the Internal Audit Plan.
5. Delivery of recommendations are monitored and tracked on the Service's Cheshire Planning System (CPS).

### Information

#### Internal Audit Progress Report

6. This Internal Audit Progress Report is attached as Appendix 1 to this report.

## **Audit reviews completed since last reported to Performance and Overview Committee**

7. Site Specific Risk Information (SSRI) – **Significant Assurance**
8. Partnership Arrangements – **Significant Assurance**

### **Audit work in progress:**

9. Business Audits - **Fieldwork complete and report being drafted**
10. Business Continuity – **Fieldwork in progress**
11. Equality and Diversity Recruitment - **Fieldwork in progress**
12. National Fraud Initiative – **Fieldwork in progress**

## **Internal Audit Follow Up Report**

13. The follow-up audit completed in August 2017 is to provide assurance regarding management implementation of agreed actions. The Internal Audit Follow Up Report is attached to this report as Appendix 2.

### **Request for audit plan changes**

14. There have been no requests for change during the Quarter 1 reporting period.

## **Financial Implications**

15. 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 for final audit reports.

## **Legal Implications**

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

## **Equality & Diversity Implications**

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

## **Environmental Implications**

18. 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 Q1 (17-18)  
**Appendix 2** – Internal Audit Follow Up Report (16-17)

**Mersey Internal Audit Agency**

**Internal Audit Progress Report**  
**Performance and Overview Committee**  
**(6<sup>th</sup> September 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 2017/18 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

Since the previous meeting of the Performance and Overview Committee we have completed the following reviews: -

- Site Specific Risk Information (SSRI) – **Significant Assurance**
- Partnership Arrangements – **Significant Assurance**

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 2017/18. Details of High Level actions are provided in Appendix C.

Title	Assurance Level	Recommendations	
Site Specific Risk Information	Significant	0 x Critical 0 x High	5 x Medium 2 x Low

**Background:** Cheshire Fire & Rescue Service (CFRS) considers the safety of fire fighters its highest priority. To this end, the Service maintains a process for gathering, storing and disseminating Site Specific Risk Information (SSRI). This is to enable operational personnel to carry out pre-planning activities to assess the degree of risk to fire fighters along with risks to the environment, the community and the economy in its response to and dealing with all types of operational incidents.

This follows the duties placed upon it by the Fire and Rescue Services Act 2004 (Sections 7(2)d, 8(2)d and 9(3)d), which require all Fire and Rescue Authorities to make arrangements for obtaining risk information for the purpose of fire-fighting, road traffic collisions and other emergencies. In addition, this process is also to ensure

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compliance with the duties under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 to ensure suitable and sufficient risk assessments are carried in respect of risk premises identified within its area.

All information gathered as a result of this process will be held on the FireCore database which can be accessed through the service intranet. SSRI will be made available to personnel at the scene of operations via the Mobile Data Terminals (MDT) and Panasonic tablets on appliances.

Cheshire Fire and Rescue Service created its policy and adopted its current approach in response to Health and Safety Executive report 'The Management of Health and Safety in the GB Fire and Rescue Service.' Issues raised by the report included the maintenance of risk records and training and this has been a catalyst for significant innovation and improvement in this area.

The process for carrying out and updating Site Specific Risk Information and subsequently Risk Assessments is defined in a Policy Document (Operational Plan 15). The document owner is the Head of Operational Policy and Assurance. The Policy was last approved on 18<sup>th</sup> January 2016 and is due for review in January 2019.

Processes such as reporting and training were reviewed centrally and audit work included visits to two whole – time stations: Chester and Runcorn.

**Objective:** To provide assurance that the process for gathering, storing and disseminating Site Specific Risk Information (SSRI) is being managed in accordance with agreed policy and procedures, namely Operational Plan 15.

**Summary:** The Service has taken an innovative and comprehensive approach to the gathering and updating of site specific information, which undoubtedly has significantly improved the information available to staff responding to incidents. This includes regular risk footprint reviews, re-inspections carried out according to the level of risk presented, and standard controls including review, monitoring, documented procedures, standard forms and regular training. Based on the overall framework and supporting functions provided centrally and through training, the Service have made a clear commitment in the safety of fire fighters. As might be expected with an evolving and complex system, there are some areas for improvement identified in the review which has been agreed that will be taken forward and overseen by the Premises Risk Information Group.

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Fire crews perform both inspections and re-inspections in accordance with the Policy and as allocated to them by the Station Manager. Once assessments are completed they are reviewed by the Watch Manager and submitted to the Station Manager for approval. Only once approved will the information be updated on FireCore.

At both Chester and Runcorn it was found that a significant number of sites were showing as 'Saved', and which appear to be overdue, these aren't identified as such in the report produced from FireCore by the SDM (Service Delivery Manager) who is the reference holder. Management are aware of this issue and are in the process of refining the performance reporting to better identify where this is the case, and in addition are looking at better defining the timescales for ensuring sign off of completed inspections.

In addition during our audit it became apparent that the final part of the process, whereby the site specific information on the MDTs and Panasonic devices in the appliances is updated via Wi-Fi from FireCore, in some occasions is not occurring on a timely basis. The Service has completed an initial investigation at the time of the review which indicated that certain MDTs were not updating as regularly as others, but that overall the whole-time pumps were updating as expected. The findings were shared with Service Delivery Managers who have a mechanism in place for performance managing the update process. The SDMs were then to 'follow-up with Station Commanders and ICT to resolve any issues. It is recommended that as part of the Station Management Framework includes a requirement for crews to check when the devices were last updated.

It should be noted that whilst the primary purpose of the system is to ensure that up to date SSRI is available to fire fighters, it is acknowledged that there is the potential for changes at sites between inspections which fire crews would need to manage as part of the ongoing operational risk assessment and safe working processes when attending an incident.

The Premises Risk Information Group (PRIG) Group who is responsible for overseeing the delivery of SSRI's in line with agreed framework, was found to meet regularly, have standard terms of reference, be attended by appropriate staff and consider a range of relevant items. Again, there are improvements which could be made to ensure that this group is even more effective such as improvements to performance information received relating to completed and outstanding assessments, receiving information regarding key themes arising from risk assessment reviews in order to identify any

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common themes that need to be considered and a more efficient and comprehensive system for tracking actions. The group has recently appointed a Chair for the group who should provide the continuity and the momentum to drive forward the required improvements.

**Key areas agreed for action (due to be completed by October 2017):**

Medium risk recommendations to be actioned focussed on: -

**Planning and Implementing - Updating of MDTs and Panasonic Tablets by FireCore**

- (i) An initial investigation has been completed to assist the auditor prior to the publication of this report, which confirmed updating issues at some locations. The report was to be presented at July PRIG meeting where a member of ICT would be nominated to investigate the issue of wireless updates at FRS locations.
- (ii) Currently as part of the Station Management Framework and proposed Performance and Assurance audits this includes a requirement for the MDT and Panasonic Tablets to be checked to confirm they are operational. Following the review and update of the Station Management Framework this should also include a requirement for crews to also check when the devices were last updated. Timescales for the signing off of inspections should be incorporated into procedures and monitored.

**Planning and Implementing – accuracy of SSRI information**

- (i) A development within the Firecore system has been made to allow the Internal Planning Manager to input a base set of control measures for each hazard listed on Firecore. This feature has been designed to auto populate the control measure field once a hazard has been selected, this will also have the facility to populate pre-determined risk rating for each hazard. This work is underway and will be completed in conjunction with the writing of the Service's new operational guidance documents to ensure consistency within the governance for operational procedures.

**Planning and Implementing – SSRI Training**

- (i) A training session has been developed by the SSRI Training Officer (SSRITO) for Station Managers, this will include a gap analysis and new features on Firecore. Feedback from the training will be reported to PRIG by the SSRITO.



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### **Premises Risk Information Group**

- (i) Standard performance information by Station constituting a summarised version of the 'overdue report' prepared by the Service Delivery Manager should be presented to the Group. This should be accompanied by a narrative from the Station Manager.
- (ii) Reports detailing the outcome of reviews carried out by the SSRI, Station Managers and Service Delivery Managers should be presented to the Group.
- (iii) Reports should be presented regarding training attended and confirming that information had been cascaded to absentees.
- (iv) Formal updates regarding how Over the Border information is maintained and shared should be presented to the Group.
- (v) Either an extract from the Cheshire Planning Site or a running action plan of the status of PRIG actions should be included with PRIG papers.

### **Audit and Review – Station Manager Audits**

- (i) A facility to capture and manage requirements following a SSRI audit is currently being developed through Firecore. This will enable the Service to identify and follow the actions outstanding and monitor deadlines for completion. A report will subsequently be available to PRIG outlining closure for the Audit administration process by Service Managers.

Two low recommendations to be actioned focussed on the planned update of the operational plan to incorporate the recommendations made within the review, particularly around requirements and responsibilities for auditing. In addition the Service would benefit from undertaking some periodic review of sites which have been assessed close to the threshold of high risk. This could be built in to the coverage by the SSRITO audits for reporting to the PRIG to ensure consistency.

**Executive/ Management Sponsor:** Deputy Chief Fire Officer / Head of Operational Policy and Assurance

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Title	Assurance Level	Recommendations	
Partnership Arrangements	Significant	0 x Critical 0 x High	5 x Medium 1 x Low

**Background:** Cheshire Fire and Rescue Service’s (the Service) strategic objectives are to develop the organisation, protect local communities and respond to emergencies. The Service’s ability to deliver these objectives and its services is affected by the complex and changing landscape it operates within both locally and nationally.

The Service has identified in its Partnership Policy a number of key partners who are vital to delivering the Service’s strategic objectives, including public, private and third sector organisations and services. These partners deliver and support provision of services including (but not limited to) health & wellbeing, crime prevention and rehabilitation, education, fire & rescue, environmental, local authority provision, data analysis and community support.

**Objective:** To assess the effectiveness of arrangements to manage partnerships in the Prevention Department to achieve the best outcomes and provide updates through CFRS.

**Summary:** The importance of partnerships to CFRS is documented in its Integrated Risk Management Plan (IRMP) and communicated to the public on its website. Responsibility to manage each Prevention partnerships have been assigned and processes to escalate any issues and risks are in place through the Prevention Team structure.

The CFRS Partnership Policy was updated to ensure consistency across CFRS in 2016 and includes key areas of initiating partnerships and review of outcomes. It was noted that the policy could be further strengthened by reflecting changes in oversight arrangements and national requirements to collaborate.

In 2016/17 there has been a change in oversight of partnerships as the Partnership Steering Group has been abolished. Updates have been reported on key partnership related matters to the Policy Approval Group and the Performance and Overview Committee. Additional clarity is required to assign responsibility for oversight from the Partnership Steering Group, and for the committee with oversight to receive regular updates on the effectiveness of partnerships.

Partnership agreements are developed by the CFRS Legal Team and were confirmed as in place for a sample of Prevention partnerships. A partnership database is in place



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to record partnerships entered into. This could be further enhanced by ensuring it is fully updated until the Cheshire Planning System (CPS) is fully utilised to record partnerships.

At the time of the review CFRS are in the process of embedding the use of the CPS to record and manage its partnerships. As part of this process recording of risks, outcomes and annual reviews in CPS would provide an improved audit trail to evidence the effectiveness of partnerships.

An advisory element of this review was to undertake a survey to assess the awareness of the CFRS Partnership Policy outside of the Prevention Department and to gain a greater understanding of partnerships across the organisation.

Results of the survey noted there was awareness of the Partnership Policy but as planned, additional training for partnership leads would aid the embedding of CPS to record partnerships and strengthen the supporting audit trail. This includes areas highlighted in this report including ensuring each partnership has assessment measures and the recording of annual reviews for each partnership.

**Key areas agreed for action (due to be completed between September and December 2017):**

Four medium risk recommendations to be actioned focussed on: -

**Policy**

- The Partnership Policy will be reviewed and updated in 2017 to reflect changes at a local and national level.

**Use of Cheshire Planning System**

- As planned all partnerships across CFRS should be added into CPS. This should include attaching relevant documents, recording risks, partnership agreement meetings and compliance against agreed outcomes/targets. CFRS should ensure there is an up to date list of partnerships (Partnership Database) until CPS is fully records all partnerships. A RAG rated report should be generated from CPS and reported to senior management providing a high level summary of the current position of each partnership based on criteria including management of risk, achievement of outcomes and completion of required tasks such as completing the annual review of each partnership.

**Oversight of Partnerships**

- Reports will be received by SMT through the Programme Management Board.
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Principal responsibility for oversight of partnerships will be assigned to the Performance Scrutiny Group who will have responsibility for monitoring delivery of projects and the IRMP.

### **Partnership Agreements**

- For new partnerships and partnership renewals, the Legal Team will further consider the most effective agreement to be used to provide additional assurance that responsibilities of CFRS and its partners are agreed. Signed copies of agreements will be added to CPS. The Prevention Team will confirm that signed agreements are in place for partnerships where it was identified a signed agreement could not be evidenced.

### **Review and outcomes**

- Contractual expectations, performance indicators and outcome measures where possible will be agreed for each partnership. These will be added to the milestones function in CPS so that achievement of these can be monitored and reported. The review / close down function in CPS will be used to ensure an annual review of partnerships can be evidenced as completed. As part of the update of the Partnership Policy the template used for partnership review will be updated to provide additional focus on benefits received by CFRS and achieved outcomes.

One low recommendation to be actioned focused on providing training to partnership leads to ensure there is clarity on actions required to comply with the partnership policy.

**Executive/ Management Sponsor:** Deputy Chief Fire Officer / Head of Prevention

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### 3. Work in Progress

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

#### Work In progress

- **Business Audits** – To provide assurance that CFRS have a robust business audit process, which supports the Service’s vision to achieve safer business and community sectors where there are no preventable deaths or injuries in fires, where fire losses are reduced to all time minimal levels, and businesses receive consistent and common advice, information and enforcement practices. **Fieldwork complete and report being drafted**
- **Business Continuity** – To undertake a baseline assessment of current arrangements against best practice and to assess the robustness of the business continuity arrangements in place. **Fieldwork in progress**
- **Equality and Diversity Recruitment** – To review the Authority’s strategy and processes to demonstrate compliance with the Equality Act and the steps taken to deliver on these key objectives. **Fieldwork in progress**
- **NFI** – To review the data reports provided by the Cabinet Office and to investigate any identified discrepancies by providing a reason for the match and, where required, make the appropriate change). **Fieldwork in progress**

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### 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"> <li>• the efficient and effective use of resources</li> <li>• the safeguarding of assets</li> <li>• the preparation of reliable financial and operational information</li> <li>• compliance with laws and regulations.</li> </ul>
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"> <li>• has a low impact on the achievement of the key system, function or process objectives;</li> <li>• has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
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"> <li>• 65% Qualified (CCAB, IIA etc.)</li> <li>• 35% Part Qualified</li> </ul>
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
	Sep	Nov	Feb	May	High / Significant / Limited / No	
<b>FINANCE &amp; RESOURCES</b>						
Counter Fraud Arrangements		●				Providing Support on National Fraud Initiative
Financial Systems			○			
<b>PERFORMANCE</b>						
Partnership Arrangements	●				<b>Significant</b>	2016/17 Final Report

REVIEW TITLE	PLANNED COMPLETION				ASSURANCE LEVEL	Commentary
	Sep	Nov	Feb	May	High / Significant / Limited / No	
Station Management Framework			O			
<b>OPERATIONAL COMPLIANCE</b>						
Business Audits		●				Draft Report
Business Continuity		●				Fieldwork
IT Critical Applications			O			
HMIC Inspection Exercise				O		
Site Specific Risk Information	●				<b>Significant</b>	Final Report
<b>GOVERNANCE, RISK AND LEGALITY</b>						
Bluelight Collaboration				O		
Equality and Diversity Recruitment		●				Fieldwork
Local Code of Corporate Governance				O		Advisory Support
<b>FOLLOW-UP AND CONTINGENCY</b>						
Follow-up	●					See Follow Up Report
Contingency						

Key O = Planned ● = In Progress / Complete



## Appendix C: Critical/ High Risk Recommendations

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



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**Internal Audit Follow Up Report**  
**Performance and Overview Committee (6<sup>th</sup>**  
**September 2017)**  
Cheshire Fire Authority / Fire & Rescue Service



# Contents

1. Introduction and Background
2. Objective
3. Summary of Outstanding Recommendations
4. Summary of Internal Audit Recommendations Followed Up
5. Detailed Recommendations

Appendix A: Assurance Definitions and Risk Classifications

Appendix B: Follow-Up Distribution and Contacts



## 1. Introduction and Background

In making recommendations and agreeing action plans, it is intended that improvements may be made to both internal controls and operational effectiveness. However, in order to verify that the benefits of the process are achieved, it is necessary to subsequently follow up on the implementation of agreed actions, in order to fully assess:

- Whether implementation has occurred or been superseded by further events; and
- Whether the actions have produced the intended effect.

Follow-up is, therefore, a vital aspect of the internal audit process and it is our policy, in accordance with the Fire Authority's Internal Audit plan, to revisit previous assignments.

This paper sets out the completion of the most recent phase of follow-up reviews where we have been informed that action plans have been completed.

## 2. Objective

The objective of this follow up review is to provide the Policy Approval Group (PAG) and Performance & Overview Committee with independent assurance that actions flagged as closed by responsible officers have indeed been completed and can be evidenced as such.

## 3. Summary of Outstanding Actions

Section 4 provides a summary of all agreed Internal Audit actions due for implementation which were followed up during August 2017. Of the 41 actions due for implementation: -

- 20 were evidenced as implemented including all high risk actions and a further nine actions have been superseded;
- 12 actions were noted that whilst not complete, progress towards implementation was evidenced; and

A summary of these recommendations, including their status at August 2017, and revised dates for implementation are detailed in section 5. These actions will be monitored through the CFRS Action Tracker and will be followed up by MIAA and a further update provided to the Performance and Overview Committee.



## 4. Summary of Internal Audit Recommendations Followed-Up

The following table summarises all Internal Audit recommendations that have been agreed and which have been followed up during July/August 2017:

<b>Audit Report</b>	<b>Year</b>	<b>Total Number of Agreed Actions Outstanding</b>	<b>Total No of Agreed Actions Ready for Review</b>	<b>Not Implemented</b>	<b>Not Implemented but Action Progressing</b>	<b>Implemented</b>	<b>Superseded</b>
IT Core Infrastructure	2014/15	3	3	-	2	-	1
Capital Programmes	2015/16	1	1	-	-	-	1
Fire Cadets	2015/16	5	5	-	3	2	-
NW Control Centre	2015/16	3	3	-	2	1	-
Operational Training	2015/16	2	2	-	-	2	-
Princes Trust	2015/16	2	2	-	-	2	-
Unitary Performance Groups	2015/16	7	7	-	-	-	7
Insurance Arrangements	2016/17	5	5	-	3	2	-
On Call	2016/17	5	5	-	2	3	-
Combined Financial systems	2016/17	4	4	-	-	4	-

<b>Audit Report</b>	<b>Year</b>	<b>Total Number of Agreed Actions Outstanding</b>	<b>Total No of Agreed Actions Ready for Review</b>	<b>Not Implemented</b>	<b>Not Implemented but Action Progressing</b>	<b>Implemented</b>	<b>Superseded</b>
Station Management Framework	2016/17	4	4	-	-	4	-
<b>Total</b>		<b>41</b>	<b>41</b>	<b>-</b>	<b>12</b>	<b>20</b>	<b>9</b>



## 5. Detailed Recommendations

The following table provides full details of those recommendations which are still outstanding following our review, along with the original agreed management responses and timescales.

### I.T Core Infrastructure

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
3	Medium	<p>The following areas require action:</p> <p>The issues associated with non-Microsoft software patching should be formally assessed and opportunities to reduce the risks identified.</p> <p>The reported gaps in malware protection need to be clearly understood and more proactively monitored and managed to minimise any exposure.</p>	<p>The ICT Operations Manager has now scheduled a bi annual patching schedule &amp; audit of high use non Microsoft products such as Adobe Reader and if required, the software will be patched, however, this is dependent on resource availability.</p> <p>A more detailed monthly audit of endpoint protection has now been planned. Resources and budget would make this difficult to achieve and we believe the actions being carried out in regard</p>	<p>April 2016</p> <p>Revised date: 31<sup>st</sup> March 2017</p>	<p>ICT Operations Manager / Head of ICT.</p>	<p><b>Action Progressing</b></p> <p>The remaining action to implement SolarWinds Patch Manager will be implemented in 2017/18.</p>	<p>31<sup>st</sup> March 2018</p>

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
		<p>Broader vulnerability management should be investigated to ensure all risks and Live exploits are understood in a timely fashion and mitigations implemented. One approach to this may be to register with a trusted independent third party security monitoring service.</p> <p>Port locking should be switched into active mode with the objective of only allowing staff to use and write to specifically authorised and encrypted external storage devices in the first instance. Looking into preventing unauthorised reading capability would also be</p>	<p>to points 1 and 2 above will address this issue.</p> <p>ICT Operations Manager has now created the necessary policies to implement the port locking element of BeCrypt Connect Protect and is being implemented across the service.</p>				



Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
		recommended.  Any residual risk should be appropriately registered and managed through Corporate risk processes.					
5	Medium	Management should ensure that:  Documentation covering contingency priorities, maximum recovery times and data loss in different outage scenarios, particularly computer room or widespread infrastructure outages, should be enhanced and approved by management to ensure arrangements align to operational expectations and local continuity arrangements.	This is already being addressed by a wider Business Impact Analysis being carried out by Operational, Planning & Assurance.	April 2016  Revised date: 31 <sup>st</sup> March 2017	Operational Planning and Assurance	<b>Action Progressing</b>  The remaining action to develop a new business continuity plan will be finalised once services and systems have moved from CFRS Headquarters.	31 <sup>st</sup> December 2017

**Fire Cadets**

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
3	Medium	The Authority should produce a Corporate Fundraising Policy that should be supplemented by comprehensive guidance for those involved in fundraising activities. The policy and procedures should identify the responsibilities of individuals, the Authority and require the implementation of adequate controls during fundraising including the security, recording and banking of funds collected.	CFRS fund raise for a number of charitable organisations, the majority of CFRS fundraising is for the Fire Fighters Charity. There is no specific fundraising policy and I believe this should be a service wide policy not just for youth engagement programmes. A discussion needs to take place with the DCFO, Director of Governance and Commissioning, Head of Finance and Head of Prevention to agree the policy.	July 2016 Revised date: 31 <sup>st</sup> December 2016	DCFO, Director of Governance and Commissioning, Head of Finance and Head of Prevention.	<b>Action Progressing</b> A Corporate Fundraising Policy has been developed and is in the process of being agreed by the Legal Department prior to formal approval.	31 <sup>st</sup> October 2017
4a	Medium	The Authority should review the process for the management of	With regards bank accounts, work is in progress to set up individual accounts for each	April 2016 Revised date:	Finance Manager	<b>Action Progressing</b> Although the cadet group	31 <sup>st</sup> October 2017

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
		Cadets funds held locally including agreement on the records to be maintained locally and reporting arrangements to the Finance Department. The imprest and banking procedures established for the Prince's Trust groups could be adapted for the Fire Cadet Units for this purpose.	unit. Due to the fact all the cadet leaders are volunteers and not employed by the Service and only meet once a week this is taking a bit longer than originally estimated. The Fire Cadet Manger and Finance Officer have completed all the necessary paperwork which has been sent to each unit. These are in the process of being returned along with current banking information and totals.	31 <sup>st</sup> December 2016		bank accounts have been brought under the umbrella of the Fire Authority; imprest and banking procedures established by the Princes Trust have not been fully adopted for the Fire Cadets.	
4b	Medium	The Authority should also ensure regular compliance with the Fire Cadet's Policy by undertaking a periodic audit of cadet unit accounts and arranging regular spot checks.		April 2016 Revised date: 31 <sup>st</sup> March 2017	Fire Cadet Manager, Finance Department	<b>Action Progressing</b> The programme of audits will be completed once actions related to the banking arrangements are implemented.	31 <sup>st</sup> October 2017

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
6	Low	The Authority should consider the introduction of an annual report summarising the activities of the year and benefits realised for the Authority in relation to promotion of the Fire Service's brand, reduction in anti-social behavior, reduction in fires and the development of future fire fighters.	Fire Cadets do amazing things all year round and this is promoted through internal and external press releases along with social media. Also to celebrate this CFRS have an annual cadet day. This day gives the opportunity for cadets from all around the county to get together, have competitions, fun and celebrate their achievements with a review of the year. The review highlights all the activities the cadets have been involved in and celebrates their success. Fire Authority Members, Principal Officers and local dignitaries such as the Lord Lieutenant. If the Authority would like a written annual report this could be done.	December 2016 Revised date: 31 <sup>st</sup> March 2017	Fire Cadet manager	<b>Action Progressing</b> An annual report will be developed for the December reporting cycle.	31 <sup>st</sup> December 2017

**NW Control Centre**

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
1	Medium	The members' agreement should be amended to reflect the correct number of Authorities that currently hold an interest in NWFC Ltd.	The documentation associated with Merseyside's withdrawal was completed and had to be formally accepted by the four remaining Authorities. At the time there was some discussion between officers about the Members Agreement and whether it needed to be updated. Whilst the document contains a number of provisions that are now only of historical interest (they have no practical impact) the Agreement remains fit for purpose in the way it binds the Authorities together – preventing them from making certain key changes to the company's governance unless there is	1st April 2017	Director of Governance and Commissioning	<b>Action Progressing</b> The previous agreement will be replaced as a result of devolution in Manchester. The agreement is intended to be developed and signed by 31st March 2018.	31 <sup>st</sup> March 2018

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
			unanimity. The Agreement can be reviewed, but it is not a priority.				
4	Medium	<p>The Authority should liaise with NWFC Ltd and ensure that the reporting of performance data provided by them reflects the standards and targets set by the Authority.</p> <p>The Authority should liaise with NWFC Ltd to ensure that all reporting functions are operating correctly and all data reported is correct.</p>	<p>Agreed. Some recent anomalies have caused difficulties and officers are attempting to find permanent solutions. Given the reporting that takes place to the company Board (as well as the Authority) there is little doubt that this will be resolved.</p>	<p>August 2016</p> <p>Revised date: 31st March 2017</p>	<p>Director of Governance and Commissioning</p>	<p><b>Action Progressing</b></p> <p>CFRS is working with NWFC and reviewing the quarterly performance reports in greater detail for some areas that do not currently meet expectations in an effort to understand why. As part of this process CFRS will be examining the data collection methods.</p>	<p>31<sup>st</sup> December 2017</p>

**Insurance Arrangements**

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
1	Medium	CFRS should agree the most effective reporting route for financial and operational information on protection arrangements with FRIC Ltd. The need for updates is more significant at year end to assess the financial outcomes of membership against previous arrangements, if additional contributions are required in the event of a significant number of high value claims across all members, impact of the change in excess from £1,000 to £5,000 and to assess the	The Head of Finance will incorporate regular monitoring of protection arrangements into the Authority's performance reporting process.	March 2017	Head of Finance	<b>Action Progressing</b> Information requirements needed by CFRS related to FRIC are being clarified with the DCFO and the Head of Legal.	31 <sup>st</sup> September 2017

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
		effectiveness of FRIC Ltd over the past year.					
3	Medium	<p>CFRS should request Regis to include in quarterly reports the length of time it takes to close claims and additional information on claims related to public and employer liability.</p> <p>FRIC Ltd members should receive assurances on the effectiveness of services provided by Regis including third party assurances where applicable.</p> <p>CFRS should raise with other members the need to have access to FRIC Ltd Board minutes</p>	<p>FRIC has already put the following measures in place:</p> <p>Claim lifecycle information was included in the original specification and as systems develop the information will come on stream. Regarding Public and Employer liability claims, further information will be made available but on a case by case basis as in some cases the nature of these claims may be sensitive.</p> <p>There is a performance review mechanism in the FRIC/Regis contract which includes regular review meetings. These may be attended by members of FRIC. In addition, the</p>	March 2017	Head of Finance	<p><b>Action Progressing</b></p> <p>On Huddle each member's KPI dashboard is available which includes motor, public and employers liability claim numbers.</p> <p>Third party assurance for financial transactions are received from an independent auditor. Every 6 months the FRIC Chairman reviews Regis key performance indicators, Additionally Board members complete a survey informing of issues and a meeting with Regis to work through feedback.</p> <p><u>Areas Outstanding</u></p> <p>Any FRIC Member can attend Board meetings as</p>	31 <sup>st</sup> September 2017



Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
		and agendas so that they have additional understanding of the governance and performance of FRIC Ltd.	<p>Chairman of FRIC gauges member satisfaction in advance of the meetings.</p> <p>FRIC is mindful that it is a separate company and must act in the best interest of all Members. However, it was recently agreed that an Exec Report would be published summarising the business of each quarter for members information.</p> <p>The Head of Finance will continue to discuss these matters with FRIC but this is an evolving process which is improving as the FRIC and Regis management processes become embedded.</p>			<p>an observer. Board minutes and Papers are kept separately and not circulated to the wider group. This will be raised by CFRS in September 2017.</p> <p>Claim lifecycle information and information on public and employer liability is currently still not included. However, CFRS is to continue to request this to FARRG.</p>	



Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
4	Medium	CFRS as planned should work with other members to develop a report summarising learning from analysis of risk profiles of members. The report can be used alongside information in quarterly reports if it is agreed that contributions of members should be based on claims made and on members risk profiles.	This is part of the FARRG process and it is the intention to make benchmarking information available.	March 2017	Director of Governance and Commissioning	<b>Action Progressing</b> The risk profiles for members were due for resubmission in June 2017.  The Cheshire profile has been approved by Senior Management and uploaded to the FARRG website. At August 2017 FARRG are waiting for all members to upload their profile so that an analysis across members can be undertaken.	31 <sup>st</sup> October 2017



**On Call Availability**

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
1	Medium	<p>The new functionality in Gartan should be implemented as soon as possible to further enhance the monitoring of on call availability.</p> <p>All changes in contracted hours should be communicated to the relevant departments on a timely basis. This will ensure that any gaps can be identified so that a review of availability can be carried out and on call firefighters recruited if required.</p>	<p>A new report has been incorporated into Gartan which will make performance reporting easier. This will also fit into a piece of work to refresh individual declarations of availability into Gartan. The new functionality is currently undergoing UAT and then can be incorporated into the live environment.</p>	1 <sup>st</sup> April 2017	On Call Support Manager / Project and Systems Administrator	<p><b>Action Progressing</b></p> <p>The new reporting functionality to assist with measuring performance against contract patterns is now available for use within Gartan.</p> <p>CFRS is entering into wider collaboration with the HR Department preparing to move over to Cheshire Police, as a result HR have not been able to facilitate this exercise at this time as it was deemed too time consuming weighed against the benefits.</p> <p>In the interim a list of On Call Staff with no contract patterns in Gartan have been identified and are in the process of being approached to ensure that all On Call staff then have contract patterns stored within the system.</p>	31 <sup>st</sup> October 2017

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
						Once this has been complete, a further exercise will be conducted by local managers to ensure that individual contract patterns are up to date and accurate for the staff at their station and this will be detailed in the On Call Station Information folder	
3	Medium	The Authority should look into the process for managing breaches and informing managers and the other crew members about pump availability to ensure a consistent and effective approach across all stations.	Managers have been given some flexibility to manage the process for identifying, communicating and resolving breaches. The approaches adopted have achieved mixed result across stations. Therefore, the matter will be discussed at the On-Call Managers on 7th February to share best practice and agree on the optimum solution. To take forward the above recommendation.	28 <sup>th</sup> February 2017	On Call Support Managers	<b>Action Progressing</b> The recommendation was discussed at the On Call Managers meeting in February 2017. It was decided that further consultation would be required with all On Call staff and a range of options presented to the Head of Service Delivery for approval prior to finalising and been incorporated into service policies. This was due to be discussed at the On Call managers conference in June. This was postponed and is now scheduled to take place in September where the various	31 <sup>st</sup> October 2017

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at August 2017	Revised Deadline
						options will be discussed further and agreed upon.	



