



**Wednesday,
27 November 2019
10.00 am**

**Meeting of
Performance and
Overview Committee
Sadler Road
Winsford**

Contact Officer:
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Cheshire Fire Authority

Notes for Members of the Public

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

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MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE WEDNESDAY, 27 NOVEMBER 2019

Time : 10.00 am

Lecture Theatre - Sadler Road, 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 Wednesday 4th September 2019.

ITEMS REQUIRING DISCUSSION/DECISION

2 Financial Review - Quarter 2, 2019-20

(Pages 7 - 14)

3 Programme Report - Quarter 2, 2019-20

(Pages 15 - 34)

4 Performance Report - Quarter 2, 2019-20

(Pages 35 - 76)

5 HMICFRS Action Plan - Health Report

(Pages 77 - 90)

6 Internal Audit Progress Report - Quarter 2, 2019-20 and Follow-Up Report

(Pages 91 - 124)

7 Annual Health, Safety and Wellbeing Report 2018-19

(Pages 125 -138)

8 Annual Road Safety Report 2018-19

(Pages 139 -148)

9 Interim Bonfire Report

(Verbal Report)

An officer will provide information about the bonfire period, summarising the actions taken by the fire and rescue service. A

written report will be presented at the next meeting of the Committee.

10 Annual "On the Streets" Youth Work Report 2018-19 (Pages 149 -156)

11 Forward Work Programme (Pages 157 -158)

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 -
NONE**



**MINUTES OF THE MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE
held on Wednesday, 4 September 2019 at Lecture Theatre, Sadler Road, Winsford,
Cheshire at 10.00 am**

PRESENT: Councillors Phil Harris (Chair), Razia Daniels, Gina Lewis, Peter Wheeler, Rachel Bailey (as a substitute for Norman Wright), Mike Biggin (as a substitute for James Nicholas) and independent non-elected member Derek Barnett.

1 PROCEDURAL MATTERS

A Recording of Meeting

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

B Apologies for Absence

Apologies for absence were received from Councillors James Nicholas, Terry O'Neill, Jonathan Parry and Norman Wright.

C Declaration of Members' Interests

There were no declarations of Members' interest.

D Minutes of the Performance and Overview Committee

RESOLVED:

That the minutes of the Performance and Overview Committee held on 10th July 2019 be confirmed as a correct record.

2 FINANCIAL REVIEW - QUARTER 1 2019-20

The Head of Finance introduced a report which provided Members with a review of the Service's forecast financial performance and information about progress with the 2019-20 capital projects.

The Head of Finance referred Members to details of the Service's funding position. She noted that the collection fund of Cheshire East was £20k less than the anticipated amount.

She drew Members attention to the summary of forecast revenue spending. Members were reminded that the anticipated fire pension grant had been built into budget. However, the actual amount distributed had been increased due to a higher than anticipated rate for employer contributions.

She also noted that there had been an unexpected additional cost for hydrant maintenance. This was significantly higher than the budgeted figure.

The Head of Finance advised Members that dependent on the outcome of discussions regarding the project to create a joint fire and police facility in Crewe, a revised funding proposal for the capital programme may be brought to the Authority as part of the mid-year review. She suggested it may be more appropriate to fund the training centre through reserves and fund the Crewe and Chester Fire Station projects through borrowing.

Members were satisfied with the content of the report and approved the movement in reserves.

RESOLVED: That

[1] the forecast outturn position – Quarter 1 2019-20 be noted; and

[2] the movement in reserves as set out in Appendix 2 be approved.

3 PROGRAMME REPORT - QUARTER 1 2019-20

The Chief Fire Officer and Chief Executive provided Members with an update on the Service's programmes and projects. He referred Members to Appendix 1 to the report which contained a health report for the first quarter of 2019-20.

He provided Members with an update on Blue Light Collaboration and confirmed that the underlease for the Service's occupation of the Command Suite at Clemonds Hey was moving forward. He informed Members that the content of the end-state collaboration arrangement was due to be concluded in the near future.

He also provided an update on the Chester Fire Station project confirming that planning requirements had been fulfilled with demolition vehicles now on site and with the temporary fire station now ordered.

Members were informed that they would receive a report on the project to create a joint fire and police facility at the next Fire Authority meeting.

A Member queried when the Service would expect to receive a reply from the Home Office regarding the ongoing national issue of the emergency services mobile communication programme. The Chief Fire Officer and Chief Executive advised that due to the current political and economic climate, it was uncertain when a response would be delivered.

A Member drew officer's attention to page 27 of the report which included an update on the Sprinkler Campaign 2014. He queried the sprinklers status of a high rise building that was located within his unitary area. The Head of Protection and Organisational Performance confirmed that the high rise in question took longer to be fully fitted with sprinklers as some residents resisted initially. He confirmed that after the Grenfell incident, the attitude of building owners had changed with a significant amount of buildings in Cheshire now fitted with sprinklers or due to be.

RESOLVED: That

[1] the Programme Report – Quarter 1 2019-20 be noted.

4 PERFORMANCE REPORT - QUARTER 1 2019-20

The Head of Protection and Organisational Performance introduced the report which provided an update on the Service's Quarter 1 2019-20 performance for each of the Key Performance Indicators (KPIs). Appendix 1 to the report included the Corporate Scorecard, which reflected the Quarter 1 position against targets set and the year-on-year direction of travel for the KPIs.

He expanded on some of the KPIs, providing further context particularly where targets had not been achieved. These included the number of recorded deliberate fires (primary and secondary), HSAs delivered to heightened risk, thematic inspections completed and on call availability.

Members were referred to Appendix 2 of the report, which contained a description of each KPI, including a summary of current performance and any actions taken to improve performance.

The Head of Protection and Organisational Performance highlighted that the number of Safe and Well visits delivered to properties of heightened risk was below target because the Exeter data was not available. As a result, the Service had been unable to identify high risk properties. The Chair asked whether this issue had been experienced by other fire and rescue services. The Head of Protection and Organisational Performance confirmed that the Exeter data had been made available to all fire and rescue services and that all had experienced the same problem. He assured Members that the Service was piloting a new approach in an attempt to resolve the issue. Despite the problem, the Service had completed 78% of platinum risked properties.

A Member asked why Cheshire West and Chester had fewer actions concerned with Deliberate Fire compared to the other unitaries. The Head of Protection and Organisational Performance stated that the other unitary areas had a higher rate of deliberate fires therefore, more commentary was needed to describe attempts to deal with the issue. The Chair also reminded Members that any concerns within unitary areas can be discussed with the Service Delivery Managers at the Unitary Performance Group meetings.

RESOLVED: That

[1] the Performance Report – Quarter 1 2019-20 be noted.

5 INTERNAL AUDIT PROGRESS REPORT - QUARTER 1 2019-20 AND NATIONAL FRAUD INITIATIVE (NFI) INTERIM UPDATE REPORT

Ann-Marie Harrop (the Auditor), a representative from Mersey Internal Audit Agency (MIAA) was in attendance to present the quarterly progress summary of the 2019-20 Internal Audit Plan (attached as Appendix 1 to the report) and the National Fraud Initiative (NFI) Interim Update Report (attached as Appendix 2 to the report).

She provided Members with a brief overview of the progress made against the audit plan. She reported that the volunteer project at Safety Central had been deferred until next meeting and that Members should expect a report on the national fraud initiative later in the year.

RESOLVED: That

[1] the Internal Audit Progress Report – Quarter 1 2019-20 and National Fraud Initiative (NFI) Interim Update Report be noted.

6 ANNUAL EQUALITY MONITORING REPORT 2018-19

The Equality and Inclusion Officer introduced the report which provided a summary of key issues identified in the Service's Annual Equality Monitoring Report 2018-19 which was attached as Appendix 1 to the report.

She highlighted that the Equality Monitoring Report was divided into two sections: employment; and community engagement. This was intended to ensure that equality monitoring was taking place both internally and externally. Statistics were included in the report for both sections providing a summary of identified trends over the course of 2018-19 and compared against the position reported in 2017-18.

She informed Members that going forward, the Service's priorities would include: improving positive action in the recruitment process to encourage BAME communities to join; continuing to support and strengthen the Service's submission to the 2020 Workplace Equality Index; and encouraging staff and volunteers to be actively involved in staff networking groups.

Members praised the staff who carried out the Stonewall submission and have actively promoted equality and diversity within the Service.

A Member queried whether Fire Authority members were invited to attend the "Proud to Provide" event that the Service had recently hosted. The Equality and Inclusion Officer stated that the Chair and Deputy Chair were invited on behalf of the Fire Authority to open and close the event.

A Member requested an update on this year's Stonewall application. The Equality and Inclusion Officer believed that the Service had actioned the recommendations from last year's submission which meant that this year's submission appeared to be an improvement on last year's.

RESOLVED: That

[1] the Annual Equality Monitoring Report 2018-19 be noted and approved for publication.

7 SAFEGUARDING REPORT 2018-19

The Group Manager for Prevention introduced a report which outlined the number of safeguarding referrals that had been made by Cheshire Fire and Rescue Service from January 2018 to the end of May 2019.

Members were informed about the separate policies for the safeguarding of children and young persons and adults. Future developments were also covered.

Members raised concerns in relation to the Service's action to educate children and young persons about bullying. The Group Manager for Prevention assured Members that the RESPECT programme was designed to help children at risk of exclusion and bullying. Safety Central had also delivered sessions covering issues such as the effects of bullying and cyber bullying within their school programmes.

A Member also raised concerns about the way personal data is shared between agencies. The Group Manager for Prevention stated that the Service will make a referral to the local authorities regardless of whether another agency has already made a referral, as standard practice. He also reminded Members that partner agencies will engage the Service when there is a possibility of a fire risk to an individual and this is recorded by the Service and actioned wherever feasible.

RESOLVED: That

[1] the Safeguarding Report 2018-19 be noted.

8 SAFETY CENTRAL PERFORMANCE REPORT

The Safety Central Manager introduced the report which presented a review of the performance of Safety Central during its first two years of operation, July 2017 to June 2019. He stated that this was the first formal report focusing on the performance of Safety Central and now that Safety Central is in a steady state of operation, an annual report would be presented to the Performance and Overview Committee.

The Safety Central Manager informed Members of the programmes that Safety Central delivers for communities and the popularity of school programmes within each unitary area. He also stated the current challenges that Safety Central faced which included managing demand for the school programmes.

Members welcomed the report and thanked all staff and volunteers for their hard work in making Safety Central a success.

A Member queried how the volunteers were praised and rewarded for their work at Safety Central. The Safety Central Manager stated that all volunteers' hours were recorded for submission to the volunteer annual awards. He also informed Members that volunteers participated in summer and winter celebrations held at Safety Central.

RESOLVED: That

[1] the Safety Central Performance Report be noted.

9 FIRE AND RESCUE NATIONAL FRAMEWORK FOR ENGLAND 2018 - COMPLIANCE REPORT

The Director of Governance and Commissioning introduced a report which informed Members about the work done by officers to check and secure compliance with the Fire and Rescue National Framework for England 2018 (the Framework).

He informed Members that officers had been working on the compliance document attached to the report ensure the Service was compliant with the Framework and in preparation for the next HMICFRS inspection. He stated that the document would be published on the Service's website.

A Member raised concerns that infrastructure was not mentioned in the document given the kind of incident that had occurred in Whaley Bridge, Derbyshire. The Chief Fire Officer and Chief Executive assured Members that risks such as the one which occurred at Whaley Bridge were considered within the Service's risk management process and PESTELO analysis.

A Member queried whether the Service's risk register showed any concerns that were prevalent within the unitary areas. The Chief Fire Officer and Chief Executive suggested that further discussion of unitary risks could take place at a Member Planning Day in the near future.

RESOLVED: That

[1] the Fire and Rescue National Framework for England 2018 – Compliance Report be noted

[2] the content of the Compliance document be noted and approved.

10 FORWARD WORK PROGRAMME

The forward work programme was considered by Members and no changes were made.

RESOLVED: That

[1] The Forward Work Programme be noted.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 27TH NOVEMBER 2019
REPORT OF: HEAD OF FINANCE
AUTHOR: WENDY BEBBINGTON

SUBJECT: FINANCIAL REVIEW - QUARTER 2, 2019-20

Purpose of report

1. This report provides Members with a review of the Service's forecast of financial performance at mid-year and reports on the progress against 2019-20 capital projects.

Recommended: That Members

- [1] note the forecast outturn position;
- [2] approve the movement in reserves as set out in Appendix 2; and
- [3] recommend to the Fire Authority the change of funding for the training centre and the cost of borrowing from the revenue budget from April 2020.

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.
3. On 13th February 2019 the Authority approved the 2019-20 revenue budget of £43.461m together with a 2019-20 capital programme of £17.488m. At Performance and Overview Committee on the 4th September the position at the end of the first quarter was reported – an estimated £75k underspend. This report provides an updated forecast when compared to the approved budget and capital programme as at 30th September 2019.

Information

Forecast Revenue Spending

4. At mid-year there are no significant issues identified that will impact on the forecast to the year end. Based on this assessment, there is a further net forecast underspend of £102k as shown in the next table with further details of each service area's forecast outturn set out in Appendix 1.

| <u>Summary for 2019-20 Mid-Year Review</u> | Original | Forecast | Variance |
|--|---------------|---------------|--------------|
| | Budget | Spend | |
| | £000 | £000 | £000 |
| Firefighting and Rescue Operations | 27,363 | 27,330 | (33) |
| Protection | 1,942 | 1,937 | (5) |
| Prevention | 2,463 | 2,402 | (61) |
| Support Services | 9,657 | 9,747 | 90 |
| Unitary Performance Groups | 100 | 126 | 26 |
| Finance Resources | 1,364 | 166 | (1,198) |
| Contributions to/(from) reserves | 572 | 1,631 | 1,059 |
| Net Revenue Position | 43,461 | 43,339 | (122) |
| Funding: | | | |
| Council Tax (Precept) | (29,084) | (29,084) | - |
| Collection Fund Surplus (council tax) | (382) | (362) | 20 |
| Business Rates Retention scheme | (9,501) | (9,501) | - |
| Collection Fund Deficit (business rates) | 86 | 86 | - |
| Business Rates S31 grants | (653) | (653) | - |
| RSG | (3,927) | (3,927) | - |
| Overall Net Underspend | - | (102) | (102) |

5. The following details cover the key variances shown in the above table.
- 5.1. The Operational Training Group is anticipating an underspend due to the swift water training not taking place in 2019-20 saving £28k as current skill levels are sufficient; alternative venue costs while the training centre at Sadlers Road is being built is £50k less than expected; and apprentice income of £72k has been received to offset some of the training costs incurred. These savings are mainly offset by appointing to a post to work on the implementation of the national operational guidance (NOG) programme for 12 months together with an overspend on operational uniform and equipment, part of which relates to issuing a second pair of gloves for firefighters as well as continuing the roll out of the technical rescue jackets.
- 5.2. Prevention pay costs are currently underspending in community safety; 'On the Streets' project; and at the Safety Central. During 2019-20 the Prince's Trust Team will not be undertaking courses at Chester due to the new fire station build, which reduces an equal amount of expenditure and income.
- 5.3. Support Services have a projected underspend on pay partly due to staff vacancies in a number of areas including Equality and Diversity, Democratic Services and non-appointment to the 'high potential' scheme. In addition, ICT is estimating a saving of £60k on telephone infrastructure and mobiles after reviewing contracts and connections; partially offset by North West Fire Control no longer contributing towards the network link - additional cost of £7k and increased software licence costs of £23k.

- 5.4. Unitary Performance Groups are reporting a budget strain of £10k due to the payment of an old outstanding funding bid for work in partnership with the local council for CCTV provision in the Halton area.
- 5.5. Within Finance Resources there a number of variations to report resulting in a £468k underspend on net expenditure for the second quarter, which is more than offset by anticipated transfers to reserves (see appendix 2 for details).
- 5.6. In detail, Finance Resources incurred additional costs of £17k relating to the Fire Authority's recharge from Cheshire Constabulary for the Bluelight project relating to the entrance sign; pedestrian gate; hearing loop; and work at the joint headquarters at the Clemonds Hey site. Following the Fire Authority's decision not to proceed with the MFSS element of the Blue Light project, there is still the need to pay for the oracle licences which had been purchased upfront for the next 3½ years at an estimated cost of £299k.
- 5.7. When the Authority approved the building of the new Operational Training Centre the proposed funding was through borrowing with the actual timing of the borrowing dependent on the timing of spend; interest rates; and cash flow requirements. No actual borrowing has taken place and with the changes to the capital programme in respect of Crewe Fire Station, funding of the capital programme is being revised. As such the remaining budget for interest charges of £231k, in addition to £77k reported for quarter 1 will not be required. This, along with additional income of £50k received on external investments and the additional Section 31 grant to cover the increase in the employer's contributions to the firefighter's pension costs (reported quarter 1), is to be transferred to the capital reserve to contribute to the funding of the capital programme and reduce the future need to borrow.
- 5.8. For 2019-20 the pay budgets allowed for all the grey book employees to be in the 2015 firefighter's pension scheme at an estimated cost of £6m. Finance Resources had a budget for the additional costs relating to some operational staff being in the 1992 pension scheme, which is 30% more expensive for the Authority. At mid-year this budget is not deemed necessary as service areas have been able to absorb the additional costs within their own pay budgets resulting in £400k saving to date.
- 5.9. Finally, it is proposed to transfer £26.4k from the operational equipment earmarked revenue reserve to the capital reserve for funding of the approved capital scheme for thermal image cameras.
6. In summary, the overall position at the end of the quarter 2, when forecast expenditure and funding are brought together, is for a further forecast underspend to the year end of £102k (or 0.2%) when compared to the quarter 1 forecast reported to Performance and Overview Committee in September 2019. This represents a cumulative forecast underspend of £177k. The position will continue to be monitored during the remainder of the financial year.

Capital Programme

7. At the end of September 2019, the Authority had an overall capital programme of £32.5m; the forecast outturn spend is £32.3m, an underspend of £0.2m (minimal variance). Details of all the capital schemes are in Appendix 3.
8. The Authority, at its meeting on the 18th September 2019, acknowledged that a joint facility with the police at Crewe was no longer feasible given the high costs involved. Members unanimously agreed that the project should be ended and officers should begin developing a fire-only proposal for the Crewe Fire Station site. This will be brought back to Members in due course.
9. Progress on the Operational Training Facility continues at a pace with costs being monitored by officers at the Land and Property Group. As mentioned at first quarter review, with the level of reserves held and the release of reserves set-aside for the joint facility at Crewe, it is more cost effective to utilise these reserves for the Operational Training Facility and revisit how Crewe will be funded when a new project has been developed. Therefore, it is recommended that Members approve this change of funding and release the cost of borrowing from the revenue budget from 2020-21.

Financial implications

10. This report considers financial matters.

Legal Implications

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

Equality and diversity implications

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

Environmental implications

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

BACKGROUND PAPERS: NONE

CHESHIRE FIRE AUTHORITY QUARTER 2 2019-20

| | Original Budget £000 | Forecast Spend £000 | Income/ expenditure variance £000 |
|--|----------------------------|---------------------------|--|
| Firefighting and rescue operations | | | |
| Service Delivery | 21,979 | 21,984 | 5 |
| Operational Policy and Assurance | 5,384 | 5,346 | (38) |
| Protection | 1,942 | 1,937 | (5) |
| Prevention | | | |
| Community Safety | 2,042 | 1,989 | (53) |
| Safety Centre | 421 | 413 | (8) |
| Support Services | | | |
| Executive Management | 1,015 | 1,043 | 28 |
| Workforce Transformation | 197 | 213 | 16 |
| Property Management | 1,609 | 1,679 | 70 |
| Finance | 395 | 421 | 26 |
| ICT | 1,539 | 1,490 | (49) |
| Legal and Democratic Services | 527 | 550 | 23 |
| People and Development | 1,677 | 1,705 | 28 |
| Planning, Performance & Communications | 945 | 946 | 1 |
| Procurement and Stores | 234 | 216 | (18) |
| Fleet services | 1,519 | 1,484 | (35) |
| Unitary Performance Groups | 100 | 126 | 26 |
| Finance Resources | 1,364 | 166 | (1,198) |
| Contributions to/(from) reserves * | 572 | 1,631 | 1,059 |
| Total Service Expenditure | 43,461 | 43,339 | (122) |
| Funding: | | | |
| Council Tax (Precept) | (29,084) | (29,084) | - |
| Collection Fund Surplus (council tax) | (382) | (362) | 20 |
| Business Rates Retention scheme | (9,501) | (9,501) | - |
| Collection Fund Deficit (business rates) | 86 | 86 | - |
| Business rates S31 grant | (653) | (653) | - |
| RSG | (3,927) | (3,927) | - |
| Total Funding | (43,461) | (43,441) | 20 |
| Forecast Net Underspend | - | (102) | (102) |

MOVEMENT IN RESERVES 2019-20

| <u>Department</u> | <u>Description</u> | TOTAL £000 |
|--|--|---------------|
| Finance Resources | Annual Contribution to Capital | 572 |
| | Approved as part of 2019-20 Budget | 572 |
| Property Management | Annual contribution of RHI Income to Environment Reserve | 25 |
| Property Management | Annual contribution Poynton Maintenance | 5 |
| ICT | Annual contribution Mobile Data Terminals | 34 |
| | Annual Contributions | 64 |
| <u>Q1 Contributions to/(from) Reserves (reported to P&O, 4 Sept 2019)</u> | | |
| Finance Resources | Transfer to capital reserve - loan costs - not required in Qtr1 | 77 |
| Finance Resources | Transfer to capital reserve - Additional Investment Income | 22 |
| Finance Resources | Repayment of LGPS actuarial costs funded from reserves | 285 |
| Finance Resources | Ill Health pension costs | (16) |
| OPA | New Dimensions Grant - transfer to reserves | 6 |
| OPA | Vet fees funded from reserve | (1) |
| Protection | Contribution to one retro fit of sprinklers | (36) |
| Prevention | Road safety - transfer to reserve | 7 |
| Prevention | Cadets - temporary storage container * reversed Q2 | (4) |
| Workforce Transformation | Contribution from reserve to staff survey - bi-annual | (11) |
| Workforce Transformation | Pilot Health & wellbeing advisor post costs falling into 2020-21 | 9 |
| Finance | Agresso upgrade funded from reserve | (31) |
| People & development | Operational staff recruitment drive | (15) |
| People & development | Payroll contract extension then set up costs * reversed Q2 | (44) |
| Quarter 1 Review | First Quarter Review underspend to capital reserve | 75 |
| | First Quarter Transfers | 323 |
| <u>Q2 Contributions to/(from) Reserves (reported to P&O, 11 November 2019)</u> | | |
| OPA | Funding for NOGs post 2019-20 period 1 - 6 | (27) |
| OPA | Funding for NOGS post 2020-21 period 1 - 6 | 32 |
| Protection | Prosecution income to reserve | 14 |
| Protection | Whole Service Review project | 31 |
| Protection | ISO1720 accreditation delayed | 18 |
| Prevention | Cadets - temporary storage container * reversal of Q1 transfer | 4 |
| Prevention | Safety Central website funded from reserve | (11) |
| People & development | Payroll contract extension then set up costs * reversal of Q1 | 44 |
| People & development | Payroll contract extension then set up costs | (1) |
| Unitary Performance Groups | Schemes committed to in previous years, paid in 2019-20 | (16) |
| Finance Resources | Transfer to capital reserve - loan costs – no longer required | 231 |
| Finance Resources | Transfer to capital reserve - Additional Investment Income | 50 |
| Finance Resources | Transfer to capital reserve – Additional pension grant | 301 |
| | Second Quarter Transfers | 670 |
| | Sub-total | 1,629 |
| Quarter 2 Review | Second Quarter Review underspend to capital reserve | 102 |
| TOTAL POTENTIAL NET CONTRIBUTION TO/ (FROM) RESERVES | | 1,731 |

| Service Area | Description | 2019-20 Capital Budget £000 | Total Programme Budget £000 | 2019-20 Expenditure to end Sept19 £000 | Total Expenditure to date £000 | Expected Scheme Outturn £000 | Variance £000 |
|---------------------|--|--------------------------------------|--------------------------------------|--|---|---------------------------------------|------------------|
| Prior year schemes: | ERP Programme - final fees and retention adjustments | - | - | 19 | 19 | 25 | 25 |
| | ICT Review/Server Replacement Programme | - | 557 | - | 311 | 410 | (147) |
| | 2 * cadets vehicles | - | 20 | - | - | - | (20) |
| | Three New Appliances 2018-19 programme | - | 810 | 441 | 744 | 744 | (66) |
| | Support vehicles replacement 2018-19 programme | - | 60 | 63 | 63 | 63 | 3 |
| | New Drill Tower - Poynton Fire Station | - | 60 | 1 | 1 | 87 | 27 |
| | Sub-total | - | 1,507 | 524 | 1,138 | 1,329 | (178) |
| 2019-20 Schemes: | New Operational Training Facility | 8,800 | 11,000 | 1,889 | 2,493 | 11,000 | - |
| | Chester Fire Station | 4,400 | 5,510 | 185 | 581 | 5,510 | - |
| | Crewe Fire Station (CFRS share of cost) | 1,300 | 5,000 | 41 | 54 | 54 | (4,946) |
| | Fire Station Modernisation Programme | 2,000 | 8,500 | 231 | 231 | 8,500 | - |
| | Three New Appliances 2019-20 programme | 810 | 810 | 309 | 309 | 775 | (35) |
| | Support vehicles replacement 2019-20 programme | 60 | 60 | - | - | 60 | - |
| | Animal Rescue Unit | 30 | 30 | - | - | 30 | - |
| | 2 x Rapid Response Units | 60 | 60 | - | - | 60 | - |
| | Replacement thermal image cameras (phased replacement) | 28 | 28 | 26 | 26 | 26 | (2) |
| | Sub-total | 17,488 | 30,998 | 2,681 | 3,694 | 26,015 | (4,983) |
| In-year approvals: | None | | | | | | |
| | Total | 17,488 | 32,505 | 3,205 | 4,832 | 27,344 | (5,161) |

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 27 NOVEMBER 2019
REPORT OF: CHIEF FIRE OFFICER AND CHIEF EXECUTIVE
AUTHOR: JOANNE CARTLEDGE/SUSAN WATKINS

SUBJECT: PROGRAMME REPORT - QUARTER 2, 2019-20

Purpose of Report

1. To update Members on the Service's programmes and projects (including those contained within the Authority's annual IRMP action plan).

Recommended: That

- [1] Members review the information provided.

Background

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

Information

3. Progress on delivery of the programmes and projects is reported in the form of a quarterly health report to the Service's Performance and Programme Board (members of Service Management Team). The Board is responsible for ensuring the successful delivery of programmes and projects contained in the Authority's annual IRMP action plans. The Programme Health Report for the second quarter of 2019-20 is attached as Appendix 1 to this report. It was produced for Performance and Programme Board in October 2019, verbal updates will be provided, where necessary.

Financial Implications

4. Specific financial and budget impacts are detailed in the finance 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 and 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.

