



**Wednesday,
22 July 2020
10.00 am**

**Meeting of
Performance and
Overview Committee
Remote Meeting
via Skype**

Contact Officer:
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Cheshire Fire Authority

Notes for Members of the Public

Attendance at Meetings

The Cheshire Fire Authority welcomes and encourages members of the public to be at its meetings and Committees.

This meeting of the Fire Authority will be held by remote means, i.e. the meeting will not be taking place in person at Sadler Road, but will be hosted over the Internet, using Skype for Business, with participants located in a variety of places.

The Government introduced legislation, due to the Coronavirus pandemic, that enables remote meetings to take place and the Fire Authority has adopted rules that allow and govern the way that remote meetings will work. The rules can be accessed [here](#).

The meeting must be open to the public and press. However, as the public and press cannot attend in person the Fire Authority is arranging for the meeting to be broadcast. Final details about how to access the broadcast will be published on the website prior to the meeting.

Questions by Electors

Given the current situation, questions for the Chair of the Fire Authority can be submitted by email to DemocraticServices@Cheshirefire.gov.uk. Questions must be received at least five clear working days before the meeting takes place.

Access to Information

Copies of the Agenda are available on the Service's website (www.cheshirefire.gov.uk). A copy can also be obtained from Democratic Services via DemocraticServices@cheshirefire.gov.uk.

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

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

Recording of Meetings

The Authority audio records its meetings. Please contact Democratic Services for a copy of the recording via DemocraticServices@cheshirefire.gov.uk.



**MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE
WEDNESDAY, 22 JULY 2020**

Time : 10.00 am

Remote Meeting - Via Skype

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 26 February 2020.

ITEMS REQUIRING DISCUSSION/DECISION

PART 2 - BUSINESS TO BE DISCUSSED IN PRIVATE

2 Performance Report - Quarter 4 2019-20

(Pages 7 - 46)

3 Programme Report - Quarter 4 2019-20

(Pages 47 - 60)

4 Internal Audit Progress Report - Quarter 4 2019-20

(Pages 61 - 74)

**5 Internal Audit Annual Report and Head of Internal Audit
Opinion 2019-2020**

(Pages 75 - 88)

6 Unitary Performance Groups Annual Report 2019-20

(Pages 89 - 100)

7 Training Performance Annual Report 2019-20

(Pages 101 -
110)

8 HMICFRS Inspection Action Plan

(Pages 111 -
128)

9 Prosecutions Annual Report 2019-20

(Pages 129 -

10	Risk Management Board Annual Report 2018-19	132) (Pages 133 - 140)
11	Pre-Alert Trial	(Pages 141 - 146)
12	Safeguarding Annual Report 2019-20	(Pages 147 - 154)
13	Forward Work Programme	(Pages 155 - 156)

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.



**MINUTES OF THE MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE
held on Wednesday, 26 February 2020 at Lecture Theatre - Sadler Road, Cheshire at
10.00 am**

PRESENT: Councillors Phil Harris (Chair), Gina Lewis, James Nicholas, Jonathan Parry, Peter Wheeler, Norman Wright, Les Morgan, Rachel Bailey (substitute for Razia Daniels), Independent (non-elected) Member Derek 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 Councillor Razia Daniels.

C Declaration of Members' Interests

There were no declarations of Members' interest.

D Minutes of the Performance and Overview Committee

RESOLVED:

That the minutes of the Performance and Overview Committee meeting held on 27th November 2019 be confirmed as a correct record.

2 FINANCIAL REVIEW - QUARTER 3, 2019-20

The Treasurer introduced the report which provided an overview of the Service's forecast of financial performance at the end of Quarter 3 and reported on the progress against 2019-20 capital projects.

He informed Members that, in relation to the revenue budget, the Quarter 3 review was reporting a forecast overspend of £80k. Further details were contained within Appendix 1 to the report.

He referred Members to Appendix 2 to the report which contained details of the movement in reserves. He also drew Members' attention to Appendix 3 to the report, which contained details of the schemes and projects within the capital programme. The capital programme was forecasting an overall outturn of £34.2m, £1.7m above the current programme mainly due to major build projects.

A Member asked for clarification on the Bellwin Scheme. The Assistant Chief Fire Officer, Operational Assurance and Service Improvement, informed Members that this was a Government Scheme set up to provide compensation for fire and rescue services in the event of them incurring expenditure during certain emergency response situations, such as flooding.

Another Member asked for an update on the additional costs reported regarding the Sadler Road project, which were higher than the approved 5% contingency. The Director of Governance and Commissioning reported that these were largely due to additional asbestos related costs requiring additional work to bring the building up to standard. He confirmed that an update would be taken to Members of the Estates and Property Committee.