## 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"> <li>• the efficient and effective use of resources</li> <li>• the safeguarding of assets</li> <li>• the preparation of reliable financial and operational information</li> <li>• compliance with laws and regulations.</li> </ul>
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"> <li>• has a low impact on the achievement of the key system, function or process objectives;</li> <li>• has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
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: Follow-Up Distribution and Contacts

### Follow-Up Report Distribution

Name	Title	Report Distribution
Performance & Overview Committee		Final Report (PDF)

### Review prepared on behalf of MIAA by

Name: Michael Nulty

Title: Audit Manager

Telephone: 0161 743 2028

Email: [michael.nulty@miaa.nhs.uk](mailto:michael.nulty@miaa.nhs.uk)

Name: Kevin Lloyd

Title: Assistant Director

Telephone: 0161 743 2029

Email: [kevin.lloyd@miaa.nhs.uk](mailto:kevin.lloyd@miaa.nhs.uk)

## Acknowledgement and Further Information

MIAA would like to thank all staff for their co-operation and assistance in completing this follow-up review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Audit Manager. To discuss any other issues then please contact the Director.

## CHESHIRE FIRE AUTHORITY

**MEETING OF:** PERFORMANCE AND OVERVIEW COMMITTEE  
**DATE:** 6<sup>TH</sup> SEPTEMBER 2017  
**REPORT OF:** DIRECTOR OF TRANSFORMATION  
**AUTHOR:** MELANIE HOCKENHULL

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**SUBJECT:** ANNUAL EQUALITY MONITORING  
REPORT 2016-17

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### **Purpose of Report**

1. This report provides a summary of key issues identified in the Service's Annual Equality Monitoring Report 2016-17 which is attached to the report as Appendix 1. This is the third year in which the Monitoring Report has been presented in this format and feedback on the format has once again been positive.

### **Recommended that:**

- [1] The Annual Equality Monitoring Report 2016-2017 be received.

### **Background**

2. The Performance and Overview Committee has previously received update reports highlighting the progress the Service has made in relation to equality and diversity. Reports have included achievement of the Excellent Standard in the Fire and Rescue Service Equality Framework, progress against the Service's Equalities Action Plan and the Annual Equality Monitoring Reports.
3. Production and analysis of the Monitoring Report provides reassurance that there are no barriers or adverse impacts in how the Authority delivers its services to communities and how it employs and works with staff, as well as satisfying statutory requirements under national equality legislation.

### **Information**

4. The Service has been monitoring its employment practices for a number of years, while monitoring of key areas of service began in 2010-2011. Annual equality monitoring reports have been presented to the Performance and Overview Committee since that time.
5. Relevant monitoring information is collated on a quarterly basis and presented to the Equality Steering Group ('ESG'). Representatives on the ESG then scrutinise the information to identify any positive or adverse trends. Where trends are identified, appropriate action is

discussed and taken. This can range from further analysis to get a better understanding of the issues, to direct action to mitigate the impact.

6. The format of the Monitoring Report has evolved in recent years. Particular attention has once again been paid to making the information as accessible and user friendly as possible.
7. The Monitoring Report was endorsed at the July meeting of the ESG. Please note, areas of the report may be subject to minor change based on further data cleansing and validation.

## Summary

8. The Equality Monitoring report is divided into two sections: Employment and Community Engagement. This reflects internal and external monitoring.
9. Additional data has been presented this year in the Employment section as follows: Top 5% of Earners; Leavers: Promotions; and Training.
10. No additional data has been provided in relation to Community Engagement, although youth engagement activities have been separated into three sections to cover the three activities we offer: Cadets; Respect; and Princes Trust.
11. In relation to the 2016-2017 Monitoring Report key areas of interest in the two sections include:

### Employment

- The Service employs 921 staff. The majority of employees are white British males, aged between 35-44. This position is similar to that reported in 2015-2016.
- Six percent of operational staff are female, a slight increase from the 5% reported in 2015-2016. The number of women in operational roles has increased by 7 in the last year and by 14 in the last 2 years. There was also a small increase in the numbers of women being promoted.
- There are currently 188 volunteers, the majority of whom are aged 17-24, male and white British. Again, this is similar to the position in 2015-2016.
- The percentage of staff accessing training decreases with each age group after 35-44; this might suggest that more needs to be done to promote training opportunities to older staff.
- In terms of operational recruitment:
  - **Wholetime recruitment** - 17 candidates were successfully taken on as wholetime firefighters in 2017. Of those who were successful, 6% are from a BAME background, 24% are women and 24% identify as LGBT. No successful candidates declared a disability.

- **Apprentices** – 11 apprentices were recruited in 2016. Of these, 36% are female, 9% declared a disability and 9% declared a religion other than Christianity or no religion.
- **On call recruitment** – 67 new on-call firefighters were recruited, with the majority being white British men.

### **Community Engagement**

- Eighty-eight percent of residents receiving an HSA were aged over 65, in line with targeted risk methodology.
  - Most young people taking part in youth engagement activities are between 15 and 17 and the majority are White British males.
  - As with previous reports, the number of outcomes following business premises audits against people of Chinese origin has increased. Focused engagement work in this area will continue.
  - In the previous year, people involved in injuries and fatalities were aged between 36 and 45, partly as a result of the serious incident at Bosley and other injuries occurring as a result of fires outside the home. This year, the most common age range of such victims was over 65, which helps validate our targeted risk methodology.
  - The majority of victims of injuries and fatalities occurring as a result of accidental fires in the home were also aged over 65, which helps validate our targeted risk methodology.
12. Work is already underway to try to ensure that any issues highlighted within the report are being addressed appropriately. In particular, positive action campaigns are continuing from last year to encourage individuals from under-represented groups to apply in the upcoming recruitment process for wholetime firefighters.

### **Financial Implications**

13. There may be limited costs associated with some of the actions needed to ensure that the Service is addressing the trends identified within the report, mainly associated with holding events and courses. Such costs will be captured either from the day to day budgets of the relevant department or via the equalities budget.

### **Legal Implications**

14. Production of the Annual Equality Monitoring Report helps the Authority to comply with its statutory responsibilities.

### **Equality and Diversity**

15. The Annual Equality Monitoring Report is produced to ensure that there are no barriers or adverse impacts to our employment policies/practices and community engagement.

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

**BACKGROUND PAPERS: NONE**

**Appendix 1 – Annual Equality Monitoring Report 2016-17**



# Annual Equality Monitoring Report

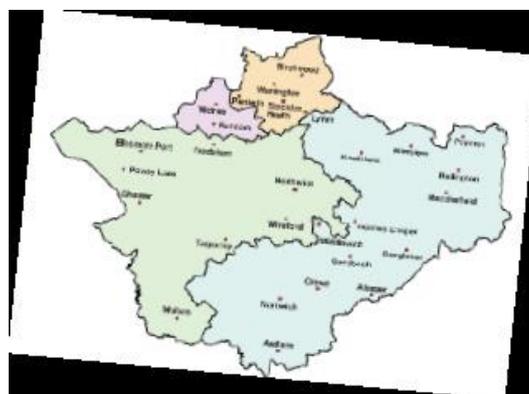
Employment and community engagement  
2016-17

## A picture of Cheshire

Cheshire consists of four unitary Councils: Cheshire East, Cheshire West and Chester, Halton and Warrington. Combined, the population of Cheshire is just over one million: Cheshire East has the largest population, with Halton having the smallest. Over the next fifteen years, the population of Cheshire is predicted to rise by approximately 60,000.

Cheshire covers approximately 919 square miles, with a strategic crossroads in the national motorway infrastructure, including the M6, M56, M53 and M62 – as well as having the UK's third largest airport at Manchester, as well as Liverpool Airport on its borders.

Cheshire is an area of diversity, both socially and economically. Cheshire comprises areas of affluence, together with areas of multiple deprivation in each of the four council areas. There are also large rural expanses, areas of heavy industry and a number of urban areas. There are currently 440,000 households with an average of 2.33 people per household. The average age of residents is 40.4 years. Approximately 20% of Cheshire's residents are aged over 65, whereas the proportion of residents under 24 is falling.



According to the most recent Census, Cheshire's population is predominantly made up of White British residents, who account for 96.9% of the population. After Christianity, the second most popular religion is Islam, although 22% of residents indicate they do not have a religion.

Although there are no official figures, estimates suggest that approximately 200 residents identify as transgender and between 52,176 and 73,047 residents identify as lesbian, gay or bisexual (LGB). This has been calculated using Government assumptions that suggest between 5-7% of the population identify as LGB.

In terms of disability, approximately 19% of Cheshire residents are living with a long term health problem or disability, which impacts on their ability to carry out day-to-day activities.

Cheshire Fire and Rescue Service monitors equality and diversity information internally across several areas of the organisation as detailed below.

#### Staff in post

The age, gender, ethnic origin, religion, sexual orientation and any registered disabilities are recorded for all staff. This information ensures that the make up of our organisation strives to reflect the community we serve. Trends and monitoring are reported where comparisons can be made with previous years; where information is presented for the first time, baseline figures have been recorded, with trends and monitoring reported in future.

#### Volunteers

The age, gender, ethnic origin, religion, sexual orientation and any registered disabilities are recorded for all volunteers.

#### Female operational employees

In line with historic nationally set indicators, we monitor the percentage of operational employees who are female. This also details the split of female firefighters against crewing types.

Crewing types included are:

Whole-time – staff working a 2 day rota of days and 2 nights, followed by 4 days away from work.

DC1 – staff working a rota of 4 full days and nights followed by 4 days away from work.

Nucleus – staff working days on agreed shifts.

On Call – staff contracted to be available to attend incidents for an agreed number of hours a week, from work or home locations.

#### Recruitment

The Service is dedicated to monitoring all vacancy applications to ensure that all individuals feel eligible to apply and be considered for new posts.

The following pages detail relevant equality data captured for each of the areas listed above.

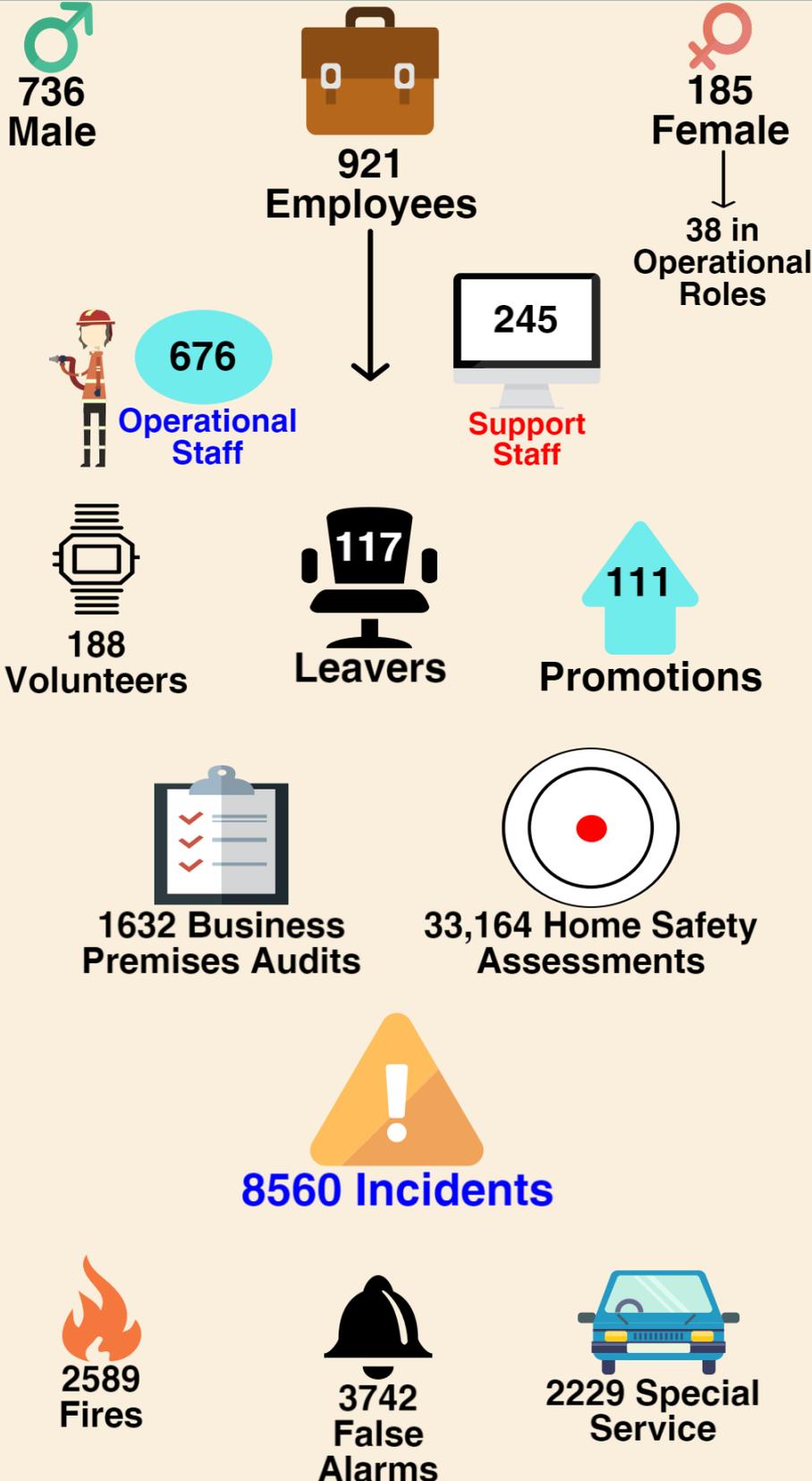
#### Staff Training

As part of the Service's commitment to developing a workforce able to deliver its vision, it is dedicated to staff training. Data is collated for training across the organisation, from regular mandatory firefighting modules to leadership development programmes in addition to any specific job related support staff training.

#### Disciplines and grievances

Data was also collated on discipline and grievances to ensure a consistent approach to internal procedures. This has been reviewed internally but is not published externally at this time, taking account data protection and the potential identification of individuals. It must be noted as well that such small datasets cannot be used to draw significant conclusions.

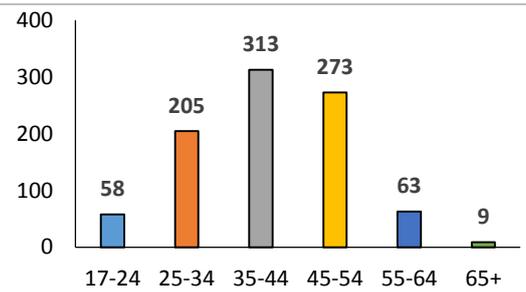
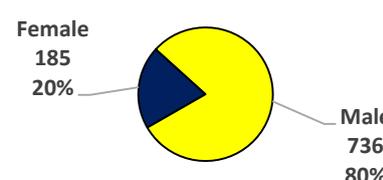
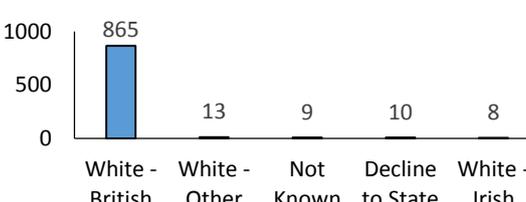
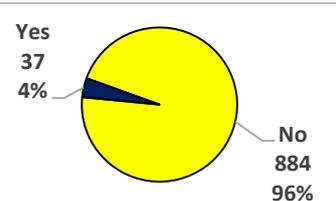
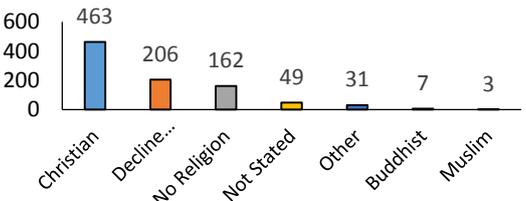
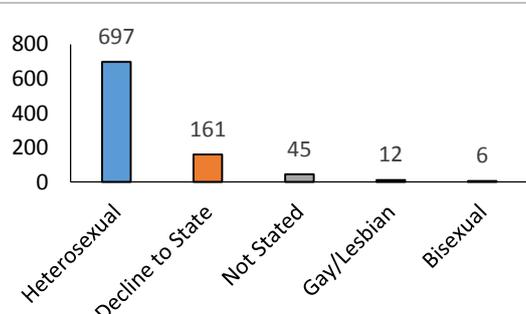
# Equality Monitoring Summary 2016 - 2017



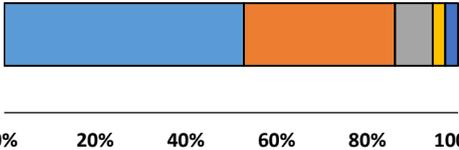
## Whole time Recruitment



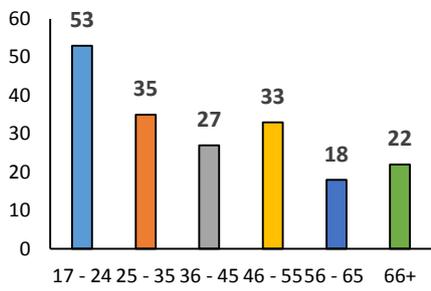
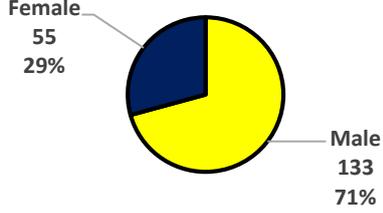
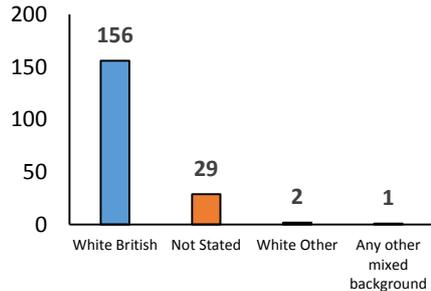
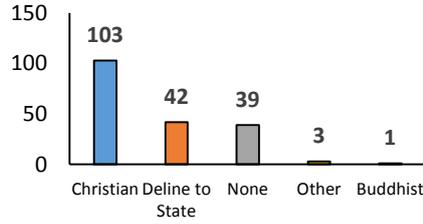
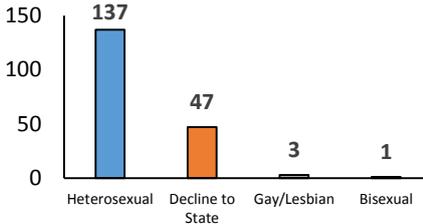
## Staff in Post

	2016/17	Commentary																
Staff included	<b>921(+46 vs 2015/16)</b>	Annual increase recorded equating to 46 more staff than in 2015/16.																
<b>Age</b> 	 <table border="1"> <caption>Staff by Age Group</caption> <thead> <tr> <th>Age Group</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>17-24</td> <td>58</td> </tr> <tr> <td>25-34</td> <td>205</td> </tr> <tr> <td>35-44</td> <td>313</td> </tr> <tr> <td>45-54</td> <td>273</td> </tr> <tr> <td>55-64</td> <td>63</td> </tr> <tr> <td>65+</td> <td>9</td> </tr> </tbody> </table>	Age Group	Count	17-24	58	25-34	205	35-44	313	45-54	273	55-64	63	65+	9	<p>The majority of staff are aged between 35-44 which follows the trend from 2015/16 and national stats for employment by age group.</p> <p>Largest increases in staff seen in 17-24 age group followed by 35-44.</p>		
Age Group	Count																	
17-24	58																	
25-34	205																	
35-44	313																	
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<b>Gender</b> 	 <table border="1"> <caption>Staff by Gender</caption> <thead> <tr> <th>Gender</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>185</td> <td>20%</td> </tr> <tr> <td>Male</td> <td>736</td> <td>80%</td> </tr> </tbody> </table>	Gender	Count	Percentage	Female	185	20%	Male	736	80%	<p>Overall, there has been no change to the % of female employees compared to 2015/16.</p> <p>However, the % of Female staff in Operational roles increased from <b>18%</b> in 2015/16 to <b>21%</b> in 2016/17.</p>							
Gender	Count	Percentage																
Female	185	20%																
Male	736	80%																
<b>Ethnicity</b> 	 <table border="1"> <caption>Staff by Ethnicity</caption> <thead> <tr> <th>Ethnicity</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>White - British</td> <td>865</td> </tr> <tr> <td>White - Other</td> <td>13</td> </tr> <tr> <td>Not Known</td> <td>9</td> </tr> <tr> <td>Decline to State</td> <td>10</td> </tr> <tr> <td>White - Irish</td> <td>8</td> </tr> </tbody> </table>	Ethnicity	Count	White - British	865	White - Other	13	Not Known	9	Decline to State	10	White - Irish	8	<p>No change has been seen in the % of White British staff (<b>94%</b>) when compared to 2015/16.</p> <p>Small Reductions were seen in 4 ethnic groups.</p>				
Ethnicity	Count																	
White - British	865																	
White - Other	13																	
Not Known	9																	
Decline to State	10																	
White - Irish	8																	
<b>Disability</b> 	 <table border="1"> <caption>Staff by Disability Status</caption> <thead> <tr> <th>Disability Status</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>37</td> <td>4%</td> </tr> <tr> <td>No</td> <td>884</td> <td>96%</td> </tr> </tbody> </table>	Disability Status	Count	Percentage	Yes	37	4%	No	884	96%	<p>No change has been seen in the % of staff recording a disability.</p> <p>There were 3 more operational staff recording a disability in 2016/17 compared to 2015/16.</p>							
Disability Status	Count	Percentage																
Yes	37	4%																
No	884	96%																
<b>Religion</b> 	 <table border="1"> <caption>Staff by Religion</caption> <thead> <tr> <th>Religion</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>463</td> </tr> <tr> <td>Decline...</td> <td>206</td> </tr> <tr> <td>No Religion</td> <td>162</td> </tr> <tr> <td>Not Stated</td> <td>49</td> </tr> <tr> <td>Other</td> <td>31</td> </tr> <tr> <td>Buddhist</td> <td>7</td> </tr> <tr> <td>Muslim</td> <td>3</td> </tr> </tbody> </table>	Religion	Count	Christian	463	Decline...	206	No Religion	162	Not Stated	49	Other	31	Buddhist	7	Muslim	3	<p>Christianity remains the highest religion amongst CFRS staff (<b>50%</b>). This is the same proportion as in 2015/16.</p> <p>There was a slight decrease in the % of Decline to State staff and an increase in no religion staff. This mirrors the trend seen in the previous year.</p>
Religion	Count																	
Christian	463																	
Decline...	206																	
No Religion	162																	
Not Stated	49																	
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<b>Sexual Orientation</b> 	 <table border="1"> <caption>Staff by Sexual Orientation</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>697</td> </tr> <tr> <td>Decline to State</td> <td>161</td> </tr> <tr> <td>Not Stated</td> <td>45</td> </tr> <tr> <td>Gay/Lesbian</td> <td>12</td> </tr> <tr> <td>Bisexual</td> <td>6</td> </tr> </tbody> </table>	Sexual Orientation	Count	Heterosexual	697	Decline to State	161	Not Stated	45	Gay/Lesbian	12	Bisexual	6	<p>There has been an increase of <b>3</b> Gay/Lesbian staff and <b>4</b> Bisexual staff between 2015/16 and 2016/17.</p> <p>Positive decreases were seen in the number of Decline to state and Not stated.</p>				
Sexual Orientation	Count																	
Heterosexual	697																	
Decline to State	161																	
Not Stated	45																	
Gay/Lesbian	12																	
Bisexual	6																	

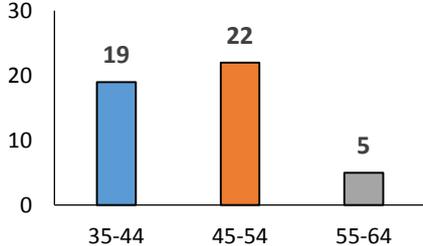
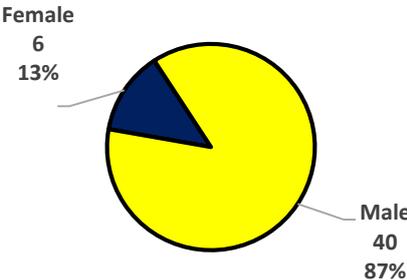
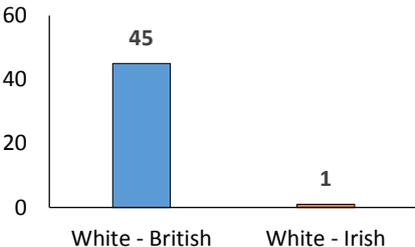
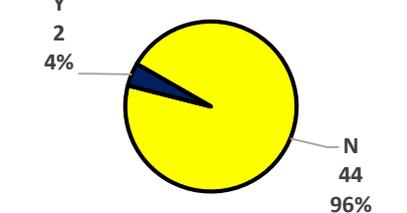
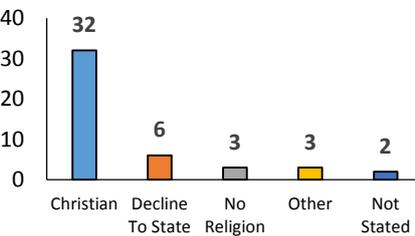
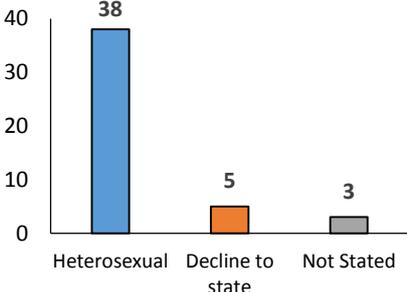
## Females in Operational Roles

