



**Wednesday,
10 July 2019
10.00 am**

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

Contact Officer:
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Democratic Services

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Cheshire Fire Authority

Notes for Members of the Public

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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, 10 JULY 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 27th February 2019.

1E Minutes of Closure of Accounts Committee

(Pages 7 - 10)

To confirm as a correct record the minutes of the meeting of the Closure of Accounts Committee held on 29th May 2019.

ITEMS REQUIRING DISCUSSION/DECISION

2 Performance Report - Quarter 4 2018-19

TO FOLLOW

3 Programme Report - Quarter 4 2018-19

(Pages 11 - 28)

4 Internal Audit Report and Director of Audit Opinion Report 2018-19

(Pages 29 - 58)

5 UPG Annual Report 2018-19

(Pages 59 - 72)

6 North West Fire Control Performance Report (Call Handling)

(Pages 73 - 78)

7 Operational and Command Training - End of Training Year Report 2018-19

(Pages 79 - 88)

8	HMICFRS Inspection Action Plan	(Pages 89 - 112)
9	Annual Prosecutions Report	(Pages 113 - 124)
10	Pension Administration Update	(Pages 125 - 128)
11	Forward Work Programme	(Pages 129 - 130)

The table includes those items that have been identified/agreed to-date. Members are asked to agree any additional items at the end of the meeting which need to be added to the programme.

PART 2 - BUSINESS TO BE DISCUSSED IN PRIVATE

MINUTES OF THE MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE
held on Wednesday, 27 February 2019 at Lecture Theatre - Sadler Road, Cheshire at 10.00 am

PRESENT: Councillors P Harris (Chair), T Sherlock, M Biggin, K Mundry, M Simon and independent (non-elected) member D Barnett

1 PROCEDURAL MATTERS

A Record of Meeting

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

B Apologies for Absence

Apologies for absence were received from Councillors Bailey and Hayes.

C Declaration of Members' Interests

There were no declarations of Members' interests.

D Minutes of the Performance and Overview Committee

RESOLVED:

That the minutes of the Performance and Overview Committee held on 28 November 2018 be confirmed as a correct record.

2 FINANCE REPORT - QUARTER 3, 2018-19

The Treasurer introduced the report, which provided a summary of the Service's position for the third quarter of 2018-19, reserves position and the status of projects in the capital programme.

He informed Members that, in relation to the revenue budget, the Quarter 3 review was reporting a forecast net overall total underspend for 2018/19 of £779k. He referred Members to Appendix 1 to the report, which contained further details of key areas of change since mid-year, including underspends of:

- £276k in Protection
- £260k in Finance Resources
- £117k in Operational Policy and Assurance
- £99k in Property Management

He drew Members attention to Appendix 2 to the report, which set out details of the movement in reserves. Members were asked to approve the movements for the quarter.

The Treasurer informed Members that the capital programme was forecasting an overall outturn of £23.4m against an approved budget of £23.8m. He referred Members to Appendix 3 to the report, which contained details of the individual projects and schemes within the capital programme.

RESOLVED: That;

[1] the forecast outturn position be noted; and

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

3 PROGRAMME REPORT - QUARTER 3, 2018-19

The Chief Fire Officer and Chief Executive introduced the report, which provided an update on the Service's 2018-19 Integrated Risk Management Plan programmes and projects. He referred Members to Appendix 1 to the report, which contained the health report for the third quarter of 2018-19.

The Director of Governance and Commissioning drew Members attention to the Blue Light Collaboration Programme update. He informed Members that officers had decided not to proceed with the Multi Force Shared Service, which was due to 'Go Live' on 1st April as it was not considered to be in the best interest of the Service at this time.

The Chief Fire Officer and Chief Executive drew Members attention to the Whole Service Review Programme update. He thanked Members for their input at the recent Member Planning Days and emphasised the impact they had on shaping the future of the Service. He reminded Members that the Service intended to use independent experts for validation purposes and the consultation institute for the consultation activities due to take place.

The Director of Governance and Commissioning referred Members to the update on the Chester project. He confirmed that the planning application had been refused and an appeal had been lodged with a hearing expected to take place in late summer. A second application had been submitted with an expected decision no earlier than mid-May.

The Chief Fire Officer and Chief Executive informed Members that over 80% of high rise buildings in Cheshire will have sprinkler systems retrofitted and commended the efforts of the Members and officers involved in the Sprinkler Group.

RESOLVED: That

[1] the report be noted.

4 PERFORMANCE REPORT - QUARTER 3, 2018-19

The Head of Organisational Performance introduced the report, which provided Members with an update on the Service's performance against the key performance indicators (KPIs) for Quarter 3 2018-19. Appendix 1 to the report contained the corporate performance scorecard reflecting the Quarter 3 position against targets set

and year-on-year direction of travel for the Services KPIs.

Members were referred to Appendix 2 of the report, which contained a detailed description of each KPI, including a summary of current performance and any actions taken to improve performance. Alongside the Head of Protection and Organisational Performance, the Head of Service Delivery provided further information on the KPIs relevant to the Service Delivery department.

The Head of Protection and Organisational Performance highlighted several updates on the performance against targets for KPIs. He advised Members of the positive performance at Quarter 3 for 'Fires in Non Domestic Properties' and 'Thematic Inspections'.

He drew Members attention to 'Fire Safety Audits in Non Domestic Premises' performance indicator. He reported a significant improvement of achieving 85% against the target, whilst still behind target it was an improvement compared with 67% of the target at the end of Quarter 3 2017-18. He explained this was mainly because more staff had gained further qualifications and competency allowing them to carry out the audits.

The independent (non-elected) member queried the reason for the target for Fire Safety Audits in Non-Domestic Properties being much higher than the national average. In response, the Chief Fire Officer and Chief Executive advised that Cheshire had always pushed targets to achieve a higher number for several reasons e.g. Cheshire values the benefits of the fire safety audits and the protection they offer the residents of Cheshire and its heritage sites.

Another Member congratulated staff delivering Safe and Well activities on performance achieved during the third quarter of 2018-19.

The Head of Service Delivery drew Members attention to the KPI for on-call availability. He advised Members that whilst overall performance was behind for the quarter, he reminded Members of the plan that had been developed by officers which would enable on-call to achieve 85% availability pan-Cheshire. He informed Members that the overall performance has improved compared with last quarter.

RESOLVED: That

[1] the report be noted.

5 INTERNAL AUDIT PLAN 2018-19 - QUARTER 3 PROGRESS REPORT

Ann-Marie Harrop (the Auditor), a representative from Mersey Internal Audit Agency (MIAA) was in attendance at the meeting to present the quarterly progress summary of the 2018-19 Internal Audit Plan (attached as Appendix 1 to the report).

She provided Members with a brief overview of the progress made against the audit plan and informed them that reviews had taken place in the following areas: Operational Training; Safe and Well and the Station Management Framework. It was reported that substantial assurance was found in each area.

RESOLVED: That

[1] the report be noted.

6 EQUALITY AND INCLUSION UPDATE

The Equality and Inclusion Officer introduced the report, which provided an overview of key equality and inclusion developments within the Service and progress made against the Equality, Diversity and Inclusion Action Plan.

She informed Members that the Service had been awarded third place in the Stonewall UK Workplace Equality Index, making them the highest performing public sector organisation.

Members were informed of the recent positive recruitment campaign activities. The independent (non-elected) member commended the report and asked for reassurance about the Service's approach to positive discrimination. The Equality and Inclusion Officer advised that the focus of the campaign was to attract minority groups to enter into the application process and once they were a candidate they would be treated the same as any other candidate.

A Member thanked the Equality and Inclusion Officer for her efforts and highlighted her work on the white ribbon campaign.

RESOLVED: That;

[1] progress to date be noted.

7 BONFIRE REPORT 2018

The Arson Reduction and Road Safety Manager introduced the report which appended the Authority's Annual Bonfire Period Report 2018, containing details of the preventative and operational activities of the Service and its partners during the bonfire period dated 24 October 2018 to 7 November 2018.

A Member congratulated the Arson Reduction and Road Safety Manager on consistent reduction in the number of deliberate fires year on year.

RESOLVED: That;

[1] the report be noted; and

[2] the recommendations be supported.

8 HMICFRS INSPECTION 2018 - ACTION PLAN

The Head of Protection and Organisational Performance presented the report which provided Members with the initial draft action plan prepared in response to the inspection report produced by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

He advised Members that the document had been developed with a variety of inputs including; focus groups and management conferences. He explained that the plan would be a living document and would be altered accordingly as the Service responded to its first inspection programme.

RESOLVED: That;

[1] the proposed monitoring arrangements be approved.

9 FORWARD WORK PROGRAMME

The table included those items that have been identified/agreed to-date. Members were asked to agree and note the programme for July 2019.

RESOLVED: That;

[1] the Forward Work Programme be noted.

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MINUTES OF THE MEETING OF THE CLOSURE OF ACCOUNTS COMMITTEE held on Wednesday, 29 May 2019 at Lecture Theatre - Sadler Road, Winsford, Cheshire at 10.00 am

PRESENT: Councillors P Harris (Chair), M Biggin, K Mundry and R Polhill

1 PROCEDURAL MATTERS

A Recording of Meeting

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

B Membership of Committee

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

C Apologies for Absence

There were no apologies for absence received.

D Declaration of Members' Interests

There were no declarations of Members' interests.

2 2018-19 DRAFT STATEMENT OF ACCOUNTS

The Treasurer introduced the report and advised Members that it was a statutory requirement that he approve the draft annual accounts of the Authority by the end of May each year. He explained that, as part of the annual accounts process, a draft set of accounts was reported to this Committee for its consideration.

It was reported that the accounts were subject to external audit and that once the audit was completed the Authority would formally consider the accounts for approval at the meeting on 24th July 2019. The Treasurer thanked the Head of Finance and finance staff for their hard work in preparing the accounts by the required deadline.

The Treasurer referred Members to the Comprehensive Income and Expenditure Statement (CI&E Statement) within the draft accounts (Appendix 1 to the report) and highlighted the "Total Comprehensive Income & Expenditure" figure and how this had changed from the previous year. Notes included within the accounts provided further information on the CI&E Statement.

He drew Members' attention to the Balance Sheet within the draft accounts, which detailed the value, as at 31st March 2019, of the assets and liabilities recognised by the Authority. It indicated that the Authority had a negative net worth of £468m which was an improvement over the previous years' figure of £476m. The Treasurer explained that the "Net Pension Liability" of £565m was the main factor affecting net

worth. In order to make the Balance Sheet balance, a contra entry was included as an "Unusable Reserve". This was a technical accounting adjustment and did not represent money that was available for use.

The funding amounts for Cheshire Fire Authority for 2018/19 were detailed at paragraph 3.1.3. of the report. Members were reminded that the Authority received over half of its revenue funding from its share of council tax 'precept' that was collected from the four local authorities. The precept approved by the Authority for 2018/19 was increased by 2.99% that was £75.48 (compared to £73.29 in 2017/18) for a Band D property. In addition to the precept, the Authority received its share of a surplus or deficits on the council tax collection funds which amounted to a surplus allocation of £0.03m for 2018/19 compared to £0.41m for 2017/18.

The majority of the balance of revenue funding was received from Central Government and the four local authorities in the form of the Settlement Funding Agreement that was broken down into two elements – Revenue Support Grant and Baseline Funding Level. This was detailed further at paragraph 3.1.2. of the report.

The Head of Finance advised that a detailed assessment for Group Accounting requirements had taken place again during 2018/19 in respect of North West Fire Control. For the 2018/19 accounts on the basis of materiality of the 25% share against the balances of the Authority it had been determined that Group Accounts were required for this financial year and had meant restating the accounts for 2017/18 as well. 2018/19 transactions between the Authority and NW Fire Control Ltd include invoices raised by NW Fire Control Ltd to the Authority for the control room service £829k (£810k 2017/18); and use of facilities in the building £2k (£3k 2017/18). 2018/19 invoices raised by the Authority to NW Fire Control Ltd include reimbursement of £7k costs (£11k 2017/18) relating to the network link. The Company's 2017/18 Financial Statements could be obtained from Companies House, and the 2018/19 Financial Statements would be available by the 31 December 2019 (standard deadline for submission for the final audited 2018/19 accounts).

The Head of Finance also advised that due to the uncertainty surrounding the outcome of the McCloud/Sargeant judgement (relating to alleged unlawful age discrimination arising from the transitional pension provisions in the Fire Pension and LGPS Regulations), with the Government awaiting ruling on its right to an appeal, it is too early to know what the likely impact may be on members' benefits. In view of this, no allowance has been made for any potential resulting increase in liabilities in these disclosures. It was recognised that this was an ongoing concern and the external auditors, Grant Thornton would be monitoring the situation closely.

Members thanked the Treasurer and Head of Finance for their work on the accounts.

RESOLVED: That

- [1] the draft Statement of Accounts 2018-19 be noted and be submitted to the Fire Authority on 24th July 2019 for final consideration and approval.**

3 ANNUAL GOVERNANCE STATEMENT 2018-19

The Director of Governance and Commissioning introduced the Cheshire Fire and Rescue Authority Annual Governance Statement (AGS) 2018-19, required to accompany the draft Statement of Accounts. The production of the Annual Governance Statement was a requirement under the Accounts and Audit Regulations (England) 2015 and helped to ensure that a reliable system of internal controls could be demonstrated.

In previous years the Statement of Assurance and the Annual Governance Statement had been a combined document. However, this year a decision had been taken to separate the two subject areas to improve governance arrangements and transparency.

The Annual Governance Statement 2019-20 would be submitted to the meeting of the Fire Authority on 24th July 2019 for consideration and approval accompanying the Final Accounts 2018-19.

RESOLVED: That

- [1] the Annual Governance Statement 2018-19 be noted and be submitted to the Fire Authority on 24th July 2019.**

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 10TH JULY 2019
REPORT OF: CHIEF FIRE OFFICER AND CHIEF EXECUTIVE
AUTHOR: JOANNE CARTLEDGE/SUSAN WATKINS

SUBJECT: PROGRAMME REPORT - QUARTER 4 2018-19

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 fourth quarter of 2018-19 is attached as Appendix 1 to this report. It was produced for Performance and Programme Board in May 2019 and updated in June 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.

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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 January 2019	TO	31st March 2019
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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	Explanation (where status is red or amber)		
				
Programme Update				
<p>The project team have produced detailed risk analyses and incorporated these within an extensive risk report, which explores current risks and demands and includes predictions of future trends. The project team has met with Principal Officers, Heads of Department and Trade Unions to discuss risks and explore current plans and ideas for the future.</p> <p>Budget management – the team have developed budget management principles and a new approach based on priority based budgeting (PBB). The aim of PBB is to prioritise spend to risks in a consistent manner. PBB will be trialled through the next budget cycle.</p> <p>The review of the Blue Light Collaboration Programme (Joint Corporate Services) has commenced, focusing on efficiency and effectiveness. The joint heads of service are developing department plans, which will include service levels and pay and non-pay budgets. The outcomes will feed into the PBB process.</p> <p>Consultation/engagement is progressing well. Members have contributed ideas through planning days. The team has met with Heads of Department and Trade Unions. Furthermore, consultation has occurred through station visits and through the staff engagement forum.</p> <p>During next quarter, the team will be focusing on developing specific options and proposals.</p>				

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 due a number of outstanding issues.		
Programme Update				
The following issues are outstanding:				
<ul style="list-style-type: none">• The underlease for the office accommodation at Clemonds Hey has been agreed but not signed.• The BLC end state collaboration agreement requires further development and the charging model is being revisited.• An alternative approach to car parking at Clemonds Hey has been identified, which is intended to create a similar number of car parking spaces to those planned originally. Currently awaiting date for works to commence.• The Design and Print Construction work is complete and the department has returned to HQ.• The Planning application for the external signage has now been approved. Signs to be installed w/c 17th June 2019.				



1564		NEW PAYROLL PROVIDER		
PROJECT SPONSOR		Director of Governance and Commissioning	PROJECT MANAGER	Project Business Manager
Previous status	Current status	Explanation (where status is red or amber)		
N/A				
Programme Update				
<p>The light touch PID was approved at Performance and Programme Board on 13th May 2019.</p> <p>Project currently on track. No red risks currently as resourcing constraints in the Payroll team have eased. First live payroll run with Access (the new payroll provider) is still due to commence on 16th July for the 18th July payday.</p>				


Parallel Pay Run (PPR) begins w/c 17th June 2019 and the success of this run will dictate whether CFRS can confidently go-live in July. If a high number of errors are returned then an August go-live may be more sensible.



The current payroll supplier, Kier will also be running a pay run for July (and August if required) to act as a fall back in case Access struggle with its payroll runs.

The Access project team have been very effective and responsive to date.