RESOLVED: That

[1] the forecast outturn position in the Quarter 3 Finance report 2019-20 be noted; and

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

3 PERFORMANCE REPORT - QUARTER 3, 2019-20

The Head of Protection and 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, 2019-20. The corporate performance scorecard reflecting the Quarter 3 position against targets set and the year-on-year direction of travel for the Service's KPIs was attached to the report.

Members were referred to the Performance Health report which was also attached to the main report. It contained a detailed description of each KPI, including a summary of current performance and any actions taken to improve performance.

The Head of Protection and Organisational Performance expanded on the KPIs, providing further context particularly where targets had not been achieved:-

- Number of deaths in primary fires;
- Number of automatic fire alarms in non-domestic premises/false alarms;
- Fire safety audits in non-domestic premises;
- On-call availability.

The Head of Protection and Organisational Performance referred Members to the KPI relating to the number of deaths in primary fires. Two deaths had occurred in Quarter 3 and the cause for both had been recorded as unknown until the Coroner's inquest had taken place.

The KPI status for the number of automatic fire alarms in non-domestic premises/false alarms was currently red (previously amber). The Head of Protection and Organisational Performance confirmed that figures were lower than in previous years due to the revised attendance policy which was approved in 2017/18. Unless

the policy was amended further, it was unlikely that additional reductions could be achieved.

An update was also provided regarding the fire safety audit KPI. Members were informed that the target had been revised and from Quarter 3 the number of audits achieved would be shown against the number that the Service had capacity to undertake.

The Head of Service Delivery provided an update on performance against the on-call availability KPI. On-call availability had risen to 66% in Quarter 3 (previously 62% at Quarter 2). He referred Members to the actions listed in the report which were required to improve performance.

Members welcomed the improvements being looked at and stated that it was important to consider how the Service worked collectively with other authorities and public bodies, in particular with parked cars and dangerous driving conditions due to icy roads. The Chief Fire Officer and Chief Executive confirmed that officers were working with Cheshire Constabulary to target such issues. The Assistant Chief Fire Officer, Operational Assurance and Service Improvement, highlighted the proposal within the Integrated Risk Management Plan 2020-24 regarding the purchase of thirteen Rapid Response Rescue Units, which would enable a faster response to incidents using a smaller vehicle with 4 x 4 capability and which could be used in such driving conditions.

A Member referred to the 10 minute standard KPI and asked for further information on failure to achieve the standard. The Head of Protection and Organisational Performance confirmed that he could provide further details outside of the meeting.

A Member asked for clarification on pre-alerting. The Head of Service Delivery explained that pre-alerting involved North West Fire Control alerting crews to an incoming call prior to completion of the call handling process to enable them to get to an incident earlier.

Another Member requested further information on the Unwanted Fire Signals Policy and what type of properties were exempt. The Head of Protection and Organisational Performance stated that exempt premises tended to be life risk or sleeping premises, such as nursing homes. It was suggested that further input on AFAs could form part of a future Members' Planning Day.

RESOLVED: That

[1] the Performance Report – Quarter 3, 2019-20 be noted.

4 PROGRAMME REPORT - QUARTER 3, 2019-20

The Chief Fire Officer and Chief Executive provided Members with an update on the Service's programmes and projects. He referred Members to Appendix 1 to the report which contained a health report for the Quarter 3, 2019-20 and picked out key performance areas for specific focus, including:-

- Whole Service Review;
- Blue Light Collaboration;
- Major build projects;
- The drone programme;
- Sprinkler campaign; and
- Implementation of the Fire Protection Review.

The Chief Fire Officer and Chief Executive formally thanked officers and Members for their assistance in shaping the Whole Service Review.

He also thanked officers and Members who had supported the Sprinkler Campaign.

RESOLVED: That

[1] the Programme Report – Quarter 3, 2019-20 be noted.

5 INTERNAL AUDIT PROGRESS REPORT - QUARTER 3, 2019-20

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 2019-20 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: IT Service Continuity Review, Financial Systems and Efficiency Savings Review. It was reported that Substantial Assurance was found in the Financial Systems and Efficiency Savings Review, but Limited Assurance in the IT Service Continuity Review.

The Chief Information Security Officer was in attendance to provide a progress update against the areas of improvement identified within the IT Service Continuity Review. He explained that an action plan had been put in place. The two high risks identified had been rectified. Officers were aiming to address the two medium risks identified by 31st March 2020.

Members were referred to Appendix 2 of the report which contained details of the work on the National Fraud Initiative which was also carried out in Quarter 3.

RESOLVED: That

[1] the Internal Audit Report – Quarter 3, 2019-20 and National Fraud Initiative Report be noted.