	2016/17	Commentary
<b>Number of Female Operational Staff</b>	Overall – 38  On Call – 17 (NC) Whole-time – 17 (+6) Day Crewing/DC1 – 2 (-1) Nucleus – 2 (+2)	<p>The number of Females in Operational roles has increased by <b>7</b> in the last year and by <b>14</b> in the last 2 years.</p> <p>The percentage of Females in operational roles has risen from <b>5%</b> to <b>6%</b>.</p>
<b>Breakdown of Female Operational Staff</b>	<div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 45%;"> <ul style="list-style-type: none"> <li><span style="color: blue;">■</span> On Call</li> <li><span style="color: grey;">■</span> Wholetime Day &amp; Flexi</li> <li><span style="color: blue;">■</span> Day Crewing</li> </ul> </div> <div style="width: 45%;"> <ul style="list-style-type: none"> <li><span style="color: orange;">■</span> Wholetime Shift</li> <li><span style="color: yellow;">■</span> DC1</li> </ul> </div> </div>  <p style="font-size: x-small; margin-top: 5px;">0%    20%    40%    60%    80%    100%</p>	<p>Whole-time (<b>17</b>) is now the highest female employee crewing type for operational staff which equates to <b>45%</b> of the Operational Female staff.</p> <p>This is an increase from <b>35%</b> in 2015/16.</p>

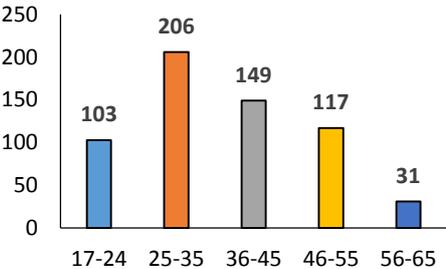
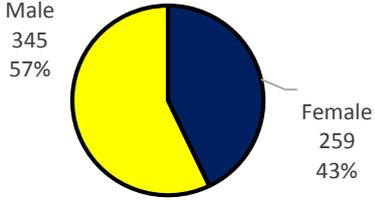
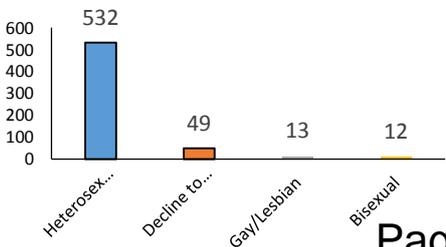
## Volunteers in post

	2016/17	Commentary														
Volunteers included	188	Decrease of 33 volunteers compared to 2015/16. Peak numbers were seen at the end of Q2 ( <b>209</b> ) with the lowest numbers seen at the end of Q3 ( <b>176</b> ).														
Age 	 <table border="1"> <caption>Age Distribution</caption> <thead> <tr> <th>Age Group</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>17 - 24</td> <td>53</td> </tr> <tr> <td>25 - 35</td> <td>35</td> </tr> <tr> <td>36 - 45</td> <td>27</td> </tr> <tr> <td>46 - 55</td> <td>33</td> </tr> <tr> <td>56 - 65</td> <td>18</td> </tr> <tr> <td>66+</td> <td>22</td> </tr> </tbody> </table>	Age Group	Count	17 - 24	53	25 - 35	35	36 - 45	27	46 - 55	33	56 - 65	18	66+	22	The majority of CFRS volunteers come from the 17-24 age group. This follows the trend from 2015/16.
Age Group	Count															
17 - 24	53															
25 - 35	35															
36 - 45	27															
46 - 55	33															
56 - 65	18															
66+	22															
Gender 	 <table border="1"> <caption>Gender Distribution</caption> <thead> <tr> <th>Gender</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>55</td> <td>29%</td> </tr> <tr> <td>Male</td> <td>133</td> <td>71%</td> </tr> </tbody> </table>	Gender	Count	Percentage	Female	55	29%	Male	133	71%	<p>The percentage of Male and Female volunteers remained very similar to that seen in 2015/16.</p> <p>The difference of volunteers between 2015/16 and 2016/17 was made up of 20 male and 13 female.</p>					
Gender	Count	Percentage														
Female	55	29%														
Male	133	71%														
Ethnicity 	 <table border="1"> <caption>Ethnicity Distribution</caption> <thead> <tr> <th>Ethnicity</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>White British</td> <td>156</td> </tr> <tr> <td>Not Stated</td> <td>29</td> </tr> <tr> <td>White Other</td> <td>2</td> </tr> <tr> <td>Any other mixed background</td> <td>1</td> </tr> </tbody> </table>	Ethnicity	Count	White British	156	Not Stated	29	White Other	2	Any other mixed background	1	<p>The majority of volunteers remain White British following previous trends.</p> <p>There was a slight decrease in volunteers who declined to state their ethnicity.</p>				
Ethnicity	Count															
White British	156															
Not Stated	29															
White Other	2															
Any other mixed background	1															
Disability 	<b>12</b> volunteers (6%) recorded a disability	There was a slight decrease in the % of volunteers who had a disability.														
Religion 	 <table border="1"> <caption>Religion Distribution</caption> <thead> <tr> <th>Religion</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>103</td> </tr> <tr> <td>Decline to State</td> <td>42</td> </tr> <tr> <td>None</td> <td>39</td> </tr> <tr> <td>Other</td> <td>3</td> </tr> <tr> <td>Buddhist</td> <td>1</td> </tr> </tbody> </table>	Religion	Count	Christian	103	Decline to State	42	None	39	Other	3	Buddhist	1	<p>Christianity remains the most common religion amongst our volunteers (53%), although a slight decrease was seen compared to 2015/16. This proportion is close to that seen amongst staff.</p> <p>Small changes amongst other religious groups but no obvious trends identified. Small decrease also in the number of Decline to State.</p>		
Religion	Count															
Christian	103															
Decline to State	42															
None	39															
Other	3															
Buddhist	1															
Sexual Orientation 	 <table border="1"> <caption>Sexual Orientation Distribution</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>137</td> </tr> <tr> <td>Decline to State</td> <td>47</td> </tr> <tr> <td>Gay/Lesbian</td> <td>3</td> </tr> <tr> <td>Bisexual</td> <td>1</td> </tr> </tbody> </table>	Sexual Orientation	Count	Heterosexual	137	Decline to State	47	Gay/Lesbian	3	Bisexual	1	<p>The majority of volunteers were Heterosexual and recorded a similar % when compared to 2015/16.</p> <p>The number of gay/lesbian volunteers remained the same whilst bisexual volunteers saw a small decrease.</p>				
Sexual Orientation	Count															
Heterosexual	137															
Decline to State	47															
Gay/Lesbian	3															
Bisexual	1															

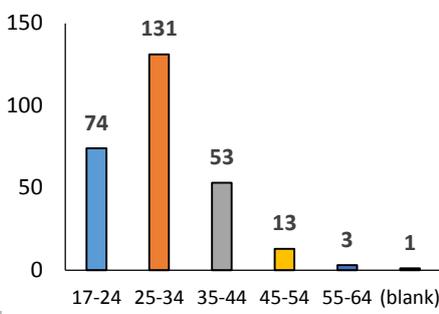
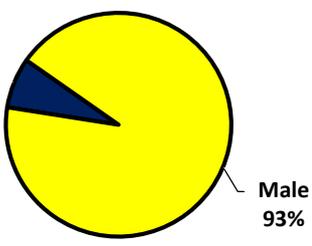
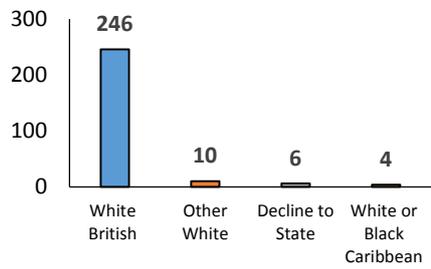
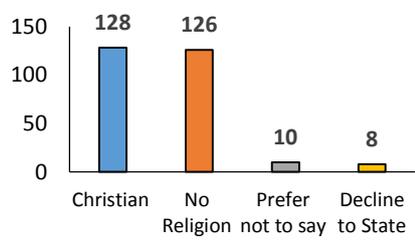
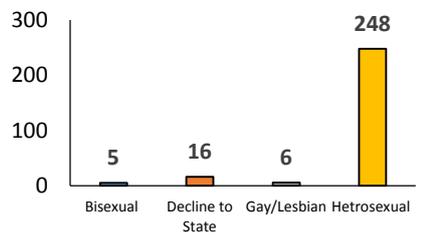
## Top 5% of Earners

	2016/17	Commentary												
Staff included	46	46 staff were listed in the top 5% of earners at the end of 2016/17. There is no data to compare to from 2015/16.												
<b>Age</b> 	 <table border="1"> <caption>Age Group Staff Counts</caption> <thead> <tr> <th>Age Group</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>35-44</td> <td>19</td> </tr> <tr> <td>45-54</td> <td>22</td> </tr> <tr> <td>55-64</td> <td>5</td> </tr> </tbody> </table>	Age Group	Count	35-44	19	45-54	22	55-64	5	<p>The 45-54 age group had the highest number of staff in the top 5% of earners</p> <p>Between the end of Q1 and Q4, there was an increase of 3 staff in the 35-44 age group <b>(19)</b>.</p>				
Age Group	Count													
35-44	19													
45-54	22													
55-64	5													
<b>Gender</b> 	 <table border="1"> <caption>Gender Distribution</caption> <thead> <tr> <th>Gender</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>40</td> <td>87%</td> </tr> <tr> <td>Female</td> <td>6</td> <td>13%</td> </tr> </tbody> </table>	Gender	Count	Percentage	Male	40	87%	Female	6	13%	<p><b>40</b> (87%) of the top 5% of staff are Male with <b>6</b> (13%) female.</p> <p>The number of Females in the top 5% of staff decreased by <b>1</b> between Q1 (<b>7</b>) and Q4 (<b>6</b>). However there was an increase between Q3 (<b>5</b>) and Q4 (<b>6</b>) of 1.</p> <p>The number of Male staff increased by <b>2</b> in the same time period.</p>			
Gender	Count	Percentage												
Male	40	87%												
Female	6	13%												
<b>Ethnicity</b> 	 <table border="1"> <caption>Ethnicity Staff Counts</caption> <thead> <tr> <th>Ethnicity</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>White - British</td> <td>45</td> </tr> <tr> <td>White - Irish</td> <td>1</td> </tr> </tbody> </table>	Ethnicity	Count	White - British	45	White - Irish	1	<p>The majority of staff in the top 5% of earners are White British <b>(45)</b>.</p>						
Ethnicity	Count													
White - British	45													
White - Irish	1													
<b>Disability</b> 	 <table border="1"> <caption>Disability Status</caption> <thead> <tr> <th>Status</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>N (No)</td> <td>44</td> <td>96%</td> </tr> <tr> <td>Y (Yes)</td> <td>2</td> <td>4%</td> </tr> </tbody> </table>	Status	Count	Percentage	N (No)	44	96%	Y (Yes)	2	4%	<p>No change in the number of staff with a disability in the top 5% <b>(2)</b>.</p>			
Status	Count	Percentage												
N (No)	44	96%												
Y (Yes)	2	4%												
<b>Religion</b> 	 <table border="1"> <caption>Religion Staff Counts</caption> <thead> <tr> <th>Religion</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>32</td> </tr> <tr> <td>Decline To State</td> <td>6</td> </tr> <tr> <td>No Religion</td> <td>3</td> </tr> <tr> <td>Other</td> <td>3</td> </tr> <tr> <td>Not Stated</td> <td>2</td> </tr> </tbody> </table>	Religion	Count	Christian	32	Decline To State	6	No Religion	3	Other	3	Not Stated	2	<p>The majority of the top 5% of staff members are Christian <b>(32)</b>.</p> <p>There were only small changes recorded for each religion between Q1 and Q4. No trends were identified.</p>
Religion	Count													
Christian	32													
Decline To State	6													
No Religion	3													
Other	3													
Not Stated	2													
<b>Sexual Orientation</b> 	 <table border="1"> <caption>Sexual Orientation Staff Counts</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>38</td> </tr> <tr> <td>Decline to state</td> <td>5</td> </tr> <tr> <td>Not Stated</td> <td>3</td> </tr> </tbody> </table>	Sexual Orientation	Count	Heterosexual	38	Decline to state	5	Not Stated	3	<p><b>83%</b> of staff in the top 5% of earners are heterosexual.</p> <p>There was no change across the year in the staff who decline to state <b>(5)</b> with a slight increase in not stated.</p>				
Sexual Orientation	Count													
Heterosexual	38													
Decline to state	5													
Not Stated	3													

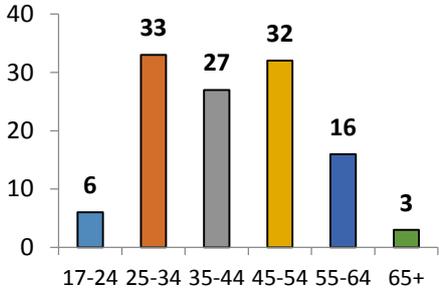
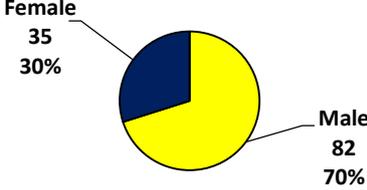
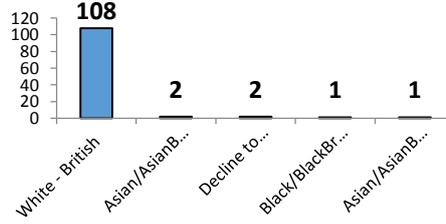
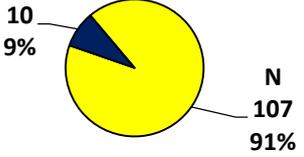
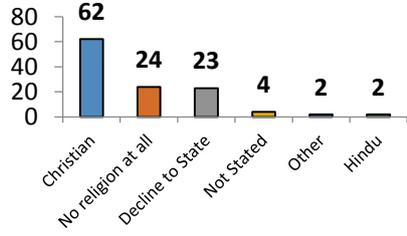
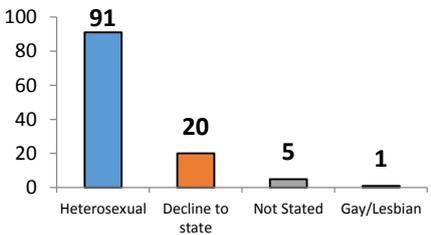
## Recruitment to Roles other than On Call

	2016/17	Commentary												
<b>Number of adverts &amp; applicants</b>	67 adverts 606 applicants	This information relates to all adverts and applicants, internal and external for Support roles (Green book) and operational roles other than on call (Grey Book).  Although there was a decrease in the number of adverts compared to 2015/16, the average number of applicants applying for roles increased.												
<b>Age</b> 	 <table border="1"> <caption>Applicants by Age Group</caption> <thead> <tr> <th>Age Group</th> <th>Number of Applicants</th> </tr> </thead> <tbody> <tr> <td>17-24</td> <td>103</td> </tr> <tr> <td>25-35</td> <td>206</td> </tr> <tr> <td>36-45</td> <td>149</td> </tr> <tr> <td>46-55</td> <td>117</td> </tr> <tr> <td>56-65</td> <td>31</td> </tr> </tbody> </table>	Age Group	Number of Applicants	17-24	103	25-35	206	36-45	149	46-55	117	56-65	31	The majority of applicants for roles were between 25-35 years of age for both Green book and Grey book roles. This shows similar trends to previous years.  Applicants for Operational roles were highest for people <b>25-35</b> , very closely ahead of 35-44. This is a change from previous years where the highest number of operational role applicants were 35-44.
Age Group	Number of Applicants													
17-24	103													
25-35	206													
36-45	149													
46-55	117													
56-65	31													
<b>Gender</b> 	 <table border="1"> <caption>Gender Distribution</caption> <thead> <tr> <th>Gender</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>345</td> <td>57%</td> </tr> <tr> <td>Female</td> <td>259</td> <td>43%</td> </tr> </tbody> </table>	Gender	Count	Percentage	Male	345	57%	Female	259	43%	There were only 2 applications without a recorded gender.  The percentage of males applying has continued to increase slightly year on year. 4% of all female applicants were to operational roles compared to 2% in 2015/2016 (On call applicants not included here).  54% of support staff applicants were Female compared to 7% for Operational staff applicants			
Gender	Count	Percentage												
Male	345	57%												
Female	259	43%												
<b>Ethnicity</b> 	<b>90% (541) White British</b> <b>4% (23) Declined to state</b> <b>1% (9) Any other white</b> <b>1% (8) White &amp; Asian</b>	The percentage of White British residents applying is slightly lower than 2011 census figures and is the same as was recorded in 2015/16. A decrease has been seen in the % of applicants declining to state an ethnicity.												
<b>Disability</b> 	<b>5% (32) applicants stated a disability</b>	The % of applicants stating a disability decreases from 7% in 2015/16 to 5% in 2016/17.  3% of applicants to operational roles recorded a disability, this is the same as in 2015/16. All operational applicants disclosed whether they had a disability or not.												
<b>Religion</b> 	<b>53% Christian</b> <b>36% No Religion</b> <b>8% Decline to State</b> Most common religion after these was 'Other'	There has been a slight increase in the percentage of applicants identifying themselves as Christian and No Religion, previously year on year decreases have been seen.  Fewer people declined to state this year compared to 2015/16.  15% of Grey book applicants decline to state vs 6% of green book in 2016/17.												
<b>Sexual Orientation</b> 	 <table border="1"> <caption>Sexual Orientation</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Number of Applicants</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>532</td> </tr> <tr> <td>Decline to...</td> <td>49</td> </tr> <tr> <td>Gay/Lesbian</td> <td>13</td> </tr> <tr> <td>Bisexual</td> <td>12</td> </tr> </tbody> </table>	Sexual Orientation	Number of Applicants	Heterosexual	532	Decline to...	49	Gay/Lesbian	13	Bisexual	12	There has been an increase in the % of those identifying as heterosexual since last year and a decrease in those declining to state.  The % of Gay/Lesbian applicants has decreased slightly with the % of Bisexual applicants seeing a small increase.		
Sexual Orientation	Number of Applicants													
Heterosexual	532													
Decline to...	49													
Gay/Lesbian	13													
Bisexual	12													

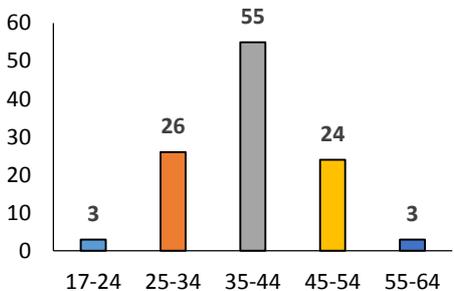
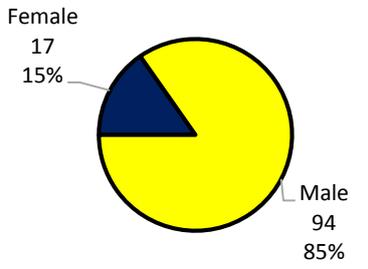
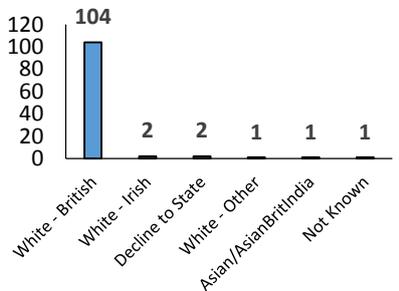
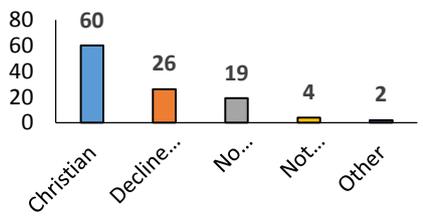
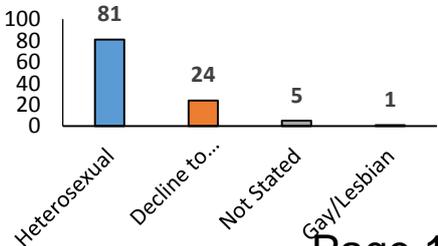
## Recruitment to all On Call Posts

	2016/17	Commentary														
<b>Number of adverts &amp; applicants</b>	<b>275 applicants</b>	In 2016/17, <b>275</b> applicants had applied for On Call positions with Cheshire Fire and Rescue Service compared to 340 in 2015/16. <b>67</b> applicants were successful ( <b>24%</b> ).														
<b>Age</b> 	 <table border="1"> <caption>Age Distribution</caption> <thead> <tr> <th>Age Group</th> <th>Number of Applicants</th> </tr> </thead> <tbody> <tr> <td>17-24</td> <td>74</td> </tr> <tr> <td>25-34</td> <td>131</td> </tr> <tr> <td>35-44</td> <td>53</td> </tr> <tr> <td>45-54</td> <td>13</td> </tr> <tr> <td>55-64</td> <td>3</td> </tr> <tr> <td>(blank)</td> <td>1</td> </tr> </tbody> </table>	Age Group	Number of Applicants	17-24	74	25-34	131	35-44	53	45-54	13	55-64	3	(blank)	1	The majority of applicants were between 25-34 years old which continues the trend seen in 2015/16. The % success rate is also the highest in this age group.
Age Group	Number of Applicants															
17-24	74															
25-34	131															
35-44	53															
45-54	13															
55-64	3															
(blank)	1															
<b>Gender</b> 	 <table border="1"> <caption>Gender Distribution</caption> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>7%</td> </tr> <tr> <td>Male</td> <td>93%</td> </tr> </tbody> </table>	Gender	Percentage	Female	7%	Male	93%	There has been a slight decrease in the % of Female Applicants from <b>9%</b> in 2015/16 to <b>7%</b> in 2016/17.  <b>4/20</b> female applicants were successful in 2016/17 with <b>16</b> passing sift stage, <b>9</b> passing written tests and <b>4</b> passing practical tests and interviews.  <b>2</b> female applicants withdrew and <b>1</b> did not attend one of the stages.								
Gender	Percentage															
Female	7%															
Male	93%															
<b>Ethnicity</b> 	 <table border="1"> <caption>Ethnicity Distribution</caption> <thead> <tr> <th>Ethnicity</th> <th>Number of Applicants</th> </tr> </thead> <tbody> <tr> <td>White British</td> <td>246</td> </tr> <tr> <td>Other White</td> <td>10</td> </tr> <tr> <td>Decline to State</td> <td>6</td> </tr> <tr> <td>White or Black Caribbean</td> <td>4</td> </tr> </tbody> </table>	Ethnicity	Number of Applicants	White British	246	Other White	10	Decline to State	6	White or Black Caribbean	4	In 2016/17, <b>246/275</b> (89%) applicants were White British – a slight increase on 2015/16 and close to the 2011 census figures.  A small decrease was seen in the % of applicants who declined to state ethnicity.				
Ethnicity	Number of Applicants															
White British	246															
Other White	10															
Decline to State	6															
White or Black Caribbean	4															
<b>Disability</b> 	<b>4 (1.5%)</b> recorded a disability	A small increase was seen in the number of applicants with a disability compared to 2015/16. None of the applicants were successful.														
<b>Religion</b> 	 <table border="1"> <caption>Religion Distribution</caption> <thead> <tr> <th>Religion</th> <th>Number of Applicants</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>128</td> </tr> <tr> <td>No Religion</td> <td>126</td> </tr> <tr> <td>Prefer Religion not to say</td> <td>10</td> </tr> <tr> <td>Decline to State</td> <td>8</td> </tr> </tbody> </table>	Religion	Number of Applicants	Christian	128	No Religion	126	Prefer Religion not to say	10	Decline to State	8	In 2016/17, the majority of applicants either had no religion or a Christian religion. This trend was also identified in 2015/16.  A small decrease was also seen in the % of applicants who declined to state.				
Religion	Number of Applicants															
Christian	128															
No Religion	126															
Prefer Religion not to say	10															
Decline to State	8															
<b>Sexual Orientation</b> 	 <table border="1"> <caption>Sexual Orientation Distribution</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Number of Applicants</th> </tr> </thead> <tbody> <tr> <td>Bisexual</td> <td>5</td> </tr> <tr> <td>Decline to State</td> <td>16</td> </tr> <tr> <td>Gay/Lesbian</td> <td>6</td> </tr> <tr> <td>Heterosexual</td> <td>248</td> </tr> </tbody> </table>	Sexual Orientation	Number of Applicants	Bisexual	5	Decline to State	16	Gay/Lesbian	6	Heterosexual	248	In 2016/17, <b>248</b> (90%) of applicants were Heterosexual which is slightly higher than in 2015/16.  <b>3/6</b> (50%) Gay/Lesbian staff were successful in their applications with <b>0/5</b> Bisexual applicants successful. <b>3/5</b> failed at the sift stage and <b>2/5</b> failed written tests.				
Sexual Orientation	Number of Applicants															
Bisexual	5															
Decline to State	16															
Gay/Lesbian	6															
Heterosexual	248															

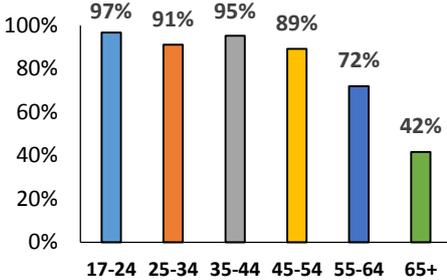
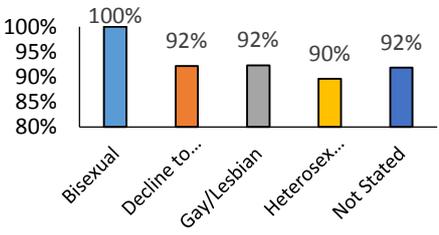
## Leavers

	2016/17	Commentary														
<b>Number of Leavers</b>	<b>117</b>	<p>Overall 20 more staff left in 2016/17 compared to 2015/16.</p> <p>The main increase in leavers was seen in support staff whilst whole-time leavers was lower than the previous year.</p>														
<b>Age</b> 	 <table border="1"> <caption>Leavers by Age Group</caption> <thead> <tr> <th>Age Group</th> <th>Number of Leavers</th> </tr> </thead> <tbody> <tr> <td>17-24</td> <td>6</td> </tr> <tr> <td>25-34</td> <td>33</td> </tr> <tr> <td>35-44</td> <td>27</td> </tr> <tr> <td>45-54</td> <td>32</td> </tr> <tr> <td>55-64</td> <td>16</td> </tr> <tr> <td>65+</td> <td>3</td> </tr> </tbody> </table>	Age Group	Number of Leavers	17-24	6	25-34	33	35-44	27	45-54	32	55-64	16	65+	3	<p>The main 2 age groups for leavers were 25-34 and 45-54 which follows the trend from last year.</p> <p>Biggest increase in leavers from previous year was in the 35-44 age group.</p>
Age Group	Number of Leavers															
17-24	6															
25-34	33															
35-44	27															
45-54	32															
55-64	16															
65+	3															
<b>Gender</b> 	 <table border="1"> <caption>Leavers by Gender</caption> <thead> <tr> <th>Gender</th> <th>Number of Leavers</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>35</td> <td>30%</td> </tr> <tr> <td>Male</td> <td>82</td> <td>70%</td> </tr> </tbody> </table>	Gender	Number of Leavers	Percentage	Female	35	30%	Male	82	70%	<p>17 more Female staff left the organisation in 2016/17 vs 2015/16. This increase was seen in support staff and On Call staff.</p>					
Gender	Number of Leavers	Percentage														
Female	35	30%														
Male	82	70%														
<b>Ethnicity</b> 	 <table border="1"> <caption>Leavers by Ethnicity</caption> <thead> <tr> <th>Ethnicity</th> <th>Number of Leavers</th> </tr> </thead> <tbody> <tr> <td>White - British</td> <td>108</td> </tr> <tr> <td>Asian/AsianB...</td> <td>2</td> </tr> <tr> <td>Decline to...</td> <td>2</td> </tr> <tr> <td>Black/BlackBr...</td> <td>1</td> </tr> <tr> <td>Asian/AsianB...</td> <td>1</td> </tr> </tbody> </table>	Ethnicity	Number of Leavers	White - British	108	Asian/AsianB...	2	Decline to...	2	Black/BlackBr...	1	Asian/AsianB...	1	<p>The majority of leavers have been White British which follows previous trends.</p> <p>7 leavers in total have come from 6 Black/Ethnic Minority groups.</p>		
Ethnicity	Number of Leavers															
White - British	108															
Asian/AsianB...	2															
Decline to...	2															
Black/BlackBr...	1															
Asian/AsianB...	1															
<b>Disability</b> 	 <table border="1"> <caption>Leavers by Disability Status</caption> <thead> <tr> <th>Disability Status</th> <th>Number of Leavers</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Y (With Disability)</td> <td>10</td> <td>9%</td> </tr> <tr> <td>N (Without Disability)</td> <td>107</td> <td>91%</td> </tr> </tbody> </table>	Disability Status	Number of Leavers	Percentage	Y (With Disability)	10	9%	N (Without Disability)	107	91%	<p>The number of leavers with a disability increased from 2 in 2015/16 to 10 in 2016/17.</p>					
Disability Status	Number of Leavers	Percentage														
Y (With Disability)	10	9%														
N (Without Disability)	107	91%														
<b>Religion</b> 	 <table border="1"> <caption>Leavers by Religion</caption> <thead> <tr> <th>Religion</th> <th>Number of Leavers</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>62</td> </tr> <tr> <td>No religion at all</td> <td>24</td> </tr> <tr> <td>Decline to State</td> <td>23</td> </tr> <tr> <td>Not Stated</td> <td>4</td> </tr> <tr> <td>Other</td> <td>2</td> </tr> <tr> <td>Hindu</td> <td>2</td> </tr> </tbody> </table>	Religion	Number of Leavers	Christian	62	No religion at all	24	Decline to State	23	Not Stated	4	Other	2	Hindu	2	<p>The % of Christian leavers increased from 43% in 15/16 to 53% in 16/17.</p> <p>Christian leavers made up around 50% of leavers each quarter on average.</p> <p>2 Hindu employees left the service in 2016/17.</p>
Religion	Number of Leavers															
Christian	62															
No religion at all	24															
Decline to State	23															
Not Stated	4															
Other	2															
Hindu	2															
<b>Sexual Orientation</b> 	 <table border="1"> <caption>Leavers by Sexual Orientation</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Number of Leavers</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>91</td> </tr> <tr> <td>Decline to state</td> <td>20</td> </tr> <tr> <td>Not Stated</td> <td>5</td> </tr> <tr> <td>Gay/Lesbian</td> <td>1</td> </tr> </tbody> </table>	Sexual Orientation	Number of Leavers	Heterosexual	91	Decline to state	20	Not Stated	5	Gay/Lesbian	1	<p>Heterosexual leavers accounted for the majority of leavers in 2016/17 and recorded the same % as in 2015/16</p> <p>There was no change in the number of Gay/Lesbian and Bisexual Leavers, whilst there was a small increase in Decline to State.</p>				
Sexual Orientation	Number of Leavers															
Heterosexual	91															
Decline to state	20															
Not Stated	5															
Gay/Lesbian	1															