CONTACT: NAOMI THOMAS, CLEMONDS HEY, WINSFORD

TEL [01606] 868804

BACKGROUND PAPERS: NONE

APPENDIX 1 – 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 | 1st July 2019 | TO | 30th September 2019 |
|-------------------------|-------------|---------------------------------|-----------|---------------------------------------|

| 1561 | | WHOLE SERVICE REVIEW | | |
|--|---|--|---|--|
| PROJECT SPONSOR | | Chief Fire Officer and Chief Executive | PROJECT MANAGER | |
| | | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | | | |
| Programme Update | | | | |
| <p>Leadership - The monthly Strategic Focus Group continues to consider data and feedback from consultations across the organisation. Many concepts and ideas have been proposed, some of these were presented to Members at planning days for consideration and inclusion within the IRMP.</p> <p>Financial planning - The new budget management principles, based on priority based budgeting (PBB) is progressing well through this years budget planning cycle. This will ensure that spend is prioritised to risks and will also provide a range of options to meet various financial scenarios.</p> <p>BLC evaluation - The joint Heads of Service have developed department plans, which will include service levels, pay and non-pay budgets. The review is focusing on how best to assess efficiency and effectiveness. The team is developing a performance management framework for the BLC, which will be presented to the SMT/Joint Heads during the next quarter.</p> <p>Consultation - Engagement with a range of stakeholders is progressing well. Staff are actively engaged in the development of a number of the proposals and concepts that are supporting the development of the IRMP. The WSR animation has gone live and resulted in increased volunteers to support the programme. Moreover, the WSR programme team has worked with the Staff Engagement Forum to support the development of the proposals, and the rep bodies have proposed ideas through the Joint Consultative Committee.</p> <p>IRMP – The team are working with the communications team to develop the 2020-24 IRMP, which will be considered by Members at their December meeting.</p> | | | | |

| | | | | |
|--|---|---|-----------------|--|
| 1566 | | PRIORITY BASED BUDGETING IMPLEMENTATION PLAN | | |
| PROJECT SPONSOR | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | PROJECT MANAGER | |
| | | Organisational Performance Manager | | |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | | | |
| Programme Update | | | | |
| Budget holders presented their final draft work books in September as planned. The wider budget planning cycle for 2020/21 is also progressing in relation to growth bids. The PBB workbooks will be reviewed again in the November budget planning meeting. | | | | |

Governance and Commissioning

| | | | |
|---|---|--|--|
| 1226 | | BLUE LIGHT COLLABORATION PROGRAMME | |
| PROGRAMME MANAGER | | Head of Strategic Change | |
| Previous status | Current status | Explanation (where status is red or amber) | |
|  |  | Current status remains amber as the underlease has not yet been approved and the end state collaboration agreement has not been finalised. | |
| Programme Update | | | |
| <p>The underlease and collaboration agreement are still to be finalised. BAM and the funders are currently engaged and making some real progress in relation to the underlease.</p> <p>Steady progress has been made in the last 6 months in relation to the collaboration agreement. The charging arrangements are nearly agreed and there have been productive discussions about liability. More recently the service plans for the joint teams have been produced and the performance measures are being finalised. The aim is to complete the agreement by the end of the year.</p> <p>Car parking - Since the introduction of the car parking facilities in the VMU compound, the number of vehicles parking along the roads at Clemonds Hey has reduced. The majority of HQ users still parking on roads appeared to be doing so out of habit as there were spaces available at the time of monitoring. Monitoring will continue in Sept/Oct when site occupancy tends to peak as part of a wider review of parking issues. Communications will also be circulated to staff.</p> <p>Hearing loops in conference room 7 - The PFI change notice and purchase order has been raised for the fixed hearing loop in Conference rooms 7 & 8. Installation date to be confirmed shortly but is expected early November. The management of the portable elements of the system will be signed out as and when required via HQ Reception.</p> | | | |

| 1564 | | NEW PAYROLL PROVIDER | | |
|--|---|--|-----------------|--------------------------|
| PROJECT SPONSOR | | Director of Governance and Commissioning | PROJECT MANAGER | Project Business Manager |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | | | |
| Programme Update | | | | |
| <p>The payroll system/service successfully went live on the 15th July.</p> <p>Responsibility for day to day management of the new payroll provider (Access) has been handed back to the Payroll team.</p> <p>A project closedown report has been produced and awaits sign-off to officially end the project.</p> | | | | |

| 1565 | | AGRESSO SYSTEM UPGRADE | | |
|---|---|--|-----------------|--------------------------|
| PROJECT SPONSOR | | Director of Governance and Commissioning | PROJECT MANAGER | Project Business Manager |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | | | |
| Programme Update | | | | |
| <p>New Agresso successfully went live on the 23rd September. Anecdotal evidence suggests that the new version has been well received and has brought with it some minor improvements to the user experience.</p> <p>The debtors report is still outstanding.</p> <p>The supplier have a potential fix that could help to facilitate the bulk upload of budgets. We will look to implement this as soon as possible following completion of the debtors report.</p> <p>Making Tax Digital work still to be completed - beginning in November 2019 and completing by Christmas 2019.</p> <p>The Finance team have reinstated its Agresso System working group to look at ways they wish to develop the system to help drive efficiency in the team.</p> <p>New Milestones have been added to the plan to reference the dates for the Making Tax digital Implementation.</p> | | | | |

| 1544 | | REPLACEMENT OF CHESTER FIRE STATION | | |
|---|---|---|-------------------|---|
| PROGRAMME SPONSOR | | Director of Governance and Commissioning | PROGRAMME MANAGER | Group Manager – Cheshire West and Chester |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | The planning permission has been received but includes some pre-commencement conditions which need to be discharged | | |
| Programme Update | | | | |
| <p>During the last period, the main focus has been on the demolition of the rear buildings and drill tower and preparation of drainage and foundations for the temporary fire station.</p> <p>An update on the discharge of pre commencement planning conditions is as follows: Condition 6: Drainage Design - Discharged Condition 8: Construction Methodology - Discharged Condition 10: Section 278 Works details – Discharged, but subject to a legal agreement of Section 73 variation. Condition 17: Ground Contamination – Further information requested on 24/09/19.</p> <p>In addition to the above, we have applied to discharge the condition in relation to materials and appearance. This was due to be discharged on the 24/09, however the planning officer wrote to Barton Willmore on the 27/09 objecting to our choice of brick. Our choice of brick has been unchanged from the initial pre planning enquiry some two years ago. The planning officer also requested an extension until the 27/10 to resolve this. A case to retain the chosen brick and some additional coloured drawings are being submitted to the planning officer this week. Barton Willmore have been requested to refuse to agree to the extension of time requested and accept one until the 4/10.</p> <p>The Party Wall award works were due to be completed in September. These are not yet completed and not showing much sign of progress. The site agent is however now liaising closely with our site agent to identify and avoid conflicting works.</p> <p>The Highway Stopping Up Application has now been resurrected and is progressing. The objection received from Vodafone arising from the presence of redundant infrastructure from a former supply to the fire station has been responded to and is under consideration by them. No response has been received in connection with this in the last period, and Barton Willmore have been tasked with resolving this. This continues to be the case.</p> <p>The Temporary Fire Station has arrived on site and the temporary appliance bay erection started on the 14th October. This remains on schedule for handover to the Fire Service on the 8th November.</p> | | | | |

| 1558 | | REPLACEMENT OF CREWE FIRE STATION | | |
|--|---|---|-----------------|--|
| PROJECT SPONSOR | | Director of Governance and Commissioning | PROJECT MANAGER | Group Manager – Governance and Commissioning |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | Current status remains amber due to the ongoing design phase. | | |
| Programme Update | | | | |
| <p>Following an extensive feasibility study, a decision has now been taken to no longer pursue plans to build a Joint Fire and Police Station in Crewe.</p> <p>Over the past 12 months, the Service, Fire Authority, Police & Crime Commissioner, and Cheshire Constabulary have been exploring opportunities for a Joint Police and Fire Base in Crewe – potentially at the existing site of the Fire Station off Macon Way.</p> <p>The feasibility work was successful in delivering an option that, in different circumstances, might have been capable of being pursued.</p> <p>Unfortunately, the extent, shape and layout of the site, coupled with the need to fit significant operational requirements on it, has produced a solution that is complex and expensive.</p> <p>The Fire Authority and Commissioner have now concluded that the option that has been presented is not value for money, confirmed during respective Fire Authority and Management Board meetings.</p> <p>The Service will now look to press on with developing its plans for a fire-only rebuild on the existing site. Meanwhile, the Constabulary is exploring alternative options for the Police Station.</p> | | | | |

| 1557 | | STATION MODERNISATION PROGRAMME | | |
|--|---|--|-----------------|---------------|
| PROJECT SPONSOR | | Director of Governance and Commissioning | PROJECT MANAGER | Group Manager |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | | | |
| Programme Update | | | | |
| <p>The Year Zero projects located at Bollington and Tarporley Fire Stations, are currently several weeks behind schedule. This is based upon factors such as the increased footings for the extension at Bollington and the introduction of steel works at Tarporley. Both of these site instructions have been at the request of structural engineers and building control. A programme end date of the start of November is now expected based upon Crudens schedule of works.</p> <p>The Year One Projects, are currently being costed and designed by Wates construction and their Architects, who have provided several iterations of plans. The plans have been shared with station staff, the Service Management Team and the Estates and Property Committee. Wates will now provide a final version of plans for accurate pricing and an on site start date is to be discussed within the project team and agreed with Wates before the start of November.</p> | | | | |

Operational Policy and Assurance

| | | | | |
|---|---|---|-------------------|--|
| 1490 | | SADLER ROAD TRAINING CENTRE PROGRAMME | | |
| PROGRAMME SPONSOR | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | PROGRAMME MANAGER | |
| | | Head of Operational Policy and Assurance | | |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | This project is amber as it has slipped from the original programme. | | |
| Programme Update | | | | |
| <p>There remains one pre-commencement condition still to be discharged officially by Cheshire West and Chester however a verbal approval from the planning officer has been given and the ground work to the North of the site has now began. Piling work is now complete which sees the 54-week Breathing Apparatus firehouse critical path of the programme underway.</p> <p>Section 1 of the programme work is now complete on the new Occupational Health Unit, this has now been handed over to CF&RS and the OHU team are now fully operational.</p> <p>Section 3 of the programme work to the server room and Operational Policy and Assurance archive is also complete and handed over to CF&RS.</p> <p>Section 5 of the programme work is also now complete and the Operational admin team are now fully operational from their new office.</p> <p>Work has begun on Section 2 and 4 of the programme with demolition work underway for the fit out of the new trauma, ICT classrooms and the Tech services / Fleet offices. These areas are planned for completion on the 29/11/2019 and early 2020 respectively.</p> <p>Asbestos removal work is coming to a close.</p> <p>Ground works have produced circa 4500-5000 tonnes of spoil, which is unusable for sub layers of the site ground works. This surplus is currently being removed from the site and has been tested and identified as non-hazardous.</p> <p>The ground floor building, which will provide the ICTS, and Operational training classrooms have been demolished internally back to the concrete floor, frame and roof. This is now undergoing fit out by contractors to plan.</p> <p>The programme is behind by 11 weeks due to the late discharge of the pre-commencement condition.</p> <p>The programme risks are regularly reviewed. The role associated with the relocation of training can be removed, following the successful transition of training at alternative venues during the first half of the year.</p> | | | | |

| | | | | |
|---|---|---|-----------------|--|
| 1553 | | OPERATIONAL TRAINING GROUP REVIEW | | |
| PROJECT SPONSOR | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | PROJECT MANAGER | |
| | | Group Manager Operational Policy and Assurance | | |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | This project is amber as it has slipped from the original programme. | | |
| Programme Update | | | | |
| <p>Formal consultation/negotiations have continued during the past quarter with encouraging discussions taking place between Managers and FBU both prior and during JCNP.</p> <p>During the discussions at JCNP there have been a number of positive steps taken towards reaching an agreement. This has recently resulted in a productive discussion between Managers, the FBU and instructors outside of JCNP, when the updated Service proposals were discussed and staff were provided with an opportunity to express their views.</p> <p>Following this meeting the Service is now considering the points raised by both of the instructor teams working in Operational Training Group and Command Training Group, before providing a final proposal to the FBU Brigade Secretary.</p> | | | | |

| 1318 | | CARDIAC ARREST RESPONSE PROJECT | | |
|--|---|---|-----------------|--|
| PROJECT SPONSOR | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | PROJECT MANAGER | |
| | | Head of Operational Policy and Assurance | | |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | Current status remains red due to lack of progress on the project. | | |
| There continues to be no progress with this project during quarter 2 as it remains on hold awaiting the outcomes of national discussions for the wider Fire Fighter role linked to pay and conditions. | | | | |

| 1313 | | EMERGENCY SERVICES MOBILE COMMUNICATION PROGRAMME | | | |
|--|---|---|-----------------|--|--|
| PROJECT SPONSOR | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | PROJECT MANAGER | | Station Manager Operational Policy and Assurance |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | | |
|  |  | Current status remains red due to ongoing delays and lack of meaningful progress. | | | |
| Programme Update | | | | | |
| <p>The project lead for Cheshire Police & Fire has changed from Danielle Rigby to Paul Wycherley. The regional lead is now GM Robert Martin, (Lancashire Fore and Rescue Service). The project is sufficiently resourced at present for the level of activity taking place, however GM Martin has indicated that Fire & Rescue Services will be required to start playing a more active role in the coming months. This will be monitored to ensure the current structure remains suitable.</p> <p>Nationally, a full business case is to be submitted for final approval with the Programme Board in December 2019 and Cabinet Office and Treasury in March 2020. The estimated cost for delivery is £9.2 billion.</p> <p>The options for delivery are as follows:</p> <ul style="list-style-type: none"> • Plan A: Existing plan – Everything to be ready everywhere before anything is implemented anywhere. • Plan B: Incremental implementation – Progressive releases of capability until everything is everywhere. • Plan C: Data only – Retain Airwave (confirmed as remaining active for a further 10 years) and exploit ESN for data. • Plan D: Do nothing – Retain Airwave only, which has to be included for comparison purposes. <p>Coverage assurance will be checked via an app which has now been developed. Within the North West we are awaiting the build of 24 new masts in areas that require additional coverage.</p> <p>Work is ongoing to determine the time it will take for UK Fire to migrate to the new Emergency Services Network. Ian Taylor, Business Change Lead, has submitted 3 delivery models to the programme for the transition from Airwave to ESN. These are 12 months, 24 months and 36 months and are based on the level of assurance and confidence the programme is providing around keys area: coverage, suppliers and development of Kodiak.</p> | | | | | |

| 1567 | | CHESHIRE FIRE DRONES | | |
|---|---|--|-----------------|--|
| PROJECT SPONSOR | | Head of Operational Policy and Assurance | PROJECT MANAGER | Group Manager Operational Policy and Assurance |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | | | |
| Programme Update | | | | |
| <p>Drone and associated equipment has been rebuilt, updated and tested. A new cohort of drone pilots has been selected and they have successfully completed their CAA ground school qualification with Lancashire Fire & Rescue Service. Ground training of the new pilots is also now complete.</p> <p>Familiarisation with the actual drone platform is ongoing. The drone is now based out of Lymm Fire Station with training taking place at local venues.</p> <p>The team are awaiting some outstanding equipment from IT.</p> <p>The application for Permission for commercial operations is in progress.</p> | | | | |

Service Delivery

| 1556 | | ON-CALL PROGRAMME | | |
|--|---|--|-----------------|---|
| PROJECT SPONSOR | | Head of Service Delivery | PROJECT MANAGER | Group Manager – Cheshire West and Chester |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | | | |
| Programme Update | | | | |
| <p>Briefings with the Chief Fire Officer, Risk Management Board and Service Management Team have been held identifying areas of achievement to date. A governance structure has been introduced with work packages and papers being produced by the team.</p> <p>Four work packages are due at the next meeting on the 25th October 2019, Blue Book Payments, On Call Availability Reward Scheme (OCARS), Employer Recognition and TOIL.</p> <p>Work is ongoing with a Dual/Tri Service advocate role with a meeting in Cornwall occurring on the 24th October which has been co-ordinated to link in with a representative from Scotland Fire and Rescue Service. Other areas of work include Wholetime Latent Capacity and the organisation of an On Call passout dinner which will include employer recognition.</p> <p>On Call Support Crew Managers are currently attaining an average increase of 15.05% availability Monday to Friday during daytime hours which sees an increase of 4.5% in overall availability.</p> <p>2 Watch Manager B secondment posts for a period of 6 months have been advertised and should be in place for November. These individuals will be tasked with completing identified priority work packages.</p> | | | | |

Protection and Organisation Performance

| | | | | |
|---|---|--|------------------------|--|
| 1058 | | SPRINKLER CAMPAIGN 2014 | | |
| PROJECT SPONSOR | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | PROJECT MANAGER | |
| | | Head of Protection and Organisational Performance | | |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | | | |
| <p>7 blocks are now completed although Churchill Mansions still has three occupiers refusing the sprinkler installation. Efforts are still being made by Halton Housing Trust (HHT) to overcome this. Plans are in progress to transfer the part funding to HHT.</p> <p>The part funding has been paid for Joseph Groome Towers and publicity is being arranged to celebrate this achievement.</p> <p>The three blocks in Handforth are complete and discussions will begin shortly over the transfer of funds once commissioning and completion certificates are obtained.</p> | | | | |

| 1549 | | HIGH RISE SPRINKLER CAMPAIGN 2018 | | | |
|---|---|--|-----------------|--|---|
| PROJECT SPONSOR | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | PROJECT MANAGER | | Head of Protection and Organisational Performance |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | | |
|  |  | Efforts are still being made with the remaining 3 building owners who have so far not opted to fit sprinklers. | | | |
| <p>We have been informed by Sanctuary Housing that the costs for their 9 block programme have risen significantly due to industry demands however they are continuing with the works at this stage.</p> <p>Efforts are still being made with the remaining 3 building owners who have so far not opted to fit sprinklers.</p> <p>We are considering entering in to a primary authority partnership with one of these companies and as part of the discussions have repeated our desire for them to fit sprinklers.</p> <p>Guinness Partnership (Waverley Court Crewe) are still in the planning stage of their project to fit sprinklers.</p> | | | | | |

| | | | | |
|---|---|---|-----------------|--|
| 1554 | | PROTECTION REVIEW | | |
| PROJECT SPONSOR | | Assistant Chief Fire Officer, Operational Assurance and Service Improvement | PROJECT MANAGER | |
| | | Head of Protection and Organisational Performance | | |
| Previous status | Current status | <u>Explanation</u> (where status is red or amber) | | |
|  |  | This project is amber as it has slipped from the original timescales. | | |
| Programme Update | | | | |
| The condensed review report and full suite of recommendations were submitted to the Assistant Chief Fire Officer on 17 August. Consideration is now being given to the recommendations and proposals within the review documentation. | | | | |

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 27th NOVEMBER 2019
REPORT OF: HEAD OF PROTECTION AND ORGANISATIONAL
PERFORMANCE
AUTHOR: ANTHONY JONES

SUBJECT: PERFORMANCE REPORT - QUARTER 2, 2019-20

Purpose of Report

1. To present the 2019-20 Quarter 2 review of performance for each of the Service's Key Performance Indicators (KPIs).

Recommended that:

- [1] Members consider the information presented in this report, in particular noting the revised target for Safe and Well visits.

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 Q2 2019-20.

Information

3. The Service's Performance and Programme Board (members of the Service Management Team) 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 wherever possible 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. It reflects the Q2 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 required to improve performance is set out in the Performance Health Report.

Financial implications

6. There are no financial implications with this report.

Legal implications

7. There are no issues to report at the end of Q2 that should impact upon the Service's ability to meet its statutory or other legal obligations.

Equality and Diversity implications

8. The Service has for a number of years collected and reported equality monitoring data across a number of indicators. This is reported quarterly to the Equality Steering Group and annually to this committee so that trends can be identified and addressed.

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 – Quarter 2 Performance

Appendix 2 – Safety Central Infographic

Appendix 3 – Safe & Well Infographic

Appendix 4 – On-call Availability

Appendix 5 – On-call Breakdown

Quarter 2 2019/20 Performance

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

Vision

IRMP Theme

Outcomes

Outputs

Protecting Local Communities

| | Actual | Target | Q2 Year on Year | Q2 2018-19 |
|--|----------|--------|-----------------|------------|
| Deaths in Primary Fires | 0 | 0 | ↔ | 0 |
| Injuries in Primary Fires | 15 | 24 | ↓ | 28 |
| Accidental dwelling fires | 164 | 179 | ↓ | 175 |
| - % starting in kitchens | 97 (59%) | | ↑ | 96 (55%) |
| - % in homes with residents over pensionable age | 24 (15%) | | ↓ | 28 (16%) |
| Deliberate fires (Primary and Secondary) | 538 | 635 | ↓ | 645 |
| Fires in Non Domestic Premises | 85 | 87 | ↓ | 93 |
| AFAs in Non Domestic Premises | 270 | 258 | ↑ | 240 |

| | Actual | Target | Q2 Year on Year | Q2 2018-19 |
|------------------------------------|--------|--------|-----------------|------------|
| HSA's Delivered to Heightened Risk | 17,883 | 20,000 | ↓ | 21,636 |
| Platinum address success rate | 70% | 65% | ↓ | 73% |
| Thematic Inspections Completed | 1,038 | 1,002 | ↑ | 967 |
| NDP Fire Safety Audits Completed | 740 | 900 | ↑ | 600 |

Responding to Emergencies

| | Actual | Target | Q2 Year on Year | Q2 2018-19 |
|----------------------|--------|--------|-----------------|------------|
| 10 Minute Standard | 86% | 80% | ↓ | 88% |
| On Call Availability | 62% | 85% | ↔ | 62% |
| Nucleus OC pumps | 94% | 85% | | |
| Primary OC pumps | 63% | 85% | | |
| Secondary OC pumps | 41% | 85% | | |

Developing the organisation

| | Actual | Target | Q2 Year on Year | Q2 2018-19 |
|--------------------------------------|--------|--------|-----------------|------------|
| Average Days/Shifts Lost to sickness | 1.84 | 2.75 | ↓ | 1.86 |
| Working Days Lost To Injury | 6 | 20 | ↓ | 33 |

Performance key

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

Year on year direction key

- ↑ ↓ Improved direction of travel year on year
- ↔ No change in direction of travel
- ↑ ↓ Negative direction of travel year on year by up to 10%
- ↑ ↓ Negative direction of travel year on year by at least 10%

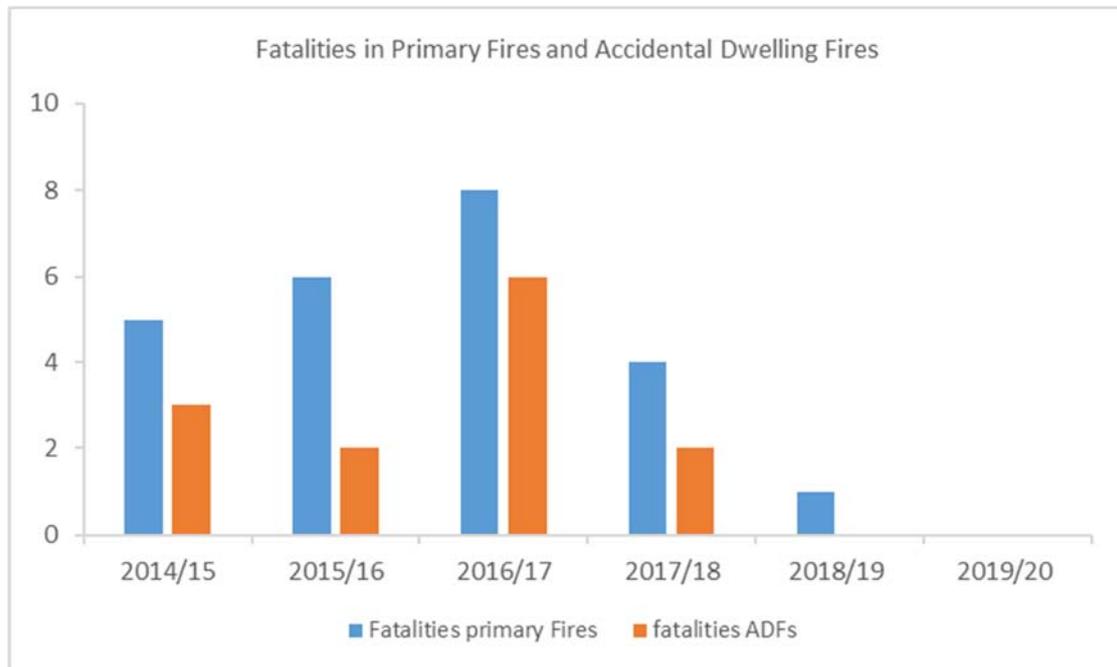
Performance and Programme Board – Performance Report

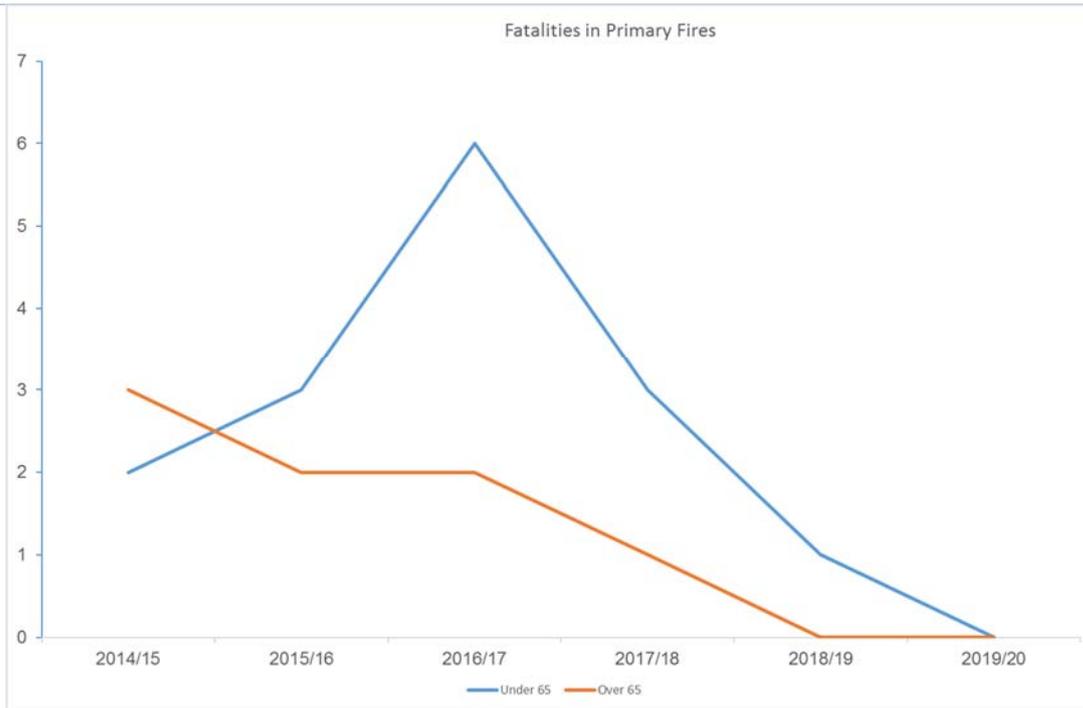
Indicator: [Number of Deaths in Primary Fires]

Primary fires include all fires in buildings, vehicles and some outdoor structures or any fire involving casualties, rescues or fires attended by five or more appliances

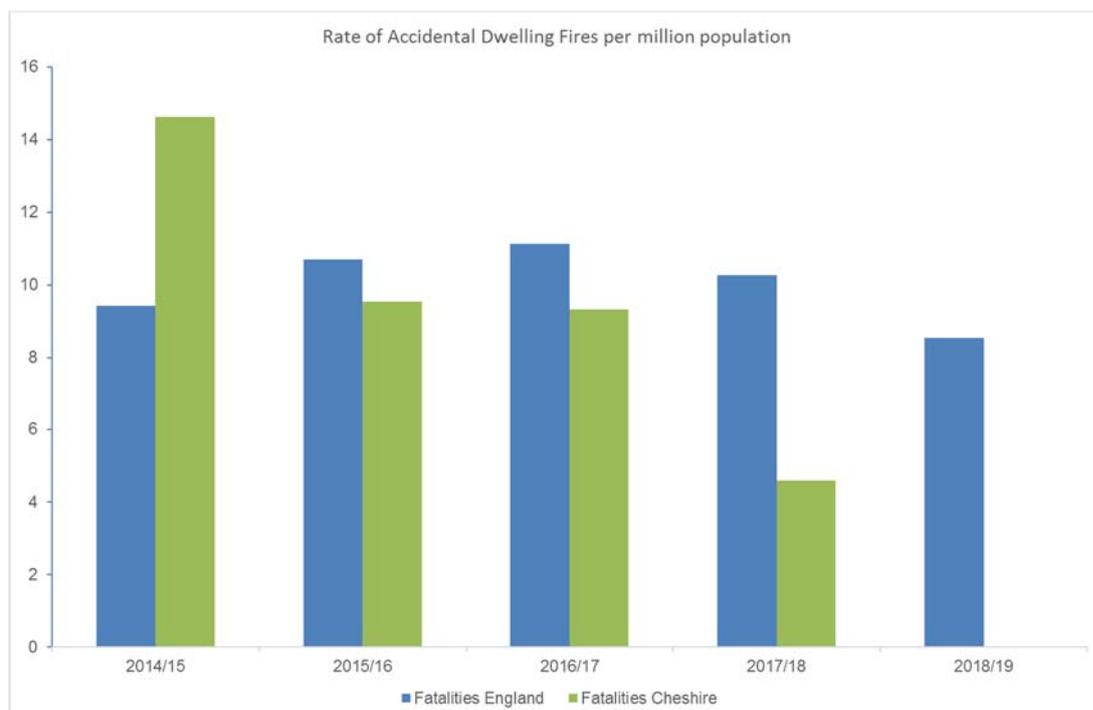
| | | | |
|---|---|--------------------------------|----------|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 0 | Q1 Actual | 0 |
| Q2 Target | 0 | Q2 Actual | 0 |
| Q3 Target | 0 | Q3 Actual | 0 |
| Q4 Target | 0 | Q4 Actual | 0 |
| Cumulative Target | 0 | Cumulative Actual | 0 |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance





Nationally, in 2017/18 41% of fatalities, in accidental dwelling fires, involved people aged 65 or older. However, within Cheshire over the last three years 10 out of the last 13 fatalities (77%) in primary fires have involved victims aged under 65. The single fatality in 2018/19 involved a vehicle fire and is currently under investigation as to the cause. Cheshire Fire and Rescue Service had zero deaths in accidental house fires during the last 6 quarters, from April 2018 to September 2019. The chart below compares the rate of fatalities for over 65's within Cheshire against the rate for England over the last 5 years, with the trend showing significant reductions within Cheshire compared to nationally.