1565		AGRESSO SYSTEM UPGRADE		
PROJECT SPONSOR		Director of Governance and Commissioning	PROJECT MANAGER	Project Business Manager
Previous status	Current status	Explanation (where status is red or amber)		
N/A				
Programme Update				
<p>The light touch PID was approved at Performance and Programme Board on 13th May 2019.</p> <p>The project is slightly behind schedule due to a delay in the technical upgrade but is on track to deliver an upgraded version of Agresso by the end of August.</p> <p>The technical upgrade of the system was completed in early June so the new version of Agresso (Milestone 7.3) is now available for testing. Testing is due to commence 2nd week in July 2019, but some preliminary high level testing has already commenced.</p> <p>Resourcing of the testing from the Finance team remains a risk for successful delivery of the project.</p> <p>Following completion of the Upgrade and sign-off of the system the new Making Tax Digital (MTD) Module will be implemented by Unit 4 and is due to go-live in early October.</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	Explanation (where status is red or amber)		
		Overall status changed from red to amber due to the recent movement in the revised Planning Application.		
Programme Update				
<p>During the last period, the main focus has been on progressing the planning appeal and the planning application.</p> <p>Planning Appeal – This was submitted on the 14th January 2019, and the scheduling of a hearing is awaited. This is not expected for some time given the current backlog in the appeals office. The Fire Authority will be consulted on whether this is progressed following the successful revised planning submission.</p> <p>Revised Planning Application – This was submitted on the 12th February 2019 and was validated on 5th March 2019 and approved on the 4th June 2017. There is one planning condition concerned with sustainability that is currently being considered by the Planning Officer.</p> <p>A communications strategy was developed and approved for the second application which saw 2 community engagement days held which enabled 163 direct engagements with members of the community with 1 objection to the plans, 2 unsure and 160 in favour.</p> <p>The expectation is that the contract for the new fire station will be in place by the end of July, with works to create the temporary fire station being completed by late summer, when demolition works will begin.</p>				



1558		CREWE JOINT FIRE AND POLICE FACILITY		
PROJECT SPONSOR		Director of Governance and Commissioning	PROJECT MANAGER	Group Manager – Governance and Commissioning
Previous status	Current status	Explanation (where status is red or amber)		
N/A		Current status is amber due to slippage within the project due to delays in confirming the room data sheets and considerable amount of work required to secure the advisors.		
Programme Update				
<p>The viability study for the joint Fire and Police facility at Crewe is due to be completed by mid-2019. It is essential that this work is both accurate and trusted by both organisations.</p> <p>Work recently has focused on the following activities:</p> <ul style="list-style-type: none">• Undertaking site surveys – now completed (1st April 2019).• Assessing restrictions and parameters to the development of the site.• Procuring the necessary advisors for the project:• First Draft of the Room Data Sheets which have been issued for comment to allow design work to commence. The finalised version was published on 5th April 2019. Following the first two meetings with the project team and the design team, the architects are now reworking the design to take into account the issues raised by CFRS and Police. <p>The review of the legal title has also identified a number of concerns and legal advice has been sought.</p> <p>June update: The team has produced a layout of the proposed joint facility, which is now undergoing a costing exercise.</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)		
		Current status is amber due to slippage within the programme.		
Programme Update				
<p>Estates and Property Committee has endorsed the programme to commence the works at Tarporley and Bollington. They also endorsed the selection of Procure Northwest as the framework provider. CFRS aided by the Head of Estates and Facilities will now complete a mini competition to select the main contractor for the remaining programme.</p> <p>The planning applications have been submitted for consideration to Chester West and Chester, and Cheshire East for Bollington and Tarporley.</p> <p>Cruden Construction Group have projected a start date of 29/30 April at Bollington and Tarporley, prior to this site surveys will be completed.</p> <p>The insurance cover for the building work, as stipulated in the JCT contract has been procured by CFRS.</p> <p>A communications message to internal staff will go out in April regarding Bollington and Tarporley. Once work has physically commenced further communication messages are planned both internally and externally.</p> <p>June update: Bollington fire station is currently undergoing its extension and refurbishment, with a programme of works scheduled to take place over the next twelve weeks.</p> <p>Tarporley fire station has received planning permission and work is scheduled to start on the 8th July 2019. It is expected to take eight weeks.</p> <p>Year one (Runcorn, Birchwood, Sandbach and Middlewich fire stations) – The Procurement team has been working to establish a route to market through the Procure Northwest framework. This process has received two submissions from companies, who have visited the four sites with a further requirement for them to present their proposals to officers, before a final decision and contract is awarded.</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	Explanation (where status is red or amber)		
		The programme remains amber due to previous slippage.		
Programme Update				
<p>The planning application was submitted to the local authority and on the 10th January 2019 and following a request by the local authority to extend the application process approval was received on the 7th March 2019 containing 25 conditions. There are 6 conditions which must be discharged prior to commencement of works on site. They include:</p> <ul style="list-style-type: none">• Drainage design• Ecology• Ground condition• Piling methodology• Construction traffic• Location of site office <p>The design team are working on the application with the aim to submit on the 5th April 2019.</p> <p>All pre-commencement conditions have now been submitted and CWAC planning officers are working with the main contractor to discharge them, one condition requires further sub surface site investigations, which are due to start on the 24th June 2019.</p> <p>The main contractors have now set up on site and are working with sub-contractors to demolish and clear the site ready for the final condition to be discharged enabling them to break ground and develop the site.</p> <p>The relocation of training project to deliver training courses at other planned locations has gone ahead as planned and the decommissioning of the Incident Command Training Suite will be completed during April following the relocation of command training to Frodsham Fire Station.</p> <p>The service level agreements and MOUs are now completed and signed for the use of realistic fire facilities in Greater Manchester Fire and Rescue Service and Airbus allowing the Service to conduct Breathing Apparatus training courses away from Winsford as planned in the relocation project.</p> <p>All risks have been reviewed with no change and the budget has been updated following the planning approval being received with the programme being costed by the contractor within budget. A new programme has been received from the building consultant, which will be used to realign the CPS milestones and tasks as they are no longer accurate following the extended planning application period, which was unforeseen and could not be controlled by the programme team.</p>				



1553		OPERATIONAL TRAINING GROUP REVIEW		
PROJECT SPONSOR		Assistant Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER	Head of Operational Policy and Assurance
Previous status	Current status	Explanation (where status is red or amber)		
		The project remains amber due to changes in scope and the commencement of formal negotiations with the FBU.		
Programme Update				
<p>During the past quarter the newly formed Shift Working Group, which now includes representatives from both training teams, met to discuss the combined work that will be required for a joint training team structure and duty system in the future. A proposed structure has been presented to the group by the project manager which includes a combination of Station Managers and Watch Managers that is within the parameters of the budget which has been accepted by the project manager as the model to take forward to the negotiations with the Fire Brigades Union (FBU).</p> <p>As no agreement could be found for a new duty system the project manager has opened formal negotiations with the FBU and set-out four dates to meet and negotiate, with the aim to reach a collective agreement by the final meeting on the 29th May 2019. The first meeting has been held when a proposal for a new duty system and structure was presented to the FBU by the project manager.</p> <p>The risks have been reviewed and no change is required, though all tasks and milestones will need reforecasting following the commencement of formal negotiations.</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	Explanation (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 4 as it remains on hold awaiting the outcomes of national discussions for the wider Firefighter 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 as there has been no clear movement on the programme in this quarter.		
Programme Update				
<p>User groups have taken place to discuss the suitability of the agreed Samsung Android handset due to the need for regular operating system and application updates. It is now anticipated the new handheld may only be a replacement for the current San J and not negate the need for a mobile phone as well.</p> <p>No more project funding expected for 2019/20 financial year. National discussions are taking place regarding the funding being provided to Fire and Rescue Services to agree a package up to 2023.</p> <p>Coverage assurance exercise for critical incident locations (COLs) has been put back until summer 2019.</p>				



1535	COLLABORATIVE DRONE PILOT			
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)		
	N/A			
Programme Update				
Close down and evaluation report submitted at Performance and Programme Board on May 13 th 2019.				


Service Delivery



1556		ON-CALL PROGRAMME		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	Group Manager – Cheshire West and Chester
Previous status	Current status	Explanation (where status is red or amber)		
				
Programme Update				
<p>The On Call Programme Team (OCPT) met twice in quarter 4 where members of the team were briefed on the programme aims and objectives including the structure and framework surrounding the OCPT reporting mechanism.</p> <p>The four identified strands each have a Station Manager lead officer:</p> <ul style="list-style-type: none">RecruitmentAvailabilityOn Call RoleFinancial <p>Representation on the group is from the Operational Training Group, Operational Policy and Assurance, Human Resources and Corporate Communications. The Equality, Diversity and Inclusion Officer, On Call Station Managers, Strand Leads, Administration Manager, 4 Station Managers and On Call Programme Manager also attend.</p> <p>OCPT have been briefed and will prioritise areas of work at the meeting on the 26th April 2019.</p> <p>On Call Support Crew Managers (OCSCM) have been appointed and commenced a foundation course on the 23rd April aimed at standardising their role. Areas covered included Gartan, management culture, OCPT overview, contracts, day duty agreements, assessor roles and general expected standards and working ethic.</p> <p>Input from the Chief Fire Officer, Assistant Chief Fire Officer and Service Delivery Area Manager provided reassurance in the commitment of the Service to addressing OC issues. The 2 days were well received and the OCSCM demonstrated a positivity and eagerness to get started. A benchmark level of availability has been taken for April and Station Managers will report measurable changes from the 1st May 2019.</p> <p>The On Call away day, feedback session has been booked for the 22nd May. The three On Call Station Managers are currently capturing the progress made since the initial session 6 months earlier which will be presented at the event. We are satisfied that we are making good progress against the identified key issues and suggest this will be well received. It is important that this progress continues.</p>				

1540	AERIAL LADDER PLATFORM REVIEW			
PROJECT SPONSOR		Assistant Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER	Station Manager
Previous status	Current status	Explanation (where status is red or amber)		
				
Programme Update				
The Project Manager and Head of OPA are currently developing an options paper with recommendations for the Aerial Ladder Platform Review, to be approved by Members.				



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)		
		No money has yet been exchanged for any projects; legal colleagues are assisting with drafting the agreements.		
A presentation regarding the fitting of sprinklers took place to 'Stef & Phillips' who are managing agents for Peninsula House in Warrington on behalf of an investment company who own the building. We have followed this up with some information in writing and are awaiting a decision from the board.				
No money has yet been exchanged for any projects and legal colleagues are assisting with drafting the agreements in order that the finance for Joseph Groome Towers and Churchill Mansions can be released.				

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	Explanation (where status is red or amber)		
		Two milestones have now exceeded their completion target due to the availability of legal resources to draft the relevant documents and due to the fact that efforts are still being made to secure 2 additional projects to complete the 4 we are seeking in total.		
A presentation regarding the fitting of sprinklers took place to 'Stef & Phillips' who are managing agents for Peninsula House in Warrington who manage the property on behalf of an investment company who own the building. We have followed this up with some information in writing and are awaiting a decision from the board.				
Sanctuary Housing are in the procurement tender process for their project which exceeds OJEU thresholds. No money has yet been exchanged for any projects and legal colleagues are assisting with drafting the agreements.				



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	Explanation (where status is red or amber)		
		Completion of the review report is now overdue.		
Programme Update				
Completion of the review report is now overdue. Responsibilities have been re-aligned and the remaining report sections have been prioritised for completion and are underway. The report is already significant in size and an executive summary is required to ensure the review report is more readable and useable.				

Prevention

1560		FIRE CADETS PROJECT		
PROJECT SPONSOR		Assistant Chief Fire Officer, Service Delivery	PROJECT MANAGER	Cadet Manager
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		Current status is red as the final version of the PID has not been signed off yet.		
Project Update				
<p>The milestones and tasks within the PID have been reviewed and amended with Strategic Change.</p> <p>To date there has been progress on planning for consultation with volunteers and operational staff. Corporate Communications have been working on a communication strategy and will also be leading on the consultation. A Station Manager has been allocated to support with the operational elements.</p> <p>A Fire Cadet Day was held on the 16.02.19 and was a very successful event. There is lots of feedback from cadets and volunteers that is being implemented where possible.</p> <p>The recruitment of adult volunteers is ongoing and there is a consistent number of applications coming through each week.</p> <p>The first 2019 Initial Drill Yard Supervision course was held in March 2019 and was well attended with 12 volunteers taking part, the following week a one day refresher was held for existing volunteers with six participants.</p> <p>We have met with corporate communications to discuss communication with cadets, parents and volunteers and they are working on options to support us getting information out in a timely manner and most importantly in a way that suits the intended audience.</p>				

1500		SAFE AND WELL PHASE 2 – LONELINESS AND ISOLATION		
PROJECT SPONSOR		Assistant Chief Fire Officer, Service Delivery	PROJECT MANAGER	Partnership Co-ordinator
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Project Update				
<p>The Loneliness and Social Isolation work has been finalised via a Memorandum of Understanding (MOU). All three parties – Cheshire Fire and Rescue Service, British Red Cross and The Silver Line have reviewed and agreed the terms set out in the understanding.</p> <p>The delivery of this work has commenced Pan-Cheshire as part of the Safe and Well Visits and started on Monday the 20th May 2019. As of Monday the 3rd June 2019, CFRS had screened 42 individuals for loneliness and/or social</p>				

isolation with 3 being referred over to our partner agencies for follow up. We have had no reported issues thus far with the delivery of this project.

1496		SAFE AND WELL PHASE 2 – HYPERTENSION, BLOOD PRESSURE and ATRIAL FIBRILLATION		
PROJECT SPONSOR		Assistant Chief Fire Officer, Service Delivery	PROJECT MANAGER	Prevention Policy and Projects Manager
Previous status	Current status	Explanation (where status is red or amber)		
				
Project Update				
<p>Atrial Fibrillation (Warrington Clinical Commissioning Group (CCG) area) - We now have the go ahead to implement this work in Warrington in line with the other 5 Cheshire CCG areas. All prevention staff and operational staff have been trained to conduct the work. Prevention staff commenced atrial fibrillation screening in Warrington CCG area on 9 April 2019 and operational staff commenced screening on 30 April. This brings the Warrington CCG area in line with the work we are doing across the other Cheshire CCG areas.</p> <p>This element of Safe and Well is now coming to an end and we anticipate closing down this element of the project during the current financial year. A close down report will be drafted in due course. The atrial fibrillation element of Safe and Well is being evaluated by Edge Hill University. The Edge Hill research should be complete by end of September 2019.</p> <p>Blood Pressure - A Memorandum of Understanding (MoU) has been drafted to provide governance to this element of Safe and Well. CHAMPS (Cheshire and Merseyside Directors of Public Health) and Cheshire FRS Director of Governance and Commissioning have now agreed and signed the MoU. All staff pan-Cheshire received relevant training from Halton Public Health to conduct blood pressure testing by end of April. This element of Safe and Well therefore went live pan-Cheshire on 20th May.</p> <p>This project is also now moving towards conclusion and we anticipate closing this element down as a project during the current financial year. A close down report will be drafted in due course. There are no plans to evaluate the Cheshire Fire and Rescue Service (FRS) blood pressure work due to financial reasons. However, CHAMPS has already commissioned Liverpool John Moores University to evaluate the broader blood pressure work programme, which included the work conducted by Merseyside FRS.</p>				

RISK MANAGEMENT

CPS Ref	Risk Detail	Risk Owner	Rick Score	Progress Update
1002	<p>Chester – Refusal of planning appeal and revised planning application.</p> <p>The original planning application for the Chester Fire Station Build was refused. The Fire Authority subsequently instructed that both an appeal and an alternative scheme should be progressed. However there a number of uncontrolled variables in the planning process.</p> <p>As a result there is a risk that the planning appeal and the revised scheme will not be approved which may result in additional costs, delay in the project, reputational damage to the Service and questions over the viability of the project. This could lead to failure to deliver a fit for purpose Community Fire Station that accommodates the needs of Cheshire Fire and Rescue Service and failure to raise monies from the sale of the surplus land post project completion.</p>	Andrew Leadbetter	<p>12</p> <p>↓</p>	<p>Mitigation / Progress</p> <p>Planning approval was granted on the revised planning application for the Chester build. A sustainability condition was placed on the application and will be addressed w/c 24th June with a revised BREEAM submission to the planning officer.</p> <p>Risk scoring reduced to reflect approval subject to conditions.</p>
1003	<p>Chester - further delay and additional costs</p> <p>The original planning application for the Chester Fire Station Build was refused. The Fire Authority subsequently instructed that both an appeal and an alternative scheme should be progressed.</p> <p>The refusal of planning permission has created a project delay of a minimum of 9 months (for the alternative scheme). However, this is subject to a number of</p>	Andrew Leadbetter	<p>9</p> <p>↓</p>	<p>Mitigation / Progress</p> <p>Planning approval was granted on the revised planning application for Chester build.</p> <p>Risk scoring reduced to reflect approval subject to conditions.</p>

<p>uncontrolled variables in the planning process so there is a risk that the project may be subject to further delay.</p> <p>There is also potential additional costs associated with the planning application refusal and subsequent delays. Therefore, there is a risk that additional budget allocation will be required.</p> <p>This could lead to reputational damage to the Service, questions over the viability of the project, failure to deliver a fit for purpose Community Fire Station that accommodates the needs of Cheshire Fire and Rescue Service and failure to raise monies from the sale of the surplus land post project completion.</p>			
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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 10TH JULY 2019
REPORT OF: DIRECTOR OF GOVERNANCE AND COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: INTERNAL AUDIT PROGRESS REPORT AND
INTERNAL AUDIT ANNUAL REPORT AND HEAD
OF INTERNAL AUDIT OPINION 2018-19

Purpose of Report

1. To present to Members, the Internal Audit Progress Report and Internal Audit Annual Report and Head of Internal Audit Opinion 2018-19.

Recommended: That Members

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

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 and 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

6. The Progress Report is attached to this report as Appendix 1. The audit activity for this quarter is summarised below:-
 - Performance and Data Quality – **Final Report**
 - Vehicle Fleet Review – **Final Report**
 - Follow Up – **Report will be presented with the Q1 progress report on 4th September 2019**
7. There have been no requests for change during the 2018-19 Quarter 4 reporting period.

Internal Audit Annual Report and Head of Internal Audit Opinion 2018-19

8. The Internal Audit Annual Report and Head of Internal Audit Opinion 2018-19 is attached to this report as Appendix 2.
9. The Executive Summary on page 3 of the document confirms that there is Substantial Assurance that there is a good system of internal control designed to meet the organisation's objectives and that controls are being applied consistently.
10. The 2018-19 Internal Audit Plan has also been delivered in accordance with the agreed schedule. The recommendations raised by MIAA have been accepted by management and progress on these is followed up by MIAA.

Financial Implications

11. 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

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

Equality and Diversity Implications

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

Environmental Implications

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

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

Appendix 1 – Internal Audit Progress Report

Appendix 2 – Internal Audit Annual Report and Head of Internal Audit Opinion 2018-19.

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Internal Audit Progress Report Performance and Overview Committee (July 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 2018/19. 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:

- Performance and Data Quality – Substantial Assurance
- Vehicle Fleet – High Assurance

Our work in relation to the NFI data matching is in progress and will be reported at a later date. Data from the Treasury was released in April 2019 and therefore this work runs across the year.