## Promotions

	2016/17	Commentary														
<b>Number of Promotions</b>	<p style="text-align: center;">Total staff who received a promotion—<b>111</b></p> <p><b>24</b> Permanent, <b>22</b> temporary &amp; permanent, <b>10</b> 2 x temporary promotions and <b>55</b> temporary promotions.</p>	<p>There were slightly fewer promotions in 2016/17 compared to 2015/16.</p> <p><b>80%</b> of staff who received promotions in 2016/17 were Operational Staff whilst <b>20%</b> were support staff. This is an increase for Support staff and a decrease for operational staff compared to 2015/16.</p>														
<b>Age</b> 	 <table border="1"> <caption>Age Group Promotions</caption> <thead> <tr> <th>Age Group</th> <th>Number of Promotions</th> </tr> </thead> <tbody> <tr> <td>17-24</td> <td>3</td> </tr> <tr> <td>25-34</td> <td>26</td> </tr> <tr> <td>35-44</td> <td>55</td> </tr> <tr> <td>45-54</td> <td>24</td> </tr> <tr> <td>55-64</td> <td>3</td> </tr> </tbody> </table>	Age Group	Number of Promotions	17-24	3	25-34	26	35-44	55	45-54	24	55-64	3	<p>The <b>35-44</b> age group had the highest number of staff who received a promotion whilst also having the highest number of staff in post. This was also seen in 2015/16.</p> <p>The number of promotions tends to increase in each age band up to the 35-44 age group and then decrease.</p>		
Age Group	Number of Promotions															
17-24	3															
25-34	26															
35-44	55															
45-54	24															
55-64	3															
<b>Gender</b> 	 <table border="1"> <caption>Gender Distribution of Promotions</caption> <thead> <tr> <th>Gender</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>94</td> <td>85%</td> </tr> <tr> <td>Female</td> <td>17</td> <td>15%</td> </tr> </tbody> </table>	Gender	Count	Percentage	Male	94	85%	Female	17	15%	<p>85% of promotions in 2016/17 were for male staff. This has decreased from 2015/16.</p> <p>Overall 9% of female staff received a promotion compared to 13% of Male staff. This equates to a slight increase for female staff vs 2015/16.</p> <p>3% of female operational staff and 11% of support staff received promotions. This is a slight decrease in operational staff and slight increase in support.</p>					
Gender	Count	Percentage														
Male	94	85%														
Female	17	15%														
<b>Ethnicity</b> 	 <table border="1"> <caption>Ethnicity of Promotions</caption> <thead> <tr> <th>Ethnicity</th> <th>Number of Promotions</th> </tr> </thead> <tbody> <tr> <td>White - British</td> <td>104</td> </tr> <tr> <td>White - Irish</td> <td>2</td> </tr> <tr> <td>Decline to State</td> <td>2</td> </tr> <tr> <td>White - Other</td> <td>1</td> </tr> <tr> <td>Asian/AsianBritIndia</td> <td>1</td> </tr> <tr> <td>Not Known</td> <td>1</td> </tr> </tbody> </table>	Ethnicity	Number of Promotions	White - British	104	White - Irish	2	Decline to State	2	White - Other	1	Asian/AsianBritIndia	1	Not Known	1	<p>The majority of staff promotions in 2016/17 were for White British staff. This trend continues from 2015/16.</p> <p>Small numbers of staff from White Irish, White Other and Asian/AsianBritIndia ethnic groups received promotions which were split between single temporary and permanent promotions.</p>
Ethnicity	Number of Promotions															
White - British	104															
White - Irish	2															
Decline to State	2															
White - Other	1															
Asian/AsianBritIndia	1															
Not Known	1															
<b>Disability</b> 	<p>9% (10) of staff who received promotions had a disability.</p>	<p>All promoted operational staff with a disability were Male.</p> <p>All promoted female staff with disabilities were in support roles.</p>														
<b>Religion</b> 	 <table border="1"> <caption>Religion of Promotions</caption> <thead> <tr> <th>Religion</th> <th>Number of Promotions</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>60</td> </tr> <tr> <td>Decline to State</td> <td>26</td> </tr> <tr> <td>No Religion</td> <td>19</td> </tr> <tr> <td>Not Stated</td> <td>4</td> </tr> <tr> <td>Other</td> <td>2</td> </tr> </tbody> </table>	Religion	Number of Promotions	Christian	60	Decline to State	26	No Religion	19	Not Stated	4	Other	2	<p>The majority of staff promotions in 2016/17 were for Christian staff. This was also seen in 2015/16.</p> <p>Staff with no religion received the highest % of permanent promotions (37%) compared to Christian (22%) and Decline to State (12%).</p>		
Religion	Number of Promotions															
Christian	60															
Decline to State	26															
No Religion	19															
Not Stated	4															
Other	2															
<b>Sexual Orientation</b> 	 <table border="1"> <caption>Sexual Orientation of Promotions</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Number of Promotions</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>81</td> </tr> <tr> <td>Decline to State</td> <td>24</td> </tr> <tr> <td>Not Stated</td> <td>5</td> </tr> <tr> <td>Gay/Lesbian</td> <td>1</td> </tr> </tbody> </table>	Sexual Orientation	Number of Promotions	Heterosexual	81	Decline to State	24	Not Stated	5	Gay/Lesbian	1	<p>73% of staff who received a promotion were Heterosexual, a slight decrease on 2015/16. A slight increase was seen in promotions for staff declining to state a sexual orientation.</p>				
Sexual Orientation	Number of Promotions															
Heterosexual	81															
Decline to State	24															
Not Stated	5															
Gay/Lesbian	1															

## Training

	2016/17	Commentary														
<p>Number of Employees who have attended Training</p>	<p><b>928</b> (90%) staff have attended formal training.</p>	<ul style="list-style-type: none"> <li>-The data represents all employees who have attended (or have not attended) a training course in the time frame (01/04/16-01/04/17).</li> <li>-Each person is recorded only once, regardless of the number of courses they have attended.</li> <li>-<b>96%</b> of Operational staff have attended training compared to <b>74%</b> for Support Staff.</li> <li>- <b>100</b> staff members didn't receive formal training in 2016/17.</li> </ul>														
<p>Age</p> 	 <table border="1" style="margin: 0 auto;"> <caption>Training Attendance by Age Group</caption> <thead> <tr> <th>Age Group</th> <th>Attendance %</th> </tr> </thead> <tbody> <tr> <td>17-24</td> <td>97%</td> </tr> <tr> <td>25-34</td> <td>91%</td> </tr> <tr> <td>35-44</td> <td>95%</td> </tr> <tr> <td>45-54</td> <td>89%</td> </tr> <tr> <td>55-64</td> <td>72%</td> </tr> <tr> <td>65+</td> <td>42%</td> </tr> </tbody> </table>	Age Group	Attendance %	17-24	97%	25-34	91%	35-44	95%	45-54	89%	55-64	72%	65+	42%	<p>The majority of age groups show training attendance over 90%.</p> <p>The % of staff accessing training decreases with each age group after 35-44.</p>
Age Group	Attendance %															
17-24	97%															
25-34	91%															
35-44	95%															
45-54	89%															
55-64	72%															
65+	42%															
<p>Gender</p> 	<p>Total Male Staff – <b>814</b> Male Staff who have attended training – <b>749</b>(92%)</p> <p>Total Female Staff – <b>214</b> Female Staff who have attended training – <b>179</b> (84%)</p>	<p>All female operational staff received formal training in 2016/17, however 35 female support staff did not receive formal training (20%).</p> <p>66% of Male support staff received formal training, with 34% not receiving training.</p>														
<p>Ethnicity</p> 	<p><b>869/964</b> (90%) White British staff attended training. <b>13/14</b> (93%) White Other staff attended training. <b>11/11</b> (100%) Declined to state staff attended training.</p>	<p>Out of 17 ethnicity groups, Only 2 have a staff attending training % less than 80% (Asian/AsianBritishIndian and Black/BlackBritishOther). These ethnic groups however are small so large % variances can be seen.</p>														
<p>Disability</p> 	<p><b>42/46</b> (91%) staff with a disability have attended training.</p>	<p>4 staff members with a disability did not receive formal training. However the % of disabled staff who did received training (91%) was higher than staff with no disability (90%).</p>														
<p>Religion</p> 	<p><b>457/519</b> (88%) Christian staff attended training. <b>214/226</b> (95%) DTS staff attended training. <b>171/184</b> (93%) No Religion staff attended training.</p>	<p>All Buddhist and Muslim staff received formal training.</p> <p>Out of the 2 Hindu staff in 2016/17, neither received formal training.</p>														
<p>Sexual Orientation</p> 	 <table border="1" style="margin: 0 auto;"> <caption>Training Attendance by Sexual Orientation</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Attendance %</th> </tr> </thead> <tbody> <tr> <td>Bisexual</td> <td>100%</td> </tr> <tr> <td>Decline to...</td> <td>92%</td> </tr> <tr> <td>Gay/Lesbian</td> <td>92%</td> </tr> <tr> <td>Heterosex...</td> <td>90%</td> </tr> <tr> <td>Not Stated</td> <td>92%</td> </tr> </tbody> </table>	Sexual Orientation	Attendance %	Bisexual	100%	Decline to...	92%	Gay/Lesbian	92%	Heterosex...	90%	Not Stated	92%	<p>All sexual orientation groups had a staff training attendance of 90% or more.</p> <p>Only 1/13 Gay/Lesbian &amp; Bisexual staff did not receive formal training.</p>		
Sexual Orientation	Attendance %															
Bisexual	100%															
Decline to...	92%															
Gay/Lesbian	92%															
Heterosex...	90%															
Not Stated	92%															



Cheshire Fire and Rescue Service works hard to educate residents on fire and road safety, also ensuring that business owners are aware of relevant legislation to ensure safe working environments.

The equality information captured during this work is vital to ensure that the Service is reaching its target audience and also identify any trends that allow us to make sure all members of our community can access our services.

Within this report, community engagement is detailed as follows:

#### Prevention – Home Safety Assessment Delivery

The Fire Authority is committed to undertaking targeted Home Safety Assessments (HSAs) in the most vulnerable households. This is based upon a targeting methodology which centres on enriching our existing data on vulnerable people, with data that the NHS and local authorities share with the Authority. Research shows that personal fire-risk increases with age, thus the majority of HSAs are delivered to residents over 65.

In February 2017, the Service launched its new Safe and Well visits. These visits build on the successful Home Safety Assessment, incorporating the traditional fire safety information but also offering additional advice. Equality monitoring data has been collected and will be reported in next year's annual report.

#### Prevention – Home Safety Assessment Resident Satisfaction

A questionnaire is sent to a random sample of individuals who have received an HSA. The purpose of the questionnaire is to provide quality assurance to the home safety assessment process and to ensure that residents are happy with the service that CFRS delivers.

#### Prevention – Youth Engagement Activities

The Service has, for a number of years run many youth engagement initiatives to promote fire and road safety, encourage young people to develop personally and socially while promoting self discipline, team work and citizenship. The Service works with local authorities to identify individuals that may benefit from some of the courses.

The activities included in this report include data from the Service Cadets, Princes Trust and RESPECT Courses. More details on these can be found on our website [www.cheshirefire.gov.uk](http://www.cheshirefire.gov.uk)

#### Protection – Business Premises Audits

Our Protection team are responsible for the enforcement of fire safety legislation in non-domestic premises. During an audit, equality monitoring data is captured for a 'responsible' individual. This is usually the manager/owner of the business but can also be a nominated person.

The data in this report details information from the audits undertaken, to those with deficiencies reported, action plans issued and any resulting enforcements or prohibitions.

#### Service Delivery – After the Incident Consultation

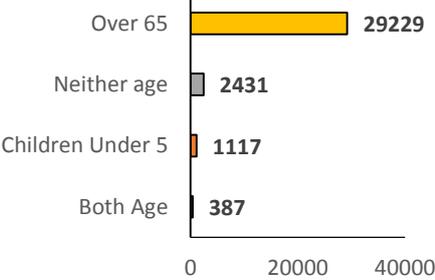
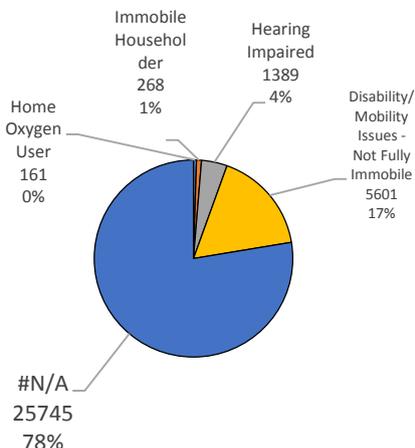
'After the Incident' questionnaires are sent to individuals and businesses who have requested the services of CFRS to monitor how satisfied the individuals are with the service we provide.

#### Service Delivery – Injuries and Fatalities Occurring as a Result of Fire

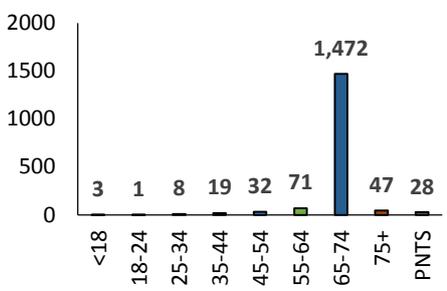
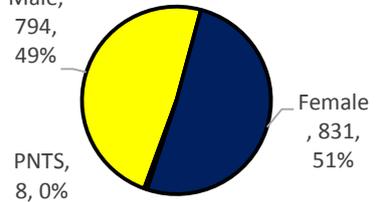
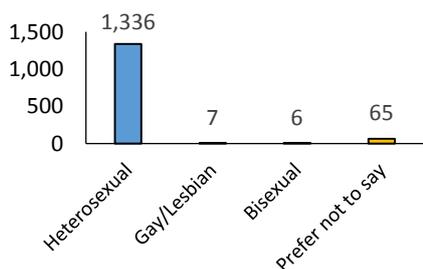
It is vital that the Service monitors information relating to victims of fires so that appropriate action can be taken to target those most at risk. This report splits out all victims and those occurring as a result of accidental fires in the home.

The following pages detail relevant equality data captured for each of the areas listed above.

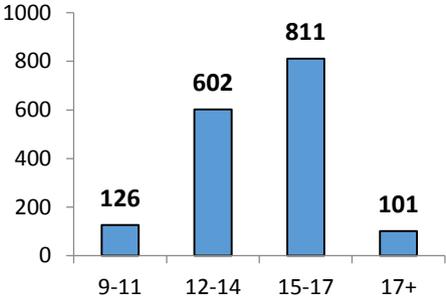
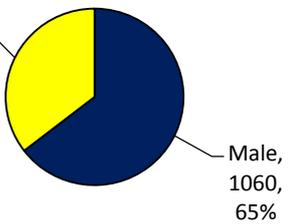
## Prevention – Home Safety Assessment Delivery

	2016/17	Commentary																		
<b>Total Homes Visited</b>	<p>33164</p>	<p>All completed Home Safety Assessments are included regardless of the type of assessment completed. However repeat visits to the same household are not included in the data. Furthermore the data is only available up to February 2017 due to the move to Safe and Well visits.</p> <p>This is an increase in HSA delivery compared to 2015/16.</p>																		
<b>Age</b> 	 <table border="1"> <thead> <tr> <th>Age Group</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Over 65</td> <td>29229</td> </tr> <tr> <td>Neither age</td> <td>2431</td> </tr> <tr> <td>Children Under 5</td> <td>1117</td> </tr> <tr> <td>Both Age</td> <td>387</td> </tr> </tbody> </table>	Age Group	Count	Over 65	29229	Neither age	2431	Children Under 5	1117	Both Age	387	<p>88% delivered to over 65's, in line with targeted risk methodology and previous years. In 2015/16, 80% were delivered to over 65's.</p> <p>7% of households had neither over 65 nor under 5 which is a decrease from 2015/16. Most of these were agency referrals in to the service or completed as a result of an incident, thus they do not fall into our targeted age category.</p>								
Age Group	Count																			
Over 65	29229																			
Neither age	2431																			
Children Under 5	1117																			
Both Age	387																			
<b>Ethnicity</b> 	<p><b>94% (31228) White British</b>  <b>3% (921) White Irish</b>  <b>1% (368) Decline to State</b>  <b>1% (354) Any Other White Background</b></p>	<p>The percentage of White British residents is slightly lower than the 2011 census figures for Cheshire but is equal to what was seen in 2015/16.</p> <p>The % of people declining to state has increased compared to 2015/16 but remains close to 1%.</p>																		
<b>Disability</b> 	 <table border="1"> <thead> <tr> <th>Disability Type</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>#N/A</td> <td>25745</td> <td>78%</td> </tr> <tr> <td>Disability/Mobility Issues - Not Fully Immobile</td> <td>5601</td> <td>17%</td> </tr> <tr> <td>Hearing Impaired</td> <td>1389</td> <td>4%</td> </tr> <tr> <td>Immobile Household</td> <td>268</td> <td>1%</td> </tr> <tr> <td>Home Oxygen User</td> <td>161</td> <td>0%</td> </tr> </tbody> </table>	Disability Type	Count	Percentage	#N/A	25745	78%	Disability/Mobility Issues - Not Fully Immobile	5601	17%	Hearing Impaired	1389	4%	Immobile Household	268	1%	Home Oxygen User	161	0%	<p>7419 (22%) residents recorded a disability, in 2015/16 the % was 26%. The most common reported disability was disability/mobility issues, accounting for 75%. This trend was seen in previous years.</p> <p>19% of people with disabilities were hearing impaired, the same as recorded in 2015/16.</p>
Disability Type	Count	Percentage																		
#N/A	25745	78%																		
Disability/Mobility Issues - Not Fully Immobile	5601	17%																		
Hearing Impaired	1389	4%																		
Immobile Household	268	1%																		
Home Oxygen User	161	0%																		

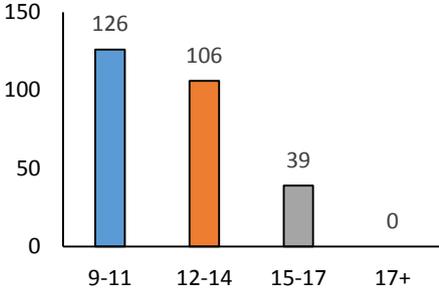
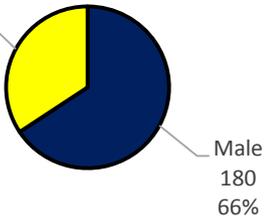
## Prevention – Home Safety Assessment (HSA) Resident Satisfaction

	2016/17	Commentary																				
<b>People Included</b>	<b>1784</b> surveys returned	<b>11%</b> increase compared to the 1611 respondents in the previous year. Continuing year on year increases.																				
<b>Age</b> 	 <table border="1"> <caption>Age Group Data</caption> <thead> <tr> <th>Age Group</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr><td>&lt;18</td><td>3</td></tr> <tr><td>18-24</td><td>1</td></tr> <tr><td>25-34</td><td>8</td></tr> <tr><td>35-44</td><td>19</td></tr> <tr><td>45-54</td><td>32</td></tr> <tr><td>55-64</td><td>71</td></tr> <tr><td>65-74</td><td>1,472</td></tr> <tr><td>75+</td><td>47</td></tr> <tr><td>PNTS</td><td>28</td></tr> </tbody> </table>	Age Group	Number of Respondents	<18	3	18-24	1	25-34	8	35-44	19	45-54	32	55-64	71	65-74	1,472	75+	47	PNTS	28	1681 respondents answered this question, an increase of 153 compared to 2015/16.  90% of respondents were over 65 compared with 82% in 2015/16 and continues to follow a year on year trend.
Age Group	Number of Respondents																					
<18	3																					
18-24	1																					
25-34	8																					
35-44	19																					
45-54	32																					
55-64	71																					
65-74	1,472																					
75+	47																					
PNTS	28																					
<b>Gender</b> 	 <table border="1"> <caption>Gender Distribution</caption> <thead> <tr> <th>Gender</th> <th>Number of Respondents</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Male</td><td>794</td><td>49%</td></tr> <tr><td>Female</td><td>831</td><td>51%</td></tr> <tr><td>PNTS</td><td>8</td><td>0%</td></tr> </tbody> </table>	Gender	Number of Respondents	Percentage	Male	794	49%	Female	831	51%	PNTS	8	0%	1633 respondents answered this question.  For the 5 <sup>th</sup> year, more females completed and returned surveys than males.								
Gender	Number of Respondents	Percentage																				
Male	794	49%																				
Female	831	51%																				
PNTS	8	0%																				
<b>Ethnicity</b> 	98.7% (1693) White British 0.8% (13) Prefer not to say 0.6% (11) White Irish	1732 respondents answered this question.  The percentage of White British respondents saw a small increase after remaining static the year before.																				
<b>Disability</b> 	36% recorded no disability  The most commonly recorded disabilities were Hearing Impairment (485) and Mobility (430)	1560 respondents answered this question, with some recording more than one disability.  Then number of respondents with no disability was very similar between 2015/16 and 2016/17.																				
<b>Religion</b> 	83% Christian 12% No Religion After these, the next most recorded was PNTS (24) and Buddhist (22).	1601 respondents answered this question.  The percentage of Christian and No Religion respondents has remained static compared to last year.																				
<b>Sexual Orientation</b> 	 <table border="1"> <caption>Sexual Orientation Data</caption> <thead> <tr> <th>Sexual Orientation</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr><td>Heterosexual</td><td>1,336</td></tr> <tr><td>Gay/Lesbian</td><td>7</td></tr> <tr><td>Bisexual</td><td>6</td></tr> <tr><td>Prefer not to say</td><td>65</td></tr> </tbody> </table>	Sexual Orientation	Number of Respondents	Heterosexual	1,336	Gay/Lesbian	7	Bisexual	6	Prefer not to say	65	1414 respondents answered this question, equivalent to 79% of those surveyed, an increase from 77% last year.  There was an increase in the number of Gay/Lesbian respondent compared to 2015/16 (+4).										
Sexual Orientation	Number of Respondents																					
Heterosexual	1,336																					
Gay/Lesbian	7																					
Bisexual	6																					
Prefer not to say	65																					

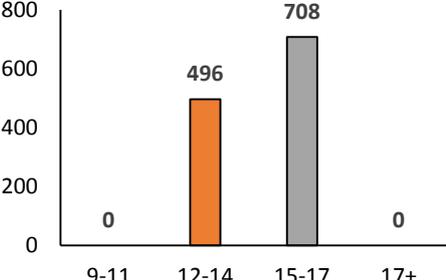
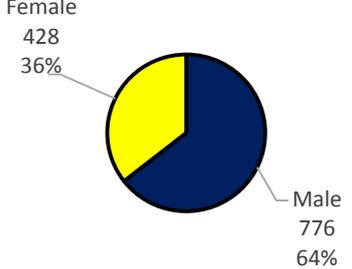
## Prevention – Youth Engagement Summary

	2016/17	Commentary										
Attendees on Youth Engagement Initiatives	1643	Data is recorded for RESPECT courses, Fire Cadets and Princes Trust.										
Age 	 <table border="1"> <caption>Age Distribution</caption> <thead> <tr> <th>Age Group</th> <th>Number of Attendees</th> </tr> </thead> <tbody> <tr> <td>9-11</td> <td>126</td> </tr> <tr> <td>12-14</td> <td>602</td> </tr> <tr> <td>15-17</td> <td>811</td> </tr> <tr> <td>17+</td> <td>101</td> </tr> </tbody> </table>	Age Group	Number of Attendees	9-11	126	12-14	602	15-17	811	17+	101	The majority of young people taking part in these activities are between 15-17 years of age. In 2016 the majority was between 12-14, however it didn't include Princes Trust data. The most popular age was 15.
Age Group	Number of Attendees											
9-11	126											
12-14	602											
15-17	811											
17+	101											
Gender 	 <table border="1"> <caption>Gender Distribution</caption> <thead> <tr> <th>Gender</th> <th>Number of Attendees</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>1060</td> <td>65%</td> </tr> <tr> <td>Female</td> <td>582</td> <td>35%</td> </tr> </tbody> </table>	Gender	Number of Attendees	Percentage	Male	1060	65%	Female	582	35%	National statistics suggest that school exclusion is more common amongst males, resulting in more males taking part in our courses. This trend is evident with attendees in 2016/17 and follows on from 2015/16. All youth engagement initiatives have similar gender proportions.	
Gender	Number of Attendees	Percentage										
Male	1060	65%										
Female	582	35%										
Ethnicity 	<p>90.1% (1480) White British 5.9% (97) Not Known 1.3% (21) White Other 0.9% (14) White Irish</p>	Of the 1643 young people recording an ethnicity, the majority were White British, in line with previous years and census data.										
Disability 	5% (87) with a disability.	A slightly lower % of attendees had a disability compared to 2015/16. Princes Trust had the highest % of attendees recording a disability.										
Religion 	<p>61% No Religion 36% Christian 3% Other</p>	Cadets and Princes Trust data included. A slight increase was seen in No religion attendees, previously annual decreases were seen.										
Sexual Orientation 	<p>75% Heterosexual 10% Prefer no to say 8% Bisexual 3% Gay/Lesbian</p>	Only Princes Trust data is available for sexual orientation.										

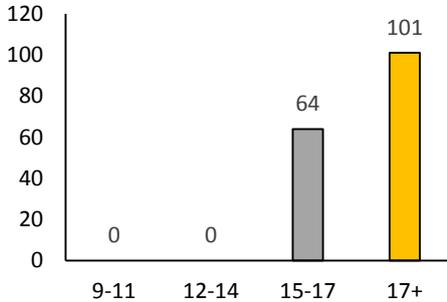
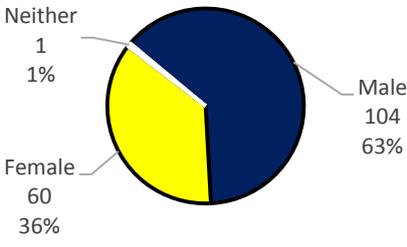
## Respect Summary

	2016/17	Commentary										
Attendees on Youth Engagement Initiatives	274	Respect had the 2 <sup>nd</sup> highest number of attendees after Cadets.										
Age 	 <table border="1"> <caption>Attendees by Age Group</caption> <thead> <tr> <th>Age Group</th> <th>Number of Attendees</th> </tr> </thead> <tbody> <tr> <td>9-11</td> <td>126</td> </tr> <tr> <td>12-14</td> <td>106</td> </tr> <tr> <td>15-17</td> <td>39</td> </tr> <tr> <td>17+</td> <td>0</td> </tr> </tbody> </table>	Age Group	Number of Attendees	9-11	126	12-14	106	15-17	39	17+	0	The majority of RESPECT attendees were between 9-11 years of age. Attendees on all Youth engagement initiatives were mainly between 15-17 but this is skewed as the majority of attendees are Cadets.
Age Group	Number of Attendees											
9-11	126											
12-14	106											
15-17	39											
17+	0											
Gender 	 <table border="1"> <caption>Attendees by Gender</caption> <thead> <tr> <th>Gender</th> <th>Number of Attendees</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>94</td> <td>34%</td> </tr> <tr> <td>Male</td> <td>180</td> <td>66%</td> </tr> </tbody> </table>	Gender	Number of Attendees	Percentage	Female	94	34%	Male	180	66%	National statistics suggest that school exclusion is more common amongst males, resulting in more males taking part in our courses. This trend is evident with attendees on RESPECT courses.	
Gender	Number of Attendees	Percentage										
Female	94	34%										
Male	180	66%										
Ethnicity 	<p>92% (252) White British 5.8% (16) White Other 0.7% (2) White &amp; Black African 0.7% (2) Any Other White Background</p>	Of the 274 young people recording an ethnicity, the majority were White British, in line with other youth engagement initiatives and census data.										
Disability 	7% (20) of attendees stated a disability.	A higher % of Respect attendees had a disability compared to CADETS but it was lower than Princes Trust.										