What actions will be required to improve performance?

- Our fire investigation officers will continue to work with partner agencies and other stakeholders to examine the causes of fires and identify any emerging trends to better inform our prevention and protection activities and help prevent further fires occurring.
- The Heads of Department meet every two months at the Incidents of Interest Scrutiny Group. Findings, outcomes and actions associated with any fire fatalities, serious injuries, 2 in 24s and other 'incidents of interest', e.g. Grenfell Towers, are monitored and scrutinised by Heads of Department to ensure that the Service continually improves and learns from these incidents to prevent further fires occurring.
- As of the 1st October a new set of data is to be used that identifies potential additional vulnerabilities outside of the over 65 demographic. This is to further ensure our prevention work minimises the risks of fire to a broad section of groups.

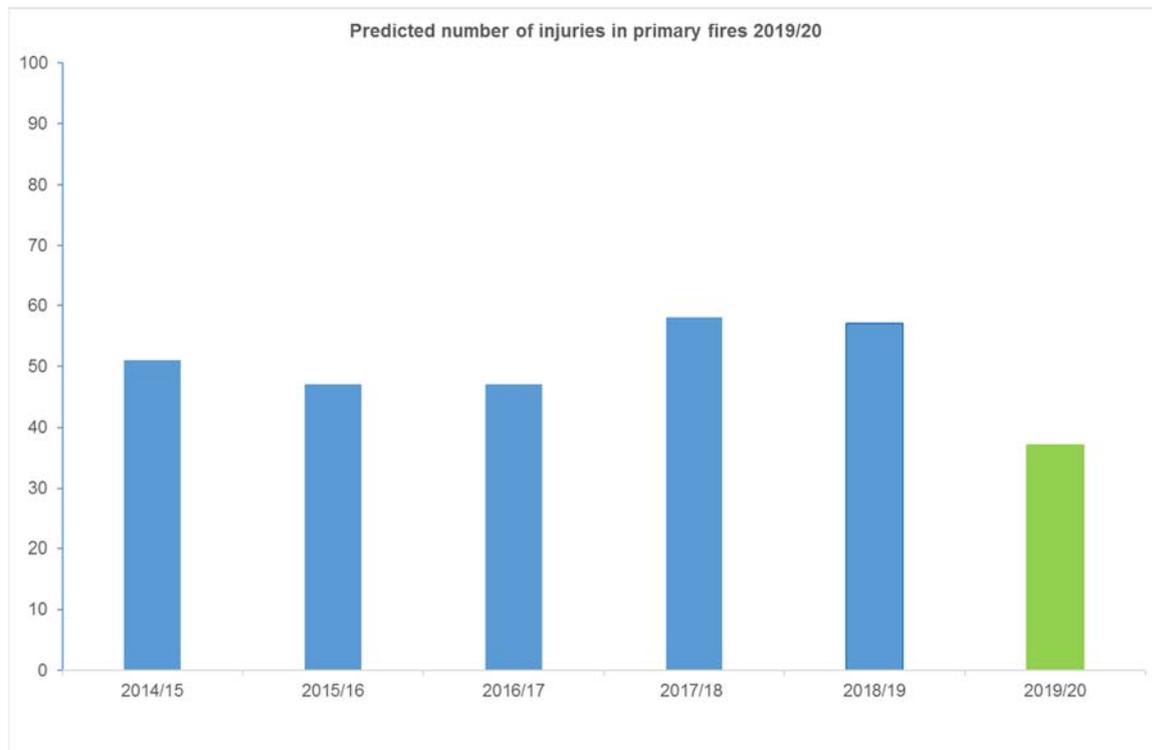
Performance and Programme Board – Performance Report

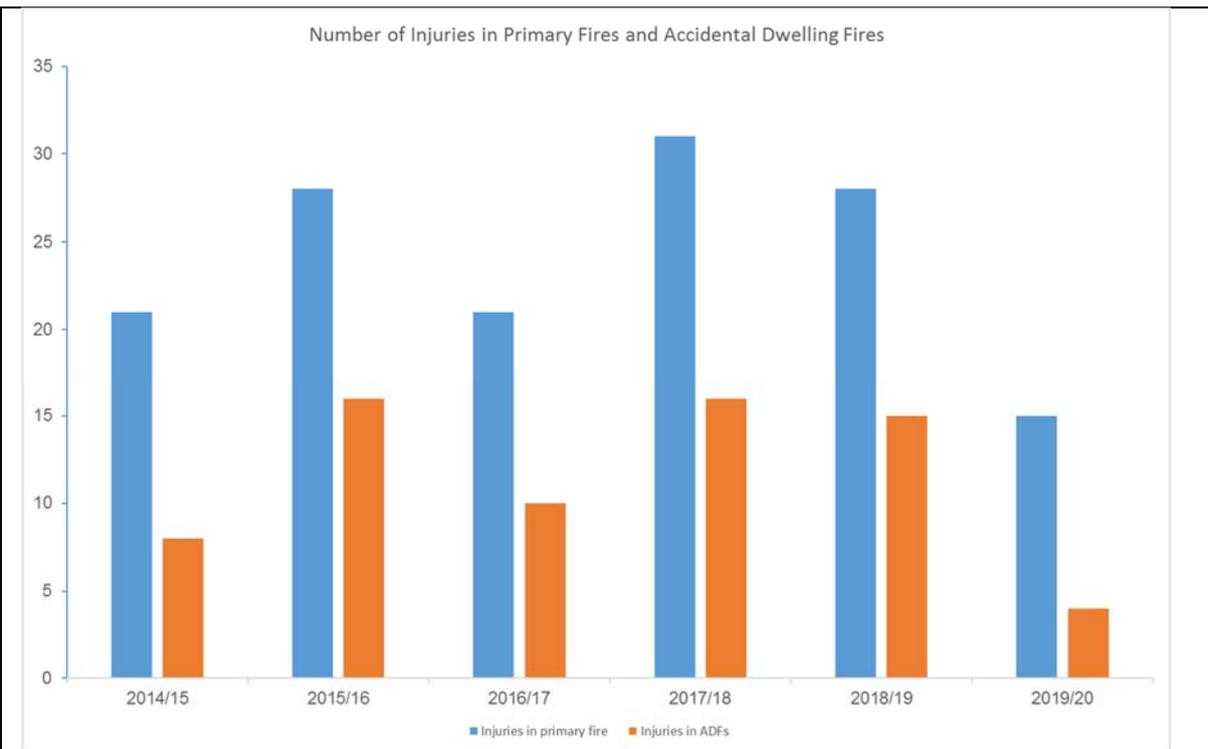
Indicator: [Injuries in Primary Fires]

Primary fires include all fires in buildings, vehicles and some outdoor structures or any fire involving casualties, rescues or fires attended by five or more appliances.

| | | | |
|---|---|--------------------------------|-----------|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 11 | Q1 Actual | 10 |
| Q2 Target | 13 | Q2 Actual | 5 |
| Q3 Target | 0 | Q3 Actual | 0 |
| Q4 Target | 0 | Q4 Actual | 0 |
| Cumulative Target | 24 | Cumulative Actual | 15 |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance





The number of Injuries in primary fires are on target and we have seen a reduction compared to 2018/19 from 28 to 15

- 4 of the 15 injuries took place in accidental dwelling fires.
- Each injury involved people under the age of 65
- 4 injuries were classified as a serious - one involved the accidental ignition of a barn, 2 involved non domestic properties and one the deliberate ignition of a dwelling.

| Unitary Authority | Number of Injuries |
|------------------------------|--------------------|
| Cheshire East | 2 |
| Cheshire West & Chester | 6 |
| Halton | 4 |
| Warrington | 3 |
| Total | 15 |
| Cause | Number of Injuries |
| Smoking | 3 |
| Fuel/Chemical | 3 |
| Naked flame | 3 |
| Candles | 2 |
| Electrical Fault - vehicle | 1 |
| Manufacturing Equipment | 1 |
| Spin Dryer | 1 |
| Other appliance or equipment | 1 |
| Total | 15 |

| Age Group | Number of Injuries Serious | Number of Injuries Slight |
|--------------|----------------------------|---------------------------|
| 0-9 | 0 | 0 |
| 10-19 | 0 | 1 |
| 20-29 | 0 | 2 |
| 30-39 | 1 | 3 |
| 40-49 | 2 | 4 |
| 50-59 | 0 | 1 |
| 60-69 | 1 | 0 |
| 70-79 | 0 | 0 |
| 80-89 | 0 | 0 |
| 90+ | 0 | 0 |
| Total | 4 | 11 |

| Injury Description | Number of Injuries Serious | Number of Injuries Slight |
|---|----------------------------|---------------------------|
| Burns - severe | 2 | 0 |
| Burns - slight | 0 | 7 |
| Combination of burns and overcome by gas/smoke | 1 | 0 |
| Overcome by gas, smoke or toxic fumes; asphyxiation | 1 | 4 |
| Total | 4 | 11 |

Cheshire East

Of the two injuries two were in Styal Prison and both slight.

Halton & Warrington

There were 7 injuries in Q1 and Q2 one of which was serious and involved the deliberate ignition of a property.

Cheshire West & Chester

There were 6 injuries of which 3 were petrol/oil related

Of the six, three were serious, each occurring in separate incidents:

- The first occurred in a farm building and was caused by the ignition of fuel for machinery
- Another was in a factory, involving serious burns
- The third serious injury involved being overcome by gas, smoke or toxic fumes from a spin dryer.

Engagement has taken place with an injured individual who has volunteered to be included in safety messages being distributed via Facebook and twitter which has seen significant engagement across social media.

What actions will be required to improve performance?

- The *Fatal Fire and Serious Injuries Reporting Policy* enables us to respond to incidents and ensure our activities are focussed on preventing further injuries caused by fire. The policy directs that where a serious injury occurs, as a result of fire, a thorough internal review will take place. Internal Serious Injuries Review Reports will then be scrutinised alongside Fatal Fire Review Reports by the Heads of Department at the Incidents of Interest Scrutiny group on a bi-monthly basis to ensure that any outcomes, actions and learning points are monitored and communicated effectively.
- Station twitter and Facebook accounts continue to be active informing the public with safety messages
- As a consequence of identifying those households at risk a pilot to target those with additional vulnerabilities using MOSAIC profiling data will start on 1st October 2019. The additional vulnerabilities include:
 - People living in rented accommodation
 - Those who smoke excessively
 - Those who drink excessively
 - Single parent family, with children under high school age
 - Those in receipt of disability or incapacity benefits.
- The pilot stations are: Powey Lane, Chester, Winsford, Northwich, Wilmslow, Macclesfield and Crewe. During the visit crews will be asked to validate the data they are using.
- Service delivery and prevention teams will be delivering key safety messages around burn prevention and first aid. This is based on the data provided by Ken Dunn (consultant at Wythenshaw burns unit) to allow us to undertake a targeted approach. Those most at risk are in the under 5's and over 65 age demographic so will be specifically targeted with our campaign. This will be supported by messages, advice and materials provided by the Children's Burns Trust, and Safetea campaign. The Camarata is also being utilised to promote key burn messages and is being presented by four local schools. CFRS will be supporting burn awareness day on the 16th October 2019, but to ensure we maximise our "reach" we will be implementing a burn awareness week between 14th and 18th October. This will incorporate an extensive corporate communications strategy to ensure key messages are delivered throughout the week.
- Injuries are monitored and where possible validated and any follow up/referrals to partner agencies is carried out by the Prevention Department.

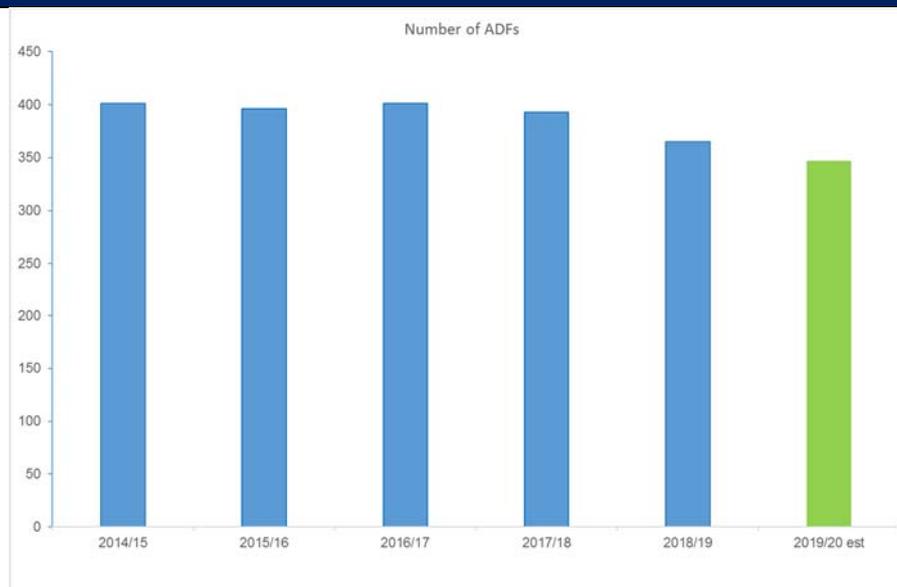
- In relation to the serious injury in Q1 in Halton & Warrington the casualty is in a critical condition.
- Ongoing scrutiny of all injuries continues and there has been significant social media information sent out regarding candles and use of e-cigarettes.

Performance and Programme Board – Performance Report

Indicator: [Number of Accidental Dwelling Fires (ADFs)]

| | | | |
|---|---|--------------------------------|------------|
| Reporting period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 95 | Q1 Actual | 88 |
| Q2 Target | 84 | Q2 Actual | 77 |
| Q3 Target | 0 | Q3 Actual | 0 |
| Q4 Target | 0 | Q4 Actual | 0 |
| Cumulative Target | 179 | Cumulative Actual | 164 |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance



At the end of Q2 there were 164 Accidental Dwelling Fires compared to a target of 179, this is also a reduction of 11 incidents compared to the same period in 2018/19. Looking at the key risk areas, there has been an increase in the number of kitchen fires of 1. In addition there has been an increase in the number of fires involving single occupancy households from 46 to 52. This is primarily due to an increase in the number of incidents where the occupancy type is lone person under pensionable age, which has increased from 18 to 28. Looking at this group in more detail, 21 (75%) of the fires started in the kitchen and there was no fire spread beyond the room of origin in 26 incidents (92.9%).

In reviewing all occupancy types no fire-fighting action was required at 61 incidents (37.2%) and there was no fire spread beyond the room of origin in 147 (89.6%) of Accidental Dwelling Fires.

| Unitary Authority | Total |
|-------------------------|------------|
| Cheshire East | 56 |
| Cheshire West & Chester | 56 |
| Halton | 17 |
| Warrington | 35 |
| Total | 164 |

| Fire Location | Total |
|---------------------|------------|
| Kitchen | 97 |
| Bedroom | 14 |
| External Fittings | 12 |
| Living Room | 9 |
| External Structures | 5 |
| Utility Room | 4 |
| Garage | 4 |
| Other | 19 |
| Total | 164 |

| Occupancy Type | Was a smoke alarm present? Yes |
|--|-----------------------------------|
| Lone person over pensionable age | 95.8% |
| Lone Person under pensionable age | 92.9% |
| Lone parent with dependant children | 100% |
| Couple one or more over pensionable age, no children | 100% |
| Couple with dependant children | 86.7% |
| Couple both under pensionable age with no children | 75% |
| Other | 91.3% |
| Total | 90.2% |

| Occupancy Type | No of Incidents | Dwellings | Indexed Score |
|--|-----------------|-----------|---------------|
| Lone person over pensionable age | 24 | 56533 | 263 |
| Lone person under pensionable age | 28 | 73421 | 236 |
| Couple one or more over pensionable age, no children | 12 | 80559 | 92 |
| Lone parent with dependant children | 12 | 82396 | 90 |
| Couple with dependant children | 45 | 347436 | 80 |
| Couple both under pensionable age with no children | 20 | 167332 | 74 |
| Other | 23 | 209308 | 68 |

The indexed score is a risk score which compares the rate of incidents for each occupancy type against the average rate of accidental dwelling fires within Cheshire. The rate is converted to an indexed score, with the average rate for Cheshire being converted to a score of 100. The indexed score is used rather than the rate so that simple comparisons can be made quarter on quarter and across occupancy types. For example an indexed score of 200 indicates that occupancy type is twice as likely as average to have an accidental dwelling fire.

What actions will be required to improve performance?

Cheshire East

- Accidental Dwelling Fire Reports completed by Officer in Charge including photos.
- Incidents are followed up with the Prevention Department
- Station open days have or are taking place and home safety advice is given out to members of the public.
- Operational crews are delivering safety messages whilst visiting schools and local groups visit stations.
- Post incident visits will continue to be completed.
- Press releases are sent out by corporate communications and Station Twitter pages are updated with timely and relevant messages.

Halton

- Social media campaigns continue and focus on kitchen safety as this is the place in which the majority of accidental fires occur

Warrington

- A high proportion of the fires take place in the kitchen and there was a kitchen safety event held at Ikea
- A connection has been created with Long Barn residents association – near Birchwood - who have visited Safety Central in order to take safety messages back to their community.
- There is a plan to roll this out to other Residents Associations.

Cheshire West & Chester

- There has been a greater effort placed on kitchen safety following this quarter as crews raise awareness further during Safe and Well visits. Watches at Chester have been tasked with providing a kitchen safety impact event in the town to heighten awareness to residents in high rise properties.
- Social media messages are focusing on kitchen safety including the issuing of a Deep fat fryer in exchange for a chip pan at one address in Chester.
- Although the unitary is one over target for 2019/20 to date members are taken through individual cases at UPG highlighting in most cases the minimal level of damage caused by these calls.

Safety Central

Since 1st April 2019 has welcomed 4,484 visitors: including 1,635 pupils and 225 adults from 30 mainstream schools; 159 young people and 86 adults from 14 non – mainstream schools and colleges; 1,128 people and 118 helpers from 48 community groups and 1,112 stakeholders attending training or meetings.

There is on average a 76% improvement in test of key life-skills subject knowledge. 100% of 60 teachers rated their visits as “very good” or “excellent” with all saying they would visit again.

See infographic attached as Appendix 1

Performance and Programme Board – Performance Report

Indicator: [Number of Deliberate Fires]

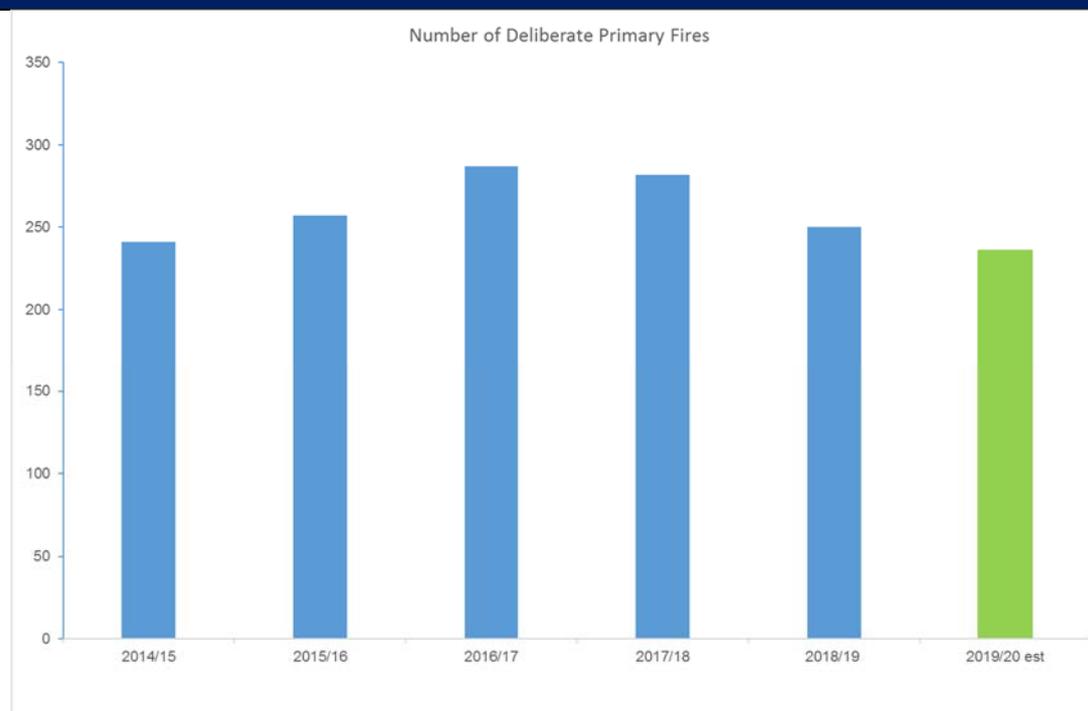
| | | | |
|--------------------------------|-----|--------------------------------|-----|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target (Primary) | 67 | Q1 Actual (Primary) | 55 |
| (Secondary) | 252 | (Secondary) | 265 |
| Q2 Target (Primary) | 69 | Q2 Actual (Primary) | 69 |
| (Secondary) | 247 | (Secondary) | 149 |
| Q3 Target (Primary) | | Q3 Actual (Primary) | |
| (Secondary) | | (Secondary) | |
| Q4 Target (Primary) | | Q4 Actual (Primary) | |
| (Secondary) | | (Secondary) | |
| Cumulative Target (Primary) | 136 | Cumulative Actual (Primary) | 124 |
| (Secondary) | 499 | (Secondary) | 414 |

Deliberate Primary Fires

Deliberate Secondary Fires

| Previous Status | Current Status | Previous Status | Current Status |
|---|---|---|---|
|  |  |  |  |

Summary of Current Performance

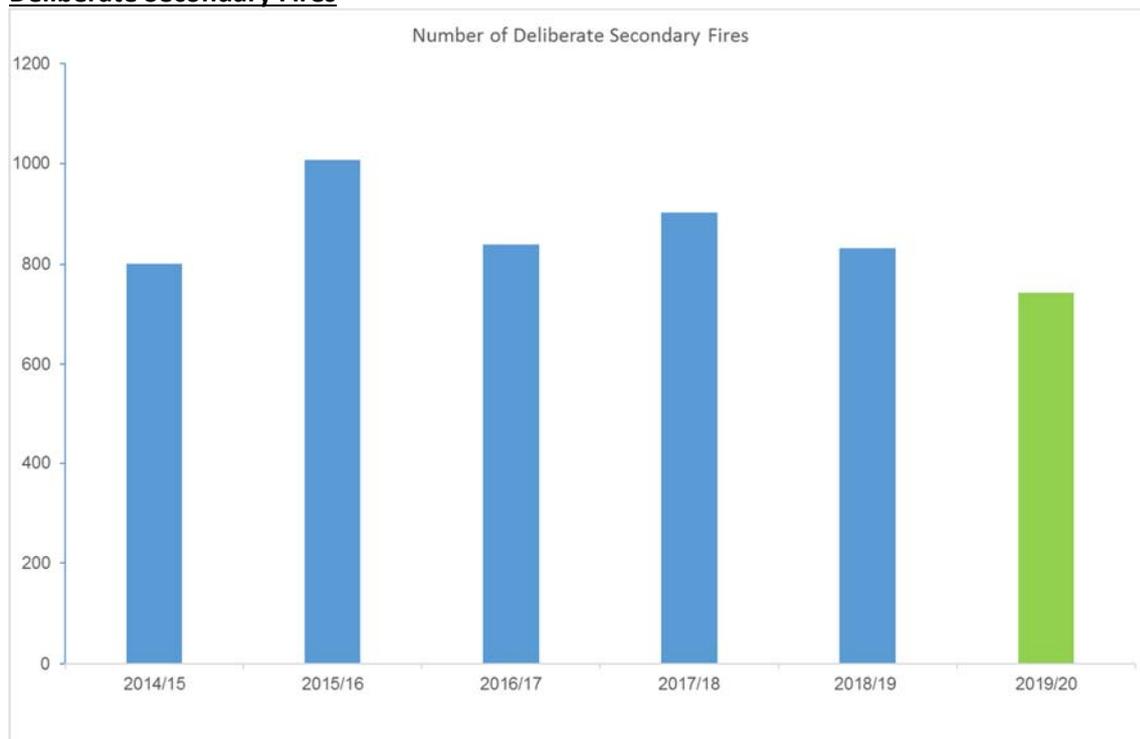


Overall 124 deliberate primary fires were recorded at the end of Q2, against a target of 136. Overall the station areas with the highest number of incidents are Runcorn(17), Warrington(13) and Widnes(12)

Across Cheshire, 62 incidents (50%) involved the deliberate ignition of a road vehicle. Of these, 33 were cars and 15 motorcycles. 13 out of 15 incidents involving the deliberate ignition of motorcycles occurred in Ellesmere Port, Runcorn and Warrington.

| Unitary area | Number of Deliberate Primary Fires |
|---------------------------|------------------------------------|
| Cheshire East | 34 |
| Cheshire West and Chester | 33 |
| Halton | 29 |
| Warrington | 28 |
| Total | 124 |

Deliberate Secondary Fires



The number of deliberate secondary fires recorded in Q2 was 414 which is 84 under target. The highest number of incidents have been in the following station areas - Warrington (81), Runcorn (64) and Widnes (45). These three station areas account for 46% of all incidents.

The main property types are loose refuse (115) and Small refuse/rubbish/recycling container and wheelie bins (107). 20 of the /34 deliberate secondary fires in Widnes involved a wheelie bin or recycling container, particularly around Ditton and Crow Wood Park.

| Unitary area | Number of Deliberate Secondary Fires |
|---------------------------|--------------------------------------|
| Cheshire East | 79 |
| Cheshire West and Chester | 83 |
| Halton | 129 |
| Warrington | 123 |
| Total | 414 |

What actions will be required to improve performance?

Cheshire East (CE)

- Station Managers currently attend Multi Agency Action Group (MAAG) meetings where fire performance is discussed. CE Protection Dept. attend Vacant & Void meetings.
- Operational crews continue to complete Police Notification Reports (PNR) as per the policy and Police log numbers noted.
- Operational crews distributed arson leaflets to local schools before breaking up for the school holidays. Discussions around hoax calls also took place and will continue.
- Fire Investigations are requested where necessary.
- HD Mobile CCTV units available in local authority area in hotspot areas when required.
- Station Managers liaised with crews to monitor during school holidays any incidents occurring and any patterns in order to inform future action and campaigns.
- Crews continue to drive some particular arson routes where there are problems.
- The Super Intendant for local policing in Crewe and Macclesfield is going to take the deliberate fire data to his TTCG (Tactical Tasking and Coordination Group) meetings going forward. This coupled with the arson routes seems to have made a difference in Q2 than Q1 e.g. Electricity Street, this has seen an effect in Q2 incidents.

Warrington

- On going liaison with local Police to follow up on enquiries
- Wheelie bin stickers have been distributed
- CFRS officer is chair of the Partnership tasking and co-ordination group putting CFRS at the forefront of co-ordinated activity.
- Also officer representation on anti social behaviour panels with social services and police enables demonstration of both severity and gravity of behaviour
- PCSO's being based at Birchwood is an opportunity to share intel in terms of arson and anti social behaviour

Halton

- Work has been carried out in conjunction with the police where perpetrators are too young for conventional interventions. Apprehended youths have been referred to prevention fire setter interventions
- Ongoing activities and social media campaigns continue as part of the fire prevention and education activity.