6 BONFIRE PERIOD REPORT 2019

The Deliberate Fire Reduction and Road Safety Manager introduced the report which appended the Authority's Annual Bonfire Period Report 2019. It contained details of the preventative and operational activities of the Service and its partners during the bonfire period dated 24th October 2019 to 7th November 2019.

Overall, there had been a 22% reduction in deliberate small fires compared to 2018.

He drew Members' attention to unitary area performance during the 2019 bonfire period; all but one of the four unitary areas recorded a year on year decrease in deliberate small fires during this year's bonfire period. Warrington was the only unitary area to have seen an increase compared to 1 and 5 years ago respectively.

A Member asked for further information on the fuel removal waste management initiative referred to within the report. The Deliberate Fire Reduction and Road Safety Officer informed Members that bonfire removal schemes were in place, enabling the reporting of waste on public land. The schemes were effective in areas of high deliberate fire activity and the visual presence of teams actively removing material also discouraged the rebuilding of bonfires.

Another Member asked for further information on making cash contributions towards organised displays. The Deliberate Fire Reduction and Road Safety Officer informed Members that making cash contributions towards organised displays, particularly in areas of high deliberate fire activity, helped to reduce deliberate small fires and incidents. Members were encouraged to support this through Unitary Performance Group budgets.

RESOLVED: That

[1] the report be noted; and

[2] the recommendations in Section 12 of the Annual Bonfire Period Report 2019 (attached as Appendix 1) be supported.

7 EQUALITY, DIVERSITY AND INCLUSION UPDATE

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

The report outlined key areas of focus and accomplishments over the last 6 months, we well as priorities for the next 6 months.

He informed Members that the Service had been awarded third place in the Stonewall Workplace Equality Index 2019 for the second consecutive year. The Service continued to be the top performing emergency service for the fifth consecutive year, the top performing employer in the North West region for the second year and Top Trans employer for the first year. The Chief Fire Officer and Chief Executive was awarded the 'Top Performing Leader' for the North West Region. Members congratulated the Service on these excellent achievements and to the Chief Fire Officer and Chief Executive for his individual award.

He also highlighted that, following feedback from the last Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service (HMICFRS) inspection, a significant

amount of work had focused on improving fairness and promoting diversity in preparation for the 2020 inspection.

RESOLVED: That

[1] progress to date be noted.

8 GRENFELL TOWER INQUIRY PHASE 1 UPDATE

The Station Manager, Protection, presented the report which provided Members with details of the Service's planning and position in relation to the recommendations from The Grenfell Tower Inquiry: Phase 1 Report.

A Member raised concerns about the response to cross-border incidents involving high rise buildings with cladding and the risk to firefighters. The Station Manager reassured Members that the services in the region were working together to share information on incidents to ensure firefighter safety. Officers were trying to influence changes to legislation by responding to consultations. Cross-border exercises had also been arranged with neighbouring services.

Members stated that it would be helpful for this Committee to retain any consultation submissions that the Service sends to the Government and, where appropriate, provide a summary of actions.

RESOLVED: That

[1] the information contained within the paper be considered; and

[2] Members continue to support the work the Service is carrying out in relation to the recommendations within the report.

9 FORWARD WORK PROGRAMME

The table included those items that had been identified/agreed to-date. Members were asked to agree any additional items at the end of the meeting which needed to be added to the programme. No further items were requested.

Members asked for an update regarding Coronavirus and flooding and how the Service was dealing with these issues. Assistant Chief Fire Officer, Operational Assurance and Service Improvement, reassured Members that the Service had a business continuity process in place and Local Resilience Forum meetings were ongoing with partners to ensure wider plans were regularly updated and reviewed.

RESOLVED: That

[1] the Forward Work Programme be noted.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22 JULY 2020
REPORT OF: HEAD OF PROTECTION AND ORGANISATIONAL
PERFORMANCE
AUTHOR: ANTHONY JONES

SUBJECT: PERFORMANCE – QUARTER 4, 2019-20

Purpose of Report

1. To present the 2019-20 Quarter 4 and year end review of performance for each of the Service's Key Performance Indicators (KPIs).

Recommended that:

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

Background

2. The report forms part of the Authority's performance reporting cycle and provides a summary of the Service's performance against the KPIs for Q4 and year end 2019-20.

Information

3. The Service's Performance and Programme Board (members of the Service Management Team) receives a quarterly review of performance against KPIs. The Board is responsible for monitoring and reviewing progress against performance targets and ensuring that action is taken wherever possible if targets are not being met. The performance reviews are in turn presented to the Performance and Overview Committee.
4. The Corporate Performance Scorecard is attached to this report. It reflects the Q4 and year end position against targets set and the year-on-year direction of travel for the Service's KPIs.
5. A more detailed description of each KPI including a summary of current performance and any actions required to improve performance is set out in the Performance Health Report.