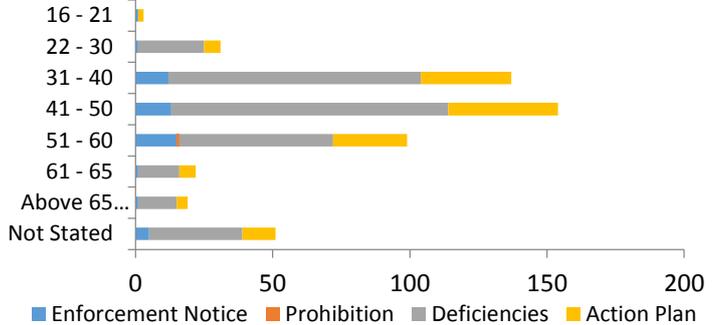
## Cadets Summary

	2016/17	Commentary										
Attendees on Youth Engagement Initiatives	1204	Cadets had the highest number of attendees out of all the youth engagement initiatives.										
Age 	 <table border="1"> <caption>Age Distribution</caption> <thead> <tr> <th>Age Group</th> <th>Number of Attendees</th> </tr> </thead> <tbody> <tr> <td>9-11</td> <td>0</td> </tr> <tr> <td>12-14</td> <td>496</td> </tr> <tr> <td>15-17</td> <td>708</td> </tr> <tr> <td>17+</td> <td>0</td> </tr> </tbody> </table>	Age Group	Number of Attendees	9-11	0	12-14	496	15-17	708	17+	0	The majority of Cadets attendees were between 15-17 years of age. Attendees on all Youth engagement initiatives were mainly between 15-17 but this is skewed as the majority of attendees are Cadets.
Age Group	Number of Attendees											
9-11	0											
12-14	496											
15-17	708											
17+	0											
Gender 	 <table border="1"> <caption>Gender Distribution</caption> <thead> <tr> <th>Gender</th> <th>Number of Attendees</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>776</td> <td>64%</td> </tr> <tr> <td>Female</td> <td>428</td> <td>36%</td> </tr> </tbody> </table>	Gender	Number of Attendees	Percentage	Male	776	64%	Female	428	36%	National statistics suggest that school exclusion is more common amongst males, resulting in more males taking part in our courses. This trend is evident with attendees on Cadets courses.	
Gender	Number of Attendees	Percentage										
Male	776	64%										
Female	428	36%										
Ethnicity 	<p>89% (1069) White British 8% (97) Not Known 1% (14) White Irish</p>	Of the 1204 young people recording an ethnicity, the majority were White British, in line with other youth engagement courses and census data. Cadets recorded a higher number of Not known responses than each of the other youth engagement initiatives.										
Disability 	2% (24) stated a disability.	Cadets attendees had the lowest disability % out of all of the youth engagement initiatives. The number of attendees with a disability was close to that of RESPECT attendees but the cadets had far higher numbers.										
Religion 	<p>58% No Religion 40% Christian 2% Other</p>	The majority of cadets attendees had no religion. The % that didn't have a religion was lower than the Princes Trust attendees but the % of Christian attendees was far higher.										

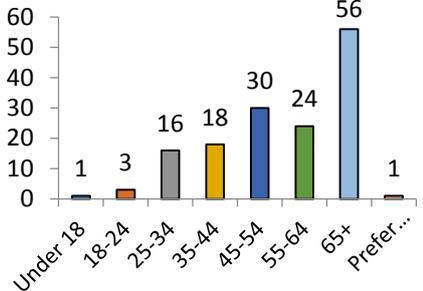
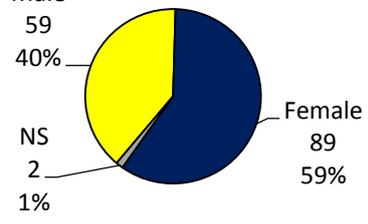
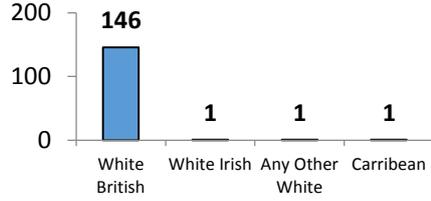
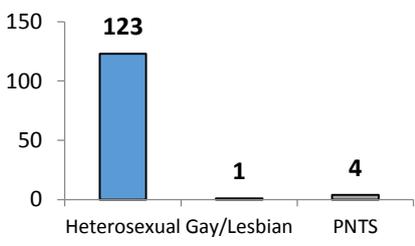
## Princes Trust Summary

	2016/17	Commentary												
Attendees on Youth Engagement Initiatives	165	Princes Trust attendees were the lowest out of the 3 youth engagement initiatives.												
<b>Age</b> 	 <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Attendees by Age Group</caption> <thead> <tr> <th>Age Group</th> <th>Number of Attendees</th> </tr> </thead> <tbody> <tr> <td>9-11</td> <td>0</td> </tr> <tr> <td>12-14</td> <td>0</td> </tr> <tr> <td>15-17</td> <td>64</td> </tr> <tr> <td>17+</td> <td>101</td> </tr> </tbody> </table>	Age Group	Number of Attendees	9-11	0	12-14	0	15-17	64	17+	101	The majority of Princes Trust attendees were over the age of 17. Attendees on all Youth engagement initiatives were mainly between 15-17 but this is skewed as the majority of attendees are Cadets.		
Age Group	Number of Attendees													
9-11	0													
12-14	0													
15-17	64													
17+	101													
<b>Gender</b> 	 <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Attendees by Gender</caption> <thead> <tr> <th>Gender</th> <th>Number of Attendees</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>104</td> <td>63%</td> </tr> <tr> <td>Female</td> <td>60</td> <td>36%</td> </tr> <tr> <td>Neither</td> <td>1</td> <td>1%</td> </tr> </tbody> </table>	Gender	Number of Attendees	Percentage	Male	104	63%	Female	60	36%	Neither	1	1%	National statistics suggest that school exclusion is more common amongst males, resulting in more males taking part in our courses. This trend is evident with attendees on Princes Trust courses.
Gender	Number of Attendees	Percentage												
Male	104	63%												
Female	60	36%												
Neither	1	1%												
<b>Ethnicity</b> 	<p>96% (159) White British            1% (2) Any Other Asian background            1% (1) British White and Asian            1% (1) Indonesian</p>	Of the 165 young people recording an ethnicity, the majority were White British, in line with other youth engagement courses and census data. Princes Trust attendees recorded a higher % of White British responses than RESPECT and Cadets attendees.												
<b>Disability</b> 	<p>26% (43) stated a disability.</p>	Princes Trust attendees had the highest number of attendees with a disability and the highest disability % out of all of the youth engagement initiatives. The number of attendees with a disability was nearly double that of Cadets and Respect attendees.												
<b>Religion</b> 	<p>76% No Religion            15% Christian            3% Prefer not to say</p>	The majority of Princes Trust attendees had no religion and the % was far higher than in the Cadets initiative. The religions of attendees in Princes Trust courses are more varied than the Cadets with 12 religious groups represented.												
<b>Sexual Orientation</b> 	<p>54% Heterosexual            29% Not Stated            7% Prefer not to say            5% Bisexual</p>	Only Princes Trust data available for sexual orientation. Over half of attendees were Heterosexual. A high proportion of attendees did not state or preferred not to state a sexual orientation.												

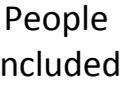
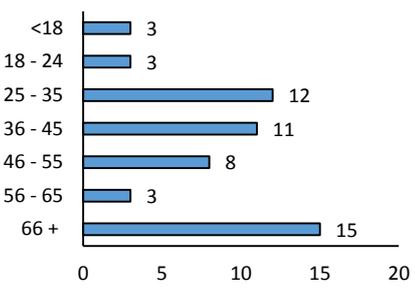
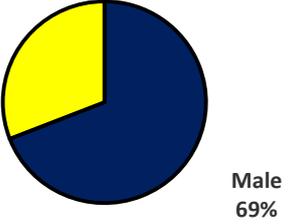
## Protection – Business Premises Audits

		2016/17					Commentary																																													
Audits Included	1632					A decrease of 33% when compared to last year. There was a focus on larger more at risk premises with audits taking longer.																																														
Age 	 <table border="1"> <caption>Age Group Outcomes</caption> <thead> <tr> <th>Age Group</th> <th>Enforcement Notice</th> <th>Prohibition</th> <th>Deficiencies</th> <th>Action Plan</th> </tr> </thead> <tbody> <tr><td>16 - 21</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>22 - 30</td><td>0</td><td>0</td><td>10</td><td>5</td></tr> <tr><td>31 - 40</td><td>5</td><td>0</td><td>100</td><td>25</td></tr> <tr><td>41 - 50</td><td>10</td><td>0</td><td>110</td><td>30</td></tr> <tr><td>51 - 60</td><td>5</td><td>0</td><td>80</td><td>15</td></tr> <tr><td>61 - 65</td><td>0</td><td>0</td><td>10</td><td>5</td></tr> <tr><td>Above 65...</td><td>0</td><td>0</td><td>10</td><td>5</td></tr> <tr><td>Not Stated</td><td>5</td><td>0</td><td>40</td><td>10</td></tr> </tbody> </table>					Age Group	Enforcement Notice	Prohibition	Deficiencies	Action Plan	16 - 21	0	0	0	0	22 - 30	0	0	10	5	31 - 40	5	0	100	25	41 - 50	10	0	110	30	51 - 60	5	0	80	15	61 - 65	0	0	10	5	Above 65...	0	0	10	5	Not Stated	5	0	40	10	90% of respondents gave their age, a slight decrease from 2015/16. In line with previous reporting, the majority of audits were completed with people aged 41-50.	
Age Group	Enforcement Notice	Prohibition	Deficiencies	Action Plan																																																
16 - 21	0	0	0	0																																																
22 - 30	0	0	10	5																																																
31 - 40	5	0	100	25																																																
41 - 50	10	0	110	30																																																
51 - 60	5	0	80	15																																																
61 - 65	0	0	10	5																																																
Above 65...	0	0	10	5																																																
Not Stated	5	0	40	10																																																
Outcome	All	Enforcements	Prohibitions	Alterations	Deficiencies	Action Plans	In line with previous years, the most common outcomes of audits were reporting of deficiencies, recorded for 65% of all audits. The % of Action plans saw a slight increase compared to the previous year.																																													
Number of Outcomes Included	517	49	1	1	336	118																																														
Gender 	Male 50% Female 40% Not Stated 10%	Male 37% Female 53% Not Stated 10%	Male 0% Female 100% Not Stated 0%	Male 0% Female 100% Not Stated 0%	Male 52% Female 38% Not Stated 10%	Male 52% Female 38% Not Stated 10%	<p>Apart from enforcements and the small number of prohibitions, the split of audit outcomes across genders is similar to that of the overall audit totals and previous records.</p> <p>The split of enforcements changed to 53% Female compared to 64% Male last year.</p>																																													
Ethnicity 	81% White British 2% Chinese 2% Asian or Asian British - Indian	80% White British 8% Chinese 2% Any Other Asian Background	100% White British	100% White British	81% White British 2% Any Other Black Background 1% Asian or Asian British - Indian	82% White British 3% Asian or Asian British – Indian 2% Chinese	<p>Ethnicity was recorded at 1440 audits (92%), a slight decrease on last year.</p> <p>3 most common ethnicity types listed.</p> <p>The % of Enforcements and Action Plans against people of Chinese Origin have seen slight increases.</p>																																													
Disability 	5 people recorded a disability	1 recorded disability	0 recorded disability	0 recorded disability	2 recorded disability	2 recorded disability	<p>Disability data was collected at 1440 audits (92%).</p> <p>Small numbers of disabilities were recorded. This is in line with previous recording.</p>																																													

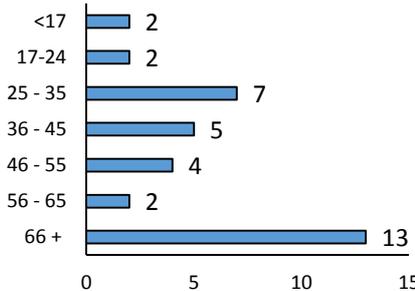
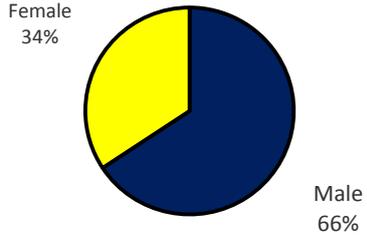
## Service Delivery – After the incident consultation

	2016/17	Commentary
<b>People Included</b>	161	This represents an increase compared to last year.
<b>Age</b> 		<p>149 respondents answered this question with the majority (38%) over 65, a slight % increase on the previous year. This is reflected in our Home Safety Assessment targeting methodology, ensuring that those most at risk are engaged with.</p>
<b>Gender</b> 		<p>150 respondents answered this question, an increase on the previous year.</p> <p>2016/17 continued the trend whereby the majority of respondents were Female.</p>
<b>Ethnicity</b> 		<p>149 respondents answered this question and in line with census data for Cheshire, the majority were recorded as White British (98%). This was a slight increase on the previous year.</p>
<b>Disability</b> 	<p><b>70%</b> recorded no disability.</p> <p>The most commonly recorded disability was Mobility issues.</p>	<p>137 respondents answered this question with some recording more than one disability.</p> <p>The % of disabled respondents remained the same compared to last year.</p>
<b>Religion</b> 	<p><b>70%</b> Christian  <b>26%</b> No Religion  <b>3%</b> Other</p>	<p>128 respondents answered this question, with no change in the % of Christian and No Religion respondents. In line with 2012 census data, Christianity was the most commonly recorded religion.</p>
<b>Sexual Orientation</b> 		<p>129 respondents answered this question.</p> <p>There was a reduction in the number of Prefer Not to State respondents compared to the previous year whilst Gay/Lesbian respondents remained the same.</p>

## Service Delivery – Injuries and Fatalities occurring as a result of fire

	2016/17	Commentary																
<b>People Included</b> 	55	<p>47 Injuries and 8 Fatalities.</p> <p>There was a slight increase in the number of fatalities of which 2 were deliberate.</p> <p>The number of injuries due to deliberate causes doubled compared to 15/16 and there was also a slight decrease in the number of serious injuries.</p> <p>The small dataset makes drawing conclusions unreliable.</p>																
<b>Age</b> 	 <table border="1"> <caption>Age Distribution of Victims</caption> <thead> <tr> <th>Age Group</th> <th>Number of Victims</th> </tr> </thead> <tbody> <tr> <td>&lt;18</td> <td>3</td> </tr> <tr> <td>18 - 24</td> <td>3</td> </tr> <tr> <td>25 - 35</td> <td>12</td> </tr> <tr> <td>36 - 45</td> <td>11</td> </tr> <tr> <td>46 - 55</td> <td>8</td> </tr> <tr> <td>56 - 65</td> <td>3</td> </tr> <tr> <td>66 +</td> <td>15</td> </tr> </tbody> </table>	Age Group	Number of Victims	<18	3	18 - 24	3	25 - 35	12	36 - 45	11	46 - 55	8	56 - 65	3	66 +	15	<p>This year in Cheshire, the majority of victims were over 65. In 2015/16, the majority of victims were between 36 and 45. This may have been as a result of the incident at Bosley.</p>
Age Group	Number of Victims																	
<18	3																	
18 - 24	3																	
25 - 35	12																	
36 - 45	11																	
46 - 55	8																	
56 - 65	3																	
66 +	15																	
<b>Gender</b> 	 <table border="1"> <caption>Gender Distribution of Victims</caption> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>31%</td> </tr> <tr> <td>Male</td> <td>69%</td> </tr> </tbody> </table>	Gender	Percentage	Female	31%	Male	69%	<p>National research suggests males are more likely to be killed or injured by fire, in line with our incidents and previous trends. Data for Q1, Q2 and Q3 has more males than females killed or injured by fire.</p>										
Gender	Percentage																	
Female	31%																	
Male	69%																	
<b>Ethnicity</b> 	<p>96% (53) White British                  2% (1) Other White                  2% (1) African</p>	<p>In line with Census data and previous Cheshire Trends, almost all victims of fire were White British.</p> <p>All people recorded stated an ethnicity.</p>																

## Service Delivery – Injuries and Fatalities occurring as a result of Accidental fires in the home

	2016/17	Commentary																
<b>People Included</b>  	35	6 fatalities and 29 injuries  There was no change in the number of injuries as a result of Accidental fires in the home vs the previous year. Figures remain low compared to the population of Cheshire. This small dataset makes drawing conclusions unreliable.																
<b>Age</b>  	 <table border="1" style="display: none;"> <caption>Age Distribution of Victims</caption> <thead> <tr> <th>Age Group</th> <th>Number of Victims</th> </tr> </thead> <tbody> <tr> <td>&lt;17</td> <td>2</td> </tr> <tr> <td>17-24</td> <td>2</td> </tr> <tr> <td>25 - 35</td> <td>7</td> </tr> <tr> <td>36 - 45</td> <td>5</td> </tr> <tr> <td>46 - 55</td> <td>4</td> </tr> <tr> <td>56 - 65</td> <td>2</td> </tr> <tr> <td>66 +</td> <td>13</td> </tr> </tbody> </table>	Age Group	Number of Victims	<17	2	17-24	2	25 - 35	7	36 - 45	5	46 - 55	4	56 - 65	2	66 +	13	National personal fire risk research suggests that people over 65 are more likely to be killed or injured by Fire and this is true for victims from accidental fires in the home in Cheshire.
Age Group	Number of Victims																	
<17	2																	
17-24	2																	
25 - 35	7																	
36 - 45	5																	
46 - 55	4																	
56 - 65	2																	
66 +	13																	
<b>Gender</b>  	 <table border="1" style="display: none;"> <caption>Gender Distribution of Victims</caption> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>34%</td> </tr> <tr> <td>Male</td> <td>66%</td> </tr> </tbody> </table>	Gender	Percentage	Female	34%	Male	66%	National research suggests males are more likely to be killed or injured by fire and this was true in Cheshire in 2016/17. This changed from 2015/16 where more females were killed or injured which went against previous trends.										
Gender	Percentage																	
Female	34%																	
Male	66%																	
<b>Ethnicity</b>  	100% (35) White British	All victims of fire in 2016/17 were White British. In previous years, a very high % of victims were white British which follows census data.																

## Conclusion and Next Steps

Cheshire Fire and Rescue Service is keen to ensure that the monitoring data collated in this report is used to inform its employment practices and service delivery. As a result, this information has been used to develop significant policies and practices, key examples of which are as follows:

- In the 2015-2016 annual monitoring report, it was identified that women and members of the BME and LGBT communities were underrepresented in the Service, particularly in operational roles. As such, the Service put in place a programme of positive action in advance of operational firefighter recruitment campaigns in order to encourage applications from these groups. These campaigns were successful and has in particular seen the proportion of women in operational roles rise from 5% in 2015/16 to 6% this year. However, there is still work to be done to improve this representation and therefore the Service remains committed to positive action campaigns in respect of all operational roles.
- This report indicates that the percentage of staff accessing training decreases with each age group after 35-44. This suggests that further work may be needed to understand why this trend is taking place and how training can be promoted to older employees.
- Similar to last year, the data collected during Home Safety Assessments supports the Service's targeted risk methodology. The characteristics included in the monitoring data for Safe and Well visits have been broadened, in particular to include monitoring on sexual orientation and gender identity, to provide a more in depth picture of the local communities.
- Previous reports highlighted high levels of outcomes being taken against people of Chinese origin following business premises audits. This year's report has again shown increases in the percentage of enforcements and action plans against people of Chinese origin and therefore focused engagement work will again be carried out as a result; and
- Last year, the majority of people involved in injuries and fatalities occurring as a result of fire were men aged between 36 and 45. This was a younger age range than expected, partly as a result of the serious incident at Bosley and other injuries occurring as a result of fires outside the home. This year, the most common age range of such victims was over 65 in line with targeted risk methodology. Similarly, victims of accidental fires in the home were most commonly aged over 65, which supports the Services targeted risk methodology.

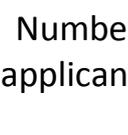
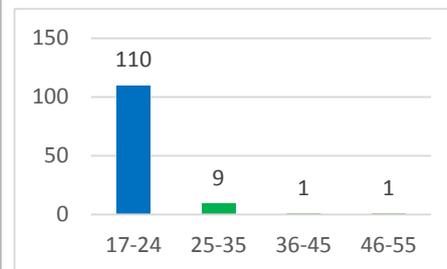
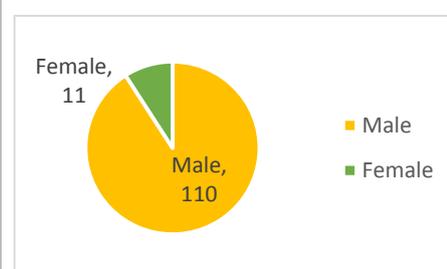
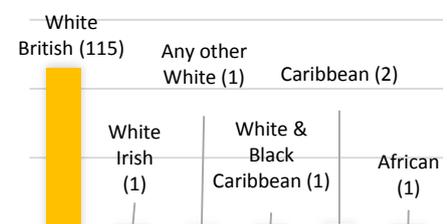
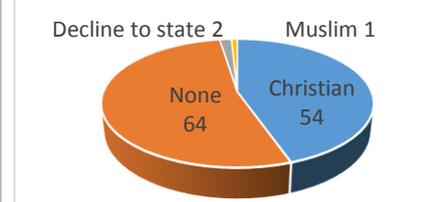
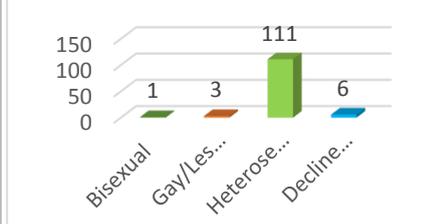
For any queries or comments on this report, or on equality and diversity in general, please contact Melanie Hockenhull (Equality and Inclusion Officer) on 01606 868414.

## Appendix 1 - Whole-time recruitment

	2016/17					Commentary
Registered Applicants	<b>2772</b>					Total number of applicants for the most recent whole-time recruitment.
Stage of recruitment process	Registered	Passed Initial Questionnaire	Passed All Online Test	Top 76 Breakdown	Successful at Interview	95% of applicants passed the initial questionnaire. 18% of applicants who passed the initial questionnaire passed all online tests with 16% of those making it to the top 76. 26% of those interviewed were successful at interview.
Number of Applicants in each stage	2772	2633	466	76	20	
Gender 	Male 75% Female 8% Not Stated 17% <1% Transgender	Male 77% Female 8% Not Stated 15% <1% Transgender	Male 80% Female 11% Not Stated 8% 0% Transgender	Male 83% Female 17% Not Stated 0%	Male 70% Female 30%	25% of Female Applicants passed all online tests compared to 19% of Male Applicants. 26% of Females who passed all online tests attended interview compared to 17% of Males. All 5 transgender applicants passed the initial questionnaire but didn't pass all online tests.
Ethnicity 	77% White British 17% Not stated 1% Any Other White Background 1% White Irish	79% White British 15% Not stated 1% Any Other White Background 1% White Irish	83% White British 15% Not stated 1% Any Other White Background 1% White Irish	89% White British 0% Not stated 3% Any Other White Background 0% White Irish 3% Mixed White and Asian.	90% White British 0% Any Other White Background 3% Mixed White and Asian. 5% Other Asian or Asian British - Pakistani	The majority of applicants were White British and it remained the highest in terms of % of applicants throughout the process, in line with other recruitment. The applicants who were successful at interview were from 3 ethnic backgrounds whereas all applicants comprised of 17 different ethnic backgrounds.
Religion 	39% Christian 39% No Religion 17% Not stated	40% Christian 40% No Religion 15% Not stated	40% Christian 40% No Religion 15% Not stated	39% Christian 51% No Religion 0% Not stated 4% Muslim	40% Christian 45% No Religion 10% PNTS 5% Muslim	The majority of applicants were either Christian or had no religion with these religious groups being level. This trend is seen amongst other recruitment types. However the highest % of successful candidates had no religion.
Sexual Orientation 	73% Heterosexual 17% Not Stated 3% Bisexual 3% Gay/Lesbian 3% Prefer Not to Say.	75% Heterosexual 15% Not Stated 3% Bisexual 3% Gay/Lesbian 4% Prefer Not to Say.	77% Heterosexual 8% Not Stated 6% Bisexual 5% Gay/Lesbian 4% Prefer Not to Say.	83% Heterosexual 0% Not Stated 11% Bisexual 3% Gay/Lesbian 4% Prefer Not to Say.	70% Heterosexual 15% Bisexual 5% Gay/Lesbian 10% Prefer Not to Say.	The majority of applicants were Heterosexual, in line with other recruitment. 9% of Bisexual applicants were invited to interview, this is 3 times higher than other sexual orientation groups. 15% of successful applicants were Bisexual.

Ultimately, 17 candidates were successfully taken on as wholetime firefighters. Of those who were successful, 6% were from a BAME background, 24% were women and 24% identified as lesbian, gay, bisexual or transgender. No successful candidates declared a disability.

## Appendix 2 - Apprenticeship recruitment

	2016/17	Commentary
<b>Number applicants</b>  	<b>121 applicants</b>	<p>In 2016/17, <b>121</b> applicants applied for the newly created role of Firefighter and Community Safety Apprentice with Cheshire Fire and Rescue Service. <b>45</b> applicants were invited for a telephone interview and of these, <b>29</b> attended a 1 day assessment centre.</p> <p><b>11</b> applicants were successful in starting on the Apprenticeship programme. <b>(9%)</b>.</p>
<b>Age</b>  		<p>The Apprenticeship attracted mainly applications from those aged between 17-24 years old. The % success rate is also the highest in this age group.</p> <p>Of those applicants who received a telephone interview, <b>7</b> applicants aged 25-34 whilst <b>38</b> applicants were aged 17-24. <b>86%</b> (25 out of 29) of those that attended the 1 day assessment centre were aged 17-24. All successful applicants who started on the apprenticeship were in this age group.</p>
<b>Gender</b>  		<p>The apprentice's recruitment attracted a slightly higher % of Female Applicants in comparison to on-call. <b>9%</b> of applications received were from female applicants.</p> <p><b>4/11</b> female applicants were successful in becoming one of the cohort of 11 apprentices (36%).</p> <p><b>22%</b> of all telephone interviews were conducted with females (10/45) and <b>24%</b> (7/29) of applicants attending assessment centres were female.</p>
<b>Ethnicity</b>  		<p>The majority of applicants were White British and it remained the highest in terms of % of applicants throughout the process, in line with other recruitment <b>115/121</b> (95%).</p> <p>The applicants at the assessment centre were from 2 ethnic backgrounds whereas all applicants comprised of 6 different ethnic backgrounds.</p> <p>No applicants declined to state.</p>
<b>Disability</b>  	<b>3 (2.4%)</b> recorded a disability	<p>3 out of the 121 applicants recorded a disability. One of the applicants was successful in becoming a Cheshire Fire and Rescue Service Apprentice.</p>
<b>Religion</b>  		<p>In 2016/17, the majority of applicants either had no religion or a Christian religion. This trend was also identified in 2015/16.</p> <p>Of the final cohort of 11 apprentices, 45.5% had no religion, 45.5% were Christian and 9% Muslim.</p>
<b>Sexual Orientation</b>  		<p><b>111</b> (91%) of applicants were Heterosexual which is very similar to other recruitment in 2015/6.</p> <p><b>1/3</b> (33%) Gay/Lesbian staff were successful in their applications with <b>0/1</b> Bisexual applicants successful.</p>

## CHESHIRE FIRE AUTHORITY

**MEETING OF:** PERFORMANCE AND OVERVIEW COMMITTEE  
**DATE:** 6<sup>TH</sup> SEPTEMBER 2017  
**REPORT OF:** HEAD OF SERVICE DELIVERY  
**AUTHOR:** ALEX WALLER

---

**SUBJECT:** CHESHIRE CARDIAC RESPONSE PILOT –  
EVALUATION REPORT

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### Purpose of Report

1. To provide an update on the Service's cardiac response pilot.

### Recommended that:

[1] the content of the report attached as Appendix 1 be noted.