The table below identifies the key areas from our work and the actions to be delivered by management. 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	
Performance Reporting (2018/19 Plan)	Substantial	0 x Critical	2 x Medium
		0 x High	2 x Low
<p>Management Sponsor: Lee Shears, Head of Protection and Organisational Performance</p> <p>Objective: To provide assurance over the process for recording and reporting performance.</p> <p>Summary:</p> <p>At the time of the review, The Cheshire Fire and Rescue service were in the process of updating their Performance Management Framework (PMF) with a view for it to be approved in February / March 2019.</p> <p>The Business Intelligence Team (BI) acts as the focal point for collating performance information and for producing the reports that are required for the monitoring processes. The FireCore system draws on data that other departments own and are responsible for maintaining. Our review confirmed that a bespoke validation process has been produced by the Senior Research and Business Analyst area within the BI team, this has been developed to minimize known errors and is now run on a monthly basis.</p>			

Title	Assurance Level	Recommendations
<p>On a quarterly basis performance reports are collated by the BI Team. The Performance and Overview Committee receive update reports on the Statutory Key Performance Indicators (KPIs) each quarter and the Service's Performance and Programme Board (members of the Service Management Team) also receive a quarterly review of performance against KPIs. This Board is responsible for monitoring and reviewing progress against performance targets and ensuring that action is taken where necessary.</p> <p>A data deep dive was undertaken on Cheshire East Unitary area to ensure accurate reporting was reflected within both local quarterly performance reports, collated by the Unitary Admin Manager and the quarterly performance reports to Performance and Overview Committee, collated by the Business Intelligence Team.</p> <p>Figures reported for KPIs 'Number of deaths in Primary Fires' and Injuries in Primary Fires' were satisfactory and data was reported accurately however we found minor discrepancies on four other KPIs reported to the P&O Committee. It should be noted that these minor errors would not ultimately affect the overall RAG rating applied to each KPI.</p> <p>The four Unitary Area Delivery Plans for Cheshire West & Chester, Cheshire East, Warrington, and Halton are developed to respond to local issues and priorities whilst reflecting the overarching strategic direction and aims and objectives of the IRMP and Corporate Plan.</p> <p>Our review confirmed that Station Managers meet at the quarterly Performance Scrutiny and Campaigns Group which interrogates performance and utilises local intelligence from Unitary Performance Groups to create targeted initiatives and campaigns.</p> <p>Departmental, Unitary and Community Action Plans (CAPs) are the building blocks in the performance management framework; they identify how each area will contribute towards achieving the aims and objectives as set out in the IRMP. All indicators in the IRMP are 'cascaded' down to the Departmental Plans.</p> <p>Community Action Plans draw direction from the Unitary Plans, further localising the priorities, actions and targets each Station needs to address to contribute effectively to delivery of the Plan. Each Station Manager is responsible for developing and monitoring their own suite of CAPs and understanding their contribution to delivery against Unitary Plans and IRMP.</p> <p>A Unitary Performance Group Report is produced every quarter which analyses performance collated from the BI team. Performance information is used to improve the day-to-day operation of services across CFRS. Reported performance, which is below expectation, is targeted and reviewed so that remedial actions can be introduced, lessons learnt and improvements made. Examples of strong performance are analysed and highlighted in order to share and promote good practice across the organisation.</p>		

Title	Assurance Level	Recommendations	
Key areas agreed for action:			
Two medium level risk recommendations were agreed:			
<ul style="list-style-type: none">As new systems have been implemented along with the development of the Blue-light Collaboration, a new PMF is currently being written and will need to be scrutinised, reviewed and approved by the Cheshire Fire Authority.To ensure KPI RAG rating status are accurate and continue to reflect current incident reporting figures over quarterly performance reports, Cheshire Fire Authority should ensure:<ul style="list-style-type: none">Year to Date (YTD) figures are accurately reported over the quarterly performance reports, ensuring all figures are summed up to a correct YTD figure.All KPIs reported within local performance reports should be reported within the P&O Committee performance reports.A consistent approach to local unitary reporting within P&O committee, by ensuring all KPIs include the local unitary table stating each unitary station's performance.			
Two low level risk recommendation were also agreed:			
<ul style="list-style-type: none">Standard Operating Procedures or an approved timetable should be either incorporated into the new PMF or be developed as a stand-alone document and distributed to each unitary area to ensure timely submissions and accurate data reporting to P&O Committee.A standardised approach / formal communication plan including specific questions asked by the BI team for the unitary areas to complete, may be beneficial for a more timely and effective reporting.			
Vehicle Fleet	High	0 x Critical 0 x High	0 x Medium 1 x Low
Management Sponsor: Phill Cooper, Fleet Manager			
Objective: To ascertain whether the new vehicle management system has delivered it's anticipated benefits. We will also evaluate the arrangements in place to record and monitor the utilisation and management of the Authority's fleet and to assess the effectiveness of how this information is being used to inform decision making.			
Summary:			
A fleet management system called Fleetwave has recently been implemented in January 2019. At the time of the review, the implementation of Fleetwave was still in its infancy with the full implementation and realisation of benefits to be fulfilled by October 2019.			

Title	Assurance Level	Recommendations
<p>Once fully implemented, and all data has been entered within the system, Fleet vehicles will be fully monitored, ensuring regular maintenance of fleet vehicles. Fleetwave will enable tracking and reporting of information, including time and costs associated with the end-to-end maintenance of assets, vehicles and equipment.</p> <p>During the review, we obtained the contract for the purchase of services for Fleetwave, and have undertaken testing of a sample of 15 specification requirements which overall confirmed that Fleetwave is meeting it's high priority service requirements, and any gaps in benefits realisation is currently work in progress with a developed action plan monitored by the Fleet Manager.</p> <p>Fire vehicle technicians undertake a wide range of training and qualifications in order to ensure vehicles are maintained to the expected standard. Cheshire Fire and Rescue currently has seven technicians and Audit testing was undertaken to ensure all training and qualifications has been documented, were within date and reviewed when necessary. We found good practice regarding documentation held by the Fleet Manager maintaining a file of all training along with copies of each certificate.</p> <p>Audit review identified that a Vehicle must receive either an 'F' or 'E' service where appropriate, and arrangements must be put in place to allow for the replacement of vehicles receiving a service. Audit observation confirmed that Fleetwave has the reporting requirements to enable the Fleet Manager to assess upcoming services, including both F and E services, as well as MOT and Road Tax requirements. Due to the recent implementation of Fleetwave there have been some initial technical issues but nothing which required escalation.</p> <p>Although Fleetwave has yet to meet its overall expectation regarding data input and outputs of information, we can confirm that appropriate workarounds are currently in place and used by the Fleet Manager. An action plan is currently in place between the Project Manager of Fleetwave and the Cheshire Fire and Rescue Fleet Manager to resolve the current technical issues, however these issues are not affecting the overall performance of Fleetwave in its current format. Cheshire Fire and Rescue Service currently use the 15 year replacement programme of fleet vehicles, and this is frequently monitored by the Fleet Manager.</p> <p>Fleetwave has an incorporated fuel management system which allows the Fleet Manager to gain detailed visibility of accumulated fuel costs and individual transactions. With the automated integration of commercial fuel cards, The Fleet Manager can gain real-time insight into operating efficiencies such as fuel economy performance, CO2 emissions, which will ultimately support in the reduction of fuel costs and improve vehicle and driver performance.</p>		

Title	Assurance Level	Recommendations
<p>Our review confirmed that Fleetwave has Fleet Management Reporting tools integrated within the system. This provides the user with relevant fleet performance analytics and actionable reports. Reports are presented in an easy to interpret, graphical format with the ability to drill down and interrogate information as needed.</p> <p>Key areas agreed for action:</p> <p>One low level recommendation was agreed in relation to setting up a regular contract meeting to monitor performance and output requirements against the contract in place to ensure benefits realisations are consistently being met through formal contract meeting</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 – Finance and Payroll matches being reviewed
- Volunteers – Fieldwork
- Collaboration/ Partnerships – Terms of Reference

Work planned

- HMICFRS – Phase 1 support July 2019

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.

- There are no proposed amendments to the audit plan for consideration by the committee.

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	Green	Audit reviews are on track in terms of planned completion.
Timeliness	Green	Generally, reviews are progressing in line with planned delivery.
Qualified Staff	Green	MIAA Audit Staff consist of: <ul style="list-style-type: none">• 65% Qualified (CCAB, IIA etc.)• 35% Part Qualified
Quality	Green	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA's compliance with the Public Sector Internal Audit Standards.

Overview of Output Delivery (2018/19 Plan)

REVIEW TITLE	PLANNED REPORTING TO P & O				ASSURANCE LEVEL	Commentary
	Sep	Nov	Feb	April		
CORPORATE SERVICES						
Financial Systems: Oracle Fusion			✓		N/A	Complete
Local Code of Corporate Governance		✓		✓	N/A	Working group attendance / support/ HOIA
National Fraud Initiative				•		In progress
PROTECTION & ORGANISATIONAL PERFORMANCE						
Performance Reporting				✓	Substantial	Complete
HMICFRS				•		Q2 & Q4 19/20
SERVICE DELIVERY / OPERATIONAL POLICY & ASSURANCE						
Operational Training		✓			Substantial	Complete
Vehicle Fleet				✓	High	Complete
Station Management Framework			✓		Substantial	Complete
PREVENTION						
Safe and Well		✓			Substantial	Complete
FOLLOW-UP AND CONTINGENCY						
Follow-up	✓					Final Report
Contingency		✓		✓		Risk Management Board

Key

o = Planned • = In Progress

✓ = Complete

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			o			
Cost Improvement		o				
Risk Management Board	o	o	o	o		
IT resilience / BCP		o				
National Fraud Initiative (Carry forward)		•				In progress
PROTECTION & ORGANISATIONAL PERFORMANCE						
Professional Standards				o		
HMICFRS (Carry Forward)				•		
SERVICE DELIVERY / OPERATIONAL POLICY & ASSURANCE						
Collaboration/ Partnerships	•					Planning
PREVENTION						
Safety Central Volunteers	•					In progress
FOLLOW-UP AND CONTINGENCY						
Follow-up	•					In progress
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 Annual Report & Head of Internal Audit Opinion 2018/19

Cheshire Fire Authority/ Fire and Rescue Service

Contents

1. Introduction
2. Executive Summary
3. Head of Internal Audit Opinion
4. Internal Audit Coverage and Outputs
5. Areas for consideration - your Annual Governance Statement
6. MIAA Quality of Service Indicators

1. Introduction

1.1 Purpose of this Report

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

1.2 Authority and Accountable Officer Roles and Responsibilities

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

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

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

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

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

2. Executive Summary

This annual report provides the 2018/19 Head of Internal Audit Opinion for Cheshire Fire and Rescue Service, together with the planned internal audit coverage and output during 2018/19 and MIAA Quality of Service Indicators.

Key Area	Summary
Head of Internal Audit Opinion	The overall opinion for the period 1st April 2018 to 31st March 2019 provides Substantial Assurance, in that there is a good system of internal control designed to meet the system objectives, and controls are generally being applied consistently.
Planned Audit Coverage and Outputs	<p>The 2018/19 Internal Audit Plan has been delivered in accordance with the schedule agreed with the Performance and Overview Committee at the start of the financial year, including approved plan variations. This position has been reported within the progress reports across the financial year, with the final report concluding completion of the Internal Audit Plan.</p> <p>Review coverage has been across a number of business critical systems, e.g. Finance, Governance, HR, IM & T etc.</p> <p>We have raised 19 recommendations as part of the reviews undertaken during 2018/19. All recommendations raised by MIAA have been accepted by management. MIAA has undertaken follow up reviews during the course of year.</p>
MIAA Quality of Service Indicators	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.

3. Head of Internal Audit Opinion

3.1 Opinion

Our opinion is set out as follows:

- *Basis for the opinion*
- *Overall opinion*
- *Commentary*

3.1.1 Basis

The basis for forming our opinion is as follows:

Basis for the Opinion
1. An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of systems reviewed.
2. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

3.1.2 Overall Opinion

Our overall opinion for the period 1st April 2018 to 31st March 2019 is:

High Assurance, can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.	
Substantial Assurance , can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.	✓
Moderate Assurance, can be given that 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 of the organisation's objectives at risk.	
Limited Assurance, can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.	

No Assurance, can be given that 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 organisation's objectives.	
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3.1.3 Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1st April 2018 to 31st March 2019 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Risk Based Reviews

We issued

1 high assurance opinions:	<ul style="list-style-type: none"> Vehicle Fleet
2 substantial assurance opinions:	<ul style="list-style-type: none"> Operational Training Performance Reporting and Data Quality Station Management Framework Safe and Well
0 moderate assurance opinions:	
0 limited assurance opinions:	
0 no assurance opinions:	

We raised 0 **high risk recommendations** in respect of the above assignments.

Follow Up

During the course of the year we have undertaken follow up reviews and can conclude that the organisation has made **good progress** with regards to the implementation of recommendations. We will continue to track and follow up outstanding actions.

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

Tim Crowley

Head of Internal Audit, MIAA

31st March 2019

4. Internal Audit Coverage and Outputs

The Internal Audit Plan has been delivered in accordance with the schedule agreed with the Performance and Overview Committee at the start of the financial year. This position has been reported within the progress reports across the financial year, with the final report concluding completion of the Internal Audit Plan with the exception of the NFI data matching and the HMICFRS review which are being completed in Q1 2019/20.

Of the reviews completed in the year, assurance ratings were given in 5 cases. Assurance rating were not applicable within 1 review, due to the nature of this work. The audit assignment element of the Opinion is limited to the scope and objectives of each of the individual reviews. Detailed information on the limitations (including scope and coverage) to the reviews has been provided within the individual audit reports and through the Performance and Overview Committee Progress Reports throughout the year.

A summary of the reviews performed in the year is provided below:

	Review	Assurance Opinion	Recommendations Raised				
			Critical	High	Medium	Low	Total
1	Vehicle Fleet	High	0	0	0	1	1
2	Operational Training	Substantial	0	0	2	1	3
3	Performance Reporting and Data Quality	Substantial	0	0	2	2	4
4	Station Management Framework	Substantial	0	0	1	1	2
5	Safe & Well	Substantial	0	0	8	1	9
6	Finance Support Review	N/A	0	0	0	0	0
	TOTAL		0	0	13	6	19

All recommendations raised were accepted by management.

ADVISORY SUPPORT AND GUIDANCE: Areas where MIAA have supported the organisation in strengthening arrangements in respect of governance, risk management and internal control.

National Fraud Initiative – MIAA matches electronic data within and between public and private sector bodies to prevent and detect fraud. These bodies include police constabularies, local probation boards, fire and rescue authorities as well as local councils and a number of private sector bodies.

This participation offers a range of matches (payroll and creditors) designed to target fraud as well as providing assurance on a range of corporate governance issues. In addition, the inclusion of your data will help identify overpayments and uncover fraud at other participating bodies.

Risk Management Board – Attendance and participation at the Risk Management Board throughout the year.

Raising Awareness – Presentation to SMT and Senior Managers on the role of internal audit to raise awareness of our role in the organisation and a greater understanding of the audit plan work scheduled for 2019/20. A further presentation is scheduled for new Fire Authority Members.

HMICFRS – MIAA have agreed to support CFRS with their development of an action plan in response to the in-year HMICFRS inspection. This will be two phased, an initial review of the Action Plan to ensure that it meets all aspects of the Inspection report findings, this is scheduled for Q1 2019/20 and a further review later in the year of the evidence to support implementation of the actions.

5. Areas for consideration – your Annual Governance Statement

The Head of Internal Audit Opinion is one source of assurance that the organisation has in providing its AGS other third party assurances should also be considered. In addition the organisation should take account of other independent assurances that are considered relevant.

We have identified a number of other strategic challenges that should be considered by the Accountable Officer when drafting the AGS. Whilst the scope of the Internal Audit Plan would have considered elements of these, it is important that the organisation reflects more widely on how these should be factored into the AGS. Areas for consideration include-

- Regulatory Compliance.
- Outcomes of the recent HMICFRS Inspection.
- Organisational Performance, e.g. achieving financial duties, operational delivery etc.
- Third party assurance from organisations who provide services on behalf of the Authority, e.g. Financial Systems, Payroll etc.
- Outcomes of any investigations into incidents in year.
- Any reportable information governance breaches reported to the Information Commissioner.
- Any known gaps in the management of risk to the organisational objectives.
- Any significant changes to the senior management team.
- Any significant changes to the governance structure of the Authority.

6. MIAA quality service indicators

MIAA's strategy has quality at the heart of everything we do and our overall approach to quality assurance includes ISO9001:2015 accreditation, compliance with Public Sector Internal Audit Standards, the quality of our people and outcome measures.

6.1 Externally accredited quality systems

Since 1992 we have held ISO9001:2015 quality certification for our audit process. This includes, but is not limited to, the scoping, conduct and review of audit assignments and is independently assessed every year.

The MIAA Audit (Quality) Manual defines the operational procedures and processes within which all our work is delivered. Audit work is supervised, reviewed and signed off at each stage prior to review by the Audit Manager for overall quality assurance and reporting. As part of the quality control process "coaching notes" are raised electronically on the audit assignment working paper file to ensure the assignment is delivered to the highest standard. In addition, Audit Committee Reports are subject to Quality Assurance at Director Level.



The latest confirmation of our ongoing ISO9001:2015 accreditation was received in 2018.

6.2 Compliance with Internal Audit Standards

MIAA comply fully with professional best practice, internal audit standards and legal requirements. We assess our compliance with the Public Sector Internal Audit Standards (PSIAS) each year.