Financial implications

6. There are no financial implications arising from this report.

Legal implications

7. There are no issues to report at the end of Q4 and year end that should impact upon the Service's ability to meet its statutory or other legal obligations.

Equality and Diversity implications

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

Environmental implications

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

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TEL [01606] 868804

BACKGROUND PAPERS: NONE

Appendix 1 - Safety Central Infographic

Appendix 2 – Safe & Well Infographic

Appendix 3 – On-call Availability

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Year to Date 2019/20 Performance

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

Vision

IRMP Theme

↑ Outcomes

↑ Outputs

Protecting Local Communities

	Actual	Target	Q4 Year on Year	Q4 2018-19
Deaths in Primary Fires	6	0	↑	1
Injuries in Primary Fires	39	51	↓	57
Accidental dwelling fires	318	371	↓	363
- % starting in kitchens	179 (56%)		↓	190 (52%)
- % in homes with residents over pensionable age	60 (19%)		↓	63 (17%)
Deliberate fires (Primary and Secondary)	928	1,084	↓	1,083
Fires in Non Domestic Premises	163	166	↓	166
AFAs in Non Domestic Premises	514	465	↑	434

	Actual	Target	Q4 Year on Year	Q4 2018-19
HSAs Delivered to Heightened Risk	31,758	30,000	↓	41,067
Platinum address success rate	61%	65%	↓	70%
Thematic Inspections Completed	2,013	2,004	↑	1,986
NDP Fire Safety Audits Completed	1,584	1,755	↑	1,319

Responding to Emergencies

	Actual	Target	Q4 Year on Year	Q4 2018-19
10 Minute Standard	83%	80%	↓	85%
On Call Availability	66%	85%	↑	63%
Nucleus OC pumps	97%			
Primary OC pumps	67%			
Secondary OC pumps	45%			

Developing the organisation

	Actual	Target	Q4 Year on Year	Q4 2018-19
Average Days/Shifts Lost to sickness	4.39	5.50	↑	4.84
Working Days Lost To Injury	17	30	↑	37

Performance key

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

Year on year direction key

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

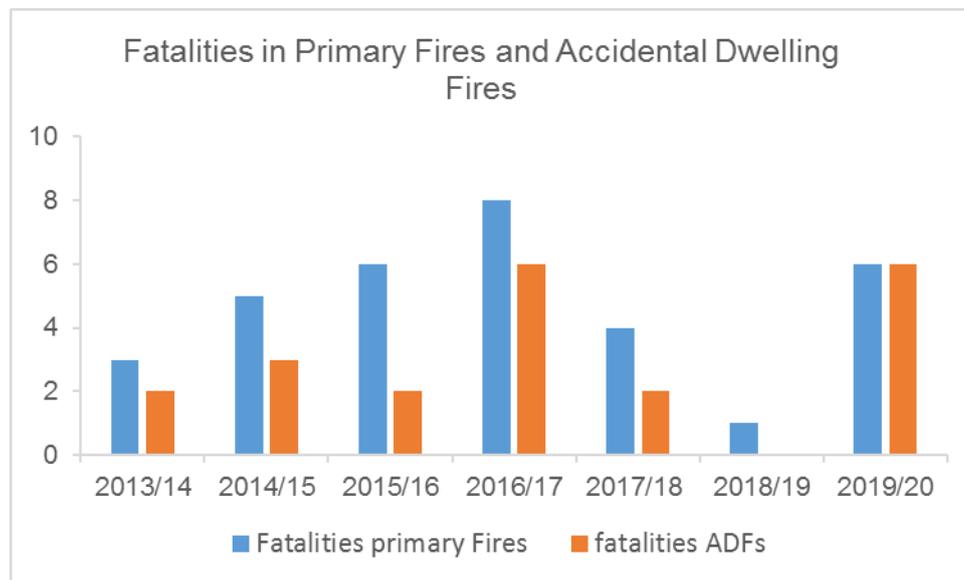
Performance and Programme Board – Performance Report