### Background

2. In 2015 the National Joint Council (NJC) for local authority fire and rescue services began considering the expansion of the role of firefighters. Co-responding provided a potential area for the utilisation of skills possessed by firefighters through attendance to cardiac arrests in partnership with the ambulance service.
3. An NJC cardiac response pilot was initiated during 2016. This provided Cheshire Fire and Rescue Service (the Service) with an opportunity to align with the NJC pilot through the expansion of its existing co-responding capability which involved the Nantwich co-responder agreement between the Service and North West Ambulance Service (NWAS) that had been in place since 2009.
4. The Service, therefore, introduced a cardiac response trial to simultaneously respond with NWAS to cardiac arrests within four identified station areas: Warrington, Crewe, Holmes Chapel and Frodsham. The duration of the trial was six months.

### Information

5. The evaluation report (Appendix 1) contains a detailed summary with recommendations concerning the cardiac response pilot and has been broken down into the following sections:
  - i. Results
  - ii. Response

- iii. Project Governance
  - iv. Health, Safety and Wellbeing
  - v. Training
  - vi. Conclusion
  - vii. Recommendations
6. During the six month cardiac response trial period – 1<sup>st</sup> July 2016 to 31<sup>st</sup> December 2016 – the Service was requested to simultaneously respond with NWAS to cardiac arrests on 48 occasions. In total 119 calls were received by NWAS for cardiac arrests during the trial period, meaning that the Service received 42% of the calls that came in to NWAS. Further details concerning this are contained within Appendix 1. Note – the trial continued beyond December 2016 and an updated position will be presented at the meeting
  7. Mobilisation had been problematic throughout the duration of the trial. The manual transfer of calls between NWAS and North West Fire Control (NWFC) appeared to be the main contributory factor to this. However, work has been undertaken to provide a technical solution for this issue and the option of digital electronic information transfer will be investigated further.
  8. Two projects have been developed from the trial:
    - Restart a Heart Day campaign – an international event which aims to provide basic CPR skills to as many people as possible.
    - A collaborative high performance CPR training day
  9. The Service's response to cardiac incidents has continued after the initial six month period.
  10. Public and staff support has been high throughout the trial. 2016-17 IRMP feedback indicated that 89% of members of the public and 82% of staff supported the project. Engagement and enthusiasm from NWAS operational staff and witnessing the higher standard of clinical care afforded to patients due to a dual service response helped staff to recognise the value of the trial.
  11. Support has also been provided by the Fire Brigades Union through their involvement with the trial.

## **Financial Implications**

12. The financial impact assessment for the 6 month trial period estimated an expenditure of £36,654, which included a 10% contingency. The actual expenditure for the period was £35,439.

## **Legal Implications**

13. A memorandum of understanding (MOU) between the Service and NWAS was agreed by both organisations prior to the commencement of the pilot in June 2016. The Joint Oversight and Scrutiny Group scrutinise all updates/ amendments to the MOU.

## **Equality and Diversity Implications**

14. There are no known equality and diversity implications.

## **Environmental Implications**

15. There are no known environmental implications.

**CONTACT: JOANNE SMITH, FIRE SERVICE HQ, WINSFORD**

**TEL [01606] 868804**

**BACKGROUND PAPERS: NONE**

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# Making Cheshire Safer

Cheshire Cardiac Response Pilot  
Evaluation Report – May 2017  
Group Manager Stewart Forshaw



[www.cheshirefire.gov.uk](http://www.cheshirefire.gov.uk)



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## 1. Introduction

Cheshire Fire and Rescue Service (CFRS) has a strong tradition of identifying new and innovative ways of providing an effective emergency response to the communities of Cheshire, which includes working with other blue-light services to encourage interoperability and closer working relationships. An example of a successful collaborative working project is the Nantwich co-responder agreement between CFRS and North West Ambulance Service (NWAS), which has been in place since 2009 and continues to be an effective partnership today.

In 2015 the National Joint Council for Local Authority Fire and Rescue Services (NJC) began to consider how the firefighter role may be expanded, with co-responding being one area where firefighter skills could be utilised to attend cardiac arrests in partnership with the ambulance service. An NJC pilot was therefore initiated including 38 individual trials across 36 Fire and Rescue Services during 2016, which was expected to conclude with an evaluation report produced by the University of Hertfordshire on the 28<sup>th</sup> February 2017.<sup>1</sup>

To coincide with the NJC pilot CFRS widened its co-responding capability in partnership with NWAS during 2016, introducing a Cardiac Response Project to simultaneously respond with NWAS to cardiac arrests (NWAS Red 1 emergencies) within the four identified station areas of Warrington, Crewe, Holmes Chapel and Frodsham. This collaborative approach between CFRS and NWAS also aimed to deliver the ambitions of NHS England, Cheshire Local Authorities and the Government Reform Programme for improved collaborative working across the blue light services in the UK, with a memorandum of understanding between the Service and NWAS agreed prior to its commencement in June 2016.

To support the project evidence available from similar initiatives around the world was researched, which demonstrated that the survivability rate for cardiac arrest patients had increased with the use of firefighters and other emergency responders at cardiac incidents. This was a result of improving the “chain of survival” with firefighters providing the basic life support skills of Cardio Pulmonary Resuscitation (CPR) and Automatic External Defibrillation (AED) early, either prior to the arrival of an ambulance or alongside their ambulance crew colleagues.

This report therefore includes recommendations for the future of cardiac response in Cheshire with both quantitative and qualitative information provided to support strategic decision making by CFRS Service Management Team and partners on the future of CFRS’s response to cardiac arrest incidents alongside NWAS colleagues.

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<sup>1</sup> Since the report has been published the NJC has agreed to continue with the EMR trial until November 2017.

## 2. Results

### 2.1. Cardiac Response Trial – Evaluation 1<sup>st</sup> July 2016 to 31<sup>st</sup> December 2016

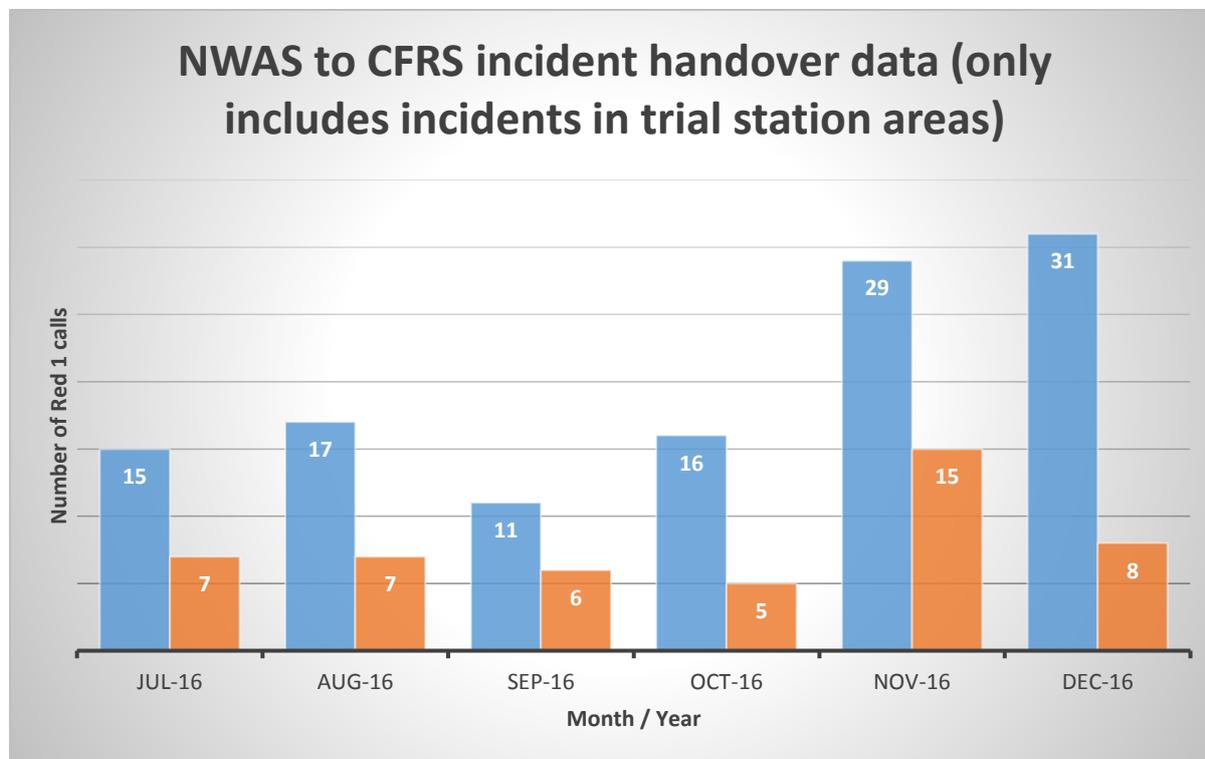


Table 1 Red 1 Requests for Assistance from NWAS

The information contained in *Table 1* includes the number of Red1 emergency 999 calls received by NWAS against the number of Red1 emergency incidents CFRS were requested to attend during the 6 month trial period. The Orange columns denote the number of requests from NWAS to CFRS each month to respond to Red1 calls within the four cardiac response station areas of Warrington, Crewe, Frodsham and Holmes Chapel.

The table demonstrates that CFRS were requested on **48** occasions during the six month trial period. On all occasions a CFRS resource was either mobilised or attended the Red 1 incident. On the occasions that a CFRS resource did not arrive and book 'In Attendance', was due to additional information passed to North West Fire Control (NWFC) from NWAS prior to CFRS's arrival which negated the need for a joint response. The primary reasons for the downgrading of the response were confirmed fatal incidents or the casualty became responsive and thus was not in cardiac arrest.

The Blue columns highlights that the actual amount of Red1 categorised emergency 999 calls which were received by NWAS during the same time period was **119**. This demonstrates that CFRS only received **42%** of those Red 1 emergency 999 calls received by NWAS during the pilot. However as the coding of NWAS incidents is the end point, it is acknowledged that some incidents may not have been an agreed code for CFRS deployment up to the point of the NWAS resource arriving at scene.

The data has been collected from tables 2 to 5 included below.

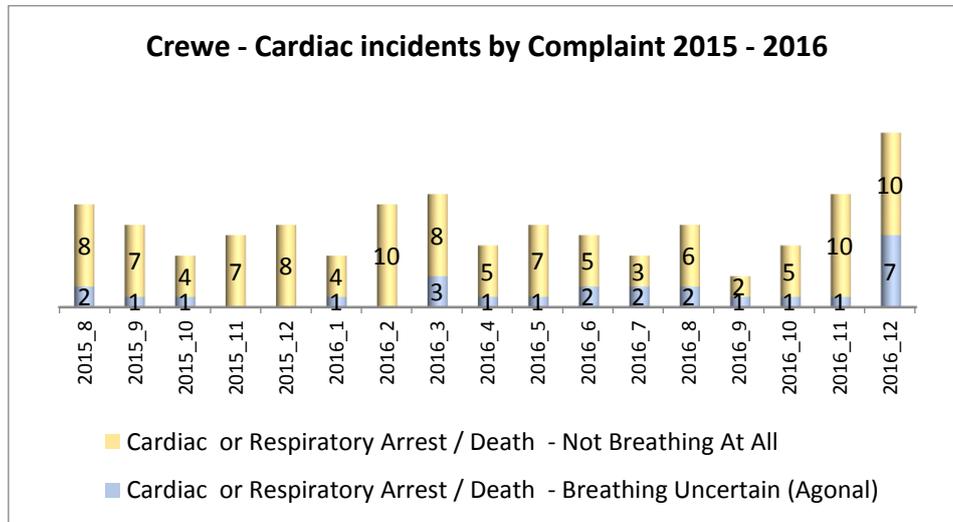


Table 2 - Red 1 Calls in the Crewe Area

The information contained in *Table 2* which has been provided by NWS includes the actual number of Red1 calls received by NWS over a 17 month time period in the Crewe area and demonstrates that the recognised cardiac arrest codes have been relatively consistent. Throughout the pilot period (2016\_7 to 2016\_12) this trend continued.

There was a marked increase in November and December which may be a seasonal fluctuation as a result of cold weather or due to some progress being made toward rectifying some mobilisation issues discussed later in the report.

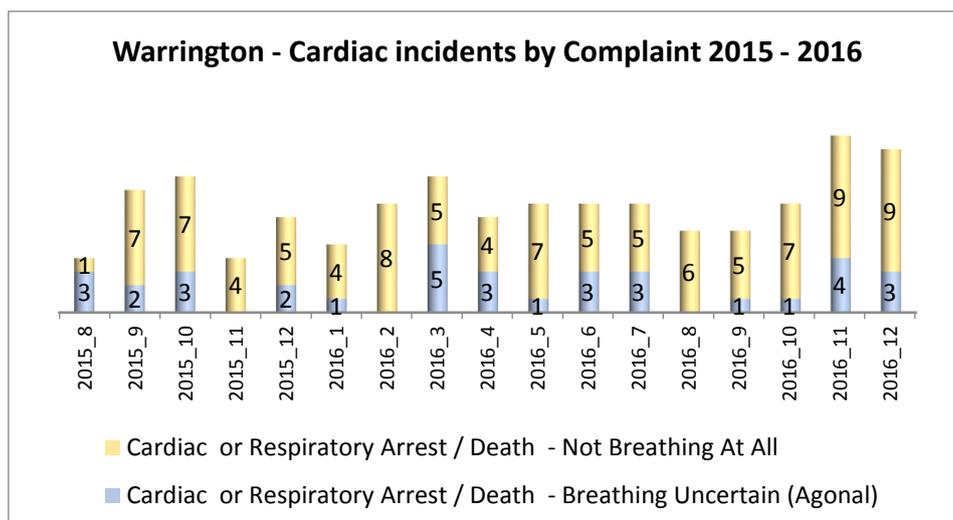


Table 3 - Red 1 Calls in the Warrington Area

The information in *Table 3* shows Warrington's Red1 incident data. This is broadly similar to the data for Crewe during which was collated over the same period. Warrington's crew were

slightly more active during the pilot period receiving more requests to attend Red1 incidents in their station area.

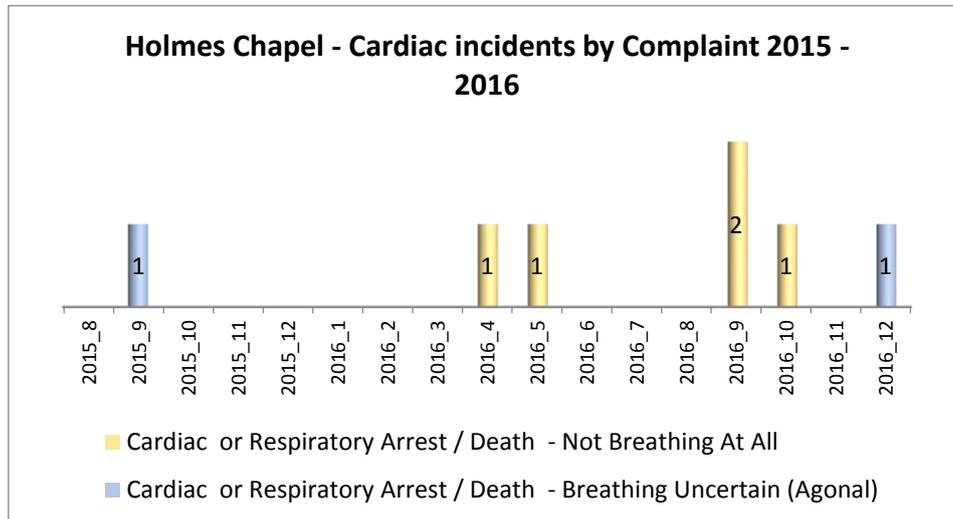


Table 4 - Red 1 Calls in the Holmes Chapel Area

Table 4 indicates that NWS received 4 Red1 emergency 999 calls in the Holmes Chapel area during the 6 month trial period (2016\_7 to 2016\_12), though only one incident was offered to CFRS. This figure is in line with assumptions made at the start of the pilot which was based on the data provided by NWS during the research phase of the project.

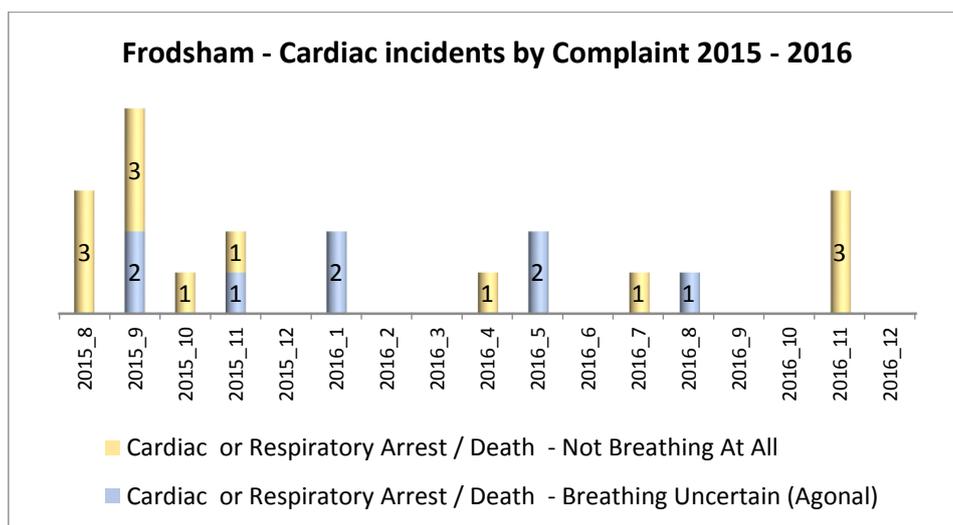


Table 5 - Red 1 Calls in the Frodsham Area

The Frodsham area experienced five Red1 incidents during the 6 month trial period included in Table 5 (2016\_7 to 2016\_12), which again was consistent with assumptions made at the start of the pilot. However, none of the incidents were offered to CFRS.

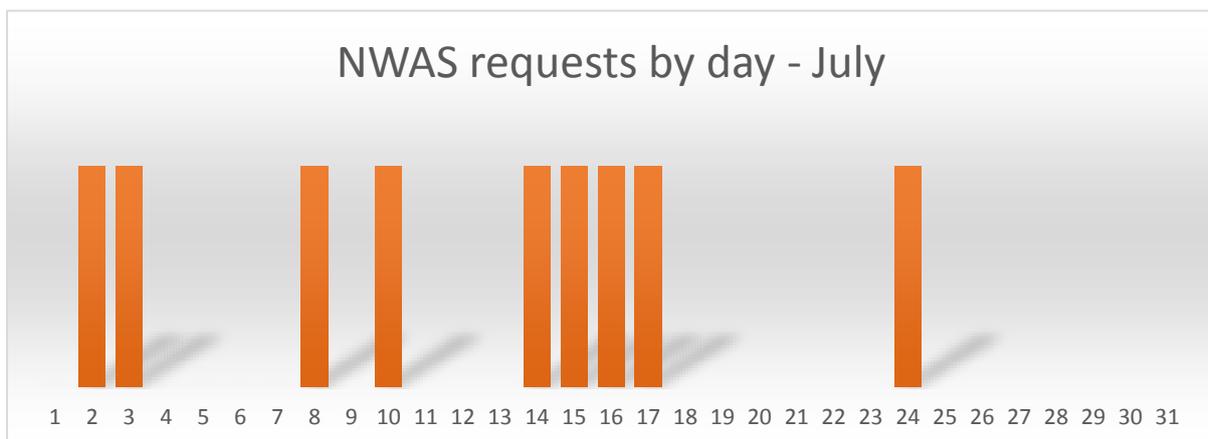
Following a review of the data included in Table 2 – 5 it is evident that CFRS received less than **50%** of Red1 incidents from NWS, which is detailed in *Table 6* below, and whilst accepting that code changes late in the call handling process may have been responsible for low activations, the reliance on manual passage of incident information from an NWS call handler to a North West Fire Control operator, described in more detail in section 3 of the report is considered a significant contributory factor.

July	47%
August	42%
September	55%
October	31%
November	52%
December	26%
<b>AVERAGE</b>	<b>42%</b>

*Table 6 - Red 1 calls received by NWS vs Red1 offers to CFRS*

## 2.2. Monthly Performance

The monthly column tables below (Table 7 – 12) includes data for the days of the month when a request for CFRS attendance has been made from NWS to NWFC, though they are not indicative of quantity. The offers also include those incidents which are outside the trial station areas. The purpose of this data is to illustrate patterns of engagement from NWS.



*Table 7 - Offers Received from NWS during July 2016*

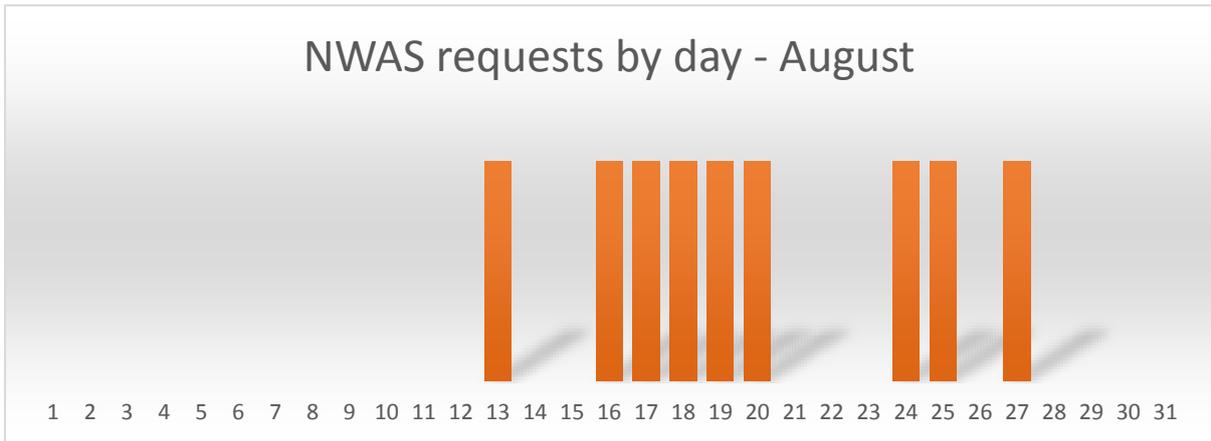


Table 8 - Offers Received from NWAS during August 2016

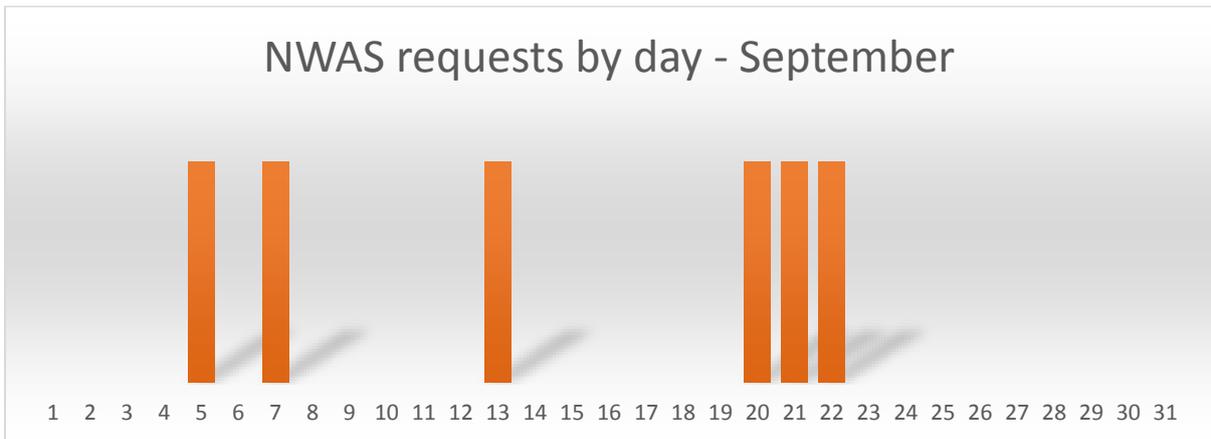


Table 9 - Offers Received from NWAS during September 2016

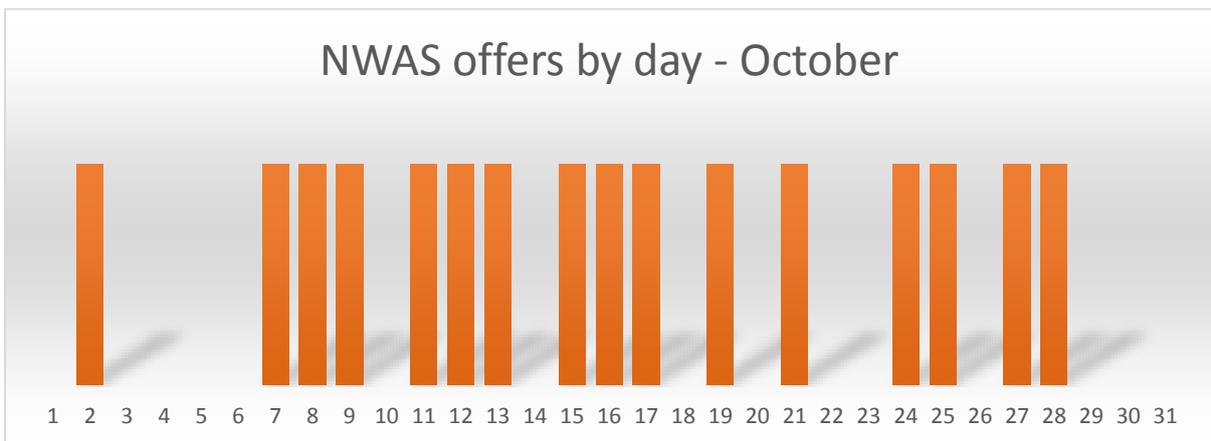


Table 10 - Offers Received from NWAS during October 2016

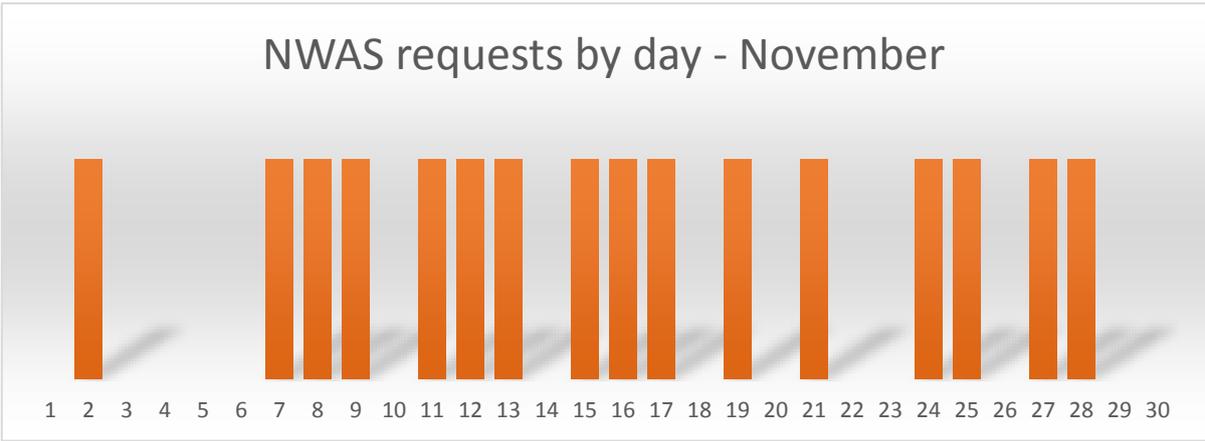


Table 11 - Offers Received from NWAS during November 2016

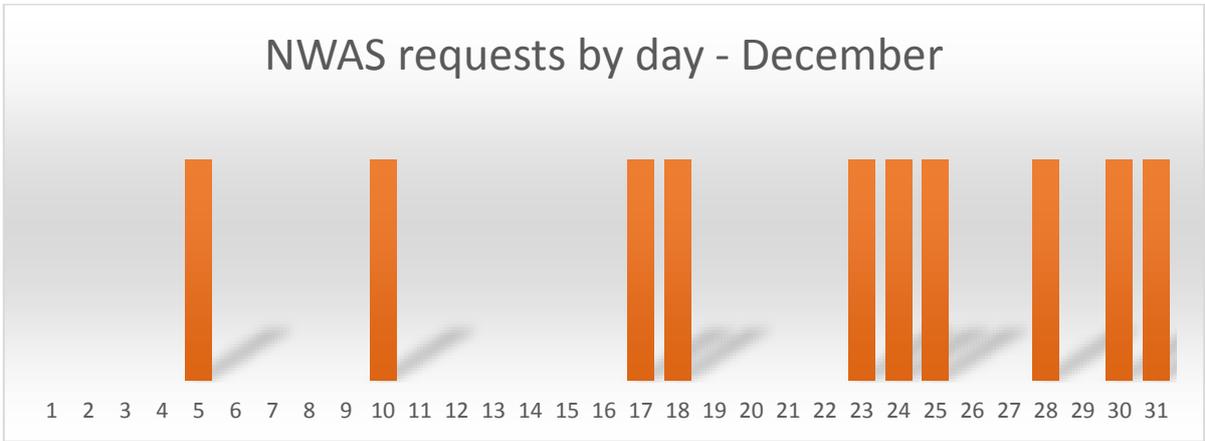


Table 12 - Offers Received from NWAS during December 2016

### 2.3. Incident response by time of day

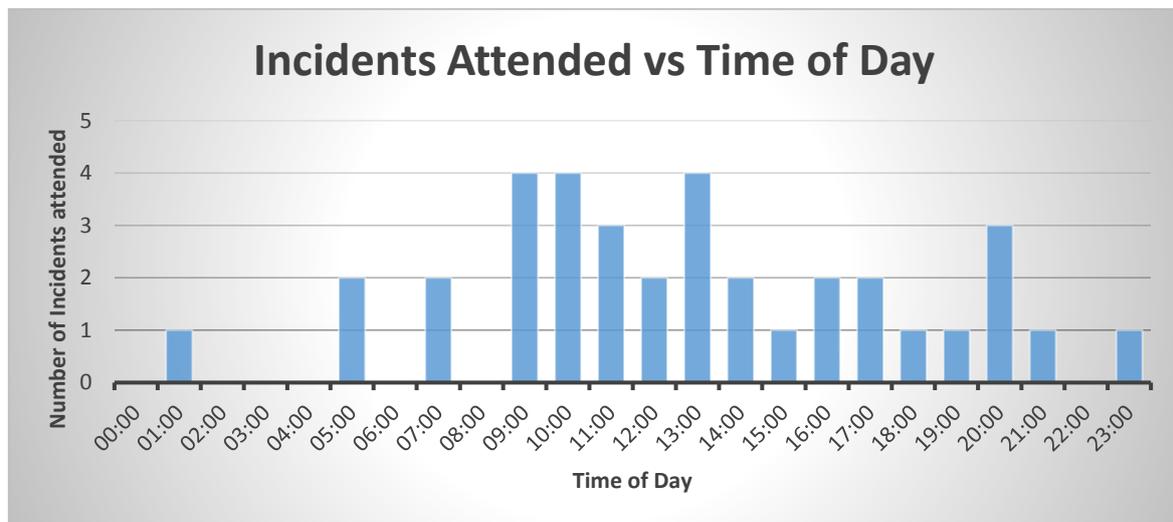


Table 13 - Incident Response by Time of Day

Table 13 highlights the most active response period during a 24 hour period which has been recorded as being between 09:00 and 14:00hrs. The evening period tends to be fairly consistent, although there is a sharp peak in activity between 20:00 and 21:00hrs.