Internal Audit Standards	MIAA Compliance
1000 - Purpose, Authority & Responsibility	MIAA undertakes audit work to evaluate and improve the effectiveness of risk management, control and governance processes. An annual Director of Audit Opinion is provided to support the Annual Governance Statement.
1100 - Independence & Objectivity	MIAA is managed independently from, and with no executive responsibilities for, the audited body. MIAA have direct access to the Audit Committee Chair and are represented at meetings. All MIAA staff complete an annual declaration of interest, including actions taken to mitigate these.
1200 - Proficiency & Due Professional Care	Professional care is monitored and achieved through compliance with MIAA's quality and review systems. The Director of Audit is a CCAB Qualified accountant and MIAA's staff are either fully or part qualified (including CCAB, IIA, CISA, QICA, and LCFS).

Internal Audit Standards	MIAA Compliance
1300 - Quality Assurance & Improvement	MIAA have accreditations for systems, processes and training. We are ISO9001:2015 quality assessed, Investors in People, Finance Skills Development (Level 2) and training accreditations with CCABs. All reports follow a strict quality assessment process.
2000 - Managing the Internal Audit Activity	MIAA have a defined approach for risk assessment, planning, performance and reporting. Three-year risk based audit plans are developed for our client organisations, with regular progress reported to the Audit Committee.
2100 - Nature of Work	MIAA's internal audit activity evaluates and contributes to the improvement of governance, risk management and internal control. There is regular liaison with the Local Counter Fraud Specialist, External Auditor and other review bodies to facilitate effective coordination of work.
2200 - Engagement Planning	MIAA's work is structured to comply with Public Sector requirements and the role as defined in the Audit Committee Handbook. We establish risk based audit plans in conjunction with the organisation and with the approval of the Audit Committee.
2300 - Performing the Engagement	Terms of Reference are established and agreed for each review, including objectives, scope, timing and resource allocations. MIAA staff identify, analyse, evaluate and document sufficient information to achieve the assignment objectives. All assignments are properly supervised.
2400 - Communicating Results	MIAA communicate the results of each assignment. Working with the organisation, the Director of Internal Audit ensures that communications are accurate, objective, clear, concise, constructive, complete and timely.
2500 - Monitoring Progress	MIAA establish follow up processes to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk. This is operated alongside the organisations own management follow up and provides independent assurance to the Audit Committee.
2600 – Communicating the Existence of Risks	MIAA recognise the professional role of Internal Audit to challenge the level of risk accepted by management, support resolution and ensure transparency in reporting to Audit Committee.

Independent confirmation of our compliance with professional standards is required every 5 years and is provided through our External Quality Assessment.

“From the evidence reviewed as part of the External Quality Assessment, no areas of non-compliance with the standards have been identified that would affect the overall scope or operation of the internal audit activity, nor any significant areas of partial non-compliance.

On this basis it is our opinion that Mersey Internal Audit Agency conforms to the requirements of the Public Sector Internal Audit Standards.”

MIAA EQA, CIPFA, 2016



6.3 Quality of our staff

The majority of MIAA's staff are qualified or progressing towards qualification, with either CCAB bodies (e.g. CIPFA, ACCA, ICAEW) or the IIA or relevant specialist qualification. The high quality of the staff that deliver your Internal Audit service ensures that we have a clear focus on providing the quality of work that is required to add value to you. All of our senior team that work at the Trust are CCAB/CIIA qualified and we ensure at least 65% of the work is delivered by qualified staff.

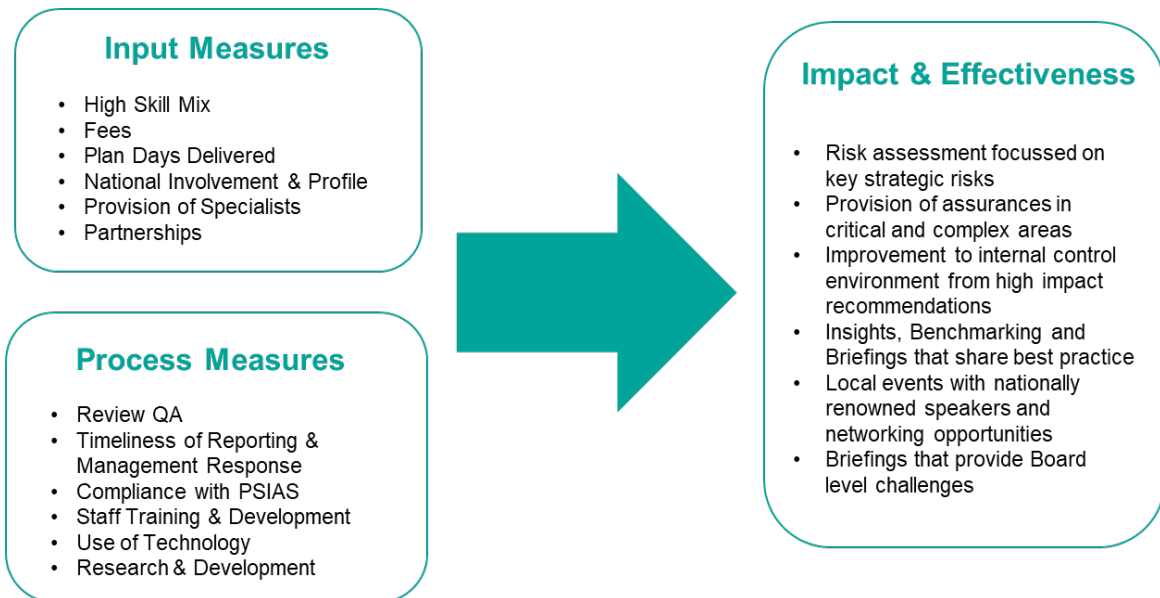
Since 1994 we have been an Investor in People. We are accredited to Finance Skills Development (FSD) Level 2 and have successfully gained training and CPD accreditations with all CCAB bodies.

We were short-listed for the Public Finance Innovation Award 2017 in the category for “Finance Training & Development Initiatives” and in 2018 won the HFMA “Governance Award” in partnership with the Northern Care Alliance.



6.4 Service delivery and outcome measures

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



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

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 10TH JULY 2019
REPORT OF: HEAD OF SERVICE DELIVERY
AUTHOR: LIZ THOMPSON

SUBJECT: UNITARY PERFORMANCE GROUP REPORT
2018-19

Purpose of Report

1. To provide Members with an update on the initiatives supported and funded by the Unitary Performance Groups (UPGs) during 2018-19.

Recommended: That

- [1] Members note the report.

Background

2. The Service operates across four unitary authorities: Cheshire East, Cheshire West and Chester, Halton and Warrington. Within each of these unitary authorities the Service run regular UPG meetings.
3. UPG meetings provide an opportunity for local Cheshire Fire Authority Members to engage with officers from Service Delivery, Prevention and Protection to scrutinise performance at a local level. The UPGs also develop initiatives which can help to improve performance and outcomes for the communities within each unitary area. UPGs have budgets allocated to enable them to consider and approve funding bids within their areas.

Information

4. Appendix 1 to this report contains details of some of the initiatives supported and funded by the UPGs.

Financial Implications

5. Each UPG receives £25k per year from Cheshire FRS.

Legal Implications

6. There are no known legal implications.

Equality and Diversity Implications

7. The events and initiatives outlined in this report have enabled stations to engage with their local communities and to deliver safety messages to some disadvantaged groups who are more vulnerable to the risk of fire.

Environmental Implications

8. There are no known environmental implications.

CONTACT: DONNA LINTON, FIRE SERVICE HQ, WINSFORD

TEL [01606] 868804

BACKGROUND PAPERS: NONE

Service wide publically accessible defibrillators - Update

Since the installation in 2017 of the publically accessible defibrillators at each of the Service's fire stations we have received a report from NWS stating that there have been 4 occasions in 2017-18 when they have been utilised by the public.

23/08/2018 – Crewe Fire Station

08/09/2018 – Holmes Chapel Fire Station

Event	Details			
Service wide – funding for Christmas Hampers 2018	Cheshire East - £359.76	CWAC - £359.76	Halton - £ 359.77	Warrington - £647.60
	The UPGs supported and provided funding for the Service to purchase the hampers for Fire Service personnel (Whole-time, On Call & Advocates) across Cheshire to deliver to targeted elderly/vulnerable people identified via Safe Well engagement or fire incidents. Alongside the hamper each Watch/Advocate spent a little time with each person, this may have been the only visitor they encountered over the Christmas period, ensuring that their safe and well visit/information and equipment is in working order and checking on their well being.			
	<div><div></div><div><p>A hamper was delivered to a local resident on behalf of Knutsford Fire Station.</p><p>On Christmas Eve whilst carrying out safe and well visits in the community in Congleton the crew were able to hand over a hamper to a grateful resident on behalf of CF&RS.</p></div></div>			
	<div><div></div><div></div><div><div></div></div></div>			

Service wide – funding for the Protection Dept’s 12 month Sprinkler Campaign	<p>The UPGs supported and provided funding for £1,200.00 per Unitary = £4,800.00</p> <p>The Protection department is leading a campaign promoting the use of sprinklers in commercial and domestic properties.</p>	 <p>Purchase and fit out of 2 identical containers to demonstrate the benefit of fitting domestic or commercial sprinklers. The containers needed to be boarded out, and then cleared and re-boarded by external builders after 3 separate burns.</p>
Service wide – Road Safety Dept. funding x 2 Beer Mats	<p>The UPGs supported and provided funding for the Summer and Winter Road Safety Events to purchase 120,000 beer mats at a cost of £2,000.00. To provide as many public houses with these bespoke beer mats pan-Cheshire. They were delivered by the fire crews to the pubs within their areas as part of the summer and winter drink drive campaign. This year’s campaign will tie in with the celebrations for the football World Cup, BBQ and garden parties, Christmas and New Year celebrations. The beer mats have the potential of being seen by hundreds of people during these periods.</p>	 
Service wide – Road Safety Dept. funding “Be Safe Be Seen” reflective items (bike lights, led bag tags, arm bands).	<p>The UPGs supported and provided funding for various items to be utilised by the crews as part of the CF&RS Road Safety delivery plan, to engage across the years events with vulnerable road user groups (particularly cyclists and the young). These items will assist them to engage with these groups and adjust their attitude, knowledge and behaviour in relation to “being seen” on the road.</p> <p>The LED and reflective items will make pedestrians & cyclists more visible reducing the likelihood of being hit by vehicles, and making this vulnerable road user group safer on our roads.</p> <p>Warrington £3331.50 Halton £1970.00 CWAC £3745.50 Cheshire East £ 3940.00 Total cost £12987.00</p>	 <p>Cycle lights</p>  <p>Led bag tags</p>  <p>Arm bands</p> 

**Service wide –
funding for Pet
Oxygen Masks**

The UPGs supported and provided funding to purchase oxygen masks for animals. These kits will be kept on each fire appliance. Five kits were also donated by the Charity – Smokey Paws and they have been assigned to Warrington, Chester, Crewe, Alsager and Macclesfield. A member of the public has also donated a pack to Widnes Fire Station.

UPG	Units	Cost
Halton	2	£180.00
Warrington	5	£450.00
CWAC	10	£900.00
Cheshire East	11	£990.00
Totals	28	£2520.00

**Service Wide –
Manchester
Camerata**

“Stop, Drop and Roll” Manchester Camerata is a creative music and drama project that will see young people of primary school age (KS2) join together with firefighters and safety central team members to produce and perform a new piece that looks to feature alongside National Burns Awareness day 2019.

The total cost of the project is £17,590.00. The sum of £4397.50 per Unitary.

**Cheshire East/
Halton &
Warrington
Prevention Dept.
Night Lights**

Nightlight that doubles as an emergency torch


- Automatic dusk 'til dawn setting
- Built-in motion sensor
- Torch illuminates when removed from its cradle
- Doesn't require batteries
- Nitesafe Dual Function Nightlight



The provision of night lights is to support people whom have been identified at being at risk from slips trips and falls, due to illness or taking prescribed medication.


This piece of equipment will support all members of the community if required.



Halton: £1,376.00, Warrington: £1,376.00, Cheshire East: £1,376.00 Total: £4,128.00






Cheshire East – Macmillan Coffee Morning	<p>£60.00.</p> <p>Funding is to purchase items to host the Macmillan coffee morning to raise fire safety/road safety messages to fit in with service aims and objectives. Additionally promote awareness and raise funds for cancer research.</p>	
Cheshire East – Congleton in Bloom	<p>£150.00 agreed (spent £125.00).</p> <p>Congleton Town Council is taking part in the Britain in Bloom event and the Service has been approached to participate.</p> <p>The aim will be for the FFs to maintain the raised flower bed and hanging baskets following the Congleton in bloom event.</p> <p>The additional baskets and materials to create the raised flower bed are required to involve the young people's participation to work alongside the FF's and receive road safety education.</p>	
Cheshire East – A34 Bypass Event	<p>£404.00.</p> <p>A34 cross border road safety event (funding for scrap cars and refreshments).</p> <p>To enable crews to engage with members of the public (vehicle drivers) at Stanley Green Retail Park Cheadle Hulme, to promote, highlight and educate users of the A34 which has been highlighted by the Station within Cheshire action plan as high risk road network for KSIs. Event to be held on the 19th April 2018 10:30 – 16:00.</p>	

Cheshire East – Poynton Fire Station 50th Celebration Evening Event	<p>£1231.90 agreed (spent £946.50).</p> <p>A celebration evening for On Call staff (current and retired) and their families to recognise their hard work and support over the last 50 years as a vital community resource with attendance of FA members, Principal Officers and local dignitaries.</p>	
Cheshire East – Alsager Carnival	<p>£280.00</p> <p>Promotional items to give out at Alsager Carnival on the 09 June 2018.</p>	
Cheshire East – Breathing Space	<p>£150.00</p> <p>The provision of 2 picnic benches to be situated on the station grounds for use by all staff and visitors/ users of the station. This provision will enable staff to get outside in the fresh air, to maximise their rest periods, take a break away from their desks to support positive wellbeing and mental health.</p>	
Cheshire East – Bike Safety	<p>£120.00 for the purchase of 4 junior cycling helmets for a bike safety event being held during BRAKE road safety week. Blue Watch have arranged to visit Shavington Primary School and Berkeley Academy on Friday 16 November 2018 with the objective of educating and enforcing the importance of wearing a helmet. The Watch targeted Year 6 students ready for them to be cycling to high school next year. The winners of a drawing competition for designing a cycle safety poster will be awarded a helmet.</p>	
Cheshire East – Congleton Pride	<p>£300.00 – Bear Media tool - Congleton Station already have a glass fibre bear from a previous road safety event. This bear has lost its paint due to age. WM James Groves had the bear painted again for Congleton Pride. The bear would be painted with the pride flag, striped colours with the CF&RS badge, plus the message 'Fire doesn't discriminate and neither do we'. This bear would be on display at the front of Congleton Fire Station and in the town centre for the Pride event. We will also use its image for event promotion using social media.</p>	
Cheshire East – Prevention Multi Agency Impact Event	<p>£447.00 – Refreshments & Room Hire Fee for whole day multi agency impact event.</p>	





Cheshire East – Deep Fat Fryers	£226.08 – To be used to replace chip pans on S&W visits for Prevention Dept/Ops crews.	
Cheshire East - Pointy Fingers (smoke alarm testers)	£1225.00 for Cheshire East.	
Cheshire West & Chester	<p>CO2 Detectors (Boat Safety) - £400.67</p> <p>Northwich crews carried out a boat safety week initiative in May. Crews visited many of the Narrowboats delivering Safe and Well visits driving home the importance of safety near the water and dangers of using Gas products on confined spaces. Crews fitted both smoke detectors and carbon monoxide detectors.</p>	
Cheshire West & Chester	<p>Petty Pool Gardening Initiative - £128.92 (of £400 bid used to purchase plants and refreshments)</p> <p>Since October 2017 Northwich Fire Station have been in partnership with the Petty Pool Trust College to help facilitate the 'Make a Difference Week' and student Enrichment Community Working Groups.</p> <p>The initiative organised between the College and Northwich Fire Station enables the students with learning difficulties to undertake Community tasks within a safe environment.</p> <p>The initiative is to complete outside general gardening maintenance on the grounds of the CFRS Station such as fence painting, flower borders and plant management. This is something the student complete on a daily basis in other areas of the Community and they are supervised by College Gardening Staff.</p>	

Cheshire West & Chester	<p>Chester/Manchester Pride Hats £3450</p> <p>CFRS have a very proud tradition of supporting such events and have gained regional and national recognition for its interaction and work with members of underrepresented communities at these events.</p>	
Cheshire West & Chester	<p>Extension Leads & Bins £1204.20</p> <p>Extension leads and metal waste paper bins purchased for use at identified high risk domestic dwellings where vulnerable people are identified during Safe & Well visits:</p> <ul style="list-style-type: none"> •Specialist deaf alarms require an electric socket near the bed to power the strobe bedside unit, this is not always available. Extension leads will enable CFRS to install more deaf alarms. •Domestic dwellings are frequently found to have overloaded and unsafe block adaptors which have been known to cause fires. •Flat extension leads are the preferred safety choice for CFRS. •The criteria will be that recipients will have a high risk of fire from overloading sockets or require a specialist deaf alarm. •The metal bins will be used for occupants who are smoking unsafely and pose a risk to themselves, neighbours and others. 	
Cheshire West & Chester	<p>Deep Fat Fryers & Air Fryers £729.38</p> <p>Deep fat fryers and Air fryers have been distributed to those identified as at risk through Safe & Well visits by the Prevention and Operational staff across CWAC.</p>	
Cheshire West & Chester	<p>Blacon Road Safety - £2100</p> <p>Signage to deter illegal and unsafe parking around infant/primary schools in the Blacon ward of Chester.</p> <p>The local PCSO for Blacon ward Jo Pendrey highlighted this as an issue which could compromise the safety of the school children and has worked with the local schools to improve the situation.</p>	

2018/19 Funding Bids

Cheshire West & Chester	<p>Protection & Organisational Performance Event - £445.99</p> <p>Multi agency Impact event held within Chester city centre on Wednesday 27th February 2019. Objective of the event was for local partners to work closely together to engage and deliver their individual key safety messages to local businesses primarily those occupying heritage premises. Aim of the event was to visit approx. 300 premises and promote safety in the city centre. The bid helped purchase food and refreshments for all involved on the day.</p>	
Cheshire West & Chester	<p>Beanie Hats (with CFRS logo) - £345</p> <p>Northwich FS targeted parents and children in the schools in their target ward areas. These items will help them to get people to think about their safety during the darker winter months as well as encouraging people to walk more and drive less.</p>	
Warrington Victoria Park Experience (VPX) Event – Victoria Park Warrington	<p>Now in its 11th Year, this event is held every Tuesday in August for younger people during the school summer holidays to occupy them and discourage them from engaging in anti social behaviour. Included in the event are a range of activities with many partner organisations attending and contributing to the costs. Over 11000 attended this year.</p>	
Warrington	<p>£250 to provide child's cycling safety gear, as competition prizes at a road safety event at Decathlon store in August 2018. 10 x £20 prizes to spend on safety gear, with a £50 top prize for one winner. Blue Watch, Warrington ran a safety day at the Decathlon store in Warrington to coincide with the Summer Road Safety week in August 2018. They set up a stand with a bicycle in poor repair and a mannequin dressed poorly for cycling, entrants had to spot 5 hazards with the bike and 5 hazards with the rider (no Helmet, using headphones, untied laces etc.).</p>	

Warrington	UPG funding for refreshments for a Positive Action Recruitment Event held at Warrington Fire Station by Blue Watch. The event took place from 11:00 hrs till 15:00 hrs People who were potentially interested in joining the fire service were given help and advice along with the opportunity of doing the practical tests using the recruitment pod.	
Warrington	UPG funding for refreshments for a Multi Agency Impact event organised by the Warrington Protection Dept. being held within Birchwood and Birchwood shopping centre on Wednesday 24 th October. Objective of the event was for local partners to work closely together to engage and deliver their individual key safety messages to local businesses. Aim of the event was to visit approx. 300 premises and also complete Community engagement at Birchwood Shopping Centre with partners.	
Warrington	The Radley Common Project – Boxing Club was supported by Warrington UPG who approved funding of £2400.00. In partnership with LiveWire who match funded the project. It promotes positive messages through a programme of diversion and supervision to endeavour to reduce the levels of ASB in Warrington's WA2 area, currently the most prolific for deliberate fire setting. The programme will also provide motivation and develop relationships between key authorities and the youths. A case study has been completed since the opening of the boxing club with positive results being reported.	
Warrington	A number of Impact events have been held during the year in various wards that have particular high numbers of deliberate fires. Crews from Warrington have been working alongside various partners – Warrington Borough Council, Cheshire Police and Social Landlords.	