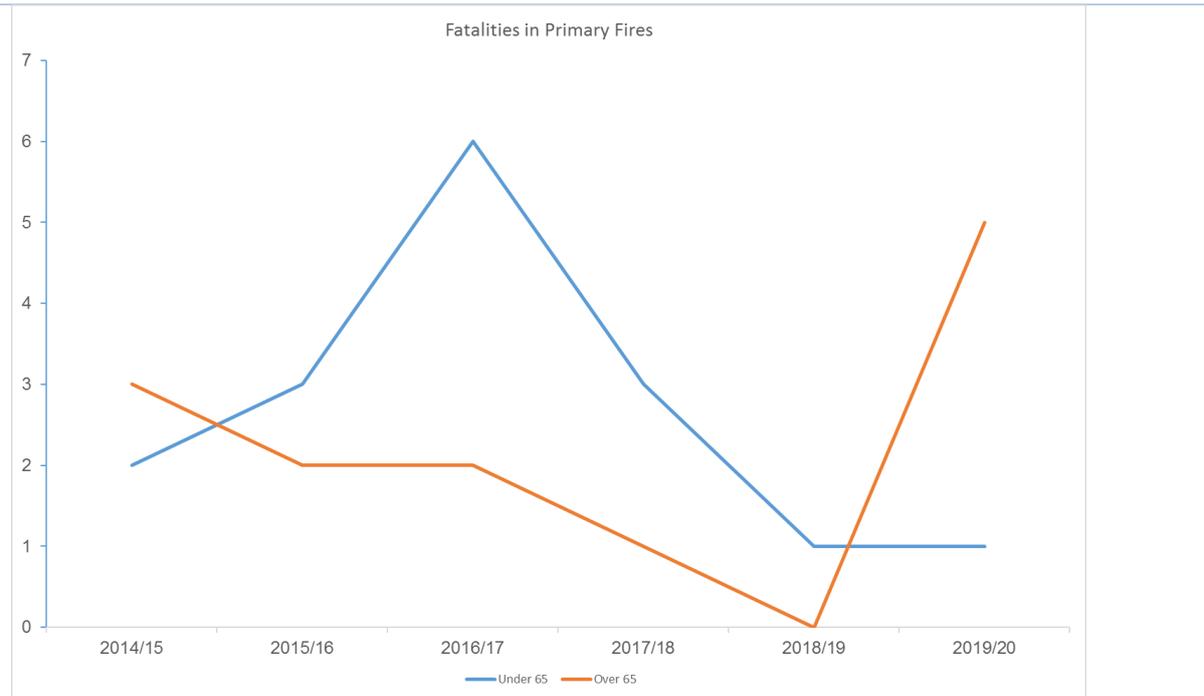
Indicator: [Number of Deaths in Primary Fires]

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

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	0	Q1 Actual	0
Q2 Target	0	Q2 Actual	0
Q3 Target	0	Q3 Actual	2
Q4 Target	0	Q4 Actual	4
YTD Cumulative Target	0	YTD Cumulative Actual	6
Previous Status	Current Status		
			

Summary of Current Performance





At the end of 2019/20, there have been 6 fatalities recorded of which 4 occurred in quarter 4. All of the fatalities occurred in accidental dwelling fires.

The fatalities occurred in 5 different incidents with 1 smoking related, 1 started in a fridge/freezer, 1 involved a gas cooker accidentally being left on and 2 involved electric heaters. In one of the incidents involving a heater the occupier was also smoking even though this was not the cause of the fire. 4 out of the 6 victims were aged over 65, with the other aged between 40 and 50.

Action taken to improve performance

- The fatal fires and injuries reporting policy enables us to consider fatalities in fires and a thorough internal review will take place to make sure any information from the Fatal Fire Review Reports is scrutinised by Heads of Department and that actions and learning points are monitored and communicated effectively.
- Our fire investigation officers will continue to work with partner agencies and other stakeholders to examine the causes of fires and identify any emerging trends to better inform our prevention and protection activities and help prevent further fires occurring.
- The Heads of Department meet every two months at the Incidents of Interest Scrutiny Group. Findings, outcomes and actions associated with any fire fatalities, serious injuries, 2 in 24s and other 'incidents of interest', e.g. Grenfell Towers, are monitored and scrutinised to ensure the Service continually improves and learns from these incidents to prevent further fires occurring.
- The new set of data identifying potential additional vulnerabilities outside of the over 65 demographic continues to be used. This is to further ensure our prevention work minimises the risks of fire to a broad section of groups.

- The four fatalities that occurred in quarter 4 were in Nantwich, Crewe and Neston. Two fatalities occurred at the incident in Nantwich. Fire Investigations are ongoing to establish causes for the incidents and Fatal Fire/Serious Injury Review reports are being undertaken.
- Prior to the COVID-19 Lockdown staff from Powey Lane Fire Station were looking to conduct an initiative in the Neston area on people living alone in response to a number of incidents involving this type of occupier. Due to the current climate social media engagement is being considered.