The night period is consistently quiet with peaks between 05:00 to 06:00hrs and 07:00 to 08:00hrs. The peaks are likely to reflect time of patient discovery (failure to wake from sleep) rather than actual time of cardiac arrest.

### 2.4. Incident attended during the days of the week

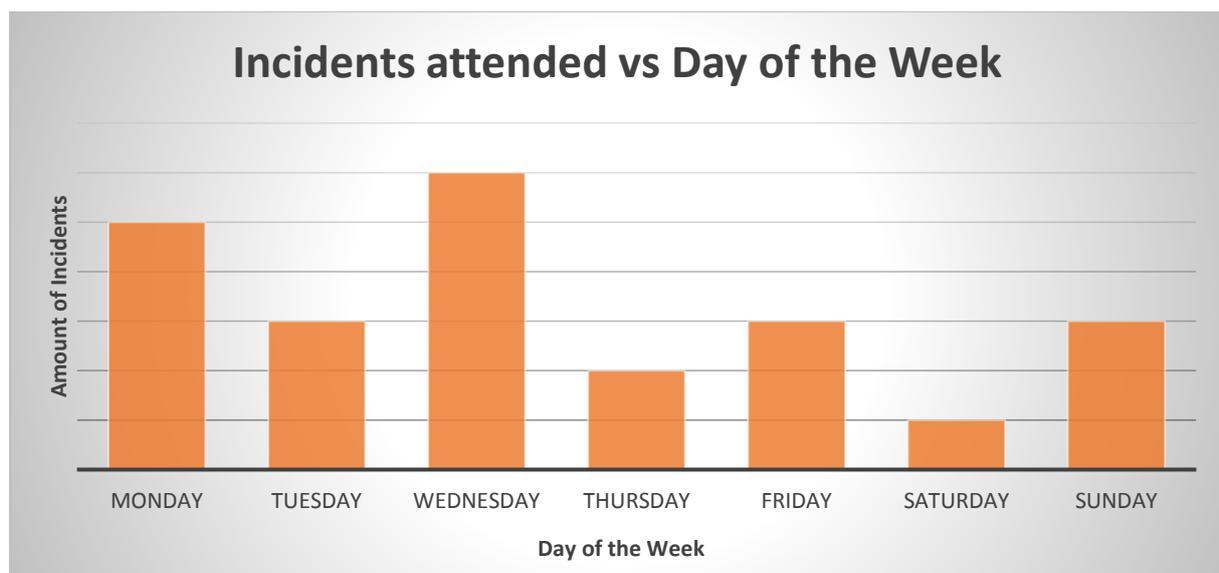


Table 14 - Incident Response vs. Day of the Week.

Global data suggests that Monday has the highest incidence of cardiac arrest whilst Saturday has the lowest (*Calendar patterns in the occurrence of cardiac arrest by John R Allegra MD et al*). The data collected during this trial suggests included in *Table 14* suggests that Wednesday has the highest occurrence in Cheshire, with Monday having the second highest occurrence.

This conflict is likely due to the small sample size taken during the 6 month time period. The data also indicates that Saturday has the lowest occurrence, though days of the week does not affect any decision regarding operational response for the Service.

## 2.5. Monthly Incident Data by Station

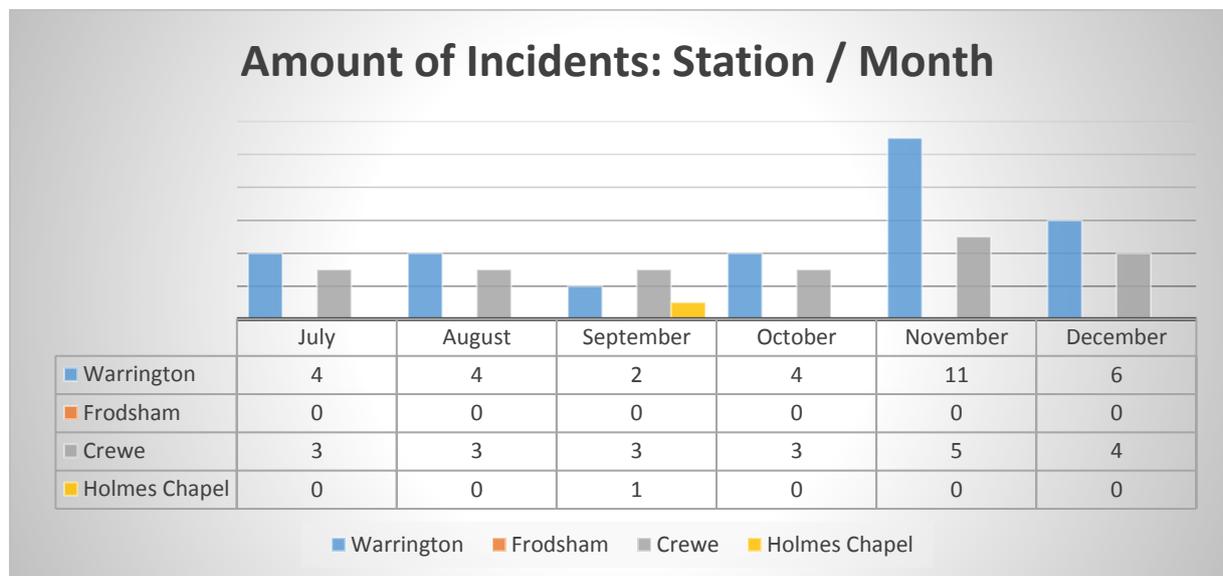


Table 15 - Incident Response by Station Area / Month

During the 6 month period, NWS received 53 requests to respond to a Red1 incident in the Warrington station area and 50 Red1 incidents in the Crewe station area.

The amount of requests from NWS for a CFRS response in these areas was less than the actual incident numbers, with 31 (58%) requests made in Warrington and 21 (42%) in Crewe.

Again this may be due to code changes which occur late in the call handling process. For example NWS may already have had ambulances arriving on scene at the point of the code change and despite the code some may not have been cardiac arrests.

## 2.6. CPR / ROSC Performance

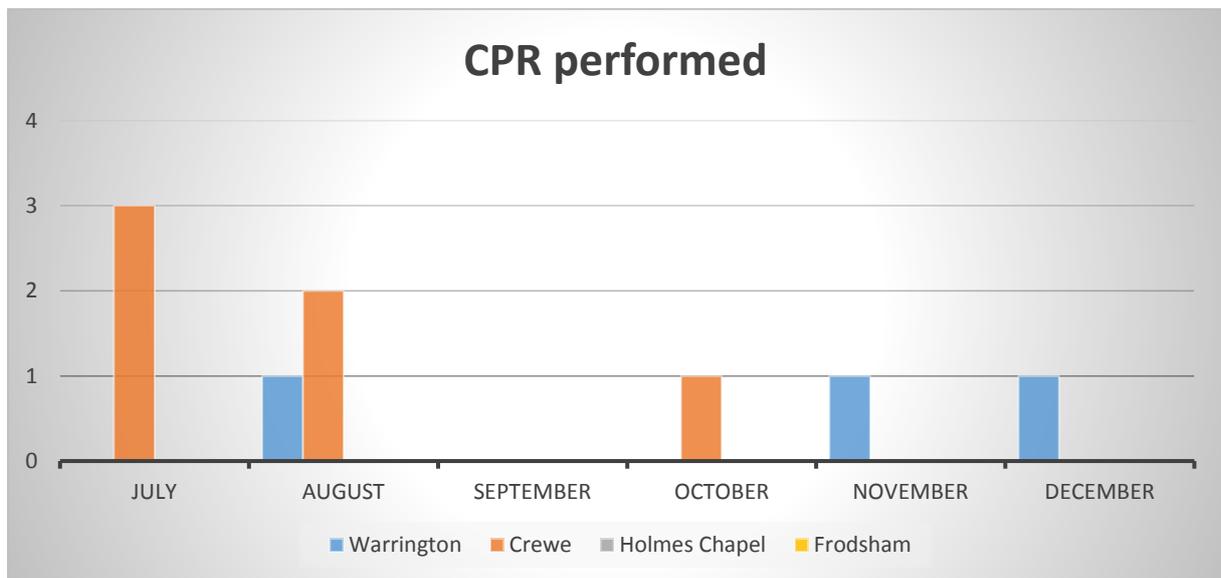


Table 16 - CPR performed by station / month

During the 6 month pilot period firefighters responding to cardiac arrests from Crewe fire station performed CPR on 6 occasions, with feedback received from the crews indicating that they achieved ROSC on 3 of those occasions.

Warrington firefighters performed CPR on 3 occasions with ROSC being achieved on 0 occasions during the pilot period. This represents 50% CPR to ROSC conversion percentage for Crewe and 0% CPR to ROSC conversion percentage for Warrington.

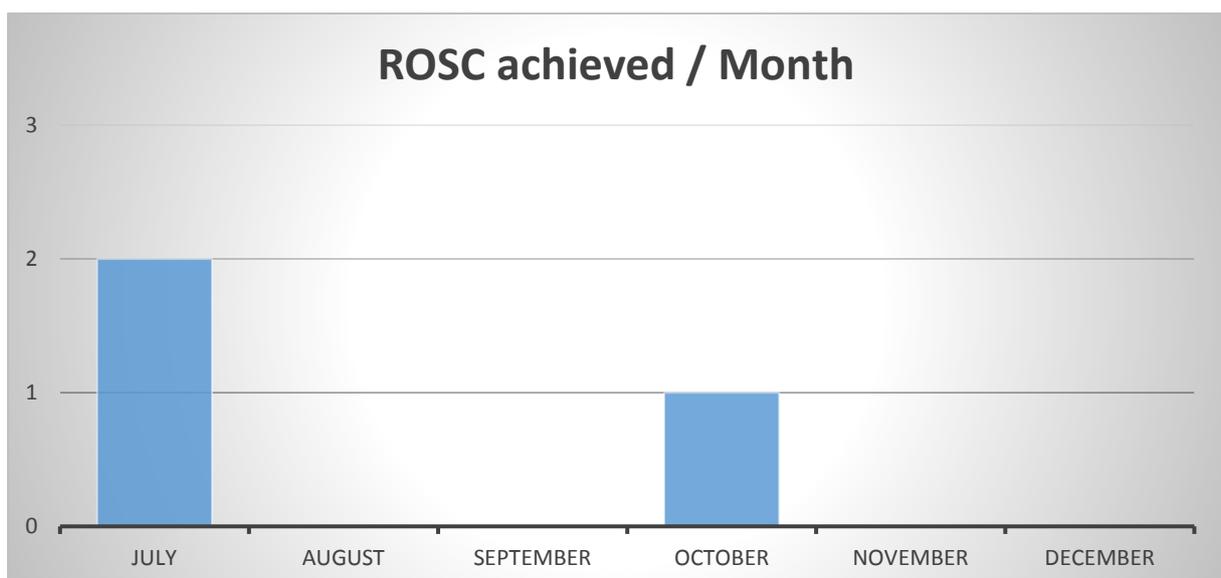
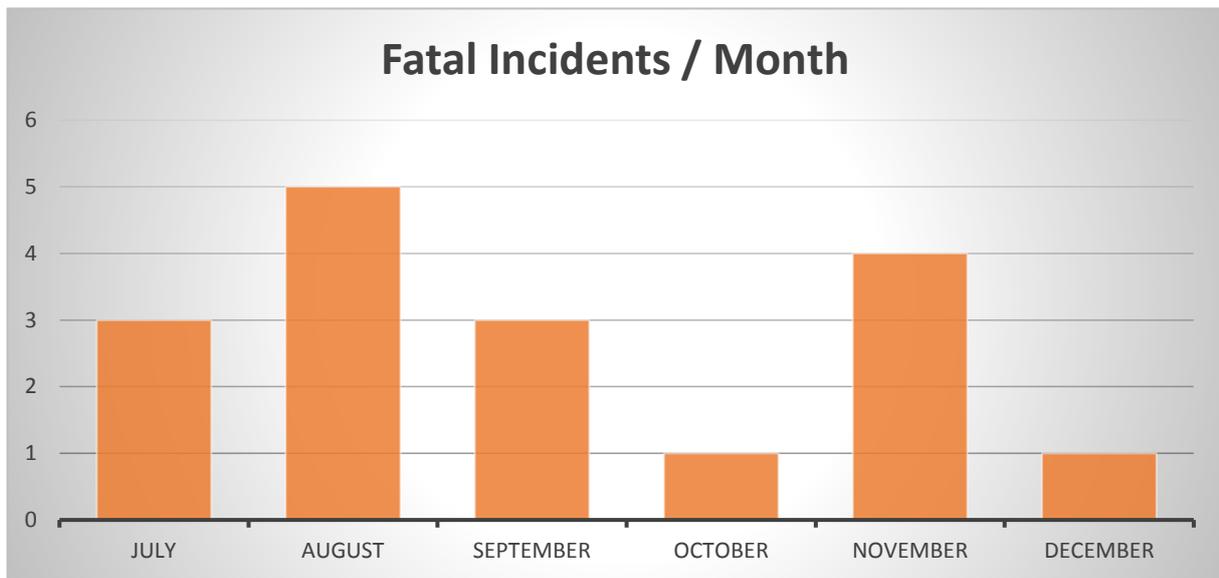


Table 17 - Return of Spontaneous Circulation (ROSC) achieved per month

Of the 17 fatal incidents attended by CFRS *Table 18*, firefighters provided assistance on 9 occasions. On the remaining 8 occasions CFRS crews were not required at the incident since death had already been declared by an NWS paramedic on scene.

Out of the 9 CPR incidents attended by CFRS, ROSC was achieved on 3 occasions. This means that the success percentage for active CPR within our trial is currently 33%. However, this statistic should be regarded as indicative only and may alter as the sample size increases.

Case studies for the ROSC incidents can be found in Appendix A at the end of this report, with feedback from cardiac incidents attended by firefighters also included in Appendix B.



*Table 18 Fatal Incidents attended per Month*

### 3. Response / Mobilising

The current NWS response standard for Red1 emergency calls is a national standard for ambulance services to arrive on scene within 8 minutes on 75% of occasions. However data provided by NWS prior to the commencement of the pilot indicated that during February 2016 the response standard was only achieved on 68% of occasions.

During the pilot period a data set of 26 incidents indicates that the median time taken by a CFRS resource to arrive on scene following NWS receiving the 999 call was 12 minutes 12 seconds.

This response time is greater than expected prior to the commencement of the scheme, with the reasons for this delay possibly being a result of combination of reasons, which have been identified by the Joint Oversight and Scrutiny Group listed below:

- The time taken for a NWS control operator manually pass the call to an NWFC control operator following Red1 call, which for a data set of 29 incidents took on average 5 minutes 10 seconds. This may also include the call 'pick-up' time at NWFC.
- The time taken for the NWFC operator to receive and handle the Red1 call from NWS through to the point of alerting the resource, which was on average 1 minute 39 seconds.
- The travel time taken for a CFRS resource to arrive on scene from the time of being alerted to arriving, which was on average 6 minutes 33 seconds.

Therefore if the current manual process of passing information between the control rooms was refined to remove or reduce the average time of 5 minute 10 seconds, it is predicted that the time taken for a CFRS resource to arrive on scene from the time of call would have been 8 minutes 11 seconds on average during the pilot period.

During the pilot this issue has been discussed both locally and regionally, with various solutions from pagers on fire stations to an electronic data link between the control rooms (DIET) suggested as possible solutions. This is an area for further work during the extended pilot period and a recommendation also included in the NJC report.

As of 4th July 2017 a pager which will receive the agreed codes for CFRS Cardiac Arrest response has been put into the NWS Emergency Operations Centre at Elm House. This will be monitored by the Performance Managers whilst on duty and should ensure an increase in the appropriate coded incidents being passed through. Monitoring of activations will continue.

## 4. Project Governance

To support the collaborative working between CFRS and NWAS for cardiac response in Cheshire, a memorandum of understanding (MOU) between the CFRS and NWAS was agreed by both organisations prior to the pilot's commencement in June 2016. The intention of the MOU was to agree a method of working where CFRS did not act as a substitute for the primary emergency medical work conducted by NWAS, but to enable CFRS responders to be mobilised simultaneously alongside NWAS to all known or suspected cardiac arrests within the trial station areas.

Accountability of the scheme is also included in the MOU with clear roles and responsibilities defined, which have been successfully managed by a Joint Oversight and Scrutiny Group. The group has met every 6 – 8 weeks during the pilot and has worked effectively against a set of standards defined in a terms of reference agreed by all members of the group.

The group includes representation from CFRS, NWAS, and North West Fire Control along with trade union representation from the Fire Brigades Union (FBU), Unison, Fire Officers Association (FOA) and the GMB Trade Union.

The group's responsibilities include:

- Scrutinise the MOU and agree any updates/amendments;
- Identifying and resolving issues arising from the partnership;
- Reviewing and evaluating performance;
- Representation in accordance with the management structure detailed in the MOU (Figure 1);
- Agreeing a communication strategy for all partners;
- Maintaining at all times focus of the partnerships aims, objectives and desired outcomes within scope of the MOU (*This does not include wider medical/trauma care measures within the organisations*).

During the pilot the group have in collaboration been effective, identifying solutions and working together on a number of issues. Some of the issues on the action list during the pilot have included:

- Finding solutions for the number of cardiac arrest calls received by NWAS which have not resulted in a CFRS request to respond;
- Reviewing the 'call sets' so CFRS only respond to Red1 cardiac arrest calls;
- Creating opportunities for joint training sessions on fire stations;
- Investigating and identifying solutions for the mobilising issues experienced during the pilot, with an aim to reduce the time taken for the passage of information and ultimately the arrival of CFRS responders.

## 5. Health, Safety and Wellbeing of Firefighters

CFRS implemented the Trauma Risk Management system (TRiM) following a need to consider the wellbeing of staff responding to EMR incidents being identified during the corporate and H&S risk assessments, which were conducted prior to the initiation of the Cardiac Response trial. It was recognised following the risk assessments that CFRS staff would potentially be more frequently exposed to emotionally harrowing and traumatic events when co-responding to EMR incidents with NWAS.

The Service therefore commissioned *March on Stress* to deliver the training. There are several TRiM training providers in the UK, however it is widely recognised that *March on Stress* are the leading authority on this topic. The TRiM concept was developed by the founder of the company whilst he was the Occupational Health Advisor for the Royal Marine Commandos. There is no other training provider with the depth and scope of knowledge on this subject matter.

16 staff members (15 uniform, 1 non uniform) have now been trained to deliver TRiM sessions, with 2 of the 16 trained to become TRiM managers ensuring that the Services TRiM systems comply with relevant legislation and codes of conduct.

During the 6 month trial period, 5 TRiM sessions have been conducted, involving 32 members of staff. The Service have made the sessions available to all staff members – both those included in the trial and those operating from non trial stations. Only 1 Cardiac Response incident has required a TRiM response, the remaining 4 were as a request from Station Managers or Group Managers in CFRS following routine incidents. Information sessions for Wilmslow and Congleton fire crews following particularly distressing incidents have also been provided by the TRiM practitioners since the training.

Please see Appendix C for TRiM feedback.

## 6. Training

High Performance CPR (HP-CPR) is already included in the BTACC training program currently being delivered to Firefighters by CFRS Operational Training Group (OTG). All competent CFRS staff have completed the BTACC course and as such HP-CPR and the 'pit crew approach' is already practised throughout the county.

However, even though 82% staff were in support of attending cardiac arrest incidents which was identified during the 2016/17 IRMP consultation, the CFRS project team found there was some nervousness regarding them applying their skills 'for real' under the supervision of NWS medics. It was therefore decided that OTG would re-visit each Watch included in the trial and deliver 'refresher' training using the existing BTACC package.

There was some early discussion by the CFRS project team relating to a re-branding the existing training package and the inclusion of more information on heart attacks and cardiac arrests. The CFRS Medical Director, Dr Mark Forrest and the medical reference holders in the operational training group were however happy that the current BTACC package was sufficient and suitable for continued delivery.

An e-learning package was also produced which provided a deeper level of knowledge should operational staff wish to develop themselves. This was promulgated to all staff involved in the Cardiac Response trial, though it was not compulsory.

Following completion of the refresher training the CFRS project team received feedback from 4 watches that they felt the training from OTG was not enough and they still lacked confidence in CPR delivery and patient care. In response to this, all of the Watches were offered additional training from Firefighter Thom Ladds, an On-Call Firefighter based at Poynton who has an extensive professional career in his full-time position as an A&E nurse. 4 Watches took up the chance to receive this additional training and the feedback following these sessions was highly complimentary and a consideration for continuation during any future expansion of the cardiac response in CFRS.

With regard to HP-CPR training; NWS provided a bespoke course which included the medical aspects of responding to Cardiac Arrests. Whilst the performance of HP-CPR is of paramount importance the training also included a discussion on roles and expectations of CFRS staff members on joint response incidents. Additionally, an increased knowledge and understand of the terminology used by NWS responders and the pathology of the patient was included such as End of Life Care (EOLC), see Table 19 below. NWS Advanced and Senior Paramedics have engaged in local CPD and familiarisation sessions with Fire Fighters and this has been an excellent example of collaborative working at a local level.

EoLC is the terminology used to describe the procedures and legalities around patients who choose to decline treatment for terminal illness. This training also includes recognition of DNACPR (Do Not Attempt CPR – a legal document that precludes life saving attempts), how to deal with relatives and friends, and how to inform them of a patient's death. Due to the high demand for NWS Services they were unfortunately only able to provide 1 train the

champion’s session. CFRS sent 13 CFRS staff on to this course. The attendees were provided with the power-point presentation and the expectation was that they would cascade train their respective Watches. The syllabus for this event is included Appendix D.

The *HP-CPR* and *airway management* elements of the BTACC course have also been increased from quarterly to monthly on the stations involved in the trial. This frequency forms part of the MoU between CFRS and NWS. More importantly, it is vital that our staff are professional, proficient and competent which has been recognised by NWS ambulance and Paramedic members of staff at incidents attended jointly (see appendix B).

Finally, CFRS and NWS organised 3 joint NWS / CFRS HP-CPR training events. The events were hosted on CFRS premises and incorporated NWS ‘CPD training’ days. The content of the training is based entirely around practising the joint response HP-CPR protocol. Feedback again has been entirely positive and work is underway to further develop this process to include OC stations.

## 7. Budget

The financial impact assessment (FIA) for the 6 month trial period estimated an expenditure of £36,654. This included a contingency of 10% of the overall budget. The actual expenditure for this period was £35,439.

ITEM	PROJECTED COST	ACTUAL COST	DIFFERENCE
<b>Driver Training</b>	3,872	3,872	0
<b>Medical Equipment</b>	1,109	1,804	-695
<b>Sundries</b>	1,921	775	+1,146
<b>OC wages</b>	2,648	111	+2,537
<b>WT wages</b>	0	3,859	-3,859
<b>Mobile Phones + Tariffs</b>	440	440	0
<b>External Training</b>	7,000	7,554	-554
<b>Enhanced Disclosure &amp; Barring Screening</b>	5,060	5,060	0
<b>Training Equipment</b>	11,272	11,964	-692
<b>TOTALS</b>	<b>£33,322</b>	<b>£35,439</b>	<b>-£2,117</b>

Table 19 Project Costs

**4.1 Training equipment:** The over spend on training equipment is because we purchased 2 additional training AEDS. There was enough money within the contingency to allow this additional cost to be absorbed. These were purchased because we established a need to monitor CPR skills. The training AEDs facilitated this.

**4.2 Enhanced Disclosure & barring Screening:** Each EDBS application cost £44. These are a requirement of the MoU. This is an upgrade on the standard DBS which is what CFRS have previously used for its staff screening process. However, there will be some cost recovery from this process since all staff at 01, 06, 15 & 17 are current (The EDBS lasts for 3 years) and as such they will be exempt from the standard renewal process for a further 30 months.

**4.3 External training:** The majority of this overspend relates to catering invoices for the training events attended by staff. The TRiM course costs also increased marginally in the period between establishing the cost and placing an order.

**4.4 Whole-time wages:** The original FIA did not allow for WT wages since we did not envisage additional hours to be worked by WT staff. However, the TRiM training had to be conducted as additional hours and as such there was a cost of 32 days flat rate OT for this (16 staff undertook the training which was a 2 day course).

**4.5 On Call wages:** Due to the lack of incidents within the OC station areas, the OC wage bill is substantially lower than the estimate.

**4.6 Sundries:** This underspend happened because we chose not to purchase the high visibility jackets.

**4.7 Medical equipment:** The medical equipment budget was higher than the estimate. Part of this is because we spent £396 on CPR specific patient report forms. The decision to commission these new documents followed feedback from operational crews.

## 8. Conclusion

The cardiac response project has been well received by the majority of staff within CFRS, not only at the trial stations but also at those stations not currently engaging in Cardiac Response. Early staff engagement in CFRS and NWS along with representative body endorsement have been a contributory factor to this, which has been supported by a Joint Oversight and Scrutiny Group and seen as good practice nationally.

Support for the project is also high amongst members of the public. In the *2016 - 2017 IRMP public, staff and partner agency consultation document*, 89% of members of the public supported the project, with CFRS staff also close behind with 82% support for the scheme.

CFRS staff who are involved in the trial have recognised its value, even when the incident outcome is not successful. This is largely to do with good levels of engagement and enthusiasm from NWS operational staff and also because our staff can see that the patient is afforded a higher standard of clinical care than would have been achieved by a single service response.

Crewe Firefighters have particularly benefitted from high levels of engagement from NWS operational staff. This is because we have 3 'champions' from NWS who have really grasped the dual response principle and have seen it used to good effect. Additionally, all 3 ROSCs have happened in Crewe which has helped to promote the project and has helped with staff attitudes and morale.