Warrington & Halton	<p>Funding approved by Halton & Warrington UPGs following a bid from the Prevention Dept to purchase deep fat fryers and extension leads.</p> <p>To swap chip pans with DFFs Criteria: residents are at risk from fire due to unsafe use of a chip pan, or have had a fire incident involving a chip pan. This risk increased in residents over the age of 65.</p> <p>Extension leads - For use at high risk domestic dwellings where vulnerable people are identified. Specialist deaf alarms require an electric socket near the bed to power the strobe unit, this is not always available. Extension leads will enable CFRS to install deaf alarms in the correct locations. Block adaptors are often overloaded which can cause fires. Flat extension leads are the preferred safety choice for CFRS. High risk dwellings will be identified by Advocates through the H.S.A and Safe & Well process.</p>
Warrington	<p>White Watch, Penketh visited the children's ward of Warrington General Hospital on Christmas Day to give out presents. This engagement had a positive effect on both the local community and the staff of CF&RS, promoting our core values, supporting our colleagues in the NHS at a time of year which is the hardest to be separated from their families.</p> <div data-bbox="1256 491 1639 767">  </div> <div data-bbox="1684 491 2063 751">  </div>
Warrington	<p>This event is now in its 3rd year. Crews provided an interactive and dynamic show of their swift water rescue technique capability to complement the skills the children were being taught in relation to rescue following a 10 week water safety programme. UPG funded water bottles with a safety message which were given to all the young people at all the sessions (approx. 1500)</p> <div data-bbox="1559 788 1827 1150">  </div>
Warrington	<p>Warrington Wolves Schools Rugby - The Foundation Pre Match Challenge Cup was supported by CFRS and promoted positive messages through a programme of activity which included assemblies, certificates and match day activities.</p> <div data-bbox="1496 1166 1895 1465">  </div>

Halton & Warrington – Station Open Days

Assisted by local Police, Fire Cadets, On-Call Teams, FF Charity and Volunteers. The days proved to be a great success, crews got the opportunity to engage with our local community to discuss and educate in a wide range of topics including Road Safety, with two live RTC demonstrations extricating a live casualty (with fire cadets) and Fire safety advice.



Halton

Green Watch, Runcorn arranged a talk and video presentation to members of the local community who were participating in a cardiac rehabilitation session at the Runcorn community gym to cover the subject of gas safety as part of Gas safety week initiative

Advice and information were passed on regarding the dangers of carbon monoxide and the importance of regular maintenance of gas appliances. The information was supported by the use of a safety video and safety literature along with issue of carbon monoxide alarms which were procured via a UPG bid.



2018/19 Funding Bids

Halton	Halton UPG approved funding to purchase various items of bike equipment (lights, helmets, pads, bike) as both Red and Green Watches from Runcorn Fire Station organised Road Safety events as part of National BRAKE safety week at a number of primary schools in Runcorn and in partnership with Halton Borough Council Road Safety Team. The crews gave presentations to the Year 5s on road safety awareness along with advice on safe riding and a demonstration on bike safety checks. The children in the classes each designed either a safety poster with all the information they have learnt during the visit or designed their own bike helmet template. Winners will be selected at random from each class, with an overall winner of the top prize which is a bicycle. The items were purchased through a local supplier – John Geddes Cycles who also offered free safety checks on the children's bikes.
Halton	An impact event in an area of Widnes was organised following a spate of deliberate fires. Partnership working took place between CF&RS, Cheshire Police, Halton Borough Council and Social Landlords. The Kitchen Safety Unit was also utilised in the area.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 10TH JULY 2019
REPORT OF: HEAD OF OPERATIONAL POLICY AND ASSURANCE
AUTHOR: SM HUW COATES

SUBJECT: NORTH WEST FIRE CONTROL – ANNUAL
REPORT 2018-19

Purpose of Report

1. To inform Members about the performance of North West Fire Control (NWFC) during the year 2018-19 (1st April 2018 to 31st March 2019).

Recommended: That

- [1] Members note the performance information relating to North West Fire Control.

Background

2. This report is based on the Quarterly Performance Management reports produced by NWFC.

Information

Mobilising System Performance

Availability

3. NWFC relies upon the call handling and mobilising system in order to provide an effective, efficient service. The contract for the system contains a requirement for the system to be available for 99.9% of the time, measured on an annual basis. Performance is shown in the table below. Availability for the year 2018-19 was 100%.

	Q1	Q2	Q3	Q4
Availability	100%	100%	100%	100%

Faults

4. The contract for the system categorises faults by severity and includes target times to remedy the different fault categories. Category One faults are those that cause a total loss of availability of the system or a material deterioration of operational effectiveness (to such an extent that NWFC is

unable to deliver all or part of its service). The target time to fix a Category One fault is 6 hours. The definition of Category Two faults includes the terms 'material malfunction' and 'material deterioration in ... operational effectiveness'. Category Three faults involve minor impacts to the system and/or operational effectiveness.

5. Performance is shown in the table below.

	Q1	Q2	Q3	Q4
Category One	2	2	1	0
Category Two	22	16	13	7
Category Three	58	61	107	68

6. Compared to 2017-18 there is an increase in Category One faults, (5 in 2018-19 compared to 2 in the previous year). On further investigation, these faults included 1 which was incorrectly reported, with the other 4 involving the backup and archive interfaces based in Stretford and which did not result in the loss of system availability. Category Two faults have remained at a constant level with a decrease in Category Three faults.

Speed

7. The system needs to operate quickly. The performance standard in the contract is complex. The contract requires actions (referred to contractually as 'transactions') that are carried out by the system to be completed within a range of very short periods (e.g. less than one second to load the gazetteer address information on 95% of occasions).
8. Performance is shown in the table below.

	Q1	Q2	Q3	Q4
Total no. of transactions	162,462	165,229	133,219	133,667
No. failed to meet standard	82 (0.05%)	84 (0.05%)	222 (0.16%)	377 (0.28%)
Average transaction speed	0.25 seconds	0.25 seconds	0.26 seconds	0.26 seconds

9. These figures show no change in the average transaction speed compared to last year but a slight increase in the total number that failed to meet the standard. However, the performance remains within the required contractual standards.

Call Handling and Mobilising Performance

Time to Answer Emergency Calls

10. A national target was recommended by CFOA and it is against this target that NWFC has been reporting. The target is 95% of emergency calls should be answered in 10 seconds, or less.
11. Performance is shown in the table below.

	Q1	Q2	Q3	Q4
Percentage of calls answered within 10 seconds	94.91%	86.20%	94.89%	94.93%

Notes: Q2 Included a period of 'spate' conditions due to the moorland fires

Time of Call Answer to Time of Alerting the First Resources for all Emergency Calls

12. A national target was recommended by CFOA and it is against this target that NWFC reports. The target is for resources to be mobilised within 90 seconds of a call. Obviously, this only relates to calls where a mobilisation is necessary.
13. Performance is shown in the table below (average in seconds).

	Q1	Q2	Q3	Q4
Call to Alert in Seconds	104	105	105	102

14. As can be seen NWFC has been unable to meet the target (a difference of between 8 and 15 seconds) in each quarter. However, they have recorded incremental improvements in this measure for the past 2 years. NWFC and the relevant fire and rescue services continue to work together with a view to achieving a reduction in the time taken to mobilise resources. Ongoing work is taking place to further converge working practices and streamline pre-mobilising actions to enable resources to be mobilised quicker.
15. The table above shows a measure of all 'attended' incidents with the following omissions:
- Any incident classified as IRS or NWFC '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

16. These incident types have been removed due to them not requiring immediate attendance or where consultation with an officer is necessary to determine the required attendance.

Costs of Service

Percentage of Incidents by FRS 2018/2019

17. The cost of the service provided by NWFC is paid for in proportions agreed by the FRSs.
18. The table below shows the percentage of activities in each quarter per FRS area and then contains the overall percentage for the year compared to the cost paid by each FRS. As previously, the figures show a very close alignment between activity and cost.

	Cheshire	Cumbria	Greater Manchester	Lancashire
Q1	16.62%	7.08%	50.03%	24.98%
Q2	17.18%	7.27%	49.72%	24.35%
Q3	18.35%	7.71%	47.07%	25.98%
Q4	18.08%	7.77%	47.36%	25.83%
Overall Average	17.55%	7.45%	48.54%	25.28%
Annual Percentage of Cost per FRS	18%	8%	48.5%	25.5%

N.B. The overall average figures do not add up to 100 as there is a small proportion of 'other' calls that are not accounted for in the table.

Staff Performance

19. CFRS staff regularly attend NWFC. Their observations form an important aspect of performance monitoring as they can take a view about aspects of the service provided by NWFC that are not measured statistically, e.g. the approach to call handling. There is close working for significant events and during certain periods, e.g. major disruption such as flooding and during the bonfire period. On the whole, the staff at NWFC continue to work well with the vast majority of calls leading to the correct mobilisation of resources. Systems and people are fully tested when conditions are the most challenging and staff at NWFC worked well on each occasion. There are clear channels through which to communicate feedback between operational crews within CFRS and staff in NWFC.
20. NWFC continues to take the training and improvement of the skills of its staff very seriously. This is evident from the management and integration of new starters and approach to the ongoing maintenance and improvement of skills. NWFC now use the same Competence Management and eLearning system as CFRS, PDRPro.
21. Performance statistics are also considered by Team Leaders so that they can see how well their team members are performing and where additional help or training may be required. Individual performance also provides evidence for appraisals and is considered when performance related pay is determined.

Business Continuity

22. Two full business continuity exercises have been carried out at NWFC during the reporting period (Exercise Highway in February 2019 and Exercise Gateway in August 2018). Both exercises took place whilst there was a complete shut down of the mobilising system, necessitated by a requirement to complete essential updates. Business Continuity arrangements are now fully embedded at NWFC with an effective management system in place.

Financial Implications

23. The arrangement continues to deliver significant savings to the Authority. Compared with historic costs of operating an FRS Control, the arrangement with NWFC produced a saving of approximately 300k for 2018/2019.

Legal Implications

24. None resulting from the information in the report. An agreement for services exists between the Authority and NW Fire Control Ltd. This provides a framework for managing the relationship.

Equality and Diversity Implications

25. None

Environmental Implications

26. None

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TEL [01606] 868804**

BACKGROUND PAPERS: NONE



Making Cheshire Safer

Operational & Command Training

2018/19
End of Training Year Report



www.cheshirefire.gov.uk



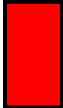
Introduction

This performance report presents the training outcomes which have been achieved throughout the training year 2018 – 2019.

Context

The Service's Operational Training Strategy commits the Service to providing Operational Training within a structured competence framework; this report shows the numbers of eligible personnel who had a duty to attend all of this training at the commencement of the training year and the final number who actually attended by the year end.

The percentage figures are used to provide a RAG rating for ease of reference.

Performance Key	 Meet course attendance target	 Course attendance below 100% - No skills expired	 Course attendance failed more than 10% or skills expired
------------------------	-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

The number of eligible personnel at the beginning of the year changes as the year progresses; (retirements, sickness, modified duties and resignations). Historically this figure has been shown to be between 30 and 40 personnel per year.

However, between 1st March 2018 and 1st April 2019 75 Station Based Firefighters (FF's), Crew Managers (CM's) & Watch Managers (WM's) left the service. 5 others have also confirmed leaving dates between now and July 2019 therefore these will not form part of the count unless their skill is due to expire in this period– (this makes a total of 80 Leavers). A further 15 FF's, CM's & WM's left secondary On Call (OC) roles, but these do not affect the final training figures.

In the same period, the Service had 104 new starters. 32 of new starters have a dual role; they are either OC and migrated to Whole-time (WT) posts or are WT with a secondary OC role. These personnel are only counted once within the training figures. 14 of these 104 were redeployed so did not increase the eligible staff numbers and 40 were new OC starters or WT starters so in their first year they are not eligible for refreshers yet.

Overall the eligible numbers required to attend core Operational training refreshers has decreased since the 2017-18 training year for the reasons given above.

The figures on the dashboard are the target number of eligible staff for each refresher taking into account total numbers of Station based FF's, CM's & WM's. From this total staff who have only recently completed the appropriate initial course and staff who may be on long term absence are removed. As stated above any staff who are dual role are only counted once.

Each quarter the numbers of staff who attend the course are counted. Some staff occasionally attend twice; this is because they are part of the pump crew attending with those who have not yet attended. This 'pushes' the figures and hence the percentage upwards; this is seen as the figure included in the final column of the dashboard. At year-end, we extract those who have attended twice and calculate the correct percentage; see the figure in the brackets in the final column of the dashboard.

The Service can be assured that every Operational Staff member who is 'eligible' is monitored and, where for any reason they do not attend this compulsory training within the Service's competence timeframe they are, managed accordingly in order that they undertake 'catch up' training early in the new training year as per our training policies which state:

Breathing Apparatus

They may be given a three-month BA wearing extension dependent upon their individual circumstances. These circumstances may be:

- They have attended a CFBT training day
- Their station training in BA is up to date
- They have attended incidents and worn BA
- Their planned BA refresher is in the next 1-3 months

Compartment Fire Behaviour

The aim of the Service is that all operational staff from FF, CM and WM will attend every two-year cycle, where possible within 24 months but not exceeding 36 months.

RTC, Hazardous Materials and Working Safely at Height

The attendance on these one-day three yearly refreshers is compulsory. The aim of the Service is that all operational staff from FF, CM and WM will attend every three yearly cycle where possible within 36 months but not exceeding 48 months.

Trauma

The attendance on this one-day RTACC three yearly refresher is compulsory. The aim of the Service is that all operational staff from FF, CM and WM will attend within every three year cycle; if this is not possible then the maximum time each individual will be allowed to extend beyond this 36 month period is 6 additional months. If they do not re-attend a refresher within this 6 months (42 months in total) then they will have to attend an initial RTACC course.