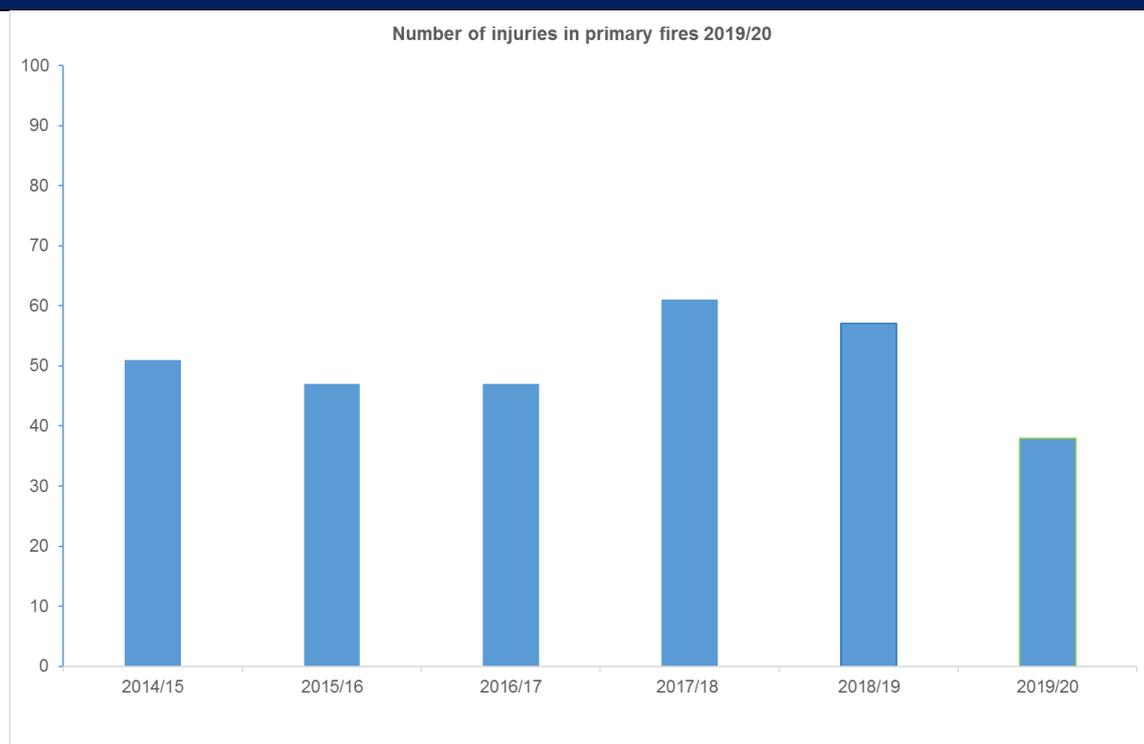
Performance and Programme Board – Performance Report

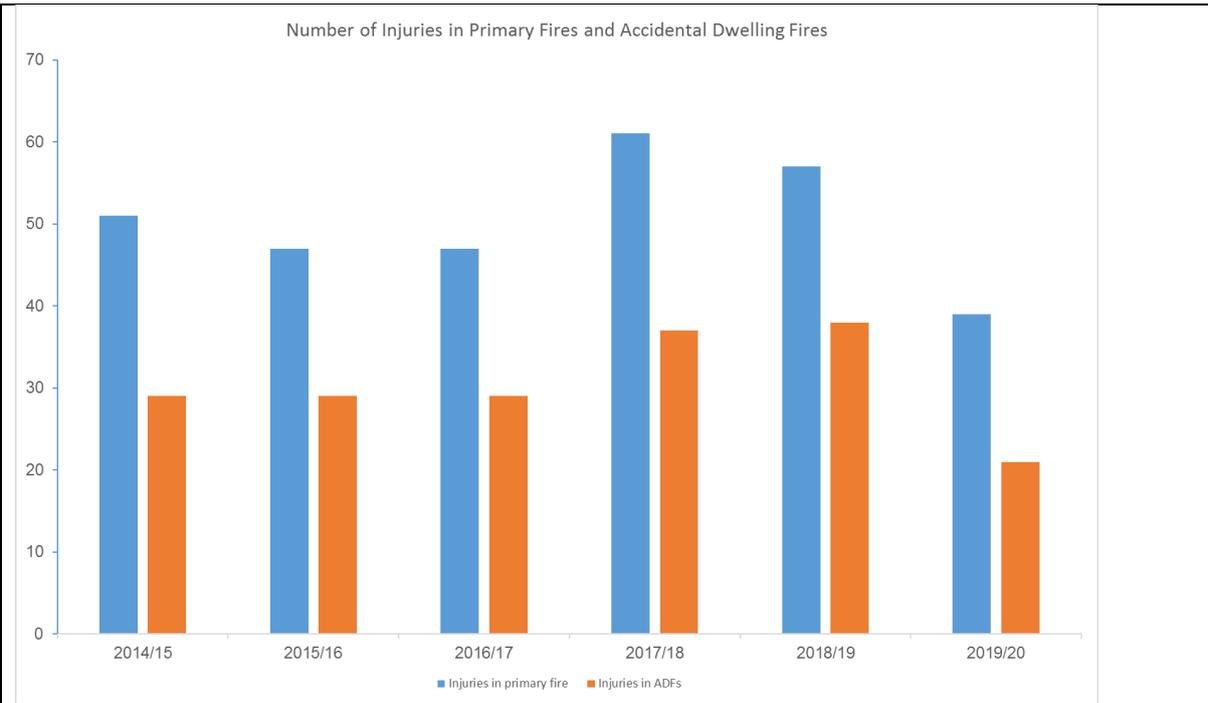
Indicator: [Injuries in Primary Fires]