The project is now widely known to NWS staff in Warrington also and for the initiative to be a success on a larger scale, effective communication between all involved would be beneficial. The joint oversight and scrutiny group is an essential part of this process.

Mobilisation has been problematic throughout the duration of the project. This can be clearly seen in the data provided in tables 1 to 5. There are 2 major contributory factors for this. The main issue appears to be the manual call transfer between NWS and NWFC. This is a slow process which generates an additional workload for the NWS and NWFC control room operators. The NWS control rooms are operating at close to capacity most of the time and as such a system that requires additional time for implementation is likely to be less effective than an automated system.

A large amount of work has been done to provide a technical solution for this issue and a solution appears to be Digital Electronic Information Transfer (DEIT). The concept is that it will allow instant transfer of incident data from NWS to NWFC. This data will then populate in NWFC CAD which will propose resources and alert control room operators. Greater Manchester FRS, Lancashire FRS, Cheshire FRS, NWS and NWFC have all been involved in this solution. This option will be investigated further through the joint oversight and scrutiny group.

Finally, there have been 2 projects that have developed from the Cardiac Response Trial. The first of these is the Restart a Heart Day campaign. This campaign is an international event

which aims to provide basic CPR skills to as many people as possible. On the 18<sup>th</sup> of October, CFRS worked in partnership with NWS and The British Heart Foundation to provide CPR training to schools across the Cheshire. 5 stations from CFRS engaged with this event and approximately 1,350 high school pupils were trained in basic CPR skills throughout the day.

The second project is a collaborative high performance CPR training day. Staff from Crewe fire station and NWS practised the 'pit crew' approach of CPR and discussed roles and responsibilities during Cardiac Response incidents. The event was well received by all staff. The Paramedics at NWS were very impressed with the high quality CPR shown by CFRS firefighters on the day. The true value of this event was quickly realised when only 2 days later the same crew was mobilised to a Red1 incident. Feedback from this incident is available in Appendix B (email from NWS Paramedic Michael Buddle). The success of this event has led to further HP-CPR training days being arranged at Warrington and Crewe.

## 9. Recommendations

1. The small amount of data from the trail limits the extent at which comparisons can be made for attendance times between NWAS and CFRS, but it can be argued that the average time taken for information transfer between the control rooms is a significant factor in delayed response time by CFRS. Priority should therefore be given to improving the current dispatch system between NWAS and NWFC to improve the survivability of those suffering from cardiac arrest, a finding also identified nationally and included in the NJC report.
2. Anecdotal evidence provided by paramedics and firefighters following cardiac arrest incidents in Cheshire suggest that firefighters have added real value to co-responding incidents (Appendix B). During the pilot ROSC was achieved on 3 occasions at incidents where fire crews assisted NWAS. CPR was also provided by firefighters at 9 cardiac arrest incidents, which on some occasions lasted over an hour.  
It is therefore recommended that the pilot should be expanded to three additional fire stations in Cheshire following consultation with NWAS, when the areas which will benefit from CFRS co-responding to cardiac arrests (Red1) calls with ambulance crews will be identified.
3. The monitoring and consideration for the welfare of firefighters attending cardiac arrests in Cheshire has been a focus point for the Service and representative bodies. TRim training was therefore incorporated into the cardiac response stations and selected managers in the Service, which has been positively received by all involved in the project. It is recommended that as the initiative expands TRim practitioners and managers also increase to ensure the wellbeing and mental health of firefighters is monitored in the future.
4. The cardiac response Joint Oversight and Scrutiny Group has been identified nationally as good practice and has provided the relevant partners with a platform to manage the project effectively. It is recommended that this group will continue to meet in accordance with its terms of reference following the pilot period, if the initiative is expanded across other parts of Cheshire.
5. HP-CPR training is an important element of patient survivability, as is CFRS's staff effective partnership working with NWAS clinicians. It is recommended that the bespoke course provided to 13 members of CFRS during the pilot should be continued as cardiac response is expanded into other communities in Cheshire. The training will follow the agreed programme, which includes all of the medical aspects of responding to Cardiac Arrests and the importance of the roles and expectations of CFRS Firefighters at joint response cardiac incidents.
6. Crewe Firefighters have and continue to benefit from high levels of engagement from NWAS operational staff with 3 'champions' from NWAS grasping the co-response principle. It is recommended that NWAS managers look to implement the co-responder 'champion' role in all ambulance stations in the cardiac response areas of Cheshire, to build strong and effective working relationships with their local Firefighters.

## Appendix A

### ROSC Case 1

- 75 Year Old Lady
- Witnessed Cardiac Arrest (with friends at Golf Club social function)
- Immediate By-stander CPR from Drs (Guests at Golf Club social function)
- 1 x Advanced Paramedic
- 2 x Paramedics
- 4 x Firefighters
- 20 Minutes of CPR
- Return Of Spontaneous Circulation
- Transfer to Hospital

### ROSC Case 2

- 65 Year old Male
- Witnessed Cardiac Arrest (with family)
- Immediate by-stander CPR from Daughter
- 2 x Advanced Paramedics
- 2 x Paramedics
- 4 x Firefighters
- 2 x Community 1st Responders
- Active CPR for 1 hour
- Return Of Spontaneous Circulation
- Transfer to Hospital

### ROSC Case 3

- 75 Year old female
- Witnessed cardiac arrest (at Doctors Surgery)
- Medical centre staff delivered 2 shocks from a Public Access AED prior to arrival of NWS.
- Fire crews assisted NWS with CPR and Basic Life Support.
- Two further shocks delivered by NWS Defibrillator.
- Return Of Spontaneous Circulation achieved.
- Casualty transported to North Staff Hospital.

## Appendix B

**Sent:** 10 November 2016 09:43

**To:** xxxxxxxx (anonymised for DPA purposes)

**Cc:** Feedback

**Subject:** Thank You

I would like to thank the fire crew who were on duty on the evening of Tuesday 8th November 2016, led by watch manager xxxxxxxx. The incident they attended took place at xxxxxxxx, Warrington. The time was approximately 8pm.

My 55yr old partner, xxxxxxxx, had suffered a cardiac arrest. Sadly, he died. Staff and ambulance crews worked on xxxxxxxx for half an hour or so. The fire service had to stretch xxxxxxxx down the stairs whilst the ambulance crew were still trying to resuscitate him. This took great skill and planning by both medical and fire staff. I understand that to the emergency services this is all in a days work but it takes some great people to do that especially in such dreadful circumstances. I did talk to John that night and a couple of his lads. I am a calm person in a crisis and an organiser which is why I was able to stand back and let the guys deal with things. I can do my falling to pieces after I know everyone is safe. Which is where I am at right now.

xxxxxxx and I regularly attended the Cheshire fire and rescue Biker Down courses held at Winsford and Frodsham. As bikers, we always wanted to be able to help fellow road users and the public should a life threatening emergency happen. xxxxxxxx was also a manager at the local Environment Agency and attended the Fire services head quarters in Manchester quite frequently for emergency preparedness exercises and meetings.

He/we both have a huge respect for all emergency services and Gordon especially supported the Air Ambulance as he was a Yorkshire boy.

My heart felt thanks go to the crew that night. They did a perfect job. I apologise for my son asking for the fire appliance to be moved from blocking the road so that he could take Gordon's car home for me whilst the guys were getting Gordon into the ambulance. I had asked him to take it home as I needed to keep him occupied and away for the scene to keep him protected from seeing Gordon. One of the crew did run out to move it. Thank you to that staff member for being so kind at a very difficult time for everyone.

You all do an amazing job. I know you face many difficult situations every day.

You are extremely courageous, selfless people and deserve all the praise and honour that you receive. On behalf of Gordon, myself and the family, Thank you so much for all of your help and for everything that you do each day. You are all truly great people.

Kind regards

**Sent: 16/07/2016**

**To: hayes@cheshirefire.gov.uk**

**CC: Roger Jones, Ian Reading**

**Subject: Fire Service CPR**

Hi Alex, Roger & Ian

Just a brief update for you. Following on from the success of our joint training day on Thursday there were two incidents of note on Friday and Saturday that I was involved with.

On Friday firefighters and paramedics attended a male in cardiac arrest in Alsager. Unfortunately, despite top quality CPR from CF&R and Advanced Life Support (ALS) from NWAS, resuscitation was terminated and the patient was declared dead.

On Saturday I managed an intense and protracted cardiac arrest scenario in Shavington involving sustained aggressive CPR from the firefighters and Community First Responders and complex ALS procedures by NWAS on a clinically very unstable patient. The net result of this superb display of teamwork - involving *ten* people, each person with a specific role to play - was a Return of Spontaneous Circulation (ROSC) on arrival at hospital and a successful pre-hospital outcome.

After being the on-scene clinical lead at both these incidents and witnessing the 'production-line efficiency' of continuous and effective CPR from the firefighters combined with quality ALS from NWAS staff - each person having an individual task and role - I am 100% convinced that this combined effort is 'the way forward' in the management of cardiac arrest in the community.

We need to take this further...

**Michael Buddle**

**Senior Paramedic**

Cheshire & Mersey South Sector

North West Ambulance Service

## Appendix C

**FROM:** Sian Constable, Occupational Health Unit

**TO:** Alexander Hayes

**SUBJECT:** TRIM

Hello Alex

I am aware that there has been a project to introduce a TRIM approach to minimise the mental health impact following traumatic events within CFR.

Although I know this project has been on a small scale, I would like to say that I have had some positive feedback from a couple of fire fighters about it, partly that there is a routine structured process, that it helped normalise reactions, that they knew they could ask for further help if needed and that it is okay to ask for help.

I have worked with colleagues in other fire services where they have used TRIM and how effective it was.

If you do any training on a wider scale, I am sure OH would welcome an opportunity to attend and learn how this is going to be briefed to management and/or fire fighters.

I also wonder how or whether there is a way to notify OH that there has been a TRIM process activated so we can also have a heads up. I'm not sure what your project processes are. At the moment, OH do not get included in any such communications, just a thought.

Kind regards

Sian Constable

**Occupational Health Advisor (for Cheshire Fire & Rescue)**



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## TRiM Feedback from operational staff:

*'I felt the sessions we had as a group were very beneficial. To hear the different feelings I felt were normal and expected was a relief, I also found it extremely helpful to hear how the other crew members and watch manager were dealing with the situation and there side of the events that unfolded. All in all I believe the trim sessions are a very good addition to the fire service and will hopefully remain that way in the future.'*

*'I'd just like to drop you an email to offer some positive feedback on the TRiM sessions you ran at Sandbach. I believe that TRiM should continue to form part of the support network offered by Cheshire Fire & Rescue service following a difficult or traumatic incident for the attending crews. On a personal level the TRiM sessions allowed me to get back to a normal state of mind following the incident in Sandbach. Going through the incident with my colleagues allowed me to process my own thoughts on the incident and talk through how the others were feeling. Hopefully TRiM can continue as I believe it would be a great benefit to the service.'*

*'During a discussion immediately following the 1<sup>st</sup> session, my crew stated that the TRiM session was really beneficial.'*

*My personal feed back:*

*It was well managed and controlled, good follow up.*

- The fact we had none station personnel conducting the session prevented the micky take that often exists in the service this allowed the session to be seriously taken.*
- Although I had identified issues early on I would normally have no further support or input other than giving out a leaflet and taking to the individuals myself.*
- It was good to do the group session allowing the crew to openly talk.*

*I don't think we need to do Trim sessions for every fatal or near fatal incident, however I think trim business cards should be on the desk which can be discretely taken should some one feel the need to talk to some one off station.'*

## Appendix D

0800-0830	Coffee reception	Welcome	All
0830-0845	Introduction/ allocation of groups	Classroom	Matt/Carl
0845-0900	Out Of hospital Cardiac arrest- could we do better? Discussion around regional and national statistics	Classroom	Matt
0900- 0930	Group 1-Basic Life support/ chain of survival Group 2- Pit Crew approach	Classroom	Rob/Mark A
0930-1000	Group 1- Pit Crew approach Group 2- Basic Life support/ chain of survival	Classroom/ practical	Rob/Mark A
1000-1020	<i>Break</i>		
1020-1100	End of Life Discussion	Classroom	Matt
1115-1130	Mobilisation	Classroom	Matt/Carl
1130-1145	Communications strategy	Classroom	Matt/Carl
1145-1200	Quality assurance/ debrief	Classroom	Matt/Carl
1200-1230	Open forum/ Washup	Classroom	All

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## CHESHIRE FIRE AUTHORITY

**MEETING OF:** PERFORMANCE AND OVERVIEW COMMITTEE  
**DATE:** 6<sup>TH</sup> SEPTEMBER 2017  
**REPORT OF:** HEAD OF PROTECTION AND ORGANISATIONAL PERFORMANCE  
**AUTHOR:** IAN KAY

---

**SUBJECT:** SPRINKLER UPDATE

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### Purpose of Report

1. To provide an update on the work of the Service with regards to sprinklers.

### Recommended that:

- [1] the report be noted.

### Background

2. The Service has a vision of 'a Cheshire where there are no deaths, injuries or damage from fires or other emergencies'. Sprinkler systems are proven to save lives and property; they improve firefighter safety, minimise environmental damage and reduce economic loss. In support of the vision the Authority proactively endorses the installation of sprinkler systems in domestic, educational, industrial, commercial and residential premises.

### Information

3. The Service has set up an officers' and a separate Members' sprinkler group. The officer group delivers on sprinklers locally and the Service is an active members of the National Fire Sprinkler Network (NFSN) and the British Automatic Fire Sprinkler Association (BAFSA).
4. BAFSA's primary objectives include providing authoritative information on the benefits of sprinkler systems and how sprinklers can play a significant role in saving life and property from the devastating effects of fire. BAFSA works closely with the government, fire and rescue services, building control officers, insurers, architects and town planners.
5. NFSN members are actively committed to effectively working with both internal and external 'Key Influencers' to introduce standards and legislation that will safeguard people and the community from the threat of fire.
6. The benefits of sprinklers are promoted throughout protection activities e.g. consultations on building regulations, planning applications and presentations to stakeholders. This includes taking every opportunity to share our sprinkler successes.

7. Our sprinkler delivery is subdivided into working categories which include:
  - Schools
  - Residential care
  - Domestic premises
  - Commercial premises
  - Major new developments and future proofing
  - Refurbished buildings
  - Design freedoms
  - Preventing damage to the environment.
8. The Service has promoted the benefits of sprinklers through a number of media and communication channels. We have a section dedicated to sprinklers on our website. We carried out a live fire/sprinkler demonstration at a disused social housing block in Crewe. ITV's (Granada) coverage of the demonstration made television. The event was supported by Ann Jones, the Welsh Assembly Member responsible for the change in legislation requiring all new-build homes in Wales to be fitted with sprinklers. We have also filmed the effects of a sprinkler activation following real incidents. The associated footage from these events/incidents are used to support our campaigning.
9. The Service has been campaigning for the installation of sprinkler systems in high-rise residential premises for a number of years. As part of its campaign, the Authority set aside £160,000 which has been offered to housing providers/duty holders to part-fund the retro-fitting of sprinkler systems in the high-rise blocks. To date, 60% of the flats in Joseph Groome Towers, Ellesmere Port and 20% of the flats in Rowland Heights, Chester have had residential sprinklers retrofitted. Since the Grenfell Tower fire a number of housing providers have shown a renewed interest in the campaign. Going forward the protection team will continue to liaise with these stakeholders to encourage the fitting of sprinklers.
10. Representative Members took a Notice of Motion to each of the unitary authorities in the Service area highlighting the work of the Service in encouraging homeowners and businesses to install sprinkler systems. The motion called for officers to: establish a policy on the installation of sprinklers in Council owned buildings; and work closely with the Service, particularly when considering planning proposals, to ensure that where sprinklers can reduce risk, they are promoted. Each unitary authority adopted the motion either in full or in part and our fire safety officers continue to lobby local authority partners and other key stakeholders as part of their protection activities.
11. The importance of sprinklers in schools has been recognised for many years. The latest reports suggest that these fires are getting bigger and more costly. The impact of these fires is significant, not just in financial terms, but also in terms of the devastating effect on the communities they serve, the environment and the disruption to students, teachers and families. The effects on children's education are not confined to lost course work, but often include longer travelling times, disrupted social groups and poorer facilities.

12. If sprinklers are considered at the design stage of building a new school or the refurbishment of existing buildings, the costs can be kept to a minimum (as low as 1% of build costs). By engaging with designers and architects, schools could be designed innovatively to inspire learning, safeguarding the broadening requirements being placed upon them as community resources as well as incorporating this essential fire safety system as standard.
13. The Service has worked with schools, colleges and education authorities to ensure that the benefits of sprinklers are fully considered in new and refurbished schools. Part of this work has included lobbying locally and nationally regarding changes to national guidance.
14. The Service is currently developing an Ultimate Protection Policy which will propose the use of sprinklers in the protection of vulnerable persons. This will be presented to Members at a future meeting.

### **Financial implications**

15. Currently the Authority has committed to spend £160,000 to part fund the retrofitting of sprinklers in high-rise residential tower blocks. To date, some of the funds have been allocated to Cheshire West and Chester Council and Sanctuary Housing for such projects in Chester and Ellesmere Port. Following the Grenfell Tower fire there may be further requests for funding.

### **Legal implications**

16. There are no legal implications associated with this report.

### **Equality and Diversity implications**

17. There are no Equality and Diversity implications associated with this report.

### **Environmental implications**

18. The installation of sprinklers will reduce the environmental damage from fire. Sprinklers are known to use less water than fire hoses to extinguish the same sized fire.

**CONTACT: JOANNE SMITH, FIRE SERVICE HQ, WINSFORD**

**TEL [01606] 868804**

**BACKGROUND PAPERS: NONE**

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## CHESHIRE FIRE AUTHORITY

**MEETING OF:** PERFORMANCE AND OVERVIEW COMMITTEE  
**DATE:** 6<sup>TH</sup> SEPTEMBER 2017  
**REPORT OF:** HEAD OF PROTECTION AND ORGANISATIONAL PERFORMANCE  
**AUTHOR:** MARK ABRAM

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**SUBJECT:** HIGH-RISE UPDATE

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### Purpose of Report

1. This report provides an update on the work that the Service has conducted in relation to high-rise accommodation since the tragic fire at Grenfell Tower on the 14<sup>th</sup> of June 2017.

### Recommended that:

- [1] the report be noted.

### Background

2. Following the fire at Grenfell Tower numerous meetings were convened with representatives from most departments to assess the impact on the high-rise premises in Cheshire East, Cheshire West and Chester, Halton and Warrington (the Service Area).
3. The National Fire Chiefs Council (NFCC) set up a workstream for co-ordinating activity and issues Situational Reports (SITREPS) on a daily basis to task fire and rescue services and coordinate responses in order to provide government with a national picture.

### Information

4. The high-rise briefing (Appendix A) details the work that staff have undertaken and provides information on the cladding systems for the 21 residential high-rise tower blocks in the Service Area.

### Financial implications

5. There are no financial implications associated with this report.

### Legal implications

6. Staff have powers to inspect and enforce fire safety legislation in the common parts of high-rise accommodation and work closely with colleagues from the Unitary Authorities who enforce housing legislation within the residential flats.

7. It is likely that the review of legislation that the Government has ordered following the Grenfell tragedy will look closely at the existing allocation of responsibilities between fire and rescue services and local authorities.

### **Equality and Diversity implications**

8. The legislation regarding fire safety covers all persons who may reside or legally be on the premises, therefore there are no equality or diversity implications.

### **Environmental implications**

9. There are no environmental concerns associated with this report.

**CONTACT: JOANNE SMITH, FIRE SERVICE HQ, WINSFORD  
TEL [01606] 868804  
BACKGROUND PAPERS: NONE**

**APPENDIX A – HIGH-RISE BRIEFING JULY 2017**



# Making Cheshire Safer

## HIGH-RISE BRIEFING

July 2017

Protection & Organisational Performance



[www.cheshirefire.gov.uk](http://www.cheshirefire.gov.uk)

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## Introduction

This briefing document has been prepared to provide details of the protection, prevention, operational planning and reassurance work that Cheshire Fire and Rescue Service (the Service) is undertaking in the aftermath of the tragic fire at Grenfell Tower in Kensington on 14th June 2017.

There are 21 residential high-rise<sup>1</sup> tower blocks across Cheshire East, Cheshire West and Chester, Halton and Warrington (the Service Area).

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<sup>1</sup> 'High-rise' is classified as blocks of 6 floors or above and generally associated with heights of 18m or above.

# **The response to the Grenfell Tower fire**

## ***Sector response***

A cross-departmental team has been established to co-ordinate and facilitate the Service's internal and external response to the Grenfell Tower fire. The National Fire Chiefs Council (NFCC) are liaising with central government and are co-ordinating the sector's response with daily updates/actions for each fire and rescue service.

## ***Operational planning***

During the first week following the Grenfell Tower fire, protection officers and operational crews completed joint Site-Specific Risk Information visits to review, and where necessary update, the risk information the Service holds in relation to high-rise blocks in the Service Area.

## ***Public reassurance and engagement***

Fire crews and prevention officers are revisiting each of the high-rise blocks to offer advice and support to residents, including the offer of a home safety assessment. Fire officers are also working with housing providers and attending residents' meetings to answer specific questions relating to fire safety.

A number of press releases, statements and radio interviews have provided further information regarding the Service's activities in the wake of the Grenfell Tower fire.

## ***Fire protection activities***

Fire protection staff have completed fire safety audits on each of the high-rise blocks. The main focus of the audits was around compartmentation (including fire doors), emergency escape routes and cladding systems.

Please note that due to limitations with the scope of the Service's legislative powers it has not been possible to inspect all areas of each high-rise block. The housing providers/duty holders have been asked to carry out fire door and compartmentation surveys with the aim of ensuring that all fire safety measures are of the correct standard and support the evacuation strategy that the housing providers/duty holders have adopted.

On a few occasions it has been found that the entrance doors to flats have been changed by the owner or occupier and are not of the required fire rating standard. This situation is being addressed by the housing providers/duty holders and in some cases we understand that they will bear the cost of upgrading the doors to the required standard.

Of the 21 high-rise blocks in the Service Area, we have been informed that some have cladding systems as detailed in Table 1 below. These range from fully-clad buildings to those with small areas of cladding around entrances, foyers, stairwells, landings etc. We have been informed that none of the high-rise blocks have the Aluminium Composite Material (ACM) cladding system used at Grenfell Tower, which has been the main focus for the sector's response nationally.

**Table 1 – details of information obtained about cladding systems on residential high-rise blocks in the Service Area**

Unitary Area	Location	Property	Cladding System
<b>Cheshire West &amp; Chester</b>	Blacon, Chester	Glyn Garth Flats	Rockwool - EcoRock system
		Nant Peris Flats	
		Plas Dinas Flats	
	Newtown, Chester	St George's Flats	Alsecco - Ecomin 400 system utilising dense mineral wool insulation with brick slip covering with rockwool core
		St Oswald's Flats	
		St Anne's Flats	
		Rowlands Heights	
		Thackeray Towers	Insuletics - Insul-Sil M™ system
		Haygarth Heights	
	Ellesmere Port	Joseph Groome Towers Block 1	None
		Joseph Groome Towers Block 2	
		Joseph Groome Towers Block 3	
<b>Warrington</b>	Orford	Peninsula House	None
	Latchford	Kingsway House	None
<b>Halton</b>	Runcorn	Churchill Mansions	Rockwool, rendered over and pebble dashed
<b>Cheshire East</b>	Crewe	Waverley Court	None
	Macclesfield	Pennine Court	Rockpanel - Chameleon
		Range Court	Rockpanel - Chameleon
	Handforth, Wilmslow	Jubilee Court	FunderMax - partial cladding around stairwell & landings - 1st -12th floor
		Stanley Park Grange	FunderMax - partial cladding around stairwell & landings - 1st -12th floor

	Woodstock Court	FunderMax - partial cladding around stairwell & landings - 1st -12th floor
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Sanctuary Group have removed the cladding from three premises (Thackery Towers, Haygarth Heights and Rowland Heights) as it was identified as having a combustible polystyrene core. This cladding was only situated at ground floor level, but has been removed from all three buildings.

From the information we have received to date, the protection audits have not identified any significant concerns regarding the fire precautions and existing cladding systems. However, protection staff will continue to work closely with housing providers/duty holders and other stakeholders to remedy any issues identified in due course. It is the responsibility of the housing provider/duty holder to ensure that the premises meet the requirements of the Regulatory Reform (Fire Safety) Order 2005. Whilst the current focus is on ACM cladding systems there may be further work and testing required of other cladding systems as matters develop following the Grenfell Tower fire.

***The Service’s Sprinkler Campaign***

The Service have been campaigning for the installation/retro-fitting of sprinkler systems in high-rise premises across the Service Area for a number of years. As part of its campaign Cheshire Fire Authority set aside £160,000 to offer to housing providers/duty holders to part-fund the retro-fitting of sprinkler systems in high-rise blocks across the Service Area. To date approximately 60% of the flats in Joseph Groome Towers, Ellesmere Port and 20% of the flats in Rowland Heights, Chester have had residential sprinklers retrofitted. Since the Grenfell Tower fire a number of housing providers have shown a renewed interest in the campaign. Going forward the protection team will continue to liaise with these stakeholders to encourage the fitting of sprinklers.

## Fires in high-rise

In just over three years there have only been seven Accidental Dwelling Fires (ADFs) in the residential high-rise tower blocks across the Service Area. Five of these were bin fires and two cooking related incidents (which were confined to the room of origin). There have also only been four Secondary Fires (SEC), which are generally small fires (accidental or deliberate), not involving people or property, e.g. refuse, grass fires etc.

Table 2 provides an overview of these incidents:

*Table 2 – ADFs and SECs during the period 01/04/14 to 30/06/17 for each high-rise*

Unitary Area	Location	Property	Storeys	ADF	SEC
<b>Cheshire West &amp; Chester</b>	Blacon, Chester	Glyn Garth Flats	13	0	0
		Nant Peris Flats	13	2	0
		Plas Dinas Flats	13	1	0
	Newtown, Chester	St George's Flats	11	0	0
		St Oswald's Flats	13	0	0
		St Anne's Flats	11	0	0
		Rowlands Heights	11	0	1
		Thackeray Towers	11	0	0
		Haygarth Heights	11	0	0
		Ellesmere Port	Joseph Groome Towers Block 1	13	0
Joseph Groome Towers Block 2	13	0	0		
Joseph Groome Towers Block 3	13	0	0		
<b>Warrington</b>	Orford	Peninsula House	12	0	0
	Latchford	Kingsway House	9	0	0
		Jubilee Court	13	1	0
<b>Halton</b>	Runcorn	Churchill Mansions	11	0	1
<b>Cheshire East</b>	Crewe	Waverley Court	12	0	0
		Macclesfield	Pennine Court	16	0
		Range Court	16	0	0
	Wilmslow	Stanley Park Grange	13	3	0
		Woodstock Court	13	0	0

## **Other premises**

Whilst the focus is currently on high-rise (above six floors) the Service has included the Decks six-storey development in Runcorn as part of its post-Grenfell prevention and protection activities. We are informed that this development features a fire retardant cladding system fitted directly to the timber frame structure.

The protection team will continue to work on the information provided by the NFCC with regards to other categories of buildings which may require Building Research Establishment (BRE) testing, or require the protection team's involvement if they are identified as having ACM cladding systems installed. The team are working with the duty holders of hospitals/other public buildings to establish whether ACM cladding systems have been utilised in their construction.

Performance and Overview Committee Meetings		
<b>Date:</b>	<b>22 November 2017</b>	<b>28 February 2018</b>
	<b>6 November 2017</b>	<b>12 February 2018</b>
<b>Report Deadline:</b>	<b>6 November 2017</b>	<b>12 February 2018</b>
<b>Despatch Date:</b>	<b>14 November 2017</b>	<b>20 February 2018</b>
	<b>Paper:</b>	<b>Paper:</b>
	<b>Lead</b>	<b>Lead</b>
	1. Q2 Finance Report	1. Q3 Finance Report
	2. Q2 Performance Report	2. Q3 Performance Report
	3. Q2 Programme Report	3. Q3 Programme Report
	4. Q2 Internal Audit Report	4. Q3 Internal Audit Report
	5. Annual Health, Safety and Wellbeing report	5. Equalities Action Plan - 6 monthly review
	6. Annual Road Safety Report	6. Staff Engagement Survey Update (TBC)
	7. Interim Bonfire Report (TBC)	7. Annual Bonfire Report
	8. Prosecutions Annual Report	
	9. On Call Availability	
	10. UPG - 6 monthly update	
	11. Unwanted Fire Signal Performance report	
	12. Staff Engagement Survey - Results	
	13. On the Streets Project - Annual Report	
	14. NW Fire Control Performance Annual Report (Call Handling)	
	<b>Standing Items:</b>	<b>Standing Items:</b>
	Work Programme Update	Work Programme Update

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