Stewart Forshaw: **Head of Operational Policy and Assurance**

Operational Training – Performance Dashboard

Performance Key



Meeting target



Course attendance below
100% – Skills not expired





Falling against target by at least 10% or
skills expired

	Core Refresher Courses 2018/19	Target number of delegates for year	Quarter 1 number of courses run	Quarter 1 number of delegates received training	Q1 %	Quarter 2 number of course run	Quarter 2 number of delegates received training	Q2 %	Quarter 3 number of course run	Quarter 3 number of delegates received training	Q3 %	Quarter 4 number of course run	Quarter 4 number of delegates received training	Q4 %	Cumulative number of courses run	Cumulative number of delegates received training	Cumulative % of eligible delegates attended by refresher type
OTG	BA Day 1 Refresher at HQ 100% of eligible staff to attend	496	15	154	31.05%	9	93	18.75%	18	186	37.50%	7	73	14.72%	49	506	102.02% (98.59%)
	BA Day 2 Refresher at MIA 50% of eligible staff to attend final year	248	7	79	31.85%	5	54	21.77%	11	117	47.18%	1	9	3.63%	24	259	104.44% (N/A)
	RTC Refresher To Mop up staff due to expire by June 2019	53	2	16	30.19%	1	11	20.75%	3	31	58.49%	1	12	22.64%	7	70	132.08% (73.58%)
	BTACC Refresher 33% of eligible staff to attend (495 eligible)	164	8	90	54.88%	7	91	55.49%	2	15	9.15%	2	3	1.83%	19	199	121.34% (98.17%)
	Hazardous Materials Refresher 100% of eligible staff to attend	482	9	86	17.84%	14	143	29.67%	15	151	31.33%	4	36	7.47%	42	416	86.31% (83.19%)
	Height Safety Refresher To Mop up staff due to expire before June 2019	21	4	24	114.29%	0	0	0.00%	0	0	0.00%	0	0	0.00%	4	24	114.29% (76.19%)
	SWV Day 1 83 - 100% of eligible staff to attend (150 staff must attend 5 times out of 6 over 3 years = Target of 125 to 150 staff to attend)	125	0	0	0.00%	6	66	52.80%	7	65	52.00%	0	0	0.00%	13	131	104.80% (98.31%)
	SWV Day 2 83-100% of eligible staff to attend (178 staff must attend 5 times out of 6 sessions in 3 years = Target of 148 to 178 staff to attend)	148	0	0	0.00%	0	0	0.00%	0	0	0.00%	18	158	106.76%	18	158	106.76% (98.31%)
CTG	WM7 Assessment 100% of eligible staff to attend	42	4	4	9.52%	6	6	14.29%	6	10	23.81%	21	21	50.00%	37	41	97.62%
	ICA Assessment Voluntary	56	19	32	57.14%	7	10	17.86%	24	31	55.36%	1	1	1.79%	51	74	132.14%
	EFSM2 Assessment 100% of eligible staff to attend	10	3	3	15.00%	9	14	140.00%	2	2	20.00%	13	23	230.00%	27	42	420.00%
	WM7 Day 1 100% of eligible staff to attend	140	23	117	83.57%	5	14	10.00%	0	0	0.00%	0	0	0.00%	28	131	93.57%
	WM7 Day 2 100% of eligible staff to attend	140	0	0	0.00%	5	38	27.14%	15	90	64.29%	0	0	0.00%	20	128	91.43%
	SMMI Days 100% of eligible staff to attend	120	4	41	34.17%	4	35	29.17%	0	0	0.00%	4	31	25.83%	12	107	89.17%
	Weekend Incident Command Desirable to attend	96	2	49	51.04%	2	42	43.75%	0	0	0.00%	0	0	0.00%	4	91	94.79%
	EFAD Refresher	65	31	31	47.69%	21	21	32.31%	14	14	21.54%	17	17	26.15%	83	83	127.69%
	Totals for all Core Refreshers	2068	100	695	33.61%	74	551	26.64%	96	633	30.61%	54	209	10.11%	324	2088	100.97%

Operational Training Group

Breathing Apparatus Day 1 Refresher

Target number of delegates for year: BA Day 1 = 496		Actual cumulative % of delegates attended: Day 1 = 102.02% - (Actual 98.59%)
Previous Status	Current Status	Reporting period: Q4 01/04/2018 to 31/03/2019
		

Summary of Current Performance



BA Day 1

Seven members of eligible staff have not attended a BA Day 1 (4 x WT & 3 x OC) = 98.59% attendance. Of these seven, only one member of staff was taken off BA duties for non attendance, the others had successfully completed a BA Day 2.

What actions will be required to improve performance?

The Operational Support Team in collaboration with Station Managers will continue to manage outstanding nominations as usual

Compartment Fire Behaviour Refresher – BA Day 2 Refresher

Target number of delegates for year: BA Day 2 (Compartment Fire Behaviour) = 248		Actual cumulative % of delegates attended: Day 2 = 104.44% (Actual N/A on target)
Previous Status	Current Status	Reporting period: Q4 01/04/2018 to 31/03/2019
		



Summary of Current Performance

BA Day 2 Compartment Fire Behaviour refreshers are run over a two-year period the current cycle is April 2018 – March 2020 so this dashboard covers first year of the cycle. Currently the OTG is on target to hit 100% by the end of March 2020.

What actions will be required to improve performance?

The Operational Support Team in collaboration with Station Managers will continue to manage outstanding nominations as usual

RTC Training

Target number of delegates for year: 53		Actual cumulative % of delegates attended: RTC 127.27% - (Actual 73.58%)
Previous Status	Current Status	Reporting period: Q4 01/04/2018 to 31/03/2019
		

Summary of Current Performance



This year's RTC Refreshers were 'mop ups' and the target was for 53 Station based FF's, CM's and WM's eligible for RTC refresher. Their 'ticket of competence' was due to expire before July 2019. 14 members of eligible staff did not attend and these are booked on to an early date in April, May or June 2019.
= 73.58% attendance.

What actions will be required to improve performance?



The Operational Support Team in collaboration with Station Managers will continue to manage outstanding nominations as usual

Operational Training Group - continued

RTACC Training



Target number of delegates for year: 164		Actual cumulative % of delegates attended: BTACC 121.34% - (Actual 98.17%)
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019
Summary of Current Performance		
<p>The target is for 33% of the Station Based FF's, CM's and WM's eligible for RTACC to attend each year. Three eligible members of staff (one WT & two OC) did not attend and have lost their RTACC skill. These will be programmed to attend an Initial course in 2019-20</p>		
What actions will be required to improve performance?		
<p>The Operational Support Team in collaboration with Station Managers will continue to manage outstanding nominations as usual</p>		

Hazardous Materials Training



Target number of delegates for year: 482		Actual cumulative % of delegates attended: Hazmat 86.31% (Actual 83.19%)
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019
Summary of Current Performance		
<p>This year 100% attendance was required on the Hazardous Materials Refresher for eligible Station Based FF's, CM's and WM's this equates to 482 members of staff. 42 refresher courses were run, 416 attended, and the target was missed by 13.69%. However as some of these had attended previously the true figure of non attendees was 81 (47 WT & 34 OC). This reduced the eligible attendance to 83.19%. The Hazmat competence must be maintained within a four-year period so no one's competence has expired and these staff will be programmed on 'mop ups' in 19/20.</p>		
What actions will be required to improve performance?		
<p>OTG have scheduled in 10 Hazardous Material refresher courses for 2019-20 four of which are over weekends. The Operational Support Team in collaboration with Station Managers will continue to manage outstanding nominations as usual</p>		

Operational Training Group - continued

Height Training



Target number of delegates for year: 21		Actual cumulative % of delegates attended: Height Safety 114.29% - (Actual 76.19%)
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019
Summary of Current Performance		
<p>This year's Height Safety Refreshers were 'mop ups' and the target was 21 eligible Station Based FF's, CM's and WM's whose skills were due to expire before July 2019. Five members of eligible staff did not attend so actual attendance was 76.19%. All five are booked on to an early date in April or May 2019 – the competence must be maintained within a four-year period so no one's competence has expired.</p>		
What actions will be required to improve performance?		
<p>In the 2019-20 Training year 100% attendance is required for Height Safety refresher so all staff that missed last year's course will be picked up before 31st March 2020. The Operational Support Team in collaboration with Station Managers will continue to manage outstanding nominations as usual.</p>		

SWV Training



Target number of delegates for year: Day 1 = between 125 to 150 and Day 2 = between 148 & 178		Actual cumulative % of delegates attended: Day 1 = 104.80% and Day 2 = 106.76% (Overall day 1 & 2 actual + 98.31%)
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019
Summary of Current Performance		
<p>All Swift Water Technicians must attend 5 days' Swift water training over a 3-year period to maintain their skills. OTG run a 5-day initial course and once completed they run 2 Swift water Validation days per year – staff should ideally attend both days, but must attend a minimum of 5 days over 3 years.</p> <p>SWV Day 1 83 - 100% of eligible staff to attend (150 eligible staff must attend 5 times out of 6 sessions over 3 years = Target of 125 to 150 staff to attend)</p> <p>SWV Day 2 83-100% of eligible staff to attend (178 eligible staff must attend five times out of six sessions in three years = Target of 148 to 178 staff to attend)</p> <p>SWV day 1 takes place in Q2 & Q3 and SWV Day 2 takes place in Q4, this is when the water levels are at their highest. Therefore, the figures will always be below target until the final Quarter.</p> <p>If staff move Station or are off sick on long-term absence/amended duties they may not complete the five days within the three-year period and this makes it more difficult to report on. However, in 2018-19 only three members of staff were removed from swift water duties due to not maintaining their competence.</p>		
What actions will be required to improve performance?		
<p>Staff that miss a day are booked on to two dates in the next cycle. OTG are putting on additional mop up dates for the three members of staff that were unable to maintain their swift water competence. The Operational Support Team in collaboration with Station Managers will continue to manage outstanding nominations as usual</p>		

Command Training Group



WM7 Assessment

Target number of delegates for year:		Actual cumulative % of delegates attended:
<ul style="list-style-type: none"> Assessment = 42 		<ul style="list-style-type: none"> Assessment = 97.62%
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019
Summary of Current Performance		
<p>Even though this is a high % we still have approx. 22 more WM7 assessments to do in April/May 2019. The current figure is high because it includes quite a lot of promotional assessments, re-sits and ICA FFs who were made substantive in a CM/WM role and dropped onto the WM7 programme. 100% of personnel due to expire will have been assessed by the end of May 2019</p>		
What actions will be required to improve performance?		
None		



WM7 Day 1 & 2



Target number of delegates for year:		Actual cumulative % of delegates attended:
<ul style="list-style-type: none"> Day 1 = 140 Day 2 = 140 		<ul style="list-style-type: none"> Day 1 = 93.57% Day 2 = 91.43%
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019
Summary of Current Performance		
<p>% is slightly below 100% due to nine people not managing to attend a training day. All were booked on multiple times but were unable to attend for a variety of reasons, such as – staffing levels, incidents (grass fires in particular), primary employment commitments etc.</p>		
What actions will be required to improve performance?		
<p>A mop up day has been offered in April 2019. Any who can't make this will have the training on station with their respective SM.</p>		



ICA Assessment

Target number of delegates for year: 56		Actual cumulative % of delegates attended: 132.14%
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019
Summary of Current Performance		
<p>% is high due to a large number of promotional assessments and re-sits carried out</p>		
What actions will be required to improve performance?		
None		

Command Training Group - continued



EFSM2 Assessment		
Target number of delegates for year: 10		Actual cumulative % of delegates attended: 420.00%
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019
Summary of Current Performance		
% is so high mainly due to the large number of promotional assessments carried out, as well as some re-sits		
What actions will be required to improve performance?		
None		

SMMI Days		
Target number of delegates for year: 120		Actual cumulative % of delegates attended: 89.17%
Previous Status	Current Status	Reporting period: Q4 01/04/2018 to 31/03/2019
		
Summary of Current Performance		
<p>% is slightly low due to the spate conditions with the wild fires in the prolonged hot weather. SM's were required to support crews and GMFRS which therefore caused some unavoidable cancellations.</p>		
What actions will be required to improve performance?		
<p>In 2019/20 there are the six training days arranged earlier in the year which will include the AM's, GM's, CFO and ACFO held off site at identified risk sites in Cheshire.</p>		

Weekend Incident Commander		
Target number of delegates for year: 96		Actual cumulative % of delegates attended: 94.79%
Previous Status	Current Status	Reporting period: Q4 01/04/2018 to 31/03/2019
		
Summary of Current Performance		
% is just under the 100% mark mainly due to a couple of late cancellations as a result of other commitments.		
What actions will be required to improve performance?		
Every effort is made to make sure all weekends are full to capacity.		

Driver Training

EFAD Training

Target number of delegates for year: 65		Actual cumulative % of delegates attended: 127.67%
Previous Status	Current Status	Reporting period: Q4
		01/04/2018 to 31/03/2019

Summary of Current Performance

National guidance is an EFAD refresher every five years. The annual Service target is 1/5 of the total number of EFAD drivers, 325 drivers (65). The Driving School aims to support the On Call stations with their driving skills by providing an EFAD refresher course where possible every three years. This is not a compulsory target but a desired target and no On Call EFAD driver is taken off driving if this desired target is not achieved.

What actions will be required to improve performance?

The Driving School will continue to exceed its 65 target in order to support those with additional driver training needs.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 10TH JULY 2019
REPORT OF: HEAD OF PROTECTION AND ORGANISATIONAL
PERFORMANCE
AUTHOR: ANTHONY JONES

SUBJECT: HMICFRS INSPECTION ACTION PLAN

Purpose of Report

1. To present the Services consolidated action plan in response to the identified 'Areas for Improvement' 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 note the service's action plan to address the 'Areas for Improvement';
- [2] Members agree with the current content of the action plan;
- [3] Members agree to the reporting proposal detailed in paragraph 13; and
- [4] Members note the first HMICFRS Action Plan Performance Health Report.

Background

2. At the Performance and Overview Committee on 27th February 2019 a paper was presented detailing the draft action plan developed by the service in response to the Areas for Improvement (AFI) identified during the first inspection of CFRS by HMICFRS.
3. The paper explained that the intention was to develop the action plan through engagement and consultation across the organisation returning to the committee on 10th July 2019 for approval.
4. It was agreed that the same committee will monitor progress and delivery of the action plan.

Information

5. The action plan is attached as Appendix 1 to this report.
6. In addition to the Service Management Team (SMT) and Members, the action plan has been developed by engaging with in excess of 275 (33 %*) staff from across all departments and roles within the Service. (* at end of Q4 2018/19 CFRS had 847 staff in total).
7. Engagement has been achieved via the following events:
 - a. Management Conference (Feb)
 - b. The Staff Engagement Forum (Mar)
 - c. 4 x Crew and Watch Manager insight days (Mar/April)
 - d. A green book supervisory managers workshop (April)
 - e. 4 x staff conferences (May/June)
8. This engagement created a great deal of valuable organisational feedback. However, not all of the feedback was linked to the identified AFIs. Therefore, in order to ensure this important feedback was captured it was cross-referenced with the Principal Officer visit feedback and has been added to the relevant action plan so that feedback can be provided.
9. The action plan includes identified measures of success for each AFI. This will not only help CFRS to improve, it will also provide positive evidence to HMICFRS when it returns.
10. The action plan is designed to be a dynamic and iterative document that will continue to develop as matters progress.
11. The action plan will be monitored through SMT on a quarterly basis.
12. Members will scrutinise the action plan at the Performance and Overview Committee on a six monthly basis (Q2 & Q4).
13. It is proposed to report progress to the Performance and Overview Committee using the performance health report format that members are used to and which is used to report on organisational performance and projects. The first health report is attached as Appendix 2 to this report.

Financial Implications

14. The action plan itself does not include financial implications. However, some of the actions which have been identified may involve financial implications and will be addressed as matters are progressed.

Legal Implications

15. The action plan itself does not include legal implications. However, some of the actions which have been identified may involve legal implications and will be addressed as matters are progressed.

Equality and Diversity Implications

16. The action plan itself does not include equality and diversity implications. However, some of the actions which have been identified may involve equality and diversity implications and will be addressed as matters are progressed.

Environmental Implications

17. The action plan itself does not include environmental implications. However, some of the actions which have been identified may involve environmental implications and will be addressed as matters are progressed.

CONTACT: NAOMI THOMAS, CLEMONDS HEY, WINSFORD

TEL [01606] 868804

BACKGROUND PAPERS: NO

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HMICFRS INSPECTION 2018 ACTION PLAN – FINAL

EFFECTIVENESS Area For Improvement	Page # Report	Action to be taken	Lead	Measure of Success	Timetable
PROTECTING THE PUBLIC THROUGH FIRE REGULATION The service should ensure it allocates enough resources to a prioritised and risk-based inspection programme.	P13	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	Lee Shears	1. Vacancies filled within 3 months 2. New Inspectors trained to Level 4 Diploma within 18 months 3. Recommendations produced in the departmental review to address issues of recruitment, retention and succession 4. Achievement of annual and individual targets 5. Reviewed and revised Risk Based Inspection Plan (RBIP)	3 months from vacancy arising 18 months from recruitment August 2019 March 2020 March 2020
Commentary/Evidence (with dates)					Document Evidence Reference

HMICFRS INSPECTION 2018 ACTION PLAN – FINAL

EFFICIENCY Area For Improvement	Page # Report	Action to be taken	Lead	Measure of Success	Timetable
MAKING BEST USE OF RESOURCES The service should ensure there is effective monitoring, review and evaluation of the benefits and outcomes of any collaboration.	P22	<div>1 Develop a clear CFRS Collaboration Strategy that will inform collaboration activity in future</div> <div>2 Utilise the Partnership Toolkit as guidance and practice for all new collaborations</div> <div>3 Sense check, review and evaluate exiting collaborations by using the Partnership Toolkit</div> <div>4 Embed the process of collaboration by communicating and providing training where necessary for all stakeholders</div> <div>5 Review the status of each collaboration regularly and continue to gather the evidence to support this</div>	Andrew Leadbetter	<div>1 A completed and signed off Strategy</div> <div>2 Check for each collaboration</div> <div>3 Evaluation of existing collaborations, implementation of lessons learnt, outcomes and benefits</div> <div>4 Successful and seamless collaborations</div> <div>5 Fit for purpose performance reporting on an annual basis</div>	
Commentary/Evidence (with dates)					Document Evidence Reference

HMICFRS INSPECTION 2018 ACTION PLAN – FINAL

EFFICIENCY Area For Improvement	Page # Report	Action to be taken	Lead	Measure of Success	Timetable
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	P22	<div><div>1</div>Revise the budget setting process and methodology incorporating broader scenario planning and implement Priority Based Budgeting</div> <div><div>2</div>Develop plans to achieve the saving forecasts in the Medium Term Financial Plan</div> <div><div>3</div>Complete Whole Service Review</div> <div><div>4</div>Review other Services’ HMICFRS reports as published to identify notable practice</div> <div>Wendy Bebbington/ Alan Rainford</div> <div><div>1</div>Identified savings achieved as expected</div> <div><div>2</div>Medium Term plans developed in line with required savings</div> <div><div>3</div>Outcome of Whole Service Review implemented aligned to the available budget</div> <div><div>4</div>Reports reviewed and best practice identified and considered</div> <div>February 2020</div> <div>February 2020</div> <div>February 2020</div> <div>March 2020</div>			
Commentary/Evidence (with dates)					Document Evidence Reference