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

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	11	Q1 Actual	10
Q2 Target	13	Q2 Actual	6
Q3 Target	14	Q3 Actual	14
Q4 Target	13	Q4 Actual	9
YTD Cumulative Target	51	YTD Cumulative Actual	39
Previous Status	Current Status		
			

Summary of Current Performance





The target for the number of injuries in primary fires during 2019/20 has been achieved with 39 occurring against a target of 51. As shown in the chart above this is also the lowest number over the last 6 years.

- 21 of the 39 injuries took place in accidental dwelling fires.
- 8 injuries involved victims aged 65 or over.
- 6 injuries were classified as a serious of which 1 was in an accidental dwelling fire
- No serious injuries occurred in Q4.

Unitary Authority	Number of Injuries (year to date)
Cheshire East	10
Cheshire West and Chester	14
Halton	9
Warrington	6
Total	39

Cause	Number of Injuries
Fuel/Chemical	6
Smoking	5
Cooking	6
Naked flame	6
Other appliance or equipment	4
Candles	4
Electrical Supply	3
Industrial Equipment	2
Heating Equipment	1
Vehicles only – Electrical fault	1
Matches	1
Total	39

Age Group	Number of Injuries Serious	Number of Injuries Slight
0-9	0	2
10-19	0	3
20-29	0	2
30-39	1	6
40-49	2	8
50-59	0	2
60-69	2	6
70-79	0	2
80-89	1	2
90+	0	0
Total	6	33

Injury Description	Number of Injuries Serious	Number of Injuries Slight
Burns - severe	4	0
Burns - slight	0	14
Combination of burns and overcome by gas/smoke	1	0
Overcome by gas, smoke or toxic fumes; asphyxiation	1	18
Fracture	0	1
Total	6	33

Cheshire East

There have been 10 injuries in Cheshire East of which 5 occurred in accidental dwelling fires. All injuries were classified as slight.

Halton & Warrington

There were 15 injuries in Halton and Warrington one of which was serious and involved the deliberate ignition of a property. 9 injuries occurred in accidental dwelling fires.

Cheshire West and Chester

There were 14 injuries of which five were classified as serious. In addition 7 injuries occurred in accidental dwelling fires.