Cheshire West & Chester

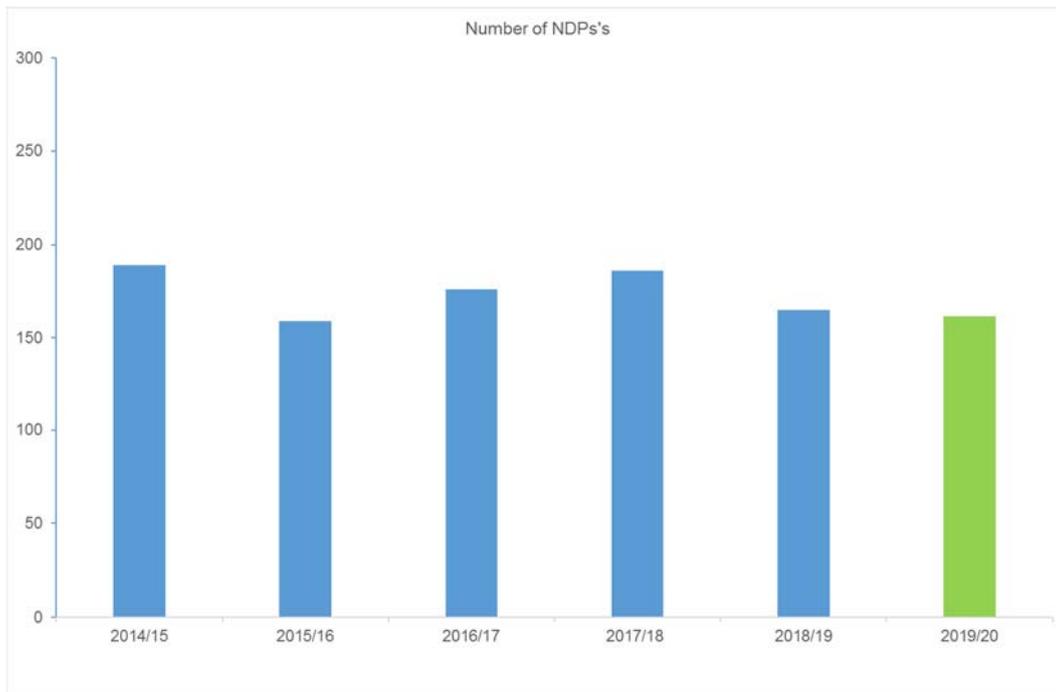
- The Unitary is well under its target of 160 deliberate secondary fires at 83 and 33 actual deliberate primary fires compared to a target of 39. However local crews and management teams have been closely liaising with Cheshire Police and the local authority to tackle some significant Anti Social Behaviour in the Bunbury Green area of Ellesmere Port.
- Attacks on fire crews is being investigated and ongoing, including significant Police resources being allocated in the area to counter the increase in activity. Two police operations have taken place targeting off road bikes and anti social behaviour activity. Residents are supportive of the increased patrols and a residents meeting will take place during October. Diversionary events were held by fire crews throughout the summer which is evident within the statistics recorded above.

Performance and Programme Board – Performance Report

Indicator: [Fires in Non-Domestic Premises]

| | | | |
|---|---|--------------------------|-----------|
| Reporting Period Q2 | | 01/04/2019 to 30/09/2019 | |
| Q1 Target | 45 | Q1 Actual | 42 |
| Q2 Target | 42 | Q2 Actual | 43 |
| Q3 Target | 0 | Q3 Actual | 0 |
| Q4 Target | 0 | Q4 Actual | 0 |
| Cumulative Target | 87 | Cumulative Actual | 85 |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance



There have been 85 Non-Domestic Premises fires in the first 6 months compared to 93 for the same period last year.

The most significant numbers of fires have been identified in the following building types – with other categories having less than 8 occurrences:

- Prison 10
- Pub/wine bar 9

The main causes for fires in Non-Domestic Premises:

- 33 electrical causes - including fluorescent lights, other lights, batteries, wires and cabling.
- 11 industrial equipment including kilns and dryers.

- 11 cooking related incidents - including cookers, deep fat fryers and microwaves. 65% of the 85 fires (55 incidents) were either confined to the item first ignited (45) or involved smoke and heat damage only (10). Whilst a further 16 fires were confined to the room of origin.

| Cause | Heat or smoke damage only | Confined to item 1st ignited | Confined to Room of origin | Other |
|----------------------|---------------------------|------------------------------|----------------------------|-------|
| Electrical | 7 | 20 | 6 | 0 |
| Industrial Equipment | 0 | 6 | 3 | 2 |
| Cooking | 0 | 8 | 2 | 1 |

| Unitary Area | Accidental | Deliberate |
|-------------------------|------------|------------|
| Cheshire East | 18 | 3 |
| Cheshire West & Chester | 27 | 3 |
| Halton | 10 | 3 |
| Warrington | 12 | 9 |
| Grand Total* | 67 | 18 |

What actions will be required to improve performance?

- The department will continue to use a risk-based inspection strategy to improve our targeting of higher risk premises and reduce the risk of fire in non-domestic premises such as care homes, hotels and other sleeping risks.
- Protection officers supported by the Business Safety Team will continue to campaign and focus on giving information and advice to businesses in building types such as pubs and restaurants with a view to reducing the recent main causes of fire. A 'Business Information Pack' is provided during every visit made to both new and existing businesses, this includes all relevant fire safety messages. In addition, free fire-risk assessment templates are available on the Service's website to assist businesses to improve fire safety on their own premises.
- The department will continue to take enforcement action in accordance with our enforcement management model and prosecute duty holders as appropriate. Where businesses are successfully prosecuted we will use social media and the press to highlight these cases as a means of deterrent. The Protection department currently has 10 prosecution case files in the process of being prepared, this includes premises types such as care homes, restaurants and hotels. Investigations are being undertaken following the timber framed building fire at Beechmere in Crewe on 11th August 2019
- The Business Safety team has joint access with the Corporate Communications team to the Service's Facebook account and the Cheshire Fire Alert system, meaning that relevant fire safety and campaigns messages can be communicated to our business community quickly. The team has also taken over the Service's LinkedIn business account with a view to improving our engagement with businesses and other key sectors and partners.

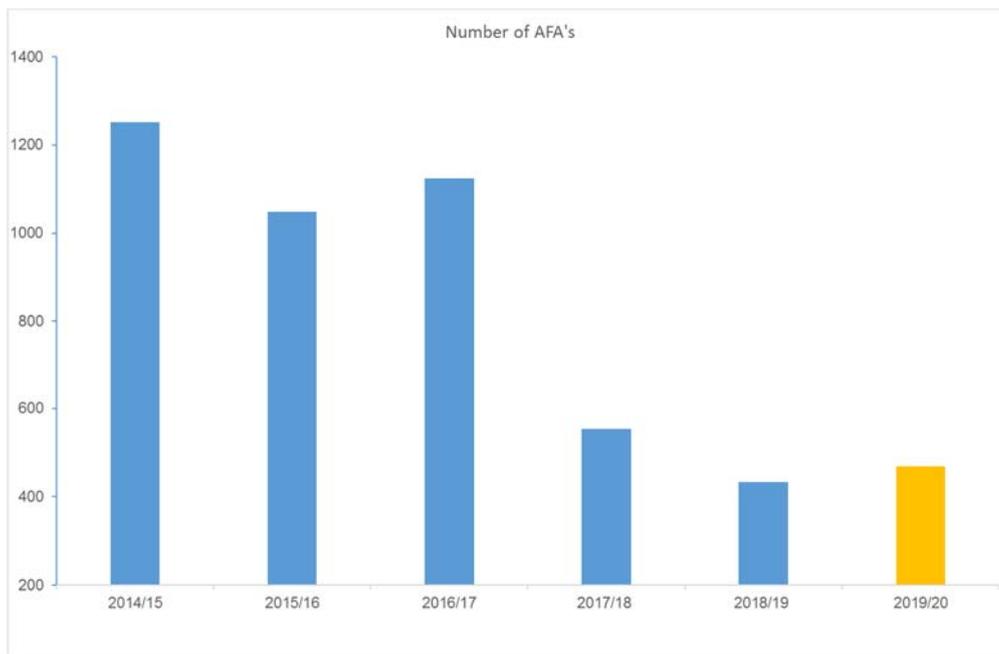
- In response to enquiries relating to the hire of school/church/community rooms to groups such as scouts, guides, fitness classes free workshops are delivered for those who volunteer or make decisions about fire safety. The team also deliver workshops to businesses, schools and local authority partners to educate and inform those responsible for fire safety.
- The Business Safety Team have completed 583 visits to premises in Q2.
- The Protection team will continue to work with social landlords across the Service Area to promote the benefits of fire sprinkler systems. There is ongoing sprinkler work by Sanctuary Housing in Cheshire West and Chester where 9 high rise blocks are to be fitted with sprinklers. There are 3 high-rise tower blocks in Wilmslow owned by Onward Homes being fitted with sprinklers and the Guinness Trust have confirmed they will install sprinklers in Waverly Court (Crewe).
- Fire safety inspectors are continuing to audit COMAH sites in accordance with our five year plan, helping to reduce risk and also contribute to site specific risk information for the benefit of operational crews.
- Deliberate fires will continue to be investigated with our colleagues in the police and where possible provide evidence to bring offenders to justice. Fire investigation data will be reviewed to determine learning outcomes and trends so that we are able to further focus our campaigns and activities.

Performance and Programme Board – Performance Report

Indicator: [Number of Automatic Fire Alarms (AFAs) in Non-Domestic Premises]/False Alarms

| | | | |
|---|---|--------------------------------|------------|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 115 | Q1 Actual | 112 |
| Q2 Target | 143 | Q2 Actual | 158 |
| Q3 Target | 0 | Q3 Actual | 0 |
| Q4 Target | 0 | Q4 Actual | 0 |
| Cumulative Target | 258 | Cumulative Actual | 270 |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance



An Unwanted Fire Signal is defined by the British Fire Protection System Association as “any alarm signal other than a genuine fire or test signal”. Any false alarm which is subsequently passed to the fire and rescue service from an Automatic Fire Alarm is classed as an Unwanted Fire Signal.

At the end of Q2 there were 270 attendances to Automatic Fire Alarms in Non-Domestic Premises against a target of 258.

The station areas with the highest number of calls are Chester, Macclesfield and Warrington which together account for 46% (124) of the overall total.

The main property types for Automatic Fire Alarms are hospitals (76) and nursing, retirement or care homes (73).

The most common reason for the alarm to go off was a fault (106), followed by accidentally/carelessly set off (50).

This indicator was on target in quarter 1 and was off target for quarter 2. There has been an increase in quarter 2 compared to last year however there are no core trends as the increases are small increases across a number of station areas. The main property types eg care homes and hospitals have seen a decrease in Q2 , however there has been an increase in the number of property types with 1 incident.

However during Q2 there has not been an increase in the number of incidents that are outside of the AFA policy.

| Unitary area | Number of AFA's |
|---------------------------|-----------------|
| Cheshire East | 104 |
| Cheshire West and Chester | 104 |
| Halton | 16 |
| Warrington | 46 |
| Total | 270 |

What actions will be required to improve performance?

- Our fire safety inspecting officers continue to work with business representatives where there have been instances of multiple false alarms to reduce calls, e.g. hospitals and residential care homes.
- The Countess of Chester Health Park has a number of health premises and Trusts on the site. Work is underway to separate the Trusts and premises to identify the worst offenders and focus resources from the Protection team in these areas.
- A review of our Unwanted Fire Signal policy is underway to ensure that it takes into account modern technology and that premises outside of our attendance policy are scrutinised.

Performance and Programme Board – Performance Report

Indicator: [A) Number of Safe and Well visits delivered to properties of Heightened Risk]

| | | | |
|---|---|--------------------------------|--------|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 10,000 | Q1 Actual | 8,145 |
| Q2 Target | 10,000 | Q2 Actual | 9,738 |
| Q3 Target | | Q3 Actual | |
| Q4 Target | | Q4 Actual | |
| Cumulative Target | 20,000 | Cumulative Total | 17,883 |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance

Number of Safe and Well Visits

In Q2 17,883 heightened risk visits have been completed by Prevention and operational staff. Since 1st April 2019. 2.8% of visits have resulted in referrals to partner health agencies – see Infographic attached at Appendix 2.

Indicator: [B) Platinum Address Success Rate

| | | | |
|---|---|--------------------------------|-----|
| Reporting Period Q2 | | 01/07/2019 To 30/09/2019 | |
| Q1 Target | 65% | Q1 Actual | 78% |
| Q2 Target | 65% | Q2 Actual | 70% |
| Q3 Target | | Q3 Actual | |
| Q4 Target | | Q4 Actual | |
| Cumulative Target | 65% | Cumulative Total | 70% |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance

Platinum Address Success Rate –

“Platinum” – the top 10,000 households identified at most risk from fire.

The percentage of platinum addresses that we have completed a Safe and Well visit is 70% which is above our target of 65% and an improvement on the same period last year.

What actions will be required to improve performance?

- The third phase of training for Operational Crews and Prevention staff was completed in May. As a consequence additional high level screening has now gone live and will continue – this includes blood pressure monitoring, loneliness and social isolation and Atrial Fibrillation screening.
- The national issue with Exeter Data being delayed is still valid, despite the Chief Fire Officer signing a new national data sharing agreement. In the interim, the “New Cheshire Data” trial has been developed and will be ready to implement from the 1st October. The outcomes of this trial will be reviewed throughout the trial period and evaluated as to their success at the end of Q 4.
- Safe and Well (SaW) targets are under review with the SaW working group. The intention is to reduce the overall target for 2019-20 by 25% to 30,000 as a consequence of the delay in accessing the Exeter Data. This new target will be nearly three times more the national average which is 10,400 per year across all other fire and rescue services.

Performance and Programme Board – Performance Report

Indicator: [Thematic Inspections Completed by Operational Crews]

| | | | |
|---|---|--------------------------------|------------|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 501 | Q1 Actual | 475 |
| Q2 Target | 501 | Q2 Actual | 563 |
| Q3 Target | | Q3 Actual | |
| Q4 Target | | Q4 Actual | |
| Cumulative Target | 1002 (50%) | Cumulative Total | 1038 (52%) |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance

A thematic inspection is a fire safety assessment carried out by operational crews of low-risk Non-Domestic Premises. Thematic inspection targets are allocated to all stations with the exception of on-call. By the end of Q2 a total of 1,038 thematic inspections were completed against a target of 1,002.

| Unitary | Number |
|------------------------------------|--------|
| Cheshire East | 192 |
| Cheshire West & Chester | 322 |
| Halton and Warrington | 524 |
| TOTAL | 1038 |

What actions will be required to improve performance?

- In Q3 2019 / 2020 the focus of thematic inspections for operational crews will continue to be small shops, which have been identified as premises with the highest incidence of fire. This allows the Protection officers to focus on fire safety audits of higher risk premises. The Protection team continue to monitor, identify and inform crews of any emerging trends to ensure that the correct types of premises are targeted for thematic inspections.
- In Chester crews will focus thematic visits in the city centre with a focus on fire safety considerations in heritage buildings.
- At Operational fire safety training sessions we remind crews of the importance of referring any issues found during their thematic inspections to the Protection team. The Protection team will continue to follow-up on any of these issues and take enforcement action where appropriate.
- Policy amendments have been made to further improve the capturing of information in a more timely manner.

Performance and Programme Board – Performance Report

Indicator: [Fire Safety Audits in Non-Domestic Premises]

| | | | |
|---|---|--------------------------------|-----------|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 450 | Q1 Actual | 395 |
| Q2 Target | 450 | Q2 Actual | 345 |
| Q3 Target | | Q3 Actual | |
| Q4 Target | | Q4 Actual | |
| Cumulative Target | 900 (50%) | Cumulative Total | 740 (41%) |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance

At the end of Q2 a total of 740 Non-Domestic Premises fire safety audits have been completed against a target of 900 (41%). Whilst the service has not achieved the target, this is set locally and when compared to the national average Cheshire Fire and Rescue Service carries out over 60% more audits per 100 known premises.

| Area | Performance | | Complex | Simple | Development | Total FTE |
|---------------------|---------------|-----------|---------|--------|-------------|-----------|
| | Yearly Target | Q2 Actual | | | | |
| Cheshire East | 600 | 311 (52%) | 4.5 | 2 | 0 | 6.5 |
| CW&C | 600 | 169 (28%) | 4 | 1 | 2 | 7 |
| Halton & Warrington | 600 | 260 (43%) | 5 | 1 | 1 | 7 |

What actions will be required to improve performance?

- Individual and team targets have been adjusted and performance continues to be monitored robustly by Protection managers in a bid to ensure year end targets are achieved. Staff continue to move through the development process which is also having a positive impact on performance against target, but this does mean that some staff can only audit less complex premises as outlined above.
- The Protection team are now working across the service to ensure the target of 600 audits per office is achieved. The Cheshire East team have the most qualified staff and these staff

are supporting the other areas with the more complex audits, fire engineering submissions and developing new starters.

- A number of Prohibitions have been issued which has resulted in significant work for officers and in addition on-going potential prosecution cases have taken a considerable amount of time to produce. There were nine prohibitions in Q1 and a further five in Q2
- In the aftermath of the Beechmere Residential Home fire considerable time has been spent investigating the incident.
- In Cheshire East at the end of August, the Protection team along with Prevention and various partners held an impact day in Congleton Town Centre. The team engaged with over 370 business. The kitchen safety unit, virtual reality road safety, fire bikes, Police and a number of local charities attended all sharing their messages.

Performance and Programme Board – Performance Report

Indicator: [10 Minute Standard]

| | | | |
|---|---|--------------------------------|-----|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 80% | Q1 Actual | 86% |
| Q2 Target | 80% | Q2 Actual | 86% |
| Q3 Target | | Q3 Actual | |
| Q4 Target | | Q4 Actual | |
| Cumulative Target | 80% | Cumulative Actual | 86% |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance

Overall 86% of life risk incidents were attended within 10 minutes, which is above the target of 80%. The average attendance time for life risk incidents is 8 minutes and 12 seconds.

Dwellings

91% of dwelling fires were attended within 10 minutes.

There were 15 attendances to dwelling fires which exceeded 10 minutes. The average attendance time for a first pump to a dwelling fire between April 2019 and September 2019 inclusive was 7 minutes and 09 seconds.

The reasons for exceeding 10 minutes are as follows:

Cheshire East – 3 occurrences

- One due to unavoidable road closure and diversion
- The second due to the travel distance to the incident
- The third due to limited and slow access down the road of the incident

Halton – None

Warrington – 1 occurrence

- The travel distance to the incident

Cheshire West & Chester – 3 occurrences

- The travel distance to the incident

Road Traffic Collisions

80% of Road Traffic Collisions were attended within 10 minutes. Overall there were 25 incidents year to date which failed the standard. The average time from alert to in attendance was 09 minutes 14 seconds.

Incidents during Q2:**Cheshire East** – There were seven failures due to:

- Distance from the incident - four
- Incorrect location / address provided – two
- One due to traffic build up because of the incident

Halton – None**Warrington** – There have been three failures due to:

- The distance of the incident being outside of the 10 minute standard
- The location of the actual incident within Tatton Park outside of the standard
- Poor weather conditions and visibility on the M56 and driver unfamiliar with the area

Cheshire East – There were five failures in total:

- Three related to distance from the incident being outside the 10 minute standard
- One resulting from a poor address given to the Police
- One due to traffic

Call Handling data

North West Fire Control report on the average time taken in seconds from the time of call to the time that the first resource is mobilised, based on all incidents with the following omissions:

- “Any incident classified on Incident Recording System or within North West Fire Control system as ‘Other’” – these are predominantly test and admin incidents some of which do not feed into the Fire Service Incident Recording Systems.
- “Chemical Suicide”
- “Concern for Welfare”
- “Gaining Entry”
- “Calls to Assist Other Agencies Non-Life Risk (i.e. Police or Ambulance)”
- “Suspect Package/White Powder/Bomb”
- “Arson Threat”
- “Threatening to Jump (from height or into water)”
- “Attendance to be made to a non-critical incident within 2 hours.”

| FRS | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 |
|-----------------|-------------|-------------|-------------|-------------|
| Cheshire | 104 seconds | 105 seconds | 105 seconds | 102 seconds |

What actions will be required to improve performance?

- CAP holders scrutinise failures and validate these at the local scrutiny meeting. Where possible, appropriate action is taken to prevent future failures.

Performance and Programme Board – Performance Report

Indicator: [On-call Availability]

| | | | | | |
|--|--|--|--|--|--|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | | | |
| Q1 Target | 85% | Q1 Actual | 63% | | |
| Q2 Target | 85% | Q2 Actual | 62% | | |
| Q3 Target | | Q3 Actual | | | |
| Q4 Target | | Q4 Actual | | | |
| Q4 Cumulative Target | 85% | Q4 Cumulative Actual | 62% | | |
| Nucleus | | Primary on-call | | Secondary on-call | |
| Previous Status | Current Status | Previous Status | Current Status | Previous Status | Current Status |
|  |  |  |  |  |  |

Summary of Current Performance

On Call YTD global availability is currently 62.25% (crew of 4) and 69.61% (crew of 3, available as a Small Incident Unit *)

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

- On-call pump is part of nucleus crewing (e.g. Birchwood)
- On-call pump is the primary pump (e.g. Malpas, Poynton).
- On-call pump is the second pump (e.g. Winsford)

What actions will be required to improve performance?

In order to address the current shortfall in On Call appliance availability and to strengthen and improve the On Call Duty System, six On-Call Support Crew Managers (OCSCM) started on 23rd April 2019. This team has been in place for almost six months now and it is important to note that, whilst improving availability is a long term target, recruitment and development of firefighters is also a key aspect of the role in these early stages.

At the end of Q2, the team have:

- Provided an additional 4,384 hrs availability for On Call stations
- Attended over 138 incidents as part of an On-call team that would not ordinarily have been available
- Provided over 415 hours of development activities to support new and development firefighters
- Attended a number of recruitment events totalling 205 hours.

As a direct result of this work, there are now more firefighters joining the Service and entering into development programmes to become competent firefighters. As these firefighters become operational, this will directly positively impact On Call station availability.

Additionally, more incidents have been attended by the nearest On Call station due to the fact that an OCSCM is enabling the pump to be available when crewing has been deficient.

The Service is running a continual On Call recruitment campaign ‘Need More’ through the use of banners, posters and leaflets available at all On-Call stations and placed in prominent locations within the local community. Social media posts including Twitter and Facebook Boost are being used to great effect to promote awareness and target specific demographics within close proximity to fire stations with the intention of recruiting more firefighters.

Our aim is to recruit over 70 new firefighters in 2019 and we are on target to achieve this with additional training courses being arranged through the Operational Training Group (OTG) team. The table below illustrates the current and past position with recruitment and already demonstrates a significant improvement in numbers during the current year in comparison to previous years.

| <u>Calendar year</u> | <u>Number of On-call starters</u> | <u>Number that were already Wholetime</u> |
|----------------------|-------------------------------------|---|
| 2016 | 54 | 16 |
| 2017 | 58 | 19 |
| 2018 | 27 | 10 |
| 2019 | 51 (at end of September 2019) | 11 |

Currently, there are 26 additional individuals in the On Call recruitment system and this is monitored by the team every two weeks to ensure individuals progress through to starting training as soon as possible.

The On Call Support Crew Managers (OCSCM) are starting to improve pump availability during the weekday periods 08:00 – 18:00. It is important to note the results of their efforts in increasing recruitment and training of development firefighters will eventually produce an increase in availability. A number of On Call stations continue to negatively impact on the overall availability of On Call pumps and these are being prioritised by the On Call Programme Team in terms of recruitment advertising.

The On Call Programme Team (OCPT) is developing a range of workstreams in order to effectively project manage the improvements to our On Call Duty system. Members of the team are also actively engaged in a number of work packages which are aimed at delivering improvements in the retention of On Call firefighters.

Performance and Programme Board – Performance Report

Indicator: [Average Days/Shifts Lost to Sickness]

| | | | |
|---|---|--------------------------------|------|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 1.38 | Q1 Actual | 0.84 |
| Q2 Target | 2.75 | Q2 Actual | 1.84 |
| Q3 Target | | Q3 Actual | |
| Q4 Target | | Q4 Actual | |
| Q4 Cumulative Target | | Q4 Cumulative Actual | |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance

Performance for Fire Staff (2.66) shows a significant reduction when compared with Q2 last year (3.87). The performance of Operational Staff is strong at 1.63, which is well below the target of 2.75, although is a slight increase on the Q2 figure from last year (1.32).

Overall, across all staff groups the Service is under target for the quarter.

| Staff Category | # of sickness days/shifts | Headcount | Average working days lost to sickness per person |
|----------------------|---------------------------|------------|--|
| Whole-time | 656.5 | 437 | 1.50 |
| On-call | 504 | 277 | 1.82 |
| Uniform Total | 1160.5 | 714 | 1.63 |
| Fire Staff | 505 | 190 | 2.66 |
| Q2 Total | 1665.5 | 904 | 1.84 |

What actions will be required to improve performance?

- 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 Occupational Health Unit are also ongoing to monitor service delivery and performance.
- Following a significant increase in sickness absence for Fire Staff in 2018/2019 a number of initiatives have been put in place to try and increase the support given to staff to assist with maintaining good attendance. These include promoting Health Screening appointments at OHU, highlighting hand hygiene across the Service to prevent infection, and targeting health interventions at Fire Staff who have previously had operational careers.

Performance and Programme Board – Performance Report

Indicator: [Working Days Lost to Injury]

| | | | |
|---|---|--------------------------------|---|
| Reporting Period Q2 | | 01/04/2019 To 30/09/2019 | |
| Q1 Target | 10 | Q1 Actual | 0 |
| Q2 Target | 10 | Q2 Actual | 6 |
| Q3 Target | | Q3 Actual | |
| Q4 Target | | Q4 Actual | |
| Cumulative | 20 | Actual | 6 |
| Previous Status | Current Status | | |
|  |  | | |

Summary of Current Performance

In Q2 two incidents have resulted in six duty days being lost. This is below target for the quarter. The yearly total to date is also below the target.

Both cases were twisted ankles, one of two days and the other four. The investigations did not identify any actions to be taken by CFRS as they were both caused by uneven ground.

What actions will be required to improve performance?

The Service Health Safety and Well-Being Committee continues to monitor accident trends in an attempt to identify any causes of accidents where we can take proactive measures to prevent future occurrences. However one serious accident can skew the figure considerably.

Performance at the end of September 2019



Since April 1st 2019 we have welcomed a total of **4,484** visitors including:

1,635 pupils and **225** adults from **30** mainstream schools and groups

159 young people and **86** adults from **14** non-mainstream schools and colleges

1,128 people and **118** helpers from **48** community groups

1,112 stakeholders attending training, events or meetings

Total number of visitors since we opened in July 2017: **15,904**



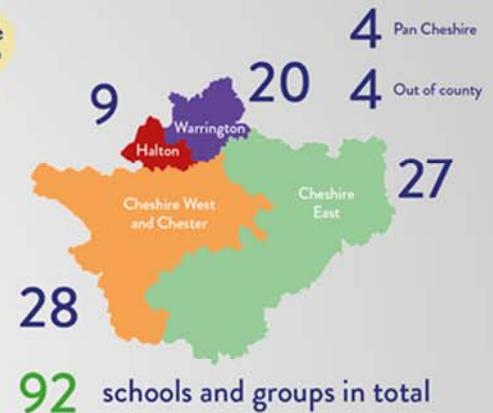
32 volunteers are currently active and **6** more have applied or are in training. A total of **2,137** volunteer hours have been logged so far this year.



Average **improvement** of **76%** in test of key lifeskills subject knowledge



"Amazing day, the children were really engaged!"



"Informative and engaging. Children got lots out of the experience."

"The short, interactive and practical activities really engaged the children. Staff were also particularly good with their individual needs."



Visitor experience

100% of 60 teachers rated their visit as 'very good' or 'excellent' and **100%** would visit again.

92% of 341 pupils and students gave their visit **4 or 5** out of 5.

99% of 258 adult visitors gave their visit **4 or 5** out of 5.