HMICFRS INSPECTION 2018 ACTION PLAN – FINAL

EFFICIENCY Area For Improvement	Page # Report	Action to be taken	Lead	Measure of Success	Timetable
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.	P25	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	Andrew Leadbetter	1 Meetings and engagement opportunities attended	
		2 Continue to engage with North West services on procurement efforts wherever appropriate		2 Evaluation of purchases made	
		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		3 End user satisfaction and are we getting what we need - Spot check evaluation	
		4 Gather evidence to demonstrate how CFRS ensures Value for Money and be clear in the information we provide		4 Purchasing/shopping basket comparisons – that are fire specific	
		5 Record the process used to benchmark our procurement		5 Records that show the benchmarking activity	
Commentary/Evidence (with dates)					Document Evidence Reference

HMICFRS INSPECTION 2018 ACTION PLAN – FINAL

PEOPLE Area For Improvement	Page # Report		Action to be taken	Lead	Measure of Success	Timetable	
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.	P29	1	Undertake review of Attendance Management (AM) Policy with specific focus on terminology and language to achieve a more compassionate and appropriate tone.	Andrea Harvey	1	Revised Policy and associated letters to contain more appropriate language and completed in conjunction with staff	Review and Draft by 7/19 Consultation and Launch during Q3 2019/20
		2	Develop an Attendance Management toolkit for Managers reference explaining policy.		2	Clarity and upskilling of managers in applying revised/new AM policy	Q3 2019/20 in conjunction with launch of revised policy
		3	Incorporate Attendance Management into Step Up Leadership Programme and as part of supervisory induction to embed the process within CFRS		3	Online guidance accessible to all staff; Face to face team visits and workshops in place for managers; to ensure the policy is adhered to	Q3-Q4 2019/20
		4	Develop and launch communications plan to highlight positive/ supportive aspects of attendance management and wellbeing within CFRS.		4	Feedback from staff around their understanding of attendance management and wellbeing	
		5	Create new post of Mental Health and Wellbeing Advisor (MHWA) and appoint appropriately qualified person to role.		5	Establishment of and appointment of MHWA into post	Creation of Post by 5/19 Recruitment into Post by 7/19
		6	Introduction of Wellbeing impact assessments on all business cases and project proposals for change that involve staff.		6	Heightened emphasis on impact of change on wellbeing 6 Reduction in stress related absence by 10% within 12 months	Evaluation in 6/20
		7	Review the amended duties programme of activities for those on restricted duties		7	Provision of meaningful assignments that promote development	Case by Case review with immediate effect
		8	Review other Services’ HMICFRS reports as published to identify and implement notable practice	MHWA	8	Identify best practices in respect of wellbeing policies	Q3-Q4 2019/20
		9	Prepare a paper for discussion setting out a review of CPD		9	Paper prepared for presentation to SMT	Q4
Commentary/Evidence (with dates)							Document Evidence Reference

HMICFRS INSPECTION 2018 ACTION PLAN – FINAL

PEOPLE Area For Improvement	Page # Report	Action to be taken	Lead	Measure of Success	Timetable
PROMOTING THE RIGHT VALUES AND CULTURE: The service should take early action, such as monitoring overtime, to improve the wellbeing of staff.	P29	1 Review the monitoring arrangements for overtime for all staff and implement any revised arrangements	Steve Barnes	1 The Monitoring arrangements are in place and fully understood by those who undertake overtime and those who manage it	August 2019
		2 Provide training on the monitoring and risks of fatigue		2 Training is delivered and guidance is available to staff by July	July 2019
		3 Report regularly on overtime in a meaningful way		3 100% of Overtime of staff accurately recorded with quarterly monitoring reports produced	August 2019
		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		4 Guidance provided to staff about working time policy	July 2019
		5 Review other Services’ HMICFRS reports as published to identify and implement notable practice		5 Reports reviewed and best practice identified and considered	March 2020
Commentary/Evidence (with dates)					Document Evidence Reference

HMICFRS INSPECTION 2018 ACTION PLAN – FINAL

PEOPLE Area For Improvement	Page # Report	Action to be taken	Lead	Measure of Success	Timetable
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.	P29	1 CFO to undertake visits to all operational watches on an individual watch basis and visits to all non operational team	CFO/ Andrea Harvey	1 All 65 watch visits to have taken place by end Feb 2019 and visits to non operational teams by Jun 2019	As Per timetable of visits completion Q2 2019/20
		2 Programme of Principal Officers’ visits to all watches and teams developed for 2019/2020.		2 All watches and teams to be visited at least once a year by a principal officer with a target of twice.	As Per timetable of visits
		3 Programme of visits to all watches and teams developed for SMT, Group and Station Managers for 2019/2020		3 Officers seen by station and departmental personnel more frequently	
		4 Programmed “back to the floor” activity by PO’s, SMT & GM’s 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		4 Completion of ‘Back to the Floor’ activities and positive feedback from staff	Q3
		5 Creation of informal interaction opportunities with staff to build trust and improve relationships.		5 Principal Officer or SMT attendance at retirement functions, last day presentations, open days and station events and incidents	Ongoing
		6 Introduce a staff conference for non managerial staff in the service to improve engagement and promote feedback		6 Annual event that generates positive feedback with tangible actions arising out of discussions with staff.	Q2 and on an annual basis
		7 Review the core values to ensure fit for purpose and reflect the future aspirations of the service.		7 All Staff and Members consulted to help shape new core values to ensure they are meaningful and demonstrated at all times	Consultation complete by end Q3
		8 Review and update technology as required to promote and support agile working for all staff		8 All staff are able to work productively and gain access to systems whilst working away from their normal place of work	
		9 Review other Services’ HMICFRS reports as published to identify and implement notable practice		9 Reports reviewed and best practice identified and considered	March 2020
Commentary/Evidence (with dates)					Document Evidence Reference



HMICFRS INSPECTION 2018 ACTION PLAN – FINAL



PEOPLE Area For Improvement	Page # Report	Action to be taken	Lead	Measure of Success	Timetable	
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.	P32	(See previous actions which also cover this AFI)	Andrew Leadbetter Barry Rose IT & COMMS	1 The technology is used in a meaningful, effective and efficient manner	June 2019	
		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: <ul style="list-style-type: none">Ask the Chief SessionsSMT Briefing sessionsBroader interactions/debate with SMT on themes, i.e. diversity, Estates, Prevention etc.Operational Updates and debates with crewsUPG Managers Monday briefing discussing key issues across the UPG in one hour meeting every week.		1 Undertaking of internal communications survey to identify most effective methods		
		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		2 Quarterly Production of ‘you said we did’ communications to raise awareness of progress against visit and staff engagement action plans.		Quarterly commencing June 2019
		3 Development of visit feedback mechanism at all levels to ensure issues; feedback is acted upon and reported against		3 Feedback and subsequent actions published on quarterly a basis as part of ongoing staff engagement communications campaign.		Quarterly – commencing July 2019
		4 Review other Services’ HMICFRS reports as published to identify and implement notable practice		4 Reports reviewed and best practice identified and considered		March 2020
Commentary/Evidence (with dates)					Document Evidence Reference	



HMICFRS INSPECTION 2018 ACTION PLAN – FINAL



PEOPLE Area For Improvement	Page # Report	Action to be taken	Lead	Measure of Success	Timetable
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.	P32	1 Undertaken a survey to evaluate the communications methodology across the service and identify improvements	CFO Andrea Harvey	1 Feedback from staff confirms the most appropriate methods are being used and the message is out there	Survey June 2019
		2 Involving staff at all levels to contribute to strategic issues and change.		2 Staff Engagement Forum and/or other working groups regularly involved in the early stages of corporate change initiatives to identify people and wellbeing impacts.	Monthly meetings – timetable of meetings and themes developed
		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		3 Take a random sample of feedback to ensure the methods are effective.	Action plan and outcomes published by July 2019. Dip sample during Q3.
		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		4 Development of Peer recognition scheme.	By Q3
		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		5 Examples of retirement notifications and green bulletin items	Green article April 2019 Peer Recognition review by SEF by September 2019
		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.		6 Production of relevant newsletters	June 2019 introduction in Alert
		7 Set up communications processes to: <ul style="list-style-type: none">Enable feedback from staff / ask questions with relevant HOD/specialist to respondHandle staff suggestions and ideasPublish responses etc. for transparency		7 Development of intranet forum page to enable two-way communication. Staff suggestions and ideas channelled through new staff suggestion scheme.	Date to be agreed with Head of Comms TOR to be reviewed by SMT in September Launch October 2019
		8 Review other Services’ HMICFRS reports as published to identify and implement notable practice		8 Reports reviewed and best practice identified and considered	Q4
Commentary/Evidence (with dates)					Document Evidence Reference



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HMICFRS ACTION PLAN	
Action Plan Progress Report No. 1	Date 10 July 2019
Achievements this Quarter: <ul style="list-style-type: none"> • 	
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	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 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. 2 The new starters will be set the 18 month development target. 1 is on the L3 course immediately on starting in June. 5 Inspection frequencies have been revised and the wider RBIP policy is under review. 	



HMICFRS ACTION PLAN	
Action Plan Progress Report No. 1	Date 10 July 2019
Achievements this Quarter: •	
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 1 Checked other HMI reports for best practise – some of which is helpful 2 Reviewed Partnership Toolkit for suitability to carry out reviews 5 Confirmed list of existing collaborations to concentrate upon initially	



HMICFRS ACTION PLAN	
Action Plan Progress Report No. 1	Date 10 July 2019
Achievements this Quarter: •	
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	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 1 The Priority Based Budget process has started 2 The MTFP has been updated and 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. 1	Date 10 July 2019
Achievements this Quarter: •	
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	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 1&3 Discussed action plan with Head of Joint Procurement Team 4 Collated 'basket of goods' evidence 5 Established that procurement portal will provide evidence 	

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 1	Date 10 July 2019
Achievements this Quarter: •	
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	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 1 Policy desktop review completed – initial draft submitted to CR/AH for consideration 1 Policy and Communications scheduled as topic for discussion at Staff Engagement Forum & JCNP in July 19 3 Module 2 of Step Up has an element of Attendance Management contained within it. To be refreshed upon finalisation of policy. 4 Scheduled for discussion with Staff Engagement Forum in July 19 5 Mental Health & Wellbeing Advisor post created and recruited – start date 8/7/19 	

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 1	Date 10 July 2019
Achievements this Quarter: •	
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	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 1 The Service has implemented a robust monitoring of overtime for Nucleus and Day Staffing stations. This is now embedded on the respective stations. 2 An ELearning package will be finalised by July 2019. 3 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. 4 An updated working time Policy is complete and is awaiting sign off by HOD's 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 	

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 1	Date 10 July 2019
Achievements this Quarter: •	
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	
<ol style="list-style-type: none"> 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 PO's, SMT & GM's 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	
<ol style="list-style-type: none"> 1 Watch Visits completed 2 Programme of visits to be updated following new appointments to SMT Alert update to be launched early June. Question included on 2019 staff survey to seek feedback in this area to gauge improvement relating to visibility since last survey. 5 Already in progress. Positive feedback in respect of presence of POs at retirement events coupled with revised policy. 6 Five events scheduled during May and June for staff in respect of HMICFRS, Culture and Values. 7 Core Values reviewed at Management and Staff Conferences. To be reviewed by Members at SMT Planning Day – 12/7 	

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 1	Date 10 July 2019
Achievements this Quarter: •	
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	
<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> ○ 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	
<p>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.</p> <p>3. Action plan completed and submitted to SMT for review in respect of watch visits and subsequent outcomes.</p>	

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 1	Date 10 July 2019
Achievements this Quarter: •	
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	
<ol style="list-style-type: none"> Undertaken a survey to evaluate the communications methodology across the service and identify improvements Involving staff at all levels to contribute to strategic issues and change. 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 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 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 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. Set up communications processes to: <ul style="list-style-type: none"> Enable feedback from staff / ask questions with relevant HOD/specialist to respond Handle staff suggestions and ideas Publish responses etc. for transparency Review other Services’ HMICFRS reports as published to identify and implement notable practice 	
Progress Against Actions	
<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.
- 2 Recognition already flagged in the Green but need a more robust programme. Research underway to identify options for discussion at SEF
 - 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 publication now incorporating photos and information re: retirees5
 - 7 Communication developed and in use

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 10TH JULY 2019
REPORT OF: HEAD OF PROTECTION AND ORGANISATIONAL
PERFORMANCE
AUTHOR: STEWART MARTINDALE

SUBJECT: ANNUAL PROSECUTIONS REPORT 2018-19

Purpose of Report

1. To present an update on Cheshire Fire Authority's (the Authority) prosecutions under the Regulatory Reform (Fire Safety) Order 2005 (the Order) during the 2018-19 IRMP period.

Recommended that:

- [1] the contents of this paper be noted; and
- [2] this issue remains on the Performance and Overview Committee future work programme for annual review.

Background

2. The Order was introduced on the 1st of October 2006 and it had the effect of widening the range of premises that fire and rescue authorities had powers to inspect.
3. Investment in specialist training, the increase in the number of premises covered by the Order and an associated cultural change in enforcement approach has resulted nationally in an overall increase in the number of prosecutions for fire safety related offences.
4. Inspectors use nationally approved models to ensure enforcement conforms to the Government's principles of proportionality, targeting, consistency, transparency and accountability.
5. Depending on the seriousness of a regulatory breach, inspectors have a range of enforcement options extending from educate and inform, through to prosecution. This paper outlines the Authority's approach to prosecutions and the results of cases to date (See Appendix A).

6. The Order covers virtually all premises, other than single private dwellings. Whilst the fire and rescue authority for the area in which premises are situated is the enforcing authority there are a number of premises that are enforced by other agencies e.g. nuclear installations, Crown Premises and construction sites.
7. Despite the change in legislation, there remain a few 'overlaps' of legislation resulting in a lack of clarity as to who the correct enforcing authority is. Cheshire Fire and Rescue Service (the Service) has, therefore, developed partnerships with other agencies such as local authority housing departments and the Health and Safety Executive to simplify the process and to improve our service to customers.
8. There are approximately 33,000 non-domestic premises in Cheshire East, Cheshire West and Chester, Halton and Warrington (the Service Area). However, a number of these are lower level risk and would not generally attract a visit from the Service.

Protection

9. Regulatory enforcement across these non-domestic premises is managed by the Head of Protection and Organisational Performance. The Protection team undertakes a routine, risk based programme of audits and records the results of all inspections within an electronic database.
10. The risk-based programme of audit and inspection is based on fire frequency data and guidance provided by the Home Office and the National Fire Chiefs Council, supplemented by local intelligence and knowledge. The approach recognises and allows for targeted responses to trends in cause, location and vulnerable groups in specific geographical areas and business types.
11. Our inspecting officers receive initial training on building construction, fire protection systems, fire development and how people react in the event of fire. Additional training is provided throughout an officer's career to maintain their knowledge and take account of developments in technology, incidents, national events, research and reports. Inspecting officers are assessed annually by their line manager to confirm competency in the workplace.
12. In addition, officers receive external training in investigative procedures, case file production and on giving evidence in court proceedings.
13. A key strand of Protection activity to keep people safe and secure from fire, involves using a small 'Business Safety Team' to proactively support businesses in the Service Area. This proactive provision of advice, not only helps business and commerce to make their premises safe from fire and arson, it also helps the Authority evidence a balanced approach between education and enforcement. This approach has been previously cited as best practice by a Department of Business Innovations and Skills report

(now known as the Department of Business, Energy and Industrial Strategy).

Enforcement Governance

14. There are a number of ways an inspector may become aware of an unsatisfactory premises, these include:
 - a programmed or random audit;
 - following a fire;
 - intelligence from other agencies;
 - complaints; and/or
 - referrals from operational crews.
15. Inspectors have a range of options* available to them to address deficiencies which are:
 - educate and inform (often verbal);
 - Notification of Deficiencies;
 - agreed Action Plan;
 - statutory Enforcement Notice;
 - Prohibition/Restriction Notice;
 - referral to other agencies;
 - simple caution;
 - Alterations Notice;
 - prosecution.

*(*These are not mutually exclusive options, e.g. Prohibition Notices that are served could still lead to a subsequent prosecution)*

Currently, the Service has 23 Enforcement Notices and 58 Prohibition Notices in force across the Service Area.

16. Fair and effective prosecution forms a legitimate element of the Service's strategy to reduce the risk of death and injury in the workplace through enforcement of fire safety law.
17. The Service seeks to ensure that legislation is enforced in an impartial way through effective policy and management procedures. Therefore, following an audit, inspectors assess the appropriate (or 'initial') level of enforcement using an electronic tool called the 'Enforcement Management Model'. Depending on the seriousness of the breach they consult with more senior colleagues who confirm or amend the initial enforcement level as necessary.
18. Prosecutions have serious implications not only for the person prosecuted, but for all involved, i.e. the casualties, witnesses and Service personnel.

Inspectors therefore follow the 'Code for Crown Prosecutors' which provides guidance to Authorities as public prosecutors. In the first instance it helps them decide whether it is in the public interest to proceed with the prosecution, that the correct person is prosecuted, the trial is carried out in a fair and just manner and that ultimately justice is seen to be done.

19. When a breach of the Order is deemed by officers to be so serious that prosecution is a probability, the inspector prepares a case file. This is reviewed by a specialist manager in the Protection team and discussed at the Prosecution monitoring meeting, where the Protection Manager and the Service's lawyer apply the two tests from the 'Code for Crown Prosecutors' to decide if the case should proceed:
 - The first is the 'evidential test', used to establish if there is a 'realistic prospect of conviction'; and
 - the second is the 'public interest test' which considers factors such as, whether the offence resulted in death, injury or near miss and the history of previous convictions, cautions or contraventions.

Formal approval to prosecute is then given by the Assistant Chief Fire Officer and the Director of Governance and Commissioning.