Action taken to improve performance

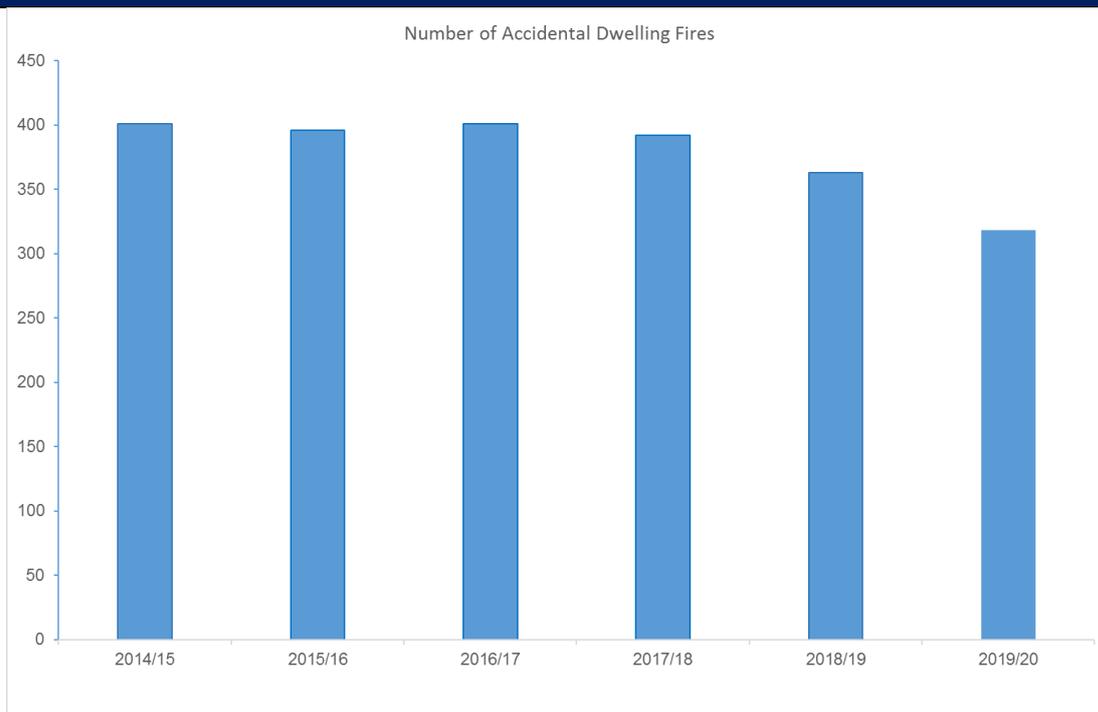
- Social Media campaigns in relation to candle usage, safe cooking, the use of barbecues and setting fires within the curtilage of the home.
- Injuries are monitored and where possible validated and any follow up/referrals to partner agencies is carried out by the Prevention Department.
- Serious injuries are subject to a detailed investigation and a serious injury report is created.
- It was identified on a number of occasions that the source of ignition involved electrical appliances, mainly cabling and multi sockets. Cheshire West and Chester UPG authorised a procurement of extension leads with circuit breakers to be distributed where identified within the unitary. Due to COVID-19 this is yet to come to fruition.
- Incidents continue to be scrutinised by the prevention and station staff.
- Throughout Q4 we continued to use the MOSAIC profiling data to target people with additional vulnerabilities, this is now being evaluated by the Business Intelligence Team as to its effectiveness, in identifying those with additional vulnerability.
- The Prevention department also started to approach the Local Authorities regarding the implementation of a formal data sharing agreement, similar to the national Exeter Data agreement, that would provide us with accurate occupancy data of those with additional vulnerabilities identified. This was suspended, due to the COVID-19 pandemic, but will be re-instigated as a priority once the pandemic has lifted.

Performance and Programme Board – Performance Report

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

Reporting period Q4		01/04/2019 To 31/03/2020	
Q1 Target	95	Q1 Actual	89
Q2 Target	84	Q2 Actual	74
Q3 Target	98	Q3 Actual	78
Q4 Target	94	Q4 Actual	77
YTD Cumulative Target	371	YTD Cumulative Actual	318
Previous Status	Current Status		
			

Summary of Current Performance



At the end of 2019/20 there were 318 Accidental Dwelling Fires compared to a target of 371, this is also a reduction of 43 incidents compared to 2018/19. Looking at the key risk areas, there has been a reduction in the number of kitchen fires of 5.8% from 190 to 179. In addition there has been a decrease in the number of fires involving single occupancy households from 88 to 80. The reduction is split across both single occupancy household types.

In reviewing all occupancy types no fire-fighting action was required at 135 incidents (42.2%) and there was no fire spread beyond the room of origin in 284 (88.4%) of Accidental Dwelling Fires.

Unitary Authority	Total
Cheshire East	111
Cheshire West and Chester	109
Halton	37
Warrington	61
Total	318

Fire Location	Total
Kitchen	179
Bedroom	29
External Fittings	16
Living Room	22
External Structures	10
Utility Room	8
Bathroom/toilet	11
Other	43
Total	318

Occupancy Type	Was a smoke alarm present? Yes
Lone person over pensionable age	91.8%
Lone Person under pensionable age	94.3%
Lone parent with dependant children	94.4%
Couple one or more over pensionable age, no children	93.4%
Couple with dependant children	87.7%
Couple both under pensionable age with no children	86.1%
Other	75%
Total	89.4%

Occupancy Type	No of Incidents	Dwellings	Indexed Score
Lone person over pensionable age	61	56533	342
Lone person under pensionable age	53	73421	229
Couple one or more over pensionable age, no children	48	80559	189
Couple both under pensionable age with no children	43	167332	81
Lone parent with dependant children	18	82396	69
Couple with dependant children	65	347436	59
Other	32	209308	48

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

Action taken to improve performance

- A prevalence of kitchen related fires in the Chester area led local crews to engage with the public, through John Lewis Chester, focusing on home safety and kitchen practices.
- A number of the incidents in Halton relate to occupiers leaving items on cooker hobs and as a result of this the following continues to be instigated:
 - A press release publicising the dangers of leaving things on