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SAFE & WELL

Initiative

1ST APRIL 2019 - 30TH SEPTEMBER 2019

Cheshire Fire and Rescue Service has a proud record of delivering successful fire safety, road safety and youth engagement initiatives. This excellent record is now being extended and expanded to provide help to our health partners for some key local health priorities through Safe and Well visits, which the Service commenced on 1st February 2017.

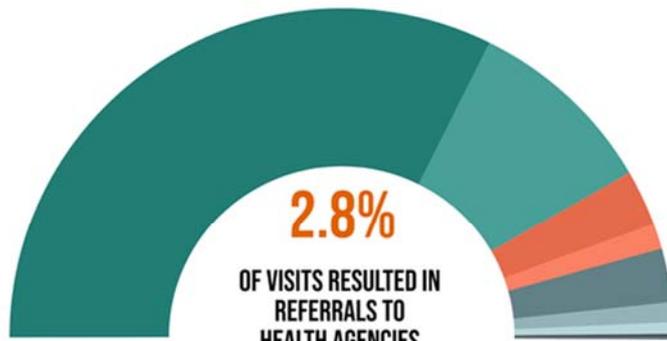
1,927
ATRIAL FIBRILLATION
SCREENINGS

(Halton, West Cheshire, E.Cheshire,
S.Cheshire & Vale Royal)



WITH **78** PEOPLE
BEING
SIGNPOSTED TO
SEE THEIR GP

18,071
VISITS COMPLETED



1,444
LONELINESS &
ISOLATION
SCREENINGS



WITH **32** PEOPLE
BEING
SIGNPOSTED TO
BRITISH RED
CROSS



161



LOCAL AUTHORITY FALLS
TEAM REFERRALS

3

ALCOHOL REDUCTION TEAM
REFERRALS



554



BLOOD PRESSURE TESTS
TAKEN

WITH **155** PEOPLE
SIGNPOSTED TO
HEALTH FOR
SECOND TEST

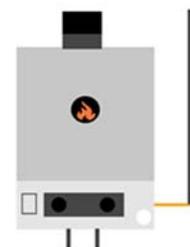


13



SMOKING CESSATION TEAM
REFERRALS

56*



AFFORDABLE WARMTH
REFERRALS

(*1 referral per household)

SAFE & WELL Initiative

1ST APRIL 2019 - 30TH SEPTEMBER 2019

Cheshire Fire and Rescue Service has a proud record of delivering successful fire safety, road safety and youth engagement initiatives. This excellent record is now being extended and expanded to provide help to our health partners for some key local health priorities through Safe and Well visits, which the Service commenced on 1st February 2017.

SAFE & WELL UNITARY OVERVIEW

| UNITARY AREA |  Cheshire East Council |  Cheshire West and Chester |  HALTON BOROUGH COUNCIL |  Warrington Borough Council |
|---|---|---|--|--|
| FALLS REFERRAL  | 55 | 46 | 20 | 40 |
| ATRIAL FIBRILLATION SCREENINGS  | 997 | 438 | 81 | 411 |
| ATRIAL FIBRILLATION SIGNPOSTS  | 39 | 7 | 5 | 27 |
| SMOKING CESSATION REFERRALS  | 5 | 3 | 0 | 5 |
| ALCOHOL REDUCTION TEAM REFERRALS  | 0 | 1 | 1 | 1 |
| AFFORDABLE WARMTH REFERRALS  | 23 | 18 | 6 | 9 |
| BLOOD PRESSURE TESTS TAKEN  | 216 | 103 | 41 | 194 |
| BLOOD PRESSURE SIGNPOSTS  | 81 | 33 | 3 | 38 |
| LONELINESS & ISOLATION SCREENINGS  | 635 | 356 | 123 | 328 |
| LONELINESS & ISOLATION REFERRALS  | 7 | 6 | 9 | 9 |
| VISITS COMPLETED | 5,722 | 5,853 | 2,368 | 4,116 |
| % TO REFERRAL | 3.7% | 1.9% | 1.9% | 3.1% |

APPENDIX 3

| | | | ON CALL AVAILABILITY | | | | | | | | | | | | | |
|-------------------------------|--------------------|-----------|----------------------|---------------|---------------|-------------------|---------------|------------|-------------------|----------|-----------|-------------------|-------------|----------------|------------------------|---------------------|
| | | | Quarter 3 2018/19 | | | Quarter 4 2018/19 | | | Quarter 1 2019/20 | | | Quarter 2 2019/20 | | | | |
| Shift System* | Appliance Location | Call Sign | October 2018 | November 2018 | December 2018 | January 2019 | February 2019 | March 2019 | April 2019 | May 2019 | June 2019 | July 2019 | August 2019 | September 2019 | Percentage without SIU | Percentage with SIU |
| Nucleus OC | Macclesfield | E19P1 | 100.00% | 100.00% | 96.77% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 96.77% | 100.00% | 99.45% | 99.45% |
| Nucleus OC | Birchwood | E02P1 | 99.60% | 100.00% | 99.73% | 98.72% | 99.93% | 99.93% | 98.89% | 94.83% | 99.58% | 96.71% | 93.82% | 99.72% | 98.43% | 99.16% |
| Nucleus OC | Wilmslow | E23P1 | 99.73% | 98.06% | 99.13% | 100.00% | 100.00% | 99.73% | 80.76% | 83.80% | 82.15% | 79.77% | 94.35% | 97.15% | 92.87% | 93.14% |
| Primary OC | Nantwich | E12P1 | 95.73% | 96.11% | 96.47% | 97.85% | 98.44% | 96.64% | 94.83% | 89.11% | 89.13% | 95.06% | 92.10% | 93.72% | 94.58% | 94.58% |
| Primary OC | Poynton | E22P1 | 68.58% | 74.13% | 84.71% | 85.69% | 81.96% | 83.23% | 81.42% | 85.22% | 91.28% | 80.31% | 83.80% | 87.26% | 82.29% | 85.87% |
| Primary OC | Sandbach | E16P1 | 78.60% | 67.60% | 72.08% | 76.04% | 80.88% | 77.35% | 84.20% | 78.76% | 80.45% | 82.93% | 72.48% | 78.30% | 77.44% | 88.03% |
| Primary OC | Alsager | E14P1 | 57.43% | 72.33% | 77.15% | 83.90% | 75.45% | 70.97% | 81.74% | 80.07% | 78.23% | 87.80% | 80.24% | 83.16% | 77.37% | 83.76% |
| Primary OC | Middlewich | E26P1 | 82.06% | 78.33% | 75.47% | 79.91% | 76.67% | 79.60% | 69.13% | 78.36% | 82.05% | 82.59% | 63.81% | 79.69% | 77.31% | 80.19% |
| Primary OC | Audlem | E13P1 | 65.39% | 76.91% | 64.42% | 80.38% | 78.79% | 77.25% | 75.14% | 84.95% | 80.90% | 80.61% | 62.67% | 78.78% | 75.46% | 85.71% |
| Primary OC | Bollington | E20P1 | 70.43% | 66.01% | 48.99% | 72.82% | 68.42% | 58.06% | 65.28% | 48.59% | 66.74% | 56.69% | 56.35% | 63.26% | 61.71% | 68.53% |
| Primary OC | Malpas | E11P1 | 58.90% | 57.74% | 69.46% | 74.19% | 65.81% | 58.70% | 50.00% | 49.29% | 53.58% | 57.36% | 49.93% | 61.42% | 58.84% | 66.02% |
| Primary OC | Holmes Chapel | E17P1 | 50.67% | 53.68% | 52.52% | 67.07% | 48.07% | 61.46% | 46.84% | 51.85% | 53.72% | 49.73% | 54.03% | 29.55% | 51.69% | 72.66% |
| Primary OC | Tarporley | E10P1 | 61.76% | 54.97% | 53.49% | 56.79% | 42.34% | 50.67% | 53.02% | 33.40% | 42.33% | 42.57% | 38.10% | 32.22% | 46.86% | 67.91% |
| Primary OC | Stockton Heath | E03P1 | 45.16% | 39.10% | 21.03% | 24.90% | 31.03% | 46.14% | 53.09% | 60.01% | 67.40% | 49.93% | 68.72% | 54.51% | 46.81% | 54.55% |
| Primary OC | Knutsford | E24P1 | 55.65% | 49.24% | 32.39% | 52.12% | 46.21% | 38.84% | 44.79% | 43.88% | 50.73% | 48.96% | 38.21% | 46.32% | 45.58% | 54.09% |
| Primary OC | Frodsham | E06P1 | 28.43% | 19.69% | 10.75% | 35.79% | 31.29% | 39.18% | 34.51% | 38.47% | 21.94% | 18.35% | 18.58% | 9.24% | 25.52% | 34.30% |
| Secondary OC | Macclesfield | E19P2 | 90.39% | 60.21% | 49.43% | 68.35% | 75.30% | 71.30% | 59.79% | 64.35% | 57.81% | 52.89% | 40.89% | 62.19% | 62.67% | 69.40% |
| Secondary OC | Penketh | E29P2 | 51.68% | 47.05% | 46.34% | 52.22% | 52.86% | 54.33% | 56.22% | 42.27% | 44.62% | 56.96% | 47.31% | 57.85% | 50.78% | 52.43% |
| Secondary OC | Northwich | E25P2 | 59.61% | 55.80% | 51.41% | 58.37% | 45.24% | 48.86% | 47.08% | 37.26% | 40.07% | 45.36% | 42.00% | 43.40% | 47.91% | 59.65% |
| Secondary OC | Runcorn | E05P2 | 28.97% | 30.87% | 17.44% | 44.56% | 38.43% | 28.13% | 27.47% | 29.77% | 35.42% | 42.20% | 32.09% | 47.67% | 33.52% | 38.78% |
| Secondary OC | Winsford | E27P2 | 21.51% | 34.13% | 11.02% | 20.36% | 19.23% | 12.67% | 4.79% | 11.12% | 40.97% | 9.07% | 23.05% | 19.41% | 18.88% | 21.29% |
| Monthly Availability | | | 65.25% | 63.43% | 58.58% | 68.10% | 64.59% | 64.43% | 62.33% | 61.21% | 64.72% | 62.66% | 59.49% | 63.09% | 63.16% | 69.98% |
| Quarterly Availability | | | 62.42% | | | 65.70% | | | 62.75% | | | 61.75% | | | | |
| Quarterly Availability as SIU | | | 69.38% | | | 72.91% | | | 69.88% | | | 69.34% | | | | |

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ON CALL BREAKDOWN

Year to date On Call availability breakdown

| Shift | With a crew of 4 | With a crew of 3 *(SIU) |
|-------------------|------------------|-------------------------|
| Nucleus On Call | 96.92% | 97.25% |
| Primary On Call | 63.19% | 72.02% |
| Secondary On Call | 42.75% | 48.31% |

Last six months performance (All On Call patterns)

| Quarter 1 2019/20 | | | Quarter 2 2019/20 | | |
|-------------------|--------|--------|-------------------|--------|--------|
| April | May | June | July | August | Sept |
| 62.33% | 61.21% | 64.72% | 62.66% | 59.49% | 63.09% |

The overall On Call availability % is remaining stable however, at present, any availability improvements made in a number of stations is being countered by poor performance in a small number of stations.

Most recent month by month performance (Primary On Call only, crew of 4)

| Station | August 2019 | September 2019 | Improvement |
|----------------|-------------|----------------|-------------|
| Nantwich | 92.10% | 93.72% | ✓ |
| Poynton | 83.80% | 87.26% | ✓ |
| Sandbach | 72.48% | 78.30% | ✓ |
| Middlewich | 63.81% | 79.69% | ✓ |
| Holmes Chapel | 54.03% | 29.55% | ✗ |
| Stockton Heath | 68.72% | 54.51% | ✗ |
| Tarporley | 38.10% | 32.22% | ✗ |
| Alsager | 80.24% | 83.16% | ✓ |
| Malpas | 49.93% | 61.42% | ✓ |
| Frodsham | 18.58% | 9.24% | ✗ |
| Bollington | 56.35% | 63.26% | ✓ |
| Audlem | 62.67% | 78.78% | ✓ |
| Knutsford | 38.21% | 46.32% | ✓ |

Most recent month by month performance (Nucleus On Call only, crew of 4)

| Station | August 2019 | September 2019 | Improvement |
|--------------|-------------|----------------|-------------|
| Macclesfield | 96.77% | 100% | ✓ |
| Birchwood | 93.82% | 99.72% | ✓ |
| Wilmslow | 94.35% | 97.15% | ✓ |

Most recent Month by month performance (Secondary On Call only, crew of 4)

| Station | August 2019 | September 2019 | Improvement |
|--------------|-------------|----------------|-------------|
| Macclesfield | 40.89% | 62.19% | ✓ |
| Runcorn | 32.09% | 47.67% | ✓ |
| Northwich | 42.00% | 43.40% | ✓ |
| Penketh | 47.31% | 57.85% | ✓ |
| Winsford | 23.05% | 19.41% | ✗ |

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 27TH NOVEMBER 2019
REPORT OF: HEAD OF PROTECTION AND ORGANISATIONAL
PERFORMANCE
AUTHOR: ANTHONY JONES

SUBJECT: HMICFRS INSPECTION ACTION PLAN – HEALTH
REPORT

Purpose of Report

1. To present the 2019-20 Quarter 2 review of performance against the consolidated action plan in response to the identified 'Areas for Improvement' (AFI) from the inspection report of Cheshire Fire and Rescue Service (CFRS) by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

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 HMICFRS consolidated action plan for Q2 2019-20.
3. The action plan includes identified measures of success for each AFI which delivery and success can be measured against. This will not only help CFRS to improve, it will also provide positive evidence to HMICFRS when they return.
4. The action plan is designed to be a dynamic and iterative document that will continue to develop as it is progressed.
5. The action plan is monitored by the Service Management Team (SMT) on a quarterly basis.
6. Members will scrutinise completion of the action plan at the Performance and Overview Committee on a six monthly basis (Q2 and Q4) using the performance health report.

Information

7. The Service's Performance and Programme Board (members of the Service Management Team) receives a bi-annual review of performance against the plan. The Board is responsible for monitoring and reviewing progress against performance targets and ensuring that action is taken wherever possible if targets are not being met. The performance reviews are in turn presented to the Performance and Overview Committee in the performance health report format.
8. The action plan contains a number of actions to review other services HMICFRS reports to identify notable practice. Following each tranche, and the publication of the individual service reports and the 'state of the nation' report, analysis has been carried out to identify good practice in other services for SMT to consider. So far this has been completed for tranches 1 and 2 and will be done again as soon as tranche 3 is published.
9. The second health report is attached as Appendix 1 to this report.

Financial Implications

10. None at this stage, however, following the commencement of the action plan there may be financial implications which will be addressed as they become apparent.

Legal Implications

11. None at this stage, however, following the commencement of the action plan there may be legal implications which will be addressed as they become apparent.

Equality and Diversity Implications

12. None at this stage, however, following the commencement of the action plan there may be equality and diversity implications which will be addressed as they become apparent.

Environmental Implications

13. None at this stage, however, following the commencement of the action plan there may be environmental implications which will be addressed as they become apparent.

CONTACT: NAOMI THOMAS, CLEMONDS HEY, WINSFORD

TEL [01606] 868804

BACKGROUND PAPERS: NONE

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date

30th September 2019

AFI – PROTECTING THE PUBLIC THROUGH FIRE REGULATION:

The service should ensure it allocates enough resources to a prioritised and risk-based inspection programme.

Previous



Current



Agreed Actions

- 1 Ensure inspecting officer vacancies are filled within 3 months to prevent cumulative experiential degradation.
- 2 New Inspectors to be trained to Level 4 Diploma within 18 months.
- 3 Skills, recruitment, retention and succession planning to be specifically considered in departmental review.
- 4 Department and individual targets to be reviewed to ensure they are achievable taking in to account a vacancy factor.
- 5 Risk Based Inspection Programme (RBIP) to be reviewed.

Progress Against Actions

- 1 Since the turn of the year 3 TFSO posts and 2 WM posts have been filled. The TFSO posts were filled within 3 months of the vacancies becoming available but the WM took 6 months to fill due to timetabled grey book promotion boards and transfer processes needing to conclude. With the exception of maternity cover for one member of staff all posts are filled.
- 2 The new starters will be set the 18 month development target. 1 attended the L3 - immediately on starting in June. All except one inspector has had the Level 3 course due to clashes with leave dates with the remaining course programmed for January. Awaiting completion of coursework to determine if these courses have been achieved. 3 inspectors attended the level 4 course in September. To speed up development we are programming courses outside of the North West agreed process which has increased training costs for the department above that which was originally bid for and approved.
- 3 Recommendations have been proposed in the review in relation to recruitment and retention.
- 4 Individual targets have been applied which in theory would exceed the annual target. At Q2 this has not been achieved due to a lack of competence in two of the three teams and other workloads such as Prohibition Notices, prosecution case files and the work generated by the Beechmere Fire. Further target revisions will be discussed with the team at an internal training day in preparation for future target setting.
- 5 Inspection frequencies have been revised and the wider RBIP policy is under review.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date
30th September 2019

AFI – MAKING BEST USE OF RESOURCES

The service should ensure there is effective monitoring, review and evaluation of the benefits and outcomes of any collaboration.

Previous



Current



Agreed Actions

- 1 Develop a clear CFRS Collaboration Strategy that will inform collaboration activity in future.
- 2 Utilise the Partnership Toolkit as guidance and practice for all new collaborations.
- 3 Sense check, review and evaluate exiting collaborations by using the Partnership Toolkit.
- 4 Embed the process of collaboration by communicating and providing training where necessary for all stakeholders.
- 5 Review the status of each collaboration regularly and continue to gather the evidence to support this.

Progress Against Actions

- 1 Initial draft Collaboration Strategy considered.
Checked other HMI reports for best practise – some of which is helpful.
Report being prepared for SMT and then Members with draft collaboration strategy for approval.
- 2 Reviewed Partnership Toolkit for suitability to carry out reviews.
- 3 Evaluations ongoing for FRIC arrangements and in respect of the services provided under Blue Light Collaboration by the Communications team.
- 5 Confirmed list of existing collaborations to concentrate upon initially.
Initial work concentrating on Blue Light Collaboration has produced a proposed performance framework that is being considered for adoption.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date

30th September 2019

AFI – MAKING BEST USE OF RESOURCES

The service should ensure it has sufficiently robust plans in place to secure the right level of savings in the medium term by widening its scenario planning and testing for future financial forecasting

Previous



Current



Agreed Actions

- 1 Revise the budget setting process and methodology incorporating broader scenario planning and implement Priority Based Budgeting
- 2 Develop plans to achieve the saving forecasts in the Medium Term Financial Plan
- 3 Complete Whole Service Review
- 4 Review other Services' HMICFRS reports as published to identify notable practice

Progress Against Actions

- 1 The Priority Based Budget process is now complete for its first iteration. Each department has been reviewed and their proposed changes and service levels scrutinised by SMT. Next stage is to prioritise the services, linking in with the Whole Service Review in preparation for the Local Government Provisional Settlement in December 2019
- 2 The MTFP has been updated and is currently being reviewed in light of the Local Government Financial Settlement 2020/21 Technical Consultation. We are monitoring the savings for 2019/20 which will be reported quarterly to the Authority.
- 3 The Whole Service Review elements are being developed, but we will ensure the finances match up with this as and when.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date

30th September 2019

AFI – MAKING THE FIRE AND RESCUE SERVICE AFFORDABLE NOW AND INTO THE FUTURE: The service needs to demonstrate sound financial management of principal non-pay costs. It should use benchmarking data more widely and effectively.

Previous



Current



Agreed Actions

- 1 For the Joint Corporate Procurement Team to develop relationships and engage with National Procurement activity to ensure that all purchasing decisions are well informed.
- 2 Continue to engage with North West services on procurement efforts wherever appropriate.
- 3 Continue to work with Joint Corporate Procurement Team to make sure they know all the requirements of CFRS in particular when frameworks are being developed.
- 4 Gather evidence to demonstrate how CFRS ensures Value for Money and be clear in the information we provide.
- 5 Record the process used to benchmark our procurement.

Progress Against Actions

- | | |
|-----------|---|
| 1,2 and 4 | Head of Procurement engaging with NFCC and meeting North West colleagues about procurement opportunities. Decision note for procurements will, in future, rehearse more fully the options available with a view to explaining the chosen procurement route. |
| 1 and 3 | Discussed action plan with Head of Joint Procurement Team. |
| 3 | Regular meetings with Head of Procurement. |
| 4 | Collated 'basked of goods' evidence. |
| 5 | Established that procurement portal will provide evidence |

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date

30th September 2019

AFI - PROMOTING THE RIGHT VALUES AND CULTURE:

The service should assure itself that staff understand and have confidence in the purpose and integrity of wellbeing policies, especially sickness.

Previous



Current



Agreed Actions

- 1 Undertake review of Attendance Management (AM) Policy with specific focus on terminology and language to achieve a more compassionate and appropriate tone.
- 2 Develop an Attendance Management toolkit for Managers reference explaining policy.
- 3 Incorporate Attendance Management into Step Up Leadership Programme and as part of supervisory induction to embed the process within CFRS.
- 4 Develop and launch communications plan to highlight positive/ supportive aspects of attendance management and wellbeing within CFRS.
- 5 Create new post of Mental Health and Wellbeing Advisor (MHWa) and appoint appropriately qualified person to role.
- 6 Introduction of Wellbeing impact assessments on all business cases and project proposals for change that involve staff.
- 7 Review the amended duties programme of activities for those on restricted duties.
- 8 Review other Services' HMICFRS reports as published to identify and implement notable practice.
- 9 Prepare a paper for discussion setting out a review of CPD.

Progress Against Actions

- 1 Policy desktop review completed – initial draft submitted to CR/AH for consideration. Discussion in respect of policy and OHU provision held at Staff Engagement Forum at July 2019 meeting. Feedback will be considered in developing tender specification.
- 2 Follow up meetings held to review policy. Work ongoing.
- 3 Module 2 of Step Up has an element of Attendance Management contained within it. To be refreshed upon finalisation of policy. Module 2 of Step Up programme also to incorporate session on Mental Health and Wellbeing facilitated internally.
- 4 Scheduled for discussion with Staff Engagement Forum in July 2019.
- 5 Mental Health & Wellbeing Advisor post created and recruited – started 8/7/19. Work streams have been identified and agreed with DOT and CFO. Article outlining key areas of priority to be included in next Alert publication. Mental Health & Wellbeing Day is planned in early October and it is intended for the whole service to take part.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date

30th September 2019

AFI - PROMOTING THE RIGHT VALUES AND CULTURE:

The service should take early action, such as monitoring overtime, to improve the wellbeing of staff

Previous



Current



Agreed Actions

- 1 Review the monitoring arrangements for overtime for all staff and implement any revised arrangements.
- 2 Provide training on the monitoring and risks of fatigue.
- 3 Report regularly on overtime in a meaningful way.
- 4 Provide guidance to staff on registering secondary/primary employment hours on Gartan to enable monitoring and review the policy to incorporate an appropriate process for Green Book Staff.
- 5 Review other Services' HMICFRS reports as published to identify and implement notable practice.

Progress Against Actions

- 1 The Service has implemented robust monitoring of overtime for Nucleus and Day Staffing stations. This is now embedded on the respective stations.
Following a recent review of the Wilmslow Duty system time, comparable rates of overtime are now payable to staff who provide additional shifts. This has contributed to a better picture in relation to on call availability. All other shift pattern overtime arrangements remain as detailed in collective agreements.
- 2 An ELearning package will be finalised by July 2019.
The E learning package is now complete and on PDRPro , WTD policy is complete and has been presented to SMT, awaiting final approval/sign off from HODs. WTD review meetings take place routinely and reports to HSW Committee.
- 3 Report on overtime in a meaningful way. O/T was reviewed as part of WTD meetings, new O/T monitoring is in place for DC1 and Nucleus stations. All other duty systems have been recording O/T in accordance with the policy, have been reviewed and remain fit for purpose.
- 4 The Working time group has reformed and provides regular 17 weeks reports. A new standard is being prepared and will form part of the Station Management Framework. This will require monthly scrutiny and sign off by the Station Managers. Working Time is now a standing agenda item at the Service Delivery JCP meetings. An updated working time Policy is complete and is awaiting sign off by HODs prior to consultation with the representative bodies. Additional communication reiterating the working time guidance has being produced and communicated via the green bulletin, with personal letters to employees declaring secondary employment having been sent.
This WTD scrutiny forms part of the training which is ready to be rolled out after policy

sign off. Steve Barnes/Alex Waller will be briefing SMs and GMs on 19/11/2019 in relation to their role managing fatigue across the Service.

- 5 Review other Services' HMICFRS reports as published to identify and implement notable practice.

Regular reviews are undertaken to highlight opportunities for sharing best practice.

Examples include exploring the concept of On Call Tri service safety officer with Cornwall FRS and greater participation in the NFCC On Call forum.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date

30th September 2019

AFI - PROMOTING THE RIGHT VALUES AND CULTURE:

The service should assure itself that senior managers are visible to act as role models by demonstrating their commitment to service values through their behaviours.

Previous



Current



Agreed Actions

- 1 CFO to undertake visits to all operational watches on an individual watch basis and visits to all non operational team.
- 2 Programme of Principal Officers' visits to all watches and teams developed for 2019/2020.
- 3 Programme of visits to all watches and teams developed for SMT, Group and Station Managers for 2019/2020.
- 4 Programmed "back to the floor" activity by POs, SMT & GMs to work closely with teams throughout the service and experience the day to day issues faced by the teams a minimum of 2 days per year.
- 5 Creation of informal interaction opportunities with staff to build trust and improve relationships.
- 6 Introduce a staff conference for non managerial staff in the service to improve engagement and promote feedback.
- 7 Review the core values to ensure fit for purpose and reflect the future aspirations of the service.
- 8 Review and update technology as required to promote and support agile working for all staff.
- 9 Review other Services' HMICFRS reports as published to identify and implement notable practice.

Progress Against Actions

- 1 Watch Visits completed.
- 2 Programme of visits to be updated following new appointments to SMT. Alert update launched. Question included on 2019 staff survey to seek feedback in this area to gauge improvement relating to visibility since last survey.
- 1,2 & 3 SMT Visits have been booked in for staff survey result updates – from November to January, with SMT visits also booked in for IRMP consultation visits from January to March. The Chief continues to visit stations and teams throughout the county and is on-going.
- 4 "Back to the Floor" day has been booked and will take place on November 13th 2019. All SMT and Group Managers will be participating across the service.
- 5 Already in progress. Positive feedback in respect of presence of POs at retirement events coupled with revised policy. Continuing. Positive feedback in respect of presence of POs at retirement events coupled with revised policy. The CFO has started to offer shadowing opportunities to middle managers and to date two officers have done so.

- 6 Five events completed during May and June for staff in respect of HMICFRS, Culture and Values.
Further dates being identified for 3 staff conferences during Q1 of 2020/21.
Core Values reviewed at Management and Staff Conferences. Meeting held to collate and evaluate staff feedback in respect of core values. Shortlisted core values sets submitted to Comms for design input. Staff survey focus groups are due to be held 19th and 20th Aug – core values will be included in discussions.
Four staff conferences are being planned for January and February.
- 7 Core values comments from the staff survey are being analysed and incorporated for final review and production of draft set of core values.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date

30th September 2019

AFI - ENSURING FAIRNESS AND PROMOTING DIVERSITY:

The service should ensure that leaders can demonstrate that they act on and have made changes as a direct result of feedback from staff.

Previous



Current



Agreed Actions

- 1 Utilisation of technology. All stations and departments to be issued with technology to allow Skype type conversations and to be used as formal communications from the top down. For example:
 - Ask the Chief Sessions
 - SMT Briefing sessions
 - Broader interactions/debate with SMT on themes, i.e. diversity, Estates, Prevention etc.
 - Operational Updates and debates with crews
 - UPG Managers Monday briefing discussing key issues across the UPG in one hour meeting every week.
- 2 Improve 'you said – we did' communications to ensure they are sustainable and remembered by using communication tools that will deliver the required outcomes e.g. quarterly poster/alert article.
- 3 Development of visit feedback mechanism at all levels to ensure issues; feedback is acted upon and reported against.
- 4 Review other Services' HMICFRS reports as published to identify and implement notable practice.