Prosecutions summary

20. To date, Protection supported by Legal Services and external solicitors, have successfully prosecuted 25 businesses (and/or 'Responsible Persons'), since the introduction of the Order on the 1st of October 2006, (these cases are outlined in the Appendix A). There were six other cases resulting in a 'simple caution'.
21. Following each prosecution, the Service has secured extensive press coverage, providing public reassurance about its regulatory effectiveness and sending a clear message of deterrent to other businesses.
22. There are currently nine cases under investigation which may proceed to prosecution at a later date.

Financial implications

23. The budget for prosecutions is reviewed on a regular basis, at the monthly prosecution monitoring meeting and the departmental budget meeting (attended by the Head of Protection and Organisational Development and finance officers from Joint Corporate Services).
24. Where the Authority successfully prosecutes cases it may be awarded costs to cover its own solicitor's fees and staff time. The Authority maintains a prosecution reserve capped at £300k (any additional costs are transferred to the general reserve). The reserve currently stands at £295,187 - as at 04/01/19.

25. Fire and rescue authorities nationally are finding defence lawyers more willing to contest less well-defined areas of the Order. If the Authority was unsuccessful in a prosecution there may be an award of costs against the Authority, which could be considerable. There is no specific budget for this, and first call would be against the prosecution reserve, although ultimately it may be necessary in such a case to call on the General Reserve.

Legal implications

26. The Authority is the 'enforcing authority' and has a statutory duty to enforce the Order and it is expected that the Authority will appoint inspectors to carry out this function.
27. Members of staff have been authorised in writing, issued with identification and have received training to carry out this function. Policies, procedures and guidance documents have been based on guidance from the Home Office, the National Fire Chiefs Council and other government bodies and are available to all staff and are reviewed on a regular basis.
28. Adherence to legal requirements when undertaking prosecutions and investigations is vital in preserving the reputation of the Service. The aim is to guide, educate and assist commercial business owners to make their premises safe for users, employers and the wider community. The Service prosecutes only when appropriate and the prospect of success is high. More speculative or aggressive use of the Order in court could result in awards of costs against the Authority, reputational damage and resource implications which would affect the Service as a whole and not serve the public interest.

Equality and Diversity implications

29. Staff completing audits record equality and diversity information which is monitored by the Head of Protection and Organisational Performance and informs the Service's Equality and Inclusion report. Due to an increase in serious fires locally and nationally which involve certain types of fast food outlets, officers have, over recent years, visited more of these businesses to help them reduce risk and comply with regulations. This, in the most high risk premises, has resulted in an increase in enforcement action issued to businesses which are frequently owned and operated by members of Black, Asian and Minority Ethnic (BAME) communities. Of the prosecutions to date approximately one third of these have been against businesses owned or operated by members of the BAME community.

Environmental implications

30. Effective enforcement reduces the risk of fire and therefore contributes to reduced emissions, water use and CO₂ associated with transporting and producing re-building products.

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BACKGROUND PAPERS: NONE

Appendix A

Prosecutions to date (2006 to 2018)

2008

1. Centrol Recycling - Everite Road, Widnes

This company was audited in 2008 following a complaint by an employee and resulted in a Prohibition Notice being issued. The case resulted in a prosecution citing breaches of five articles. The court issued fines totalling £20,000 and awarded Cheshire Fire Authority (the Authority) £10,000 in costs.

2009

2. Belgrave Hotel - City Road, Chester

The Responsible Person was prosecuted in 2009 following a failure to comply with an Enforcement Notice issued in 2008. The court found in favour of the Authority issuing £3,000 in fines and £7,000 in costs.

2010

3. The Belfry House Hotel - Stanley Road, Handforth, Wilmslow

Issues were first identified by an operational crew carrying out an inspection and site specific risk visit in 2007. Breaches included failure to carry out a risk assessment, failure to install smoke detectors and failure to illuminate evacuation routes. Protection officers attended and confirmed the issues and the inspecting officer issued a Prohibition Notice. The case went to Crown court in 2010 and the Responsible Persons were fined £75,000 and the Authority was awarded £52,000 in costs.

4. P & S Ashley Timber - Norton Way, Sandbach

Following a complaint by a member of the public in 2008 an audit was conducted which led to a Prohibition Notice being served. This case went to Crown Court in 2010, where eight breaches of the Regulatory Reform (Fire Safety) Order 2005 (the Order) were prosecuted including no risk assessment, no fire-fighting equipment, no system of evacuation and no signage. The Responsible Person and his company were fined £80,000 and £50,000 in costs although the fine was subsequently reduced by the Court of Appeal to £40,000. Although the Service explored a number of routes to recover the costs, the Responsible Person served a custodial sentence of 365 days for non-payment of fines and therefore the costs awarded to the Authority are not now recoverable.

5. Meloni's - 75 Albert Road, Widnes

An audit at a Bed and Breakfast/Restaurant in 2009 resulted in eight breaches of the Order being found and a Prohibition Notice being issued. Subsequently, the court awarded fines of £6,000 and awarded the Authority £2,500 in costs.

2011

6. M & M Car Spares - Slutchers Lane, Warrington

Three breaches were brought, the main one being a breach of an Enforcement Notice continuing for almost 18 months. The Responsible Person was fined £1,950 for the three breaches plus £750 in costs.

2012

7. Haslington Hall - Holmesshaw Lane, Haslington

Following an audit of this grade 1 listed building a Prohibition Notice was issued to prevent the premises being used as guest accommodation. In January 2012 at Crewe Magistrates Court the Responsible Person was found guilty of nine offences and was fined £16,000 plus £7,800 costs.

8. Buffet City Takeaway - Newgate Street, Chester

In January 2010 an operational fire crew from Chester carried out a thematic visit and identified fire safety concerns which resulted in Protection officers issuing a Prohibition Notice. At Chester Magistrates Court in January 2012 the Responsible Person pleaded guilty to eight offences and was fined £20,000 plus £4,000 costs.

9. Win House - 66 Church Street, Runcorn

An audit of the premises resulted in a Prohibition Notice being issued. Following this audit in December 2010 a fire occurred at the premises and it was believed that the Prohibition Notice was being breached and additional contraventions were identified. In August 2012 at Warrington Magistrates Court the Responsible Person pleaded guilty to nine offences and received a £5,000 fine plus costs of £2,500.

10. House in Multiple Occupation - 199 Crewe Rd, Crewe

Following a tenant's complaint regarding fire safety breaches an audit was completed and significant issues identified. Joint working with Cheshire East housing led to a prosecution in October 2012. The house in multiple occupation which was operating without licence was served with a Prohibition Notice due to the seriousness of the fire safety breaches. The premises was being run by two brothers, one defendant was fined £45,000, the other £37,500 and both were ordered to pay £22,000 costs. The case attracted media interest from local and some national press.

2013

11. The Crossbar - Lovely Lane, Warrington

Fire safety problems were discovered during a post-fire inspection following a serious fire. The Responsible Person was running both a hotel and bar within the premises (one resident was using the sleeping accommodation at the time of the fire). The individual was prosecuted by the Service's internal solicitor with Warrington Magistrates court awarding 200 hours community service.

12. The Rams Head - Grappenhall, Warrington

Following a small fire a Protection inspector identified issues which led to a prosecution. The licensee pleaded guilty to four offences, was fined £100 per offence and £269 costs due to the individual having been declared bankrupt and on benefits. The owners, Punch Taverns pleaded guilty to one offence and were fined £2,000 and £8,000 costs were awarded. The fire risk assessor also received a 'simple caution' for an inadequate assessment of the risk of fire.

13. Rangemore Nursing Home - Knutsford

A resident lit an artificial cigarette and discarded it on the bed, which led to a fire. The nursing home staff evacuated two residents from the compartment, but were not able to carryout further evacuations due to the smoke produced by the fire. Operational Crews performed six rescues. The Responsible Person received a 12 month prison sentence suspended for two years, 66 hours community service and the Authority was awarded £68,362 in costs.

2014

14. Cheshire Fast Foods - Macclesfield

A fire in a flat above the takeaway premises required one female occupant to be rescued due to the lack of suitable means of escape. The Responsible Person was prosecuted and received a six month prison sentence suspended for two years, 150 hours of community service and the Service was awarded £1,000 in costs. In addition the company also received a fine of £5,000 and the Authority was awarded £2,000 in costs.

15. The Devonshire – Runcorn

Protection officers issued Prohibition and Enforcement Notices on the premises due to various serious fire safety risks. The Responsible Person was prosecuted and received a fine of £2,400 and was ordered to pay £2,100 in costs.

16. Kenyon Court - Widnes

Protection officers conducting a routine audit identified that the premises had been changed from an office block and was being used as a house in multiple occupation. A Prohibition Notice was issued due to serious fire safety risks and a further inspection identified that the notice was being breached. The Responsible Person was prosecuted and received a fine of £6,000 and the Authority was awarded costs of £4,000.

17. Spice of India - Warrington

Protection officers issued Prohibition and Enforcement Notices on the premises due to their concerns regarding the means of escape. A further inspection identified the premises was being used in breach of the Prohibition Notice and the Responsible Person was prosecuted and received a fine of £1,000 and the Authority was awarded £1,000 in costs.

2015

18. The Brecks - Warrington

Protection officers issued a Prohibition Notice on the premises due to their concerns regarding the lack of a suitable means of escape and alarm system. Subsequent inspections revealed that the premises was continuing to be used in breach of the notice and the Responsible Person was prosecuted and sentenced to six months imprisonment for each offence to run concurrently, suspended for one year. The Responsible Person was also awarded 256 hours unpaid work. The Authority was awarded £600 costs.

2016

19. Smallwood Homes (Thelwall Grange Care Home) – Stockton Heath

Following a small fire at the premises Protection officers issued an Enforcement Notice due to concerns with the fire alarms system and compartmentation not providing sufficient protection for residents. The company was prosecuted and fined £40,000 with the Authority being awarded costs totalling £19,283.

20. Minster Care Ltd (Croftwood Home) - Warrington

Protection officers inspected the premises in March 2014 and identified a number of serious fire safety deficiencies relating to the fire risk assessment, fire alarm, duty to take general fire precautions, evacuation procedures and training. The company received an Enforcement Notice and was subsequently prosecuted and fined £40,000 and ordered to pay £15,000 in costs after pleading guilty to the offences. An independent fire risk assessor was given a four month jail sentence, suspended for 12 months, and ordered to pay £1,000 costs after 'paying lip service' to assessing a Cheshire care home.

2017

21. Four Seasons (No. 9) Limited (Cyprus Court Care Home) – Crewe

A fire safety audit was undertaken by Protection officers on 7th March 2016 following a complaint received from a relative of a resident. Deficiencies were identified relating to compartmentation, means of fire detection and warning, means of escape; and evacuation procedures. The company was prosecuted and fined £50,000 with the Authority being awarded £9,000 costs.

22. Hospitality First Two Limited (Crewe Arms Hotel) - Crewe

A fire safety audit was undertaken by Protection officers on 3rd December 2015. Deficiencies were identified which posed serious risk to life from fire and a Prohibition Notice was issued. The deficiencies related to the means of escape, means of fire detection and warning, means of escape; and fire risk assessment. The company was prosecuted and fined £80,000 with the Authority being awarded £10,000 costs.

2018

23. Bispham Green Brewery Company Limited (The Wizard Inn) - Nether Alderley

A post-fire inspection was carried out by Protection officers at the premises. Deficiencies were identified which posed serious risk to life from fire and Prohibition and Enforcement Notices were issued. The deficiencies related to a lack of general fire precautions, inadequate fire separation, the fire risk assessment, means of fire detection and warning, means of escape, evacuation procedure, and safety training. The company was fined £4,250 per offence, totalling £38,420 (to be paid within 12 months with a £170 victim surcharge). The Authority was awarded £3,453 costs.

24. Haslington Hall (The Big Marquee) – Crewe

Following information received from Cheshire East Council the 'Big Marquee' at Haslington Hall was inspected by fire officers in August 2014. Deficiencies were identified which posed serious risk to life from fire and Prohibition and Enforcement Notices were issued. The deficiencies related to electrical safety, means of escape, means of available fire-fighting media, means of fire detection and warning, and the fire risk assessment. In September 2014 fire officers returned to the premises with a view to lifting the Prohibition Notice. They found a number of employees and members of the public preparing for a wedding the next day. Officers attended again in late September and October 2014 to find wedding receptions were still taking place.

Subsequently, a prosecution was taken against the Responsible Person (the Owner) who was prosecuted in respect of seven charges and sentenced to ten months' imprisonment. In respect of the breaches of the Prohibition Notice the Responsible Person was sentenced to a further ten months' imprisonment to run consecutive to the other sentence. In addition, the trading company Haslington Hall Limited were fined £1,000 in respect of nine charges. The Authority was awarded costs of £72,000.

25. Lavender House Residential Home Limited – Alsager

A fire safety audit was undertaken by Protection officers on 17th January 2017. Deficiencies were identified which posed serious risk to life from fire and a Prohibition Notice was issued. The deficiencies related to inadequate compartmentation and inadequate protection of the means of escape. The company was prosecuted and fined £40,000 with the Authority being awarded £13,626.83 costs. A case against the Fire Risk Assessor was discontinued as no evidence was offered.

Simple Cautions issued to date

In addition to the current case files which are being compiled, Protection officers have issued six simple cautions to premises across the Service Area.

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 10TH JULY 2019
REPORT OF: DIRECTOR OF TRANSFORMATION
AUTHOR: JILLSWIFT

SUBJECT: PENSION ADMINISTRATOR - CHANGES TO
PROCESS

Purpose of Report

1. The aim of this report is to provide further information regarding changes that have been made to improve the quality of employee data and business processes following a number of errors made by the current pension administrator XPS (previously Kier Pensions).

Recommended: That

- [1] Members note the report.

Background

2. Pension administration is currently outsourced to a company called XPS pensions. Its services include the administration and calculation of employee pensions and payment of the pensioner payroll. The role of the Cheshire Fire payroll team is to ensure that XPS are notified of all changes to employee pay that impacts the calculation of their pension.
3. XPS provides a suite of forms to enable employers to complete such notifications. Changes include increases or decreases in pay for temporary/permanent promotions, payment of allowances and changes to contracted hours.
4. Following changes to the pension schemes in July 2013 and the introduction of the new CARE scheme in 2015, the definition of pensionable pay has changed. As a result, it is now more complex to determine pensionable pay, in particular where employees have a number of changes and have service in the 1992 scheme as well as the 2015 scheme.

Information

5. During 2018, a number of errors were made by the pension provider relating to the calculation of pensionable pay. This resulted in affected employees receiving incorrect quotations which they will have considered when making

important decisions about their future. In all cases, the calculations were corrected before payment was made, therefore no employees were overpaid as a result of these errors; the employees were paid what they were entitled to.

6. Following investigation, the causes of the errors were identified as:
 - Misinterpretation of data sent by Cheshire Fire
 - Lack of XPS staff with knowledge of Firefighter Pension regulations
 - Breakdown in XPS internal controls regarding counter-checking of calculations and approval of lump sum payments
 - Incorrect pay used to calculate final pensionable pay
7. In all cases, it was found that instructions sent to XPS by the Cheshire Fire payroll team had been accurate and timely. However the team at XPS has either misinterpreted the information, or in some cases, not referred to the most up to date pay details.
8. In order to ensure these errors do not reoccur the following additional controls have been put in place:

Misinterpretation of data	<p>Leaver forms have been updated to make them more fit for purpose following changes to scheme regulations.</p> <p>This will ensure that Cheshire Fire staff can more clearly detail pay received and this in turn will reduce the risk that XPS staff will misinterpret the data.</p> <p>XPS are also working on an amended variation form which has still to be finalised.</p>
Lack of XPS staff with knowledge of Firefighter Pension Regulations	Only experienced staff will work on Cheshire Fire pension calculations.
Breakdown in internal controls	<p>XPS has been instructed that payments should not be released without prior approval from a Cheshire Fire signatory.</p> <p>No pension payments will be approved unless there is evidence that calculations have been checked by a senior member of the XPS team.</p>
Incorrect pay used to calculate final pensionable pay	Pensionable pay will be provided by the Cheshire Fire payroll team rather than the outsourced payroll provider as they have better knowledge of pension scheme rules.

	<p>All retirements and pensionable pay calculations for quotations will be completed or checked by the Payroll and Pensions HR Lead to ensure accuracy of data.</p> <p>XPS has been instructed to ensure all staff who work on Cheshire Fire pension calculations are suitably experienced and trained.</p> <p>A pensionable pay guide has been produced to ensure all Cheshire Fire pay and pensions staff have the necessary knowledge to complete pensionable pay calculations to provide resilience in the absence of the Payroll and Pensions HR Lead.</p>
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9. In addition to these controls, the pension provider is required to attend Pension Board meetings. The Board supports the Scheme Manager by scrutinising the performance of the provider against agreed service level. XPS also provides quarterly performance reports and attends quarterly contract meetings where any issues and complaints are discussed with HR representatives.

Financial Implications

10. To-date no payment have been made in excess of entitlement. Should that occur the Service would look to XPS to assist it in pursuing a remedy.

Legal Implications

11. Officers will continue to monitor the performance of XPS and reinforce the contractual obligations, wherever relevant.

Equality and Diversity Implications

12. None

Environmental Implications

13. None

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BACKGROUND PAPERS: NONE

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Performance and Overview Committee
Forward Work Programme

Performance and Overview Committee			
	4 th September 2019		27 th November 2019
1.	Q1 Finance Report	1.	Q2 Finance Report
2.	Q1 Performance Report	2.	Q2 Performance Report
3.	Q1 Programme Report	3.	Q2 Programme Report
4.	Q1 Internal Audit Report	4.	Q2 Internal Audit Report
5.	Safety Central Evaluation Report	5.	Annual Health, Safety and Wellbeing report
6.	Annual Equality Monitoring Report 2018-19	6.	Annual Road Safety Report
7.	Progress Update on Internal Audit Recommendations (half yearly update)	7.	Interim Bonfire Report (TBC)
8.	Fire and Rescue National Framework for England (2018)	8.	On the Streets Project - Annual Report

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