Progress Against Actions

- 2 'You said – we did' Alert article has been produced which is to be published in late June 2019 in the Spring Summer 2019 Alert.
Completed Results from the staff survey were posted on line October 2019. Alert style summary distributed Nov 2019 to reinforce progress to date and results from 2019 staff survey.
- 3 Action plan completed and submitted to SMT for review in respect of watch visits and subsequent outcomes.
Quarterly updates scheduled to update staff on progress on staff engagement activity / survey action plan. Supported by regular meeting of staff engagement steering group.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 2

Date

30th September 2019

AFI - ENSURING FAIRNESS AND PROMOTING DIVERSITY:

The service should improve communications between staff and senior managers, so queries and suggestions are responded to in a timely and appropriate way.

Previous



Current



Agreed Actions

- 1 Undertaken a survey to evaluate the communications methodology across the service and identify improvements
- 2 Involving staff at all levels to contribute to strategic issues and change.
- 3 To develop a feedback process so that staff understand/appreciate what has/has not been done in relation to suggestions that have been made. To establish this as a key part of regular communications with timescales for progress/resolution. This should ensure matters are pursued in a timely manner
- 4 Provide a platform to recognise and thank people for their contribution – “pat on the back” – the back page of the Green having thanks/congratulations on a weekly basis
- 5 Using the Green more productively and ensure everyone knows when an individual is retiring or leaving and invite and encourage colleagues to attend final day/retirement speech
- 6 Specific and targeted group newsletters e.g. Land and Stations. This will be managed by a communications representative from each of the groups to produce a (time driven – monthly/bimonthly/quarterly) newsletter for all staff.
- 7 Set up communications processes to:
 - o Enable feedback from staff / ask questions with relevant HOD/specialist to respond
 - o Handle staff suggestions and ideas
 - o Publish responses etc. for transparency
- 8 Review other Services’ HMICFRS reports as published to identify and implement notable practice

Progress Against Actions

- 1 An internal comms survey was opened to all staff across the service and received 235 responses, which is around 25% of the workforce. Some of the findings were that staff would like to receive internal news in a digital format and also receive news which is more local to them. A follow up survey was issued with specific changes proposed and found the following:

- 91% of respondents would be happy to receive the Green digitally on a weekly basis.
- 82% of respondents would be happy to receive the Alert magazine digitally.
- 89% of respondents would like to have a Corp Comms SPOC to help improve local news content.

Following the surveys the below changes are now being made:

- The Green will be sent digitally to each staff member, via email, from w/c 24 June 2019. A download and print version will also be made available.
- A member of the comms team has been assigned to each area as a SPOC. Each station will be sent a poster in the coming weeks informing them of who their SPOC is.
- Alert is being reviewed and may become a monthly digital news bulletin in future.

A new staff engagement forum has been recruited for 2019-2020 and will be commencing in November 2019. Outcomes from the outgoing forum are to be presented at the December CFA Meeting.

- 2 Recognition already flagged in the Green but need a more robust programme. Research underway to identify options for discussion at SEF.
New SEF has been recruited for 2019/20 commencing Nov 2019. Outcomes from the outgoing forum to be presented at Dec CFA.
- 4 Currently all WM and above undertake annual 180 degree feedback within appraisal process. New national 360 currently being piloted prior to wider launch.
- 5 Alert newsletter now features more prominent articles on retirees and leavers.
- 7 Communication developed and in use.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 27 NOVEMBER 2019
REPORT OF: DIRECTOR OF GOVERNANCE AND COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: INTERNAL AUDIT PROGRESS REPORT –
QUARTER 2, 2019-20 AND FOLLOW-UP
REPORT

Purpose of Report

1. To present to Members, Internal Audit progress report and follow up report

Recommended: That Members

- [1] Note the information in the report and appendices
- [2] Highlight any specific audit findings which they would like to receive more detail.

Background

2. Internal audit is an assurance function that provides an independent opinion to the Authority on the organisation's control environment. It is provided by MIAA.
3. Recommendations made by MIAA are presented formally in a report to relevant senior officers. 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 and final audit reports are reviewed by senior officers and significant risks identified may be referred to the Risk Management Board (RMB). The Performance & Overview Committee receives quarterly updates for the purpose of monitoring and scrutiny of progress.
5. Delivery of recommendations are monitored and tracked on the Service's Cheshire Planning System (CPS).

Information

Internal Audit Progress Report - Quarter 2

6. The Progress Report is attached to this report at **Appendix 1**. The audit activity for this quarter is summarised below:-

- Volunteers Safety Central Review – **Final Report**
- HMICFRS – Phase 1 Gap analysis - **Complete**
- Follow Up – **Follow Up Report is attached at as a separate report Appendix 2**

Follow Up Report

7. The Follow Up Report is attached at **Appendix 2**.
8. There were 30 recommendations identified for follow up:
 - 13 recommendations were evidenced as implemented.
 - 12 recommendations were noted as partially implemented, and further evidence has been requested to confirm implementation, and
 - 5 recommendations were not yet due for follow up.
9. A more detailed summary of recommendations and revised dates for implementation are detailed in section 4 of the Follow Up Report.

Financial Implications

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

Legal Implications

11. Legal implications are considered when audit reports are presented to senior managers.

Equality and Diversity Implications

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

Environmental Implications

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

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BACKGROUND PAPERS: Information provided by Mersey Internal Audit Agency (MIAA)

Appendix 1 – Internal Audit Quarter 2 Progress Report

Appendix 2 – Follow Up Report

Internal Audit Progress Report Performance and Overview Committee (Nov 2019)

Cheshire Fire Authority / Fire & Rescue Service

Contents

1. Introduction
2. Key Messages for Committee Attention
3. Work in progress and planned
4. Request for Audit Plan Changes

Appendix A: Risk Classification and Assurance Levels

Appendix B: Contract Performance

Appendix C: Critical & High Level Risk Action Plans

1. Introduction

This progress report provides an update to the Performance and Overview Committee in respect of the assurances, key issues and progress against the Internal Audit Plan for 2019/20. 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 Audit Committee Attention

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

- Volunteers Safety Central Review - Final Report
- HMICFRS – Phase 1 Gap analysis Complete
- Follow Up – Final Report (Separate Report)

Appendix A provides the categorisation of assurance levels and risk ratings and Appendix B confirms performance against plan. Details of High Level actions agreed are provided in Appendix C.

| Title | Assurance Level | Recommendations | |
|---|-----------------|--------------------------|-----------------------|
| Volunteers Safety Central | Substantial | 0 x Critical 0 x High | 2 x Medium 2 x Low |
| Management Sponsor: Nick Evans, Head of Prevention and Mark Shone, Centre Manager, Safety Central | | | |
| Objective: To evaluate the systems and processes in place for the effective management of Volunteers providing support to Cheshire Fire and Rescue Service's Safety Central. | | | |
| Summary: | | | |
| Policies & Procedures | | | |
| Safety Central adopts Cheshire Fire and Rescue Service's Volunteer Policy which sets out the principles and procedures for the appropriate, safe and ethical engagement of volunteers to support the delivery of Cheshire Fire and Rescue Service's volunteer activities. The Head of Prevention is responsible for the policy and our review confirmed this was last reviewed in November 2018, with a review date stated for November 2019. | | | |
| Roles & Responsibilities | | | |

| Title | Assurance Level | Recommendations |
|--|-----------------|-----------------|
| <p>The responsibilities of volunteers were not explicitly outlined within the Volunteering Policy, however audit review of the volunteer agreements and volunteer handbook identified that the responsibilities and expected behaviours were detailed. The policy did not cover; confidentiality, data protection, or Health and Safety, however audit review confirmed confidentiality was covered within the volunteer agreements, and the volunteer training modules included data protection as well as health and safety training.</p> <p>Volunteer Induction and Training</p> <p>All new volunteers are provided with a programme of induction that familiarises them with the Safety Central's aims, objectives and values. This comprises awareness of core policies and procedures, together with training specific to the ranger role being undertaken. All Rangers must undertake the initial Ranger Academy – Modules 1 - 6. After Module 6, Rangers sign up to shadow an experienced Ranger until they feel confident to go it alone.</p> <p>Modules 1 - 4 are delivered by the Safety Central team leader and completed in between the start of the application and the final clearance from the Volunteer Programme Manager. Our review confirmed that mandatory training for Safeguarding was planned for all Safety Central volunteer rangers for January and February 2020.</p> <p>Our review highlighted that the Volunteer agreement stated that 'Staff and volunteers carrying out roles which involve substantial access to children will be required to read and understand the Safeguarding Children Policy and sign to say they have done so. The agreement goes on to state that 'This mandatory process will be distributed in the volunteer's induction'. Review of volunteer files confirmed that this was not in place on file and was also not part of the engagement checklist. However, Module 3 of the volunteers' training focuses on 'volunteering safely' and summarise the key points of both the Children's and Adults' Safeguarding Policies, rangers' responsibilities and procedures for reporting concerns. Completion of this module is logged by the Safety Central team leader. (Medium Risk recommendation 1).</p> <p>Pre-placement Checks & Agreements</p> <p>Our testing of Safety Central volunteer electronic files highlighted the following;</p> <ul style="list-style-type: none">• Online or paper application forms were held on file in all instances.• Copies of the initial interview notes and outcomes were held in all instances.• At least 2 references for each application was held on file in all instances.• 1 volunteer ranger did not have a signed agreement on file.• 1 volunteer ranger did not have an engagement checklist on file.• 3 volunteer rangers still had their photo ID on file, which management confirmed these should have been removed due to the introduction of GDPR. <p>Module training is currently not included within the electronic files. Tracking of module training is maintained on a separate spreadsheet held by the Safety Central team leader. This may result in inconsistent documentation as information is held on two different systems. Completion and dates of module training should be included on each electronic</p> | | |

| Title | Assurance Level | Recommendations |
|--|-----------------|-----------------|
| <p>file on the shared drive which can then be accessed by the Volunteer Programme Manager. (Medium Risk Recommendation 1)</p> <p>Our review confirmed that DBS records and expiry dates were not held on file, and this was held centrally by the HR department for CFRS. Discussions with the Volunteer Programme Manager confirmed that DBS certificates could go out of date without this being highlighted in a timely manner, which would consequently result in active Volunteer rangers without a valid DBS certificate. We recommend that a formal communication plan is put in place between Safety Central and CFRS HR to ensure that the Volunteer Programme Manager is consistently updated by the HR department with upcoming expiry dates to ensure a proactive response. (Medium Risk Recommendation 2)</p> <p>Expenses</p> <p>Our review confirmed that mileage, fares and out of pocket expenses incurred during volunteering activity is claimed using the appropriate volunteer expense form. Our review confirmed that a process is in place for setting up a new volunteer regarding expenses with rangers having to show and had witnessed their driving licence, car insurance and MoT before they can be paid expenses.</p> <p>Our review confirmed that all completed expenses forms are signed off by Safety Central Centre Manager before being sent through to the finance department to be completed. The signature is cross-referenced with the authorised signatory list and sent through for payment. A ranger expenses log is also held by the Safety Central team leader for each month. This details the date of the expense sheet, the date it was signed and the amount claimed.</p> <p>Volunteer Retention</p> <p>As requested by management, we reviewed the processes in place for retention and engagement of volunteers. Retention of volunteers is critical to the success of safety central and a key aspect of retention is the evaluation of volunteers, and the recognition of their work achievements and contribution to the organisation.</p> <p>Our review confirmed that annual appraisals were not in place for volunteer rangers. This offers a personalised evaluation that provides recognition of the volunteer value to the organisation, and one that reinforces the behaviours that team leaders want to see more of within the organisation. All appraisals should be formatted to provide objective and measurable feedback to help boost retention levels in Safety Central. (Low Risk Recommendation 1)</p> <p>During discussions with Safety Central management, it was highlighted issues in retaining volunteers during the wait for a DBS application to be confirmed, due to the lengthy application process. Although enhanced checks may be necessary due to the nature of the role, CFRS should consider the introduction of online DBS applications which may significantly quicken the process. (Low Risk Recommendation 2).</p> | | |

| Title | Assurance Level | Recommendations |
|---|-----------------|-----------------|
| <p>Volunteer Reporting</p> <p>At the time of the review, and due to the infancy of Safety Central and the volunteer programme, reporting mechanisms were not currently in place at Safety Central. However management confirmed that a Safety Central annual report was currently being drafted which will be submitted in September 2019.</p> <p>Key areas agreed for action:</p> <p>Two medium level risk recommendations were agreed:</p> <ul style="list-style-type: none"> • The file management system to be reviewed and updated as necessary to ensure all records are current and comply with GDPR. • An additional check box for DBS checks has been added to the file management systems and work is underway with HR to review processes. <p>Two low level risk recommendation were also agreed:</p> <ul style="list-style-type: none"> • To agree a process in respect of appraisals and ensure these are two-way informal chats. Create a template of standard questions particularly around support, development and other issues. • The DBS application process is a whole service issue. Work is currently being undertaken by HR Business Partner to look at other alternative DBS application processes including online mechanisms. | | |
| Title | Assurance Level | Recommendations |
| HMICFRS Action Plan – Phase 1 | N/A | N/A |
| <p>Management Sponsor: Lee Shears, Head of Protection and Organisational Performance</p> <p>Objective: Phase 1 - To review the Action Plan put in place to address the HMICFRS Report to establish if there are any gaps.</p> <p>Summary: We reviewed the internal Action Plan developed by Cheshire Fire and Rescue Service to address the HMICFRS inspection report findings and recommendations as part of a phase 1 review. Whilst we didn't find any glaring gaps in the actions identified to address the recommendations we made a couple of suggestions to improve the control arrangements:</p> <ul style="list-style-type: none"> • Each of the actions has an agreed deadline for implementation, but some don't have a definitive date and some note for example "Q4", they should all have a date agreed for implementation. • Each area for improvement has a nominated lead but we also think that it would be beneficial if each underpinning action had a nominated lead who could be held to account for delivery. <p>Phase 2 of our review will focus on the implementation of the action plan and the evidence available to confirm the reported status.</p> | | |

3. Work in Progress and Planned

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

Work In progress

- National Fraud Initiative – Further work on payroll matches underway.
- IT Service Continuity Review – Draft Report
- Collaboration/ Partnerships - Fire and Rescue Indemnity Company (FRIC) – Fieldwork November 2019
- Financial Systems - Fieldwork November 2019
- Cost Savings Plans – Fieldwork November 2019

Work planned

- HMICFRS Action Plan – Phase 2 – Planning

4. Request for Audit Plan Changes

It is recognised that we may need to update the audit plan during the year as different risks emerge. Any proposed changes to the plan are discussed with the Service Management Team and this will be reported to the Performance and Overview Committee to facilitate the monitoring process.

- Professional Standards – Given the delays to the development of national professional standards we recommend that this review is deferred until late 2020.

Appendix A: Assurance Definitions and Risk Classifications

| Level of Assurance | Description |
|--------------------|---|
| High | There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed. |
| Substantial | There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. |
| Moderate | There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk. |
| Limited | There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk. |
| No | There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives. |

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

Appendix B: Contract Performance

The primary measure of your internal auditor’s performance is the outputs deriving from work undertaken. The plan has also been discussed with lead officers to determine the appropriate timing of individual work-streams to accommodate 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 | Amber | There have been some delays in delivery against plan for the Follow Up, Collaboration/ Partnerships and Cost Savings Plans reviews. |
| Timeliness | Green | Generally, reviews are progressing in line with planned delivery. |
| Qualified Staff | Green | MIAA Audit Staff consist of: <ul style="list-style-type: none"> • 65% Qualified (CCAB, IIA etc.) • 35% Part Qualified |
| Quality | Green | MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA’s compliance with the Public Sector Internal Audit Standards. |

Overview of Output Delivery (2019/20 Plan)

| REVIEW TITLE | PLANNED REPORTING TO P & O | | | | ASSURANCE LEVEL | Commentary |
|--|----------------------------|-----|-----|-------|-----------------|---------------------------------------|
| | Sep | Nov | Feb | April | | |
| CORPORATE SERVICES | | | | | | |
| Financial Systems | | | • | | | Fieldwork Nov 2019 |
| Cost Savings Plans | | • | | | | Fieldwork Nov 2019 |
| Risk Management Board | • | • | o | o | N/A | Ongoing |
| IT Service Continuity | | • | | | | Draft Report |
| National Fraud Initiative (Carry forward) | | • | | | | In progress – Interim briefing issued |
| PROTECTION & ORGANISATIONAL PERFORMANCE | | | | | | |
| Professional Standards | | | | • | | Possible deferral to 2020 |
| HMICFRS (Carry Forward) | | • | | • | | Phase 1 complete Phase 2 Planning |
| SERVICE DELIVERY / OPERATIONAL POLICY & ASSURANCE | | | | | | |
| Collaboration/ Partnerships | | • | | | | Fieldwork Nov 2019 |
| PREVENTION | | | | | | |
| Safety Central Volunteers | ✓ | | | | Substantial | Final Report |
| FOLLOW-UP AND CONTINGENCY | | | | | | |
| Follow-up | • | • | | | N/A | Complete |
| Contingency | | | | | | |

Key o = Planned • = In Progress ✓ = Complete

Appendix C: Critical / High Risk Recommendations

There were no Critical or High Risk recommendations raised within any of the finalised report this period.

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Internal Audit Follow Up Report

Performance and Overview Committee

(November 2019)

Cheshire Fire Authority/ Fire & Rescue Service

Contents

1. Introduction and Background
2. Executive Summary
3. Outstanding and Partially Implemented Recommendations

Appendix A: Assurance Definitions and Risk Classifications

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 previously agreed actions.

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. Executive Summary

Section 4 provides a summary of all agreed Internal Audit actions due for implementation which were followed up during September 2019. Of the 30 recommendations for follow-up:

- 12 were evidenced as implemented,
- 13 actions were noted as partially implemented, and evidence has been requested to confirm implementation, and
- 5 recommendations were not yet due for follow-up.

A summary of these recommendations, including their status at September 2019, and revised dates for implementation are detailed in section 4. Of those still outstanding, none are considered high risk. 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.

3. Summary of Follow-Up

The following table summarises all Internal Audit recommendations which have been followed up during September 2019:

| Audit Report | Year | Number of Recommendations Outstanding | Total Number of Recommendations followed up | | | | |
|------------------------------|---------|---------------------------------------|---|-------------|-----------------------|------------|-----------------|
| | | | Recommendations not yet due | Implemented | Partially Implemented | Superseded | Not Implemented |
| Fire Cadets | 2015/16 | 1 | - | - | 1 | - | - |
| NW Control Centre | 2015/16 | 1 | - | - | 1 | - | - |
| Insurance Arrangements | 2016/17 | 1 | - | 1 | - | - | - |
| Partnerships | 2016/17 | 4 | - | 4 | - | - | - |
| Business Continuity | 2017/18 | 4 | - | 2 | 2 | - | - |
| Performance Reporting | 2018/19 | 4 | 4 | - | - | - | - |
| Operational Training | 2018/19 | 3 | - | 3 | - | - | - |
| Vehicle Fleet | 2018/19 | 1 | 1 | - | - | - | - |
| Station Management Framework | 2018/19 | 2 | - | 2 | - | - | - |
| Safe and Well | 2018/19 | 9 | - | 1 | 8 | - | - |
| Totals | | 30 | 5 | 13 | 12 | - | - |

4. Outstanding and partially Implemented Recommendations

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

Fire Cadets

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | 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, | CFRS fund raiser 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, Head of Legal and Democratic Services, Head of Finance and Head of Prevention to agree the policy. | 31/12/2016 | DCFO, Head of Legal and Democratic Services, Head of Finance and Head of Prevention. | Partially implemented The draft fundraising policy is now complete and with the Joint Corporate Services Legal Team for review. Once Legal have signed off the Policy will be submitted to the appropriate committee for approval. | May 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|---|---------------------|-----------------|-----------------------|--|------------------|
| | | recording and banking of funds collected. | | | | | |

NW Control Centre

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | 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) | 1/04/2017 | Director of Governance and Commissioning | Partially implemented The owners of the company have arranged for a visioning day to take place early next year. This should drive the future direction of the company and it will be an opportune time to review the Members Agreement. As it stands that Agreement contains a significant amount of information that is superfluous, but none of it | April 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|-------------------|--|-----------------|-----------------------|---|------------------|
| | | | 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 unanimity. The Agreement can be reviewed, but it is not a priority. | | | causes any difficulties – the key provisions aimed at protecting the interests of the owners of the company are adequate and appropriate. It is expected that any redrawing of the Agreement will simply see the superfluous information removed. | |

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Business Continuity

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|---|--|---|--|--|------------------|
| 4 | Medium | <ul style="list-style-type: none"> To further strengthen assurances escalated to senior management CFRS should develop a RAG rated report providing assurances | <ul style="list-style-type: none"> Revised reporting arrangements will be taken to the RMB for approval in March 2018 including references to learning gained from joint working with CFOA, | <ul style="list-style-type: none"> 30th June 2018 October 2018 | Operational Support, Risk, Research & Development Lead | <p>Partially implemented</p> <p>RAG Report Submitted as part of the testing Schedule in Place with the Joint Corporate Services</p> | January 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|--|---|--|---|--|------------------|
| | | <p>that business continuity plans have been reviewed, tested and from assurances from Cheshire Constabulary for services they have responsibility for.</p> <ul style="list-style-type: none"> An annual report should be reported to the RMB which includes references to learning gained from joint working with CFOA, Cheshire Constabulary, national reports or guidance and progress against planned business continuity testing. | <p>Cheshire Constabulary, national reports or guidance and progress against planned business continuity testing.</p> <ul style="list-style-type: none"> An annual report will be reported to the RMB in October 2018 | | | Team | |
| 5 | Low | <ul style="list-style-type: none"> As planned, quarterly Business Continuity Champion meetings should be held with | <ul style="list-style-type: none"> Business Continuity Champion meetings will be held with agreed actions monitored to | <ul style="list-style-type: none"> 29th February 2018 30th April | Operational Support, Risk, Research & Development | <p>Partially implemented</p> <p>Awaiting minutes of RMB to be approved and published which will clarify</p> | January 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|--|--|---|-----------------------|--|------------------|
| | | <p>agreed actions monitored to provide assurance they are completed.</p> <ul style="list-style-type: none"> To accompany the role of Business Continuity Champions, CFRS and Cheshire Constabulary should consider processes to periodically raise the profile of business continuity across each organisation. This includes participation in national awareness campaigns by Resilience Direct. CFRS should request business continuity to be included periodically at CFRS service and departmental | <p>provide assurance they are completed.</p> <ul style="list-style-type: none"> Business Continuity Champions will continue to raise awareness of business continuity within their departments. Additionally CFRS will update its business continuity intranet page and consider its involvement in the national business continuity event held in May each year. Business continuity will be included at CFRS departmental meetings to raise the awareness of business continuity and actions required to be completed. | <p>2018</p> <ul style="list-style-type: none"> 29th February 2018 | <p>Lead</p> | <p>the position in relation to this recommendation</p> | |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|-------------------|---------------------|-----------------|-----------------------|--|------------------|
| | | meetings. | | | | | |

Safe and Well

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|--|--|-----------------|-----------------------|---|------------------|
| 1 | Medium | <p>The current arrangements for Data Privacy require review and strengthening to meet GDPR requirements and confirmation that they meet the requirements of the formal agreement between CFRS and health partners.</p> <p>We recommend control improvements in relation to the wording within the booklet and specific signposting to the relevant area of the website i.e. https://www.cheshirefire.</p> | <p>Prevention Department participated in a GDPR review in Summer 2018. Advice from the Information Manager stated our current approach would be deemed fit for purpose as our Safe and Well leaflet refers householders to our full Data Protection statement on the website and provides a telephone number for further advice.</p> <p>The Data Protection and record of consent is already mandatory prior to opening up the rest of the</p> | March 2019 | Head of Prevention | <p>New approved wording from the Information Management Team. The new statement is included in the new Safe and Well booklet currently being printed.</p> <p>Requested copy to confirm implementation</p> | April 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|---|---|-----------------|--------------------------------------|--|------------------|
| | | gov.uk/about-us/key-documents/data-protection . | questionnaire. We will review the statement in our Safe and Well booklet. We will review the agreements to reflect our current practice. | | | | |
| 2 | Medium | To ensure when identifying households for Safe and Well visits, addresses that have refused Safe and Well visit are excluded for two years as stated in the Safe and Well Policy. | This should already be the case. When the Policy was written the then Business Intelligence Manager was consulted and gave assurance the rule would be adhered to. Seek confirmation from current Intelligence Manager and if necessary amend process to reflect Policy. | March 2019 | Senior Business Intelligence Analyst | A process is in place where a record of all refused safe & well visits are sent from the Systems Administrator in the Prevention team and linked to the Exeter dataset. The date for 2019/20 excludes all addresses within the records in CFRMIS which had been tagged with refusal. Evidence requested to confirm implementation | March 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|---|---|-----------------|----------------------------|---|------------------|
| 3 | Medium | <ul style="list-style-type: none"> To ensure that all employees delivering Safe and Well have received updated training on a regular basis. To identify additional training requirements and coverage to ensure that the employees delivering Safe and Well visits are appropriately informed to explain consent and where / how personal data is used. | <p>CFRS has a strong record in training staff on the Data Protection Act requirements and good information management and data protection principles.</p> <p>In the Summer 2018 GDPR review the Prevention Department representative expressed that, at the time the services overarching policy had not yet been fully reviewed. It was identified that a range of CFRS documents and e-learning modules required updating to reflect DPA GDPR and that this in turn would support Safe and Well Information Governance training requirements. The currency of overarching policy and e-learning resources were outside the control of the Prevention Department</p> <p>We will check the Currency</p> | April 2019 | Station Manager Prevention | <p>Safe & Well Phase 3 training was completed at the beginning of March. Every Watch across Cheshire and every member of the Prevention Safe and Well delivery team were included. The training focussed on the need to ensure that consent is given at the very start of a SaW engagement.</p> <p>The e-learning package has been produced and updated to reflect these changes.</p> <p>Evidence requested to confirm implementation</p> | December 2019 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|---|--|-----------------|-----------------------|---|------------------|
| | | | <p>of CFRS's overarching policy and e-learning resources and where they are not DPA2018 GDPR compliant we will consider raising this as a potential breach.</p> <p>We will however, produce a specific guidance note for staff outlining all matters that are Safe and Well specific in relation to the weaknesses identified.</p> | | | | |
| 4 | Medium | <p>CFRS will need to make a decision on whether they will change the process of recording information on CFRMIS or update the data statement to ensure compliance with requirements.</p> <p>To confirm the length that data is to be retained from Safe and Well visits and update the policy including that available on the internet.</p> | <p>Where a householder agrees to the fire safety advice then a full record of the householder details and fire safety advice is indeed retained on CFRMIS.</p> <p>Where householders refuse the Safe and Well aspects we only retain a record of the refusal for that portion of the visit.</p> <p>Our desire to introduce fixed retention periods is impeded only by the lack of an</p> | May 2019 | Business Manager | <p>In terms of the recommendation, we will:</p> <p>"Update the data statement to ensure compliance with requirements. To confirm the length that data is to be retained from Safe and Well visits and update the policy including that available on the internet."</p> <p>In light of how CFIRMIS</p> | March 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|-------------------|--|-----------------|-----------------------|--|------------------|
| | | | <p>automated deletion tool. The wording in our Data protection statement reflects the guidance we have been given by the Information Manager.</p> <p>We will review our wording to ensure we are very clear as to what we keep and why. An automated deletion tool will feature in SAFFIRE</p> | | | <p>works and the move to SAFFIRE before the end of the 19/20 financial year it would be helpful if the target date for this is now 31st March 2020. It will enable us to ensure that our policies and statements reflect the automatic deletion tool within SAFFIRE and any legacy requirements of CFIRMIS.</p> <p>A meeting has taken place with the GM responsible and as work is also being undertaken about data privacy and the statement in conjunction with the Joint Information Management Team, it is felt to be appropriate these two tasks should not be dealt with in isolation of each other. Therefore a further meeting with the Joint</p> | |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|--|---|-----------------|----------------------------|--|------------------|
| | | | | | | Information Management Team is to be arranged. | |
| 5 | Medium | <p>To ensure appropriate processes are put into place to ensure that records are removed when requested. Also ensuring that all associated records held by CFRS are removed.</p> <p>To agree the process with third party organisations to remove records following a request and how CFRS obtains assurance that the record has been removed.</p> | <p>Guidance has been produced; this will be promulgated and reinforced. It is exactly as per the advice and guidance contained in the CFRS Data Privacy Statement and the Prevention Data Protection Statement</p> <p>We will ensure all staff are advised of the process, it is as simple as the individual emailing any of the addresses or contacting the telephone provided on our Data Protection on the web-site.</p> | June 2019 | Station Manager Prevention | <p>Conversations have taken place with the Admin Managers. The process is embedded and our staff know the procedure to follow. Each of the managers indicated they would contact a Prevention Manager and also the system administrators for CFRMIS, Station Manager Prevention once notified contact any other agency involved with the person.</p> <p>Evidence requested to confirm implementation</p> | March 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|--|--|-----------------|-----------------------|--|------------------|
| 6 | Medium | To ensure that the annual information governance review is held with the Information Governance Department on an annual basis. | <p>When Shared Services Information Governance have developed the process the Prevention Department will comply as per policy requirements.</p> <p>The action sits with the Shared Services Information Governance to develop the process, train Prevention Managers and staff and program the audits.</p> | September 2019 | Head of Prevention | <p>Support and guidance has been provided throughout the year by the Information Compliance Team, specifically for :</p> <ul style="list-style-type: none"> ▪ Data Privacy Impact assessments ▪ Privacy Statements ▪ Retention advice ▪ Information security advice <p>A review of Data Protection compliance will be completed by the end of December 2019. This will inform the annual report.</p> | December 2019 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|---|--|-----------------|----------------------------|---|------------------|
| 7 | Medium | <ul style="list-style-type: none"> To review the length of time that documents are being retained ensuring compliance with the CFRS policies and that of GDPR. Identify how the organisation is going to auto remove data that has passed the period documents should be destroyed. To review the records being retained within Safe and Well, including the spreadsheets of referrals with the information also being retained centrally. | <p>Our retention statement permits compliance under current constraints. At this time we do not have fixed deletion periods per se.</p> <p>We will review this process and ensure local details are not retained for longer than is reasonably required by Administration Hubs.</p> <p>Auto deletion of data in compliance with recommendations will be subject to future policy review and SAFFIRE database functionality</p> | December 2019 | Head of Prevention | Action is still open. Further progress will be made following the delivery of the SAFFIRE system in 2020. | March 2020 |
| 9 | Low | To ensure that the satisfaction form is updated to reference the appropriate Data Protection Act. The | <p>Customer satisfaction survey is out of scope of this audit and currently under review.</p> <p>However, in relation to all</p> | June 2019 | Station Manager Prevention | No further progress has been made with the required changes to the current customer | March 2020 |

| Rec No | Risk Rating | Recommendation(s) | Management Response | Action Deadline | Person(s) Responsible | Status as at November 2019 taken from Cheshire Planning System (CPS) | Revised Deadline |
|--------|-------------|--|--|-----------------|-----------------------|---|------------------|
| | | <p>inclusion of additional questions could provide assurance over the discussions with householders in respect of consent, data sharing and privacy.</p> | <p>references to GDPR and in particular our Data Privacy Statement, advice from Shared Services was sought in terms of making reference to Data Protection Act 2018, we were advised that we should refer to GDPR, not Data Protection Act. The Data Protection Statement was worded accordingly and approved by Shared Services Information Governance.</p> <p>We will review the questionnaire as suggested</p> <p>We will amend all references to GDPR in Prevention processes to state that the GDPR are regulations enforceable under the Data Protection Act 2018.</p> | | | <p>questionnaire. This is in progress and other solutions are being considered other than a hand out questionnaire.</p> <p>Meeting took place with Joint Corporate Services Communication team to discuss the changes to the current customer satisfaction questionnaire. This is still ongoing at present.</p> | |

Appendix A: Assurance Definitions and Risk Classifications

| Level of Assurance | Description |
|--------------------|--|
| High | There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed. |
| Substantial | There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. |
| Moderate | There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk. |
| Limited | There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk. |
| No | There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives. |
| Risk Rating | Assessment Rationale |
| Critical | Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> the efficient and effective use of resources the safeguarding of assets the preparation of reliable financial and operational information compliance with laws and regulations. |
| High | Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives. |
| Medium | Control weakness that: <ul style="list-style-type: none"> has a low impact on the achievement of the key system, function or process objectives; has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low. |
| Low | Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control. |

Follow-Up Distribution and Contacts

Report Distribution

Name

Report Distribution

| | |
|----------------------------------|--------------------|
| Performance & Overview Committee | Final Report (PDF) |
|----------------------------------|--------------------|

Review prepared on behalf of MIAA by

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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: 27TH NOVEMBER 2019
REPORT OF: HEAD OF OPERATIONAL POLICY AND ASSURANCE
AUTHOR: NEIL WILSON

SUBJECT: ANNUAL HEALTH, SAFETY AND WELLBEING REPORT
2018 - 19

Purpose of Report

1. To present Cheshire Fire Authority's (the Authority) Annual Health and Safety Report for 2018 - 19.

Recommended: That

- [1] the Annual Health, Safety and Wellbeing Report for 2018-19 be noted.

Background

2. The Fire Authority, as the employer, is the duty holder for health and safety (H&S). The Authority has appointed a member champion for health and safety who attends the Service, Health, Safety and Welbeing Committee and so has an insight into the management of health and safety. Nevertheless, it is seen as an important aspect of corporate governance that the duty holder reviews the management of health and safety on a regular basis.
3. The Annual Health, Safety and Wellbeing Report provides the Authority with information about the management of health and safety in the Service. It highlights some of the key achievements and reports on both reactive and proactive measures of performance. The Report also sets out some of the health and safety targets for the coming year.

Information

4. Publication of an annual report is considered to be part of good Corporate Governance and contributes to the requirements of the Performance Review element of the DCLG publication "Health safety and welfare framework for the operational environment". This annual report will provide evidence in support of the Authority involvement in the management of health and safety in any future inspections.

Financial Implications

5. There are no financial implications arising from the publication of this report.

Legal Implications

6. Whilst there is no specific legal requirement to publish an annual report it is seen as best practice in the Health and Safety Executive publication HS(G)65 Managing for Health and Safety at Work.

Equality and Diversity Implications

7. There are no equality and diversity issues arising from the publication of this report.

Environmental Implications

8. There are no environmental issues arising from the publication of this report.

**CONTACT: NAOMI THOMAS, GOVERNANCE AND CORPORATE PLANNING
MANAGER**

TEL [01606] 868804

BACKGROUND PAPERS: ANNUAL HEALTH AND SAFETY REPORT



Making Cheshire Safer

Health, Safety and Wellbeing Annual Report 2018/19



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Health, Safety and Wellbeing Annual Report 2018 – 2019

1. Summary

Health and Safety (H&S) is an important, integral element of everything that Cheshire Fire and Rescue Service does; it is a fundamental aspect of the management of all of its activities. This applies equally to its responsibilities as a frontline emergency service in protecting local communities as well in its role as a key local employer.

This annual report highlights the performance over the last 12 months in H&S when measured by the number and severity of accidents reported, time lost as a result of injury accidents and proactive measures taken to improve our H&S performance.

Key issues to note include:

- A decrease in the number of minor accidents reported to the Service however there was a small increase in the number of incidents we reported to the Health and Safety Executive (HSE).
- A small increase in the number of duty days lost as a result of accidents
- A small decrease in the number of reports of attacks and abuse directed at staff
- The roll out of TRiM across the Service to prevent PTSD
- Greater focus on decontamination of firefighters to reduce the risks of work related cancer
- More robust working time arrangements to include increased monitoring, training and recording.

2. Background

In addition to the challenges posed by the continued economic climate to the Service and how it delivers its statutory responsibilities there have been significant changes to the organisation as a result of the Blue Light Collaboration Program. Against this backdrop the Service has remained committed to continue to operate safely and to look for a continuous improvement in its H&S performance and the well being of its employees, volunteers and cadets.

Good H&S management supports the efficiency of the Service by reducing both the direct and indirect costs associated with accidents, work related ill health and damage to plant and equipment.

The HSE has continued its review of health and safety legislation and guidance as part of the government drive to reduce bureaucracy and the burden on UK businesses; this has resulted in changes to legislation and guidance, these changes must be reflected in our H&S management systems and how we manage the H&S of our staff.

The Health, Safety and Wellbeing Section monitors changes to national legislation and guidance and ensures that our policies and procedures remain compliant with the guidance on legislation issued both by HSE, the Home Office and NFCC. We also consider reports resulting from fatal or serious accidents in other Fire and Rescue Services to identify any lessons that we may need to learn and that these are reflected in our operational procedures and monitor Coroners Regulation 28 letters to identify issues that may affect the Service.

3. Key Achievements

The Service has continued to deliver IOSH Managing Safely courses for our staff with a 100% success rate in the examinations. We have continued to respond to requests from both North West Control, the Cheshire Police and local businesses to provide this training for members of their staff.

The Service has introduced Trauma Risk Management (TRiM) to support staff who may have attended potentially traumatic incidents. TRiM is a risk based assessment that aims to identify staff at risk following such events and so to sign post them to support to prevent long term, adverse effects on their health and wellbeing. We have trained a number of TRiM Managers and Practitioners as part of implementing this initiative.

The Service has introduced a sub-group of the H&S Committee to help manage decontamination of firefighters and kit. There have been several joint initiatives with the FBU and there are ongoing campaigns to improve this aspect of Service activities. New fire appliances have been designed in collaboration with staff to reduce cross contamination.

The Service continues to run a H&S refresher training course for managers to ensure their understanding of legislation, guidance and Service procedures remains current.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requires the Service to report certain classes of accident, work related illness and specified dangerous occurrences to the HSE. We reported 7 incidents under these regulations; 4 of these were as a result of injuries to staff and 3 as a result of breathing apparatus incidents that fall within the dangerous occurrences reporting requirements. So as to allow comparison with the years prior to 2013 when the reporting requirements changed we also track injury accidents that result in more than 3 days absence from work. When these are included the number of injury related RIDDOR reports increases to 5, this is a slight decrease on the previous year and represents a sustained, high performance for this class of incident.

4. Accident rates

The Reportable Accident Rate (RAR) is the way in which HSE calculates accident rates for various industries, the rate is expressed as the number of accidents per 100,000 employees. Changes to HSE's statistics database mean it is difficult to compare the injury rates for the total number of staff in FRSs. However, it is possible to compare injuries to operational fire fighters. Of the

RIDDOR injuries the Service reported, three were to operational staff giving an RAR for 2018-19 of 386 compared to 450 for 2017-18. When the accident involving a non-operational member of staff is taken into account the Service RAR is 407. We did report three Dangerous Occurrences under these regulations; these related to the failure of BA sets. The average RAR for all FRSs in the North West is 767.

HSE's national statistics for 2018-19 are yet to be published, but the national rate for injuries to operational FRS staff in 2017-18 was 1032. The national RAR for all employers is 263 although the HSE recognise that, due to underreporting, this is artificially low. The Labour Force Survey (LFS), which is generally seen as more accurate, puts the national injury accident rate for this period at 520.

5. Minor accidents and Near Misses

The SharePoint based accident reporting system introduced to make the reporting and investigation of accidents easier and quicker is achieving its aim reports and investigations are being completed in a timelier manner; by the end of the reporting year 100% of accident investigations were completed within the deadline.

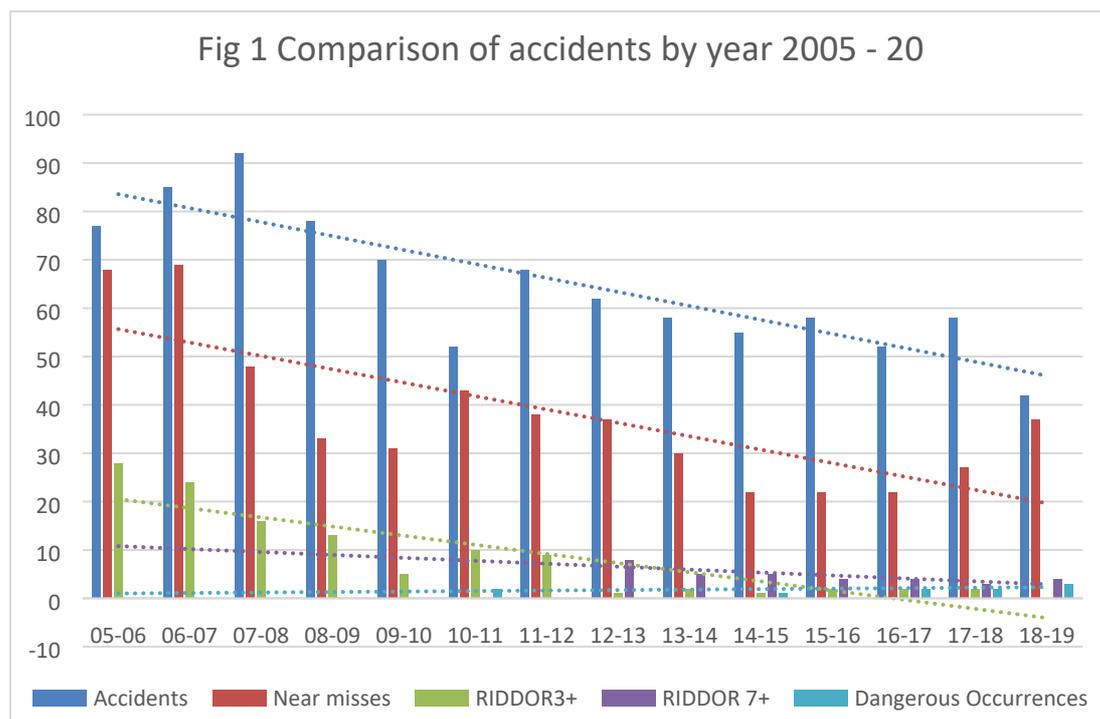


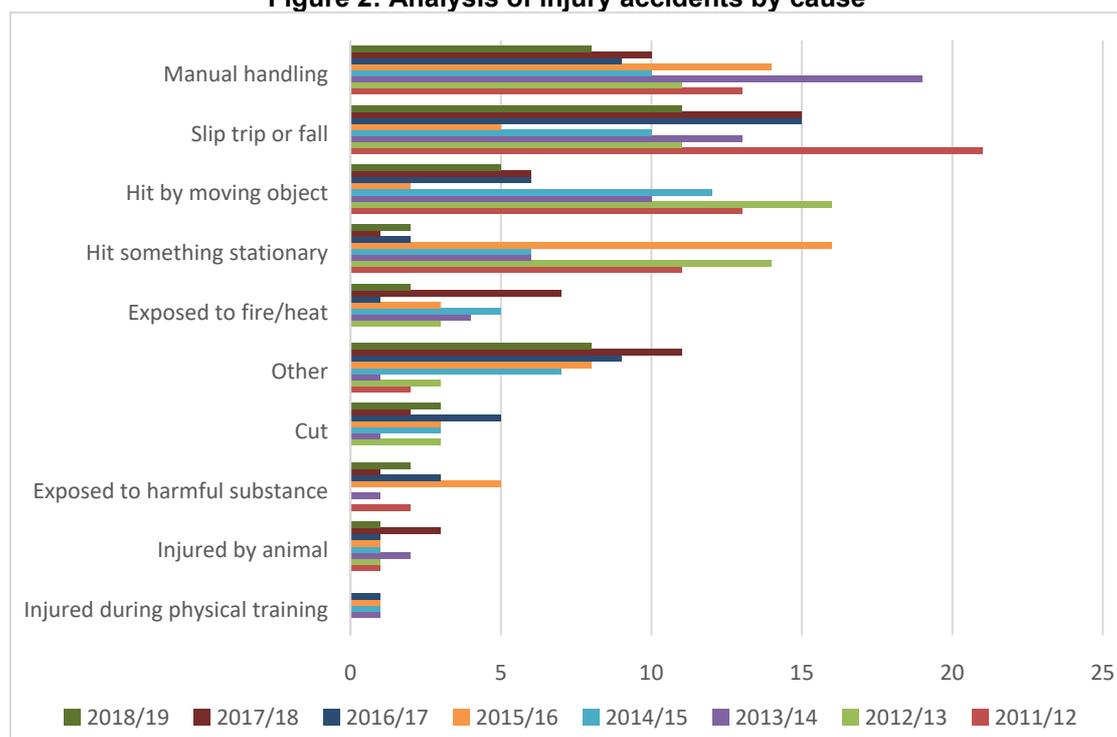
Figure 1 shows a comparison of the number of minor accidents, RIDDOR reports and near misses the Service has recorded each year since 2005. In 2018/19 the Service recorded 52 injury accidents to staff, a decrease compared to 58 the previous year, 48 of these were minor accidents. The increased number of near miss reports may reflect an improved safety culture, with staff more aware of their responsibilities for working safely and taking action to report damage or poor standards in the workplace.

The proactive programme of workplace inspections aimed at identifying and rectifying any issues that may contribute to workplace accidents may also be a factor. Importantly, when we apply trend lines to the graph they show a continued reduction in all types of unsafe, unwanted events across the Service.

6. Response to accident data

Figure 2 shows a breakdown of accidents in the Service by cause, comparative data is shown for the years since 2011/12.

Figure 2: Analysis of injury accidents by cause

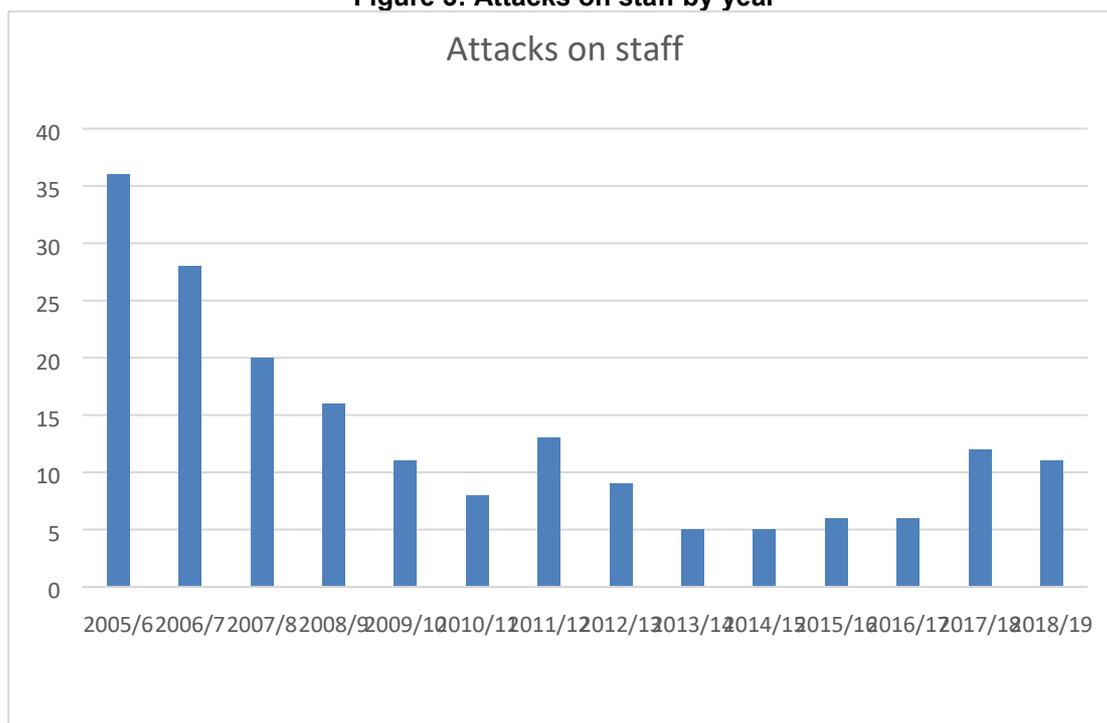


The analysis of the Service's accident reports in 2018-19 shows that most of the accidents were caused as a result of slips trips and falls, with manual handling the next most common cause.

7. Violence and aggression towards staff

The Service recorded 11 incidents of violent and abusive behaviour towards staff (see figure 3) this is slightly less than the previous year. The Service has continued to work to identify the locations where violence may occur and to engage with the local community to try to reduce the risk of violent and abusive behaviour.

Figure 3: Attacks on staff by year



The Service performance compares well with other FRSs in the North West where the average number of attacks on staff in a year is 49 across the fire and rescue services.

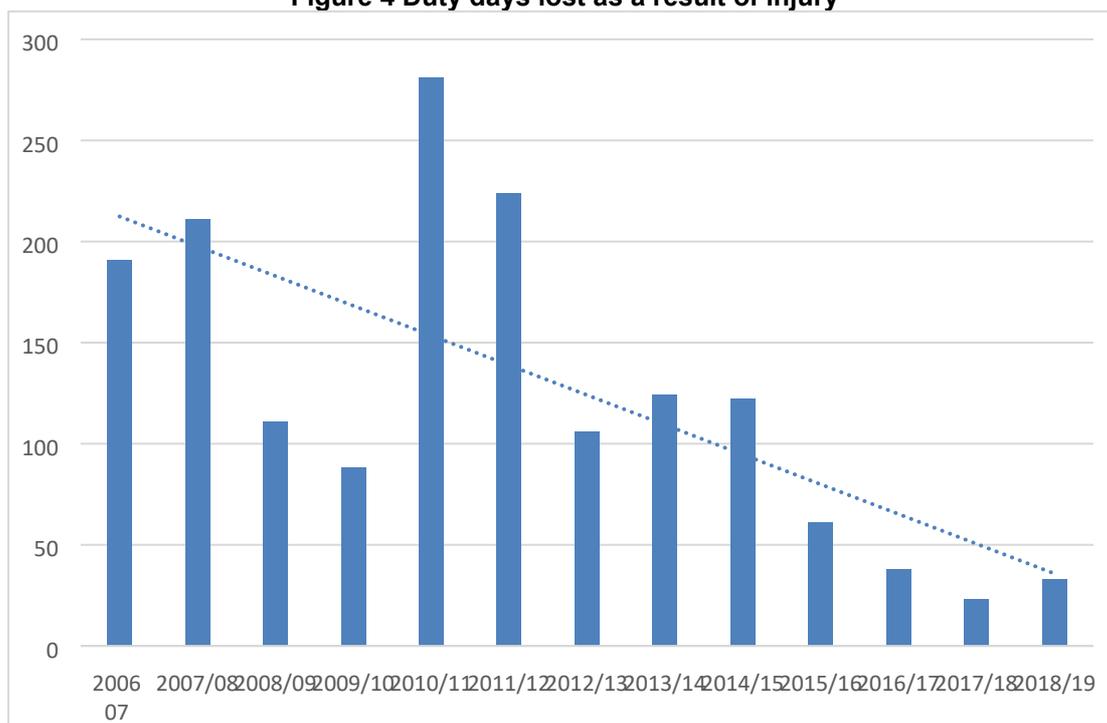
The Service will continue to collect information about violence and aggression towards firefighters and other employees and work to address the causes of this type of behaviour. When appropriate, we will report violent attacks to the police and provide evidence from the closed circuit television cameras mounted on appliances where practical.

8. Duty days lost as a result of injury accidents

As part of its accident reporting procedure the Service records the number of duty days lost as a result of accidents; this includes days lost to both serious accidents and those of a more minor nature. This data is one of the performance measures reported to the Government. The final figure for the previous year has been adjusted to reflect days lost in the current year as a result of injuries received in the previous year. The number of days lost as a result of injuries in the reporting year is 33. This is an increase on the previous year but largely due to two of the RIDDOR accidents Figure 4 shows the pattern for this data since 2006/07; the data shows a continuous trend for a decrease in the time lost as a result of injury accidents.

The percentage of sickness in the Service due to accidents at work was 2.13%; for whole time fire fighters (1.24% for support staff) this compares with more than 10% for whole time firefighters in some FRSs.

Figure 4 Duty days lost as a result of injury



9. Vehicle accidents

The number of vehicle accidents report to the Service was 94, this is the same as the previous year. The majority of these accidents are of a minor nature and in 11 of the reports our vehicle was hit by another vehicle or object. The Service has a Road Risk Management Group, the purpose of which is to examine vehicle accident reports and introduce measures to drive down both the severity and numbers of vehicle accidents and so reduce the risks to the Service that arise from the use of Service vehicles. There has been a sustained and successful campaign to reduce the number of incidents when Service vehicles have been driven in excess of the speed limit.

The Service has a programme of licence checks to ensure that drivers have the correct licences for the vehicles they drive and a program of retraining and accreditation for all blue light and LGV drivers.

Of the 94 vehicle accidents reported during the year, 19 occurred when fire engines were responding to emergency incidents under blue lights. The majority occurred when manoeuvring vehicles in narrow spaces, particularly some of the narrower domestic streets where there are often vehicles parked on both sides of the road.

The Service investigates all vehicle accident reports with a view to preventing a recurrence, while it also continues to invest in driver training and assessment to improve their skills. The Service has strict guidelines for reversing vehicles agreed with the Representative bodies, failure to follow these guide lines has resulted in disciplinary action against individuals.

Vehicle technicians ensure that Service vehicles are maintained and meet all the relevant road safety requirements and there is a requirement that the driver

checks the vehicle before use to ensure that there are no problems that may affect its performance.

10. Claims and complaints

In the last year the number of personal insurance claims made against the Service has remained low, most were as a result of minor injuries. The Service and its insurer have successfully contested a number of claims where it was felt we were not at fault.

11. Corporate Governance

The Fire Authority continues to demonstrate its commitment to Health and Safety by appointing a dedicated Member Champion, while Principal Officers are provided with regular information about accidents, progress with personal injury insurance claims and other H&S related issues.

The results of internal H&S audits are shared with the Service Health Safety and Welfare Committee (SHSWC) which monitors the implementation of the action plans arising from these audits.

12. Risk management

The SHSWC regularly reviews the H&S Risk register to ensure the high level H&S risks to the Service are being managed.

The Service has a process for ensuring that all of our H&S policies and procedures are reviewed and remain up to date. We monitor legislation to ensure that the policies reflect the latest legal requirements and when appropriate we comment on published drafts and consultations of proposed legislation.

All Service activities are subject to risk assessment, significant risks and their associated controls are documented and subject to regular review. As a result of a review of the management of fire risk within the Service there has been a project to improve fire safety across all of our premises with the Emergency Evacuation Policy rewritten to include a wider range of emergencies.

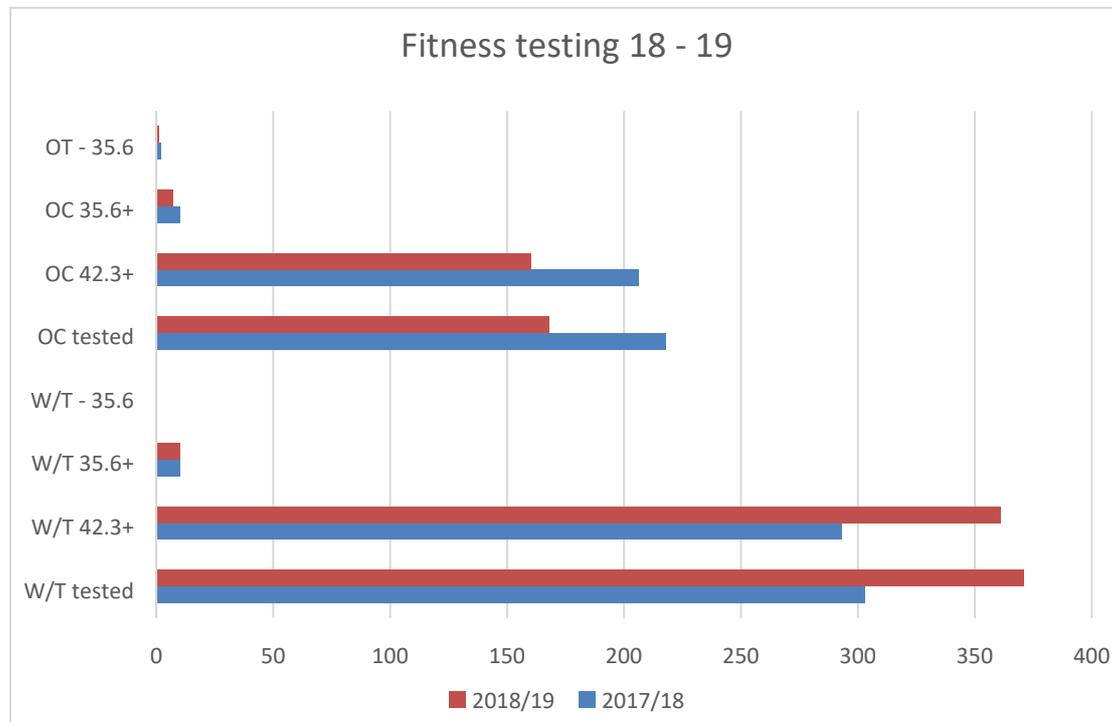
The H&S Department has an overview of the H&S practices of contractors working on Service premises and involved in the refurbishment projects to ensure a consistent approach to H&S.

The Service has continued with its program of random drug and alcohol testing; this has proved an effective both as a deterrent and as a tool for education. No staff tested positive for drugs or alcohol in the tests.

The Service has continued to implemented guidance issued by NFCC regarding fire fighter fitness.

The fitness adviser has continued the program of annual fitness tests. The Service has only had to take one firefighter off the run due to failing the test; he was re-instated after a period of remedial training. The table below shows the

results of the fitness tests during 2018/19 compared with the previous year. The national standard for firefighter fitness is 42.3 VO₂max, the point at which we would take a firefighter off the run is 35.6 VO₂max a fitness score between those values would result in the firefighter being kept on the run with a program of remedial training and a requirement to complete a Functional Fitness Test.



The Fitness Adviser has supported both the Apprentice and whole time recruit courses with fitness training and advice, she has run boot camps for potential recruits to improve their fitness before undertaking the selection tests.

The Service has continued to respond to new and revised guidance issued as part of the National Operational Guidance program.

13. Training

Training is a key element of the organisation's strategy for maintaining and improving the H&S culture in the Service. It enables managers to identify and meet the H&S responsibilities for their area, while encouraging staff to be aware of their personal responsibilities and for the impact of their actions on others. There has been major investment in operational training, including the Service's interactive Incident Command training facility to improve and validate the knowledge and skills needed when managing operational incidents – a key area of criticism for some FRSs after major accident investigations.

As well as ensuring all basic and refresher training is provided according to programme, the Operational Training Group (OTG) has developed new training modules to reflect the nature of incidents staff may have to respond to. The Group have reviewed and responded to training advice issued by the National Fire Chiefs Council.

The Service has continued to train managers using the IOSH Managing Safely course. We have offered this training to partner organisations; both Cheshire Police and Greater Manchester Fire and Rescue Service have sent staff on courses. In addition, we have provided the training to companies who have approached us as we are listed as a training provider on the IOSH website. We ran 7 Managing Safely courses. During the year we introduced a H&S refresher course to update managers knowledge and skills; we also introduced an Accident Investigation course for managers to ensure a more consistent approach to investigations and to the learning that can come from them.

We have developed new e-learning to raise awareness about Noise, the effects on hearing and how to reduce the risks of the hearing loss that noise may cause.

We have continued to train new first aiders and provide refresher training for those staff with existing first aid skills.

14. Consultation

The Service Health Safety and Welfare Committee meets quarterly and is the main mechanism for consulting representative bodies and staff on matters relating to their H&S. The meeting is the mechanism for consulting staff on new and revised Health, Safety and Wellbeing policies. The meeting also enables representative bodies to raise any concerns that they have about the health, safety and wellbeing of their members.

The minutes from these meetings are published on the Service's Intranet and hard copies displayed on H&S notice boards. The Member champion for H&S has continued to attend meetings of the committee.

15. Health and Wellbeing

The annual programme of health and wellbeing campaigns is now planned with the Service Campaigns Group to ensure the most efficient use of resources and avoid the possibility of duplicating effort.

Campaigns have been run both internally to address specific issues in the Service and in partnership with external organisations such as Cancer UK; this ensures that the messages provided to staff are consistent with national messages and reinforce wider campaigns.

We have supported Northwest Control with the provision of a series of stress management training courses.

The campaigns this year have continued to include mental health awareness based on the MIND Blue Light program to which the Service signed up this has resulted in additional training for managers and the recruitment of Mental Health champions on watches to support their colleagues.

16. Conclusion

The Service has continued to achieve its aim of a continuous improvement in Health and Safety performance as set out in its Health and Safety policy. This improvement has been achieved due to a combination of the investment of time and money by the Service management, a continuing improvement in the health and safety culture of both managers and staff in the Service and the cooperation of all employees including the participation of the representative bodies.

The Service has successfully discharged its legal duties for H&S on behalf of the Fire Authority.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 27TH NOVEMBER 2019
REPORT OF: HEAD OF PREVENTION
AUTHOR: ANDREW GRAY

SUBJECT: ANNUAL ROAD SAFETY REPORT 2018-19

Purpose of Report

1. This paper summarises Cheshire Fire and Rescue Service's (the Service) 2018/19 targeted road safety activities. These are delivered in support of the multi-agency road safety plans of the local authorities and Cheshire Police and are designed to reduce road traffic collisions, deaths and injuries.

Recommended: That

- [1] the report be noted;

Background

2. The Service supports the three multi-agency road safety plans which are in place across the four local authority areas of Cheshire West & Chester, Cheshire East, Halton and Warrington. There is also a joint emergency services road safety plan and a contract in place to deliver a road safety programme for Cheshire East Council.
3. The Service's road safety activity contributes to the local authorities' fulfilment of their statutory duties under the Road Traffic Act 1988, whereby authorities must promote road safety and make contributions towards the cost of measures for promoting road safety.
4. It is accepted that the Service's Prevention team (Advocates) and firefighters are ideally placed to deliver road safety messages as they have a wealth of experience delivering safety messages to the public and are respected and valued by all ages and sections of society.

Information

5. Please see the Annual Road Safety Report 2018-19 attached to this report as Appendix 1.
6. As can be seen all targets were met, or exceeded.

Financial Implications

7. The Service will receive £43,2000 over the 6 year period (3 years then a rolling contract each year till year 6) of the agreement with Cheshire East Council. This comprises total annual payments of £72000 each year paid in two instalments for delivery of commissioned road safety education to Key Stage 2 and Key Stage 4 students. All other road safety education is delivered within base budget salary provision for Prevention & Operational staff.

Legal Implications

8. Although road safety is a non-statutory activity, the Service understands that its proactive work in reducing road traffic collision deaths and injuries brings about a reduction in emergency incidents attended and in the numbers of associated casualties and costs.
9. Road safety is delivered across all four unitary authorities in addition we provide Cheshire East with further road safety interventions to meet their statutory requirements under a legal paid contract.

Equality and Diversity Implications

10. All road safety interventions and campaigns fully comply with EIA standards with documentation in place to assess the impacts of each programme or initiative delivered.

Environmental Implications

11. None.

**CONTACT: NAOMI THOMAS, GOVERNANCE AND CORPORATE PLANNING
MANAGER**

TEL [01606] 868804

BACKGROUND PAPERS: NONE

ANNUAL ROAD SAFETY REPORT 2018 - 19

The following are the mainstream road safety activities that the Service delivers:

Summer Road Safety events (1st – 31st July)

Each station will manage and deliver one event in response to local knowledge and/or data to target vulnerable road users; cyclists, pedestrians, motorcyclists, and young drivers. They will be run in conjunction with other agencies, partners or departments where appropriate.

The target is one event per Whole-time/Day Crew/Nucleus station

| Area | Target No. of events | Actual |
|-------------------------|----------------------|--------|
| Halton | 2 | 2 |
| Warrington | 4 | 4 |
| Cheshire West & Chester | 5 | 5 |
| Cheshire East | 4 | 4 |

NOTE: Targets Achieved

All Year Round - additional Road Safety activity

This activity is designed to address local needs arising from data and intelligence received from either our local authorities or Cheshire Police. Engagement at each event is aligned to any of these targeted vulnerable road users; children, pedestrians, cyclists, young drivers and motorcycle riders.

The target is one event per Whole-time/Day Crew/Nucleus team

| Area | Target No. of events | Actual |
|-------------------------|----------------------|--------|
| Halton | 14 | 14 |
| Warrington | 9 | 9 |
| Cheshire West & Chester | 8 | 8 |
| Cheshire East | 14 | 14 |

NOTE: Targets achieved

TyreSafe Winter Driving Events



The Service fully supports TyreSafe in its vision for safety on the roads, and has worked in partnership with TyreSafe for over eight years, supporting its aims in delivering advice on tyre safety issues to the motoring public and raising awareness about the dangers associated with defective or illegal tyres which cause more incidents of injury than mobile phone use.

The Service, in partnership with Lancashire Fire and Rescue Service and Highways England won the Emergency Services award for carrying out checks on people's vehicles and tyres at numerous charity car washes the Service hosts for the Firefighters Charity every year.

The Service and local authority road safety teams held winter driving events across the Service Area at local shopping centres and supermarket car parks, garden centres and at station car wash events.

Drivers were offered the opportunity to have their vehicles checked in readiness for winter:

- Advice was given about driving in adverse weather conditions
- Having tyres with a good tread depth and overall condition
- Given ice scrappers and tread depth gauges
- Screen wash added if required.

The target is one event per Whole-time/Day Crew/Nucleus station

| Area | Target No. of events | Actual |
|-------------------------|----------------------|--------|
| Halton | 2 | 2 |
| Warrington | 4 | 4 |
| Cheshire West & Chester | 5 | 5 |
| Cheshire East | 4 | 4 |

NOTE: Targets achieved

Brake Road Safety Week November 20th - 27th



This was the thirteenth year the Service has promoted and supported Brake Road Safety Week. This is the busiest period for the Service in terms of road safety output and the theme of “Bike Smart” was the message at the heart of this year’s Road Safety Week, focusing on the safety of those on two wheels. Brake consulted with the Service to assist in the generation of the key messages for the period.

During Brake Road Safety Week all teams were required to take part in events along with partners, Prevention staff and volunteers. The crews visited a variety of venues including primary and secondary schools, colleges, shopping areas and places of work. Staff engaged with over 2,250 people using the Brake leaflets.

The target is one event per Whole-time/Day Crew/Nucleus team

| Area | Target No. of events | Actual |
|-------------------------|----------------------|--------|
| Halton | 14 | 14 |
| Warrington | 9 | 9 |
| Cheshire West & Chester | 8 | 8 |
| Cheshire East | 14 | 14 |

Note: Targets achieved

National Roads Partnership Summer/Winter Alcohol and Drugs Campaign



NFCC
National Fire
Chiefs Council



As a Service we align our activity in during these campaigns to support the National Roads Partnership calendar which is supported by the National Police Chiefs' Council, the National Roads Policing Intelligence Forum and the National Fire Chiefs Council.

In June and again in December, police around the country increase their vigilance in detecting drivers who use alcohol/drugs and drive. During these months teams consisting of operational fire-fighters, advocates, road safety team members and volunteers, along with colleagues from Cheshire Police and each of the local authorities, go out into local communities to highlight the dangers of alcohol and drug driving.

During the events crews visited local public houses and restaurants delivering beer mats, leaflets, posters and scratch-cards and talking to the designated drivers about the dangers of drink and drug driving and the morning-after effects. Also utilising the "Think Car" to promote the "None for the Road" message.

The target is eight events across June & December, one event per delivery period in each unitary area

June events

| Area | Target No. of events | Actual |
|-------------------------|----------------------|--------|
| Halton | 1 | 1 |
| Warrington | 1 | 1 |
| Cheshire West & Chester | 1 | 1 |
| Cheshire East | 1 | 1 |

Note: Targets achieved

December events

| Area | Target No. of events | Actual |
|-------------------------|----------------------|--------|
| Halton | 1 | 3 |
| Warrington | 1 | 4 |
| Cheshire West & Chester | 1 | 1 |
| Cheshire East | 1 | 2 |

Note: Targets exceeded



Commissioned Road Safety Activity in Cheshire East (KS2 and KS4)



In April 2012, the Service was the first fire and rescue service to be commissioned to support a local authority to fulfil its statutory duty. This is done under a legal paid contract.

The original contract with Cheshire East had expired and a new contract is now in place. The contract is set for six years with break options available from year three. Years four, five and six will be by way of annual rolling contract.

The costs will be fixed for the first three years and reviewed for inflationary costs only at the end of this first period. Assuming the contract runs for six years (and we have no reason to believe it will not) based on current costs this will generate £432,000.

Last year (2018/19) The Service met its requirement as set by Cheshire East for the delivery of 70 sessions. This figure was lower than normal completion rates due to the delayed sign off on the contract. The figure was set pro rata for the remaining periods of opportunity to complete the sessions.

Targets for the next five years for the Key Stage 2 (KS2) delivery is 130 primary schools, and for Key Stage 4 (KS4) delivery is 21 secondary schools.

thinkdrivesurvive

“thinkdrivesurvive” is our ‘flagship’ multi-award winning programme delivered across Cheshire in partnership with Cheshire Police. We have now completed the 20th year of delivering the intervention across the Service Area. It was delivered 37 times during the year, across fire service premises, externally at schools, colleges and business premises. All of our Princes Trust teams complete this intervention.

The road safety presentation is aimed primarily at young people 17 to 25 years of age, pre and post-test drivers, or those who will be passengers in cars. Highways England have now joined the intervention, supporting with a Highways officer delivering key messages relating to the Statutory Road Network. This is of huge benefit for drivers to receive key input on smart motorways and general motorway safety.

The Think Car, is a damaged vehicle in which a young person sadly died. By kind permission of the parents it continues to be used as part of the engagement about road safety.

Virtual reality continues to be a cornerstone of the “thinkdrivessurvive” intervention. Following our early adoption, multiple services now mirror the techniques we utilise in the delivery of road safety.

The target is 35 events delivered by the Road Safety team

| Target | Actual |
|-----------|-----------|
| 35 Events | 37 Events |

NOTE: Target exceeded

FireBike



The FireBike is used to engage with motorcyclists and promote enhanced rider training aiming to reduce the number of motorcyclists killed and seriously injured on our roads. They are the smallest vulnerable road user group yet with the highest frequency of incident.

One of the functions of the FireBike riders is to have a consistent motorcycle presence on the well-known routes used by riders throughout the Service Area and engaging with them to discuss enhanced training opportunities.

Over the last year, the FireBike riders have attended 27 events including five at Oulton Park racing circuit, motorcycle riders clubs and station open days and Service Impact events. They have also attended well known biker meeting venues with the Police to promote Biker Down and Bike Safe courses.

The Service runs the Biker Down course (alongside 35 other fire and rescue services). These are delivered either at fire service premises, Safety Central or at venues provided by local motorcycle clubs.

The course is delivered by the FireBike team and is delivered in 3 modules:

- Riding skills and the science of being seen
- Approaching the crash scene and hazard perception
- First aid including CPR and helmet removal.

This year the FireBike team has raised £2079 in donations for the North West Air ambulance from first-aid kits (donated by Slater and Gordon at no cost to the

Service).

Across multiple events the Service has trained and supported Lancashire and Merseyside Fire and Rescue services so that they now also deliver the intervention in their respective services.

The target was 12 events delivered by the FireBike team

| Target | Actual |
|----------------------|----------------------|
| 12 Biker Down events | 17 Biker Down events |

NOTE: Target exceeded

Pedal Smart



The Service has launched Pedal Smart, the product of a two year collaboration between our Road Safety team and British Cycling.

This training session is aimed at cyclists and we use a similar delivery system proven to work for Biker Down. The free course aims to get cyclists thinking in a more informed way about their personal safety and, importantly, the safety of others.

The target was one event delivered by the Pedal Smart Volunteers and Road Safety Team

| Target | Actual |
|----------|----------|
| 1 events | 1 events |

NOTE: Targets achieved

School Pavement signs



Utilising a multi-agency approach to road safety the Service in partnership with Cheshire Police and Cheshire East Council have worked closely together to reduce speeding and unsafe parking around schools particularly around drop off and pick up times. The use of the new pavements signs has drawn the attention of motorists and has been welcomed by the staff and parents at the schools. The Road safety team are attempting to implement this intervention with the other relevant Local Authority's.



NFCC
National Fire
Chiefs Council

Road Safety Leads North West

SM Gray is the current Vice Chair of this active group which includes the fire services of Cumbria, Merseyside, Manchester, Lancashire and the relevant delegate from Highways England.

The Group continues to work proactively to promote road safety in the North West region. The Tyre Safe award came directly from the partnership working within this group.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 27TH NOVEMBER 2019
REPORT OF: HEAD OF PREVENTION
AUTHOR: VICKY WREST

SUBJECT: ANNUAL 'ON THE STREETS' YOUTH WORK
REPORT 2018 - 2019

Purpose of Report

1. This report presents the work that the 'On the Streets' (OTS) team has been involved in over the last twelve months.

Recommended:

- [1] That Members note the content of this report and seek clarification on any matters presented.

Background

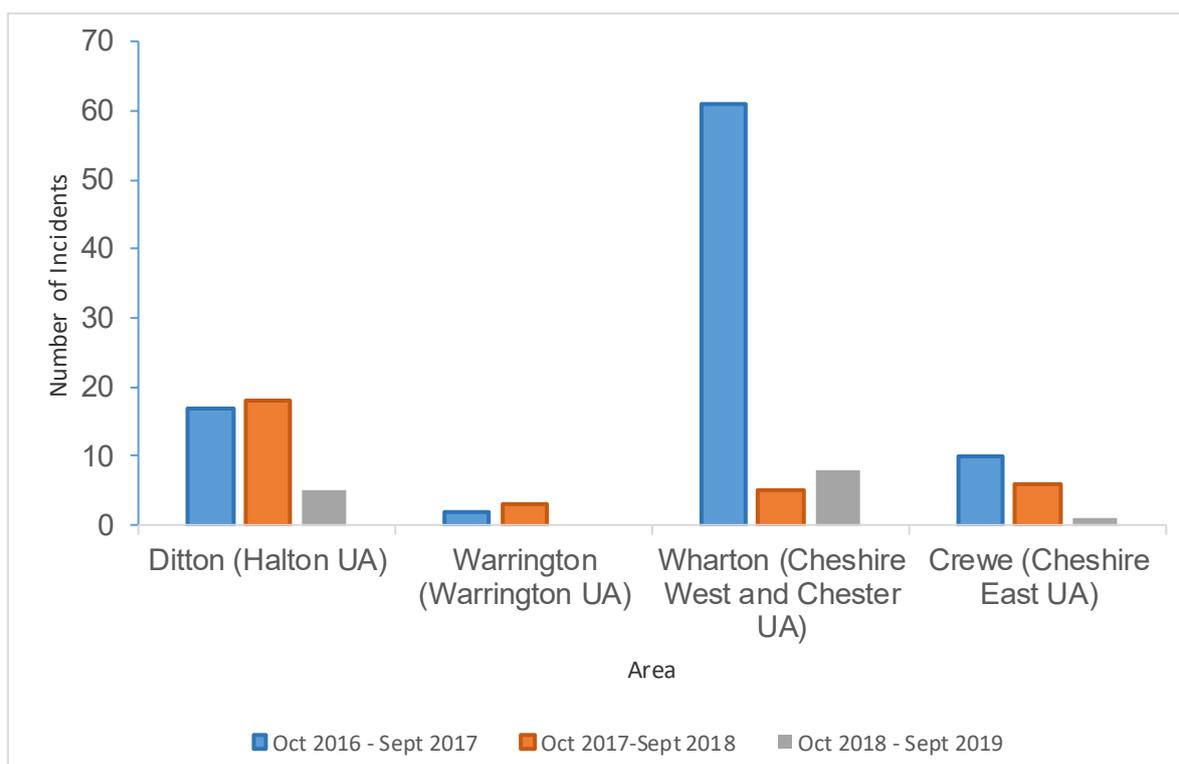
2. Historically, Members have continued to fund this initiative and requested that an annual performance report be presented to the Performance and Overview Committee.
3. The aim of the OTS programme is to meet and engage with young people on the streets in areas of 'embedded youth nuisance'. A team of youth workers employed by Cheshire Fire and Rescue Service (the Service) work to develop activities and facilitate positive links between young people and others in their community.
4. OTS projects are delivered in areas with high levels of arson, small deliberate fires and anti-social behaviour using information from the joint Business Intelligence Team, Station Managers and other local stakeholders.
5. When an area is identified, an OTS team is deployed and works in the locality one evening a week for a period of six months; this is then reviewed and extended if problems still exist.
6. Due to the identified need and ongoing issues, the OTS team historically work predominantly across Warrington and Halton (more so than other areas as this report reflects). Although over the last three years the team have become well established in areas across Cheshire West and Chester and in Cheshire East, specifically Crewe.

Information

7. The OTS team are working across all four unitary areas and as a result of this community engagement has increased. The table below indicates the number of young people engaged with and their age range.

| Area | Total number of young people engaged with | Age range |
|---------------------------|---|-----------|
| Warrington | 865 | 12 - 17 |
| Halton | 964 | 14 - 17 |
| Cheshire East | 720 | 8 - 17 |
| Cheshire West and Chester | 1663 | 4 - 17 |

8. The graph below shows the number of small deliberate fire incidents across specific areas in Widnes, Warrington, Crewe and Winsford for 2016/17, 2017/18 and 2018/19;



The numbers are as follows:

| Area | Oct 2016 - Sept 2017 | Oct 2017 - Sept 2018 | Oct 2018 - Sept 2019 |
|--|----------------------|----------------------|----------------------|
| Ditton (Halton UA) | 17 | 18 | 5 |
| Warrington (Warrington UA) | 2 | 3 | 0 |
| Wharton (Cheshire West and Chester UA) | 61 | 5 | 8 |
| Crewe (Cheshire East UA) | 10 | 6 | 1 |

9. There has been a reduction of small deliberate fires in the areas where young people are engaging well with the team. Wharton is the only exception with a slight increase of three small deliberate fires compared to the previous year. However, in comparison to the figures for 2016/17 this is still a big reduction.

Halton

10. The OTS team continue to work across Runcorn and Widnes. The team work closely with station staff and receive the daily incident reports that allow them to target areas of concern. The team have good connections with local agencies who also inform them of other areas of concern and provide local information the team can sign post young people to.

11. Areas the OTS team has covered within Runcorn are:

- Runcorn Hill Park
- Phoenix Park
- Castlefields
- Grangeway
- Church Street
- Windmill Hill
- Hallwood Park
- Palace Fields

Areas the team have covered within Widnes are:

- Hough Green (Becher's)
- Upton Rocks
- Stewarts Avenue
- Cunningham Road

12. The Station Manager provides the OTS team with details of incident hot spots and they then check the incident log for relevant updates. They have spent a significant amount of time in Hough Green and Upton Rocks area due to the current incident levels. The team have historically struggled to engage with the young people who tend to move on when they see the OTS team. In an effort to respond to this the team have arranged regular evenings where six team members have gone out into the area in a group and then spilt up in order to cover more of the area. They will continue to work in the area and build relationships with the young people who are engaging, to spread the word of the work they do. The team have noted the installation of CCTV at Upton Rocks helped to identify and prevent incidents.

13. The team continue to work with the local police, Police Community Support Officers (PCSOs) and local Council targeting areas of anti-social behaviour. They have also more recently targeted businesses in the Runcorn area to discuss the importance of securing any waste materials to prevent fires where possible.

Warrington

14. The team currently work across four different geographical areas:
 - Orford Skate Park
 - Sankey Valley Park
 - Radley Common
 - Poplars Avenue
 - Woolston Park
15. The work of the team is well established and embedded in these areas, they have strong relationships with local youth teams, Police and residents.
16. The team continue to work across the area and focus their work based upon the incident reports, feedback from the watches and the station managers. Recently the team has assisted in addressing a number of wheelie bin fires by leafleting the local area with information on keeping wheelie bins locked away. For any wheelie bins they came across the flyer was used in a sticker form to be attached to the bin. The team were praised by the Station Manager for their support and that they had managed to cover 170 houses.
17. One new area the team have been working in is Woolston Park. The team monitor daily incident reports and identified an increase in this area of small deliberate fires. Working with further information from the crew's at Birchwood station, the team began working in the park. Although the numbers of young people willing to engage were low, the incidents have decreased significantly.

Cheshire West and Chester

18. The OTS team has been working in the Ellesmere Port area for nearly two years. One team member particularly has worked hard in establishing strong connections within the area, this work has continued which has resulted in great work and successful engagement.
19. The main areas are:
 - Bunbury Green
 - Whitby Park
 - Civic Way
 - Bus depot
20. The team is now well established within the community. Team members attend a community centre drop-in service to liaise with local PCSOs and answer any enquiries from local residents. The team found attending local skate parks in Parkgate and Ellesmere Port helped them to engage with young people.

21. More recently, the team have been working in and around Chester including:
 - Chester City centre
 - Blacon
 - Lache
22. The team continue to liaise with local PCSOs and the police in order to gather intelligence and make sure they are targeting the right areas. They link in with the local fire stations and Station Manager to see how they can assist and check the incident log regularly to see what areas need targeting. They also work closely with the local authority particularly to report any fly tipping they come across that needs removing to prevent small deliberate fires. The team has also engaged with local residents at community meetings and by leafleting areas where wheelie bin fires are high to try to raise awareness for the importance of locking wheelie bins away. They have also engaged with local businesses to discuss arson reduction and the importance of securing waste materials.
23. The OTS team continue to engage with the young people in Winsford. The main areas targeted are:
 - Bradbury Road Park
 - Esk Road
 - Mount Pleasant
 - The Marina
24. Historically the team has worked across the Wharton Estate where there has been a significant reduction of incidents over the last two years. They typically engage with around 25 young people per night. Over the summer months, the team spent a lot of time around the marina engaging with young people and families offering safety advice for those having BBQ's and water safety advice during the hot months. This area generated a lot of engagement and the team now visit the area regularly and find many young people use the area for fishing and tend to be happy to engage with them.
25. The team feel the work in Winsford will have lasting impact as the young people will now openly engage with them about issues in their local community. It is apparent from the interactions they are having on a weekly basis that the young people respect the role the OTS team play in making their communities safer, and in turn are less likely to engage negatively with the fire and rescue service.

Cheshire East

26. The OTS team have been working with young people in and around the Crewe area for just over two years.
27. The team liaise with firefighters and the Station Manager at Crewe fire station on a weekly basis and follow up on any information received.

28. The areas they cover are:
- King George Playing Fields
 - Valley Park
 - St. Barnabas
29. The team has established good relationships with the young people around the skate park next to the gym on King George V playing fields. They also visit Valley Park and find the young people congregating there are happy to talk.
30. The team continue to work in the St. Barnabas ward in Crewe; including but not limited to the parks located at the Derby Docks, Broad Street and James Atkinson Way. The young people are happy to engage with the OTS team. Due to the reduction in incidents the main priority for the team is to promote how young people can engage with: the fire and rescue service via the Cadets; Prince's Trust and the local Youth Service via the HUB on Market Street.
31. During the winter months when the teams often do not meet many young people out on the streets the team focus is on updating their e-learning and getting to know new areas. Early this year the team engaged in some key areas of training they identified through team meetings, including;
- Detached Youth Work skills
 - Understanding Fire Setting Behaviour
32. The team found both courses very useful and spent four evenings covering the two topics. The facilitators were able to tailor their delivery to the team and ensure the information given was relevant to their role. The team now feel more able to understand why young people set fires and will continue to address any concerns they have about young people at risk through the relevant channels.

Financial Implications

33. The budget for the OTS project was approved by Members and the work is currently being delivered well within budget.

Legal Implications

34. There are no legal implications associated with the submission of this report.

Equality and Diversity Implications

35. The OTS programme is inclusive, with young people from all backgrounds and abilities able to access the programme. All children and young people can engage in this intervention regardless of gender,

marital status, gender realignment, disability, race, colour, ethnic group, national origins, nationality, religious belief or sexual orientation.

Environmental Implications

36. As a fire and rescue service we have a pivotal role to play with regards to the environment. The OTS programme supports the Service's Environmental Policy and targets.

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BACKGROUND PAPERS: NONE

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Performance and Overview Committee
Forward Work Programme

| Performance and Overview Committee | |
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| | 26th February 2019 |
| 1. | Q3 Finance Report |
| 2. | Q3 Performance Report |
| 3. | Q3 Programme Report |
| 4. | Q3 Internal Audit Report |
| 5. | Annual Bonfire Report |
| 6. | Equality Monitoring – 6 Monthly Update |
| 7. | Internal Audit Recommendations Progress Update |
| 8. | CFRS Pre-Alert Trial |
| 9. | Annual Risk Management Report |
| 10. | Grenfell Update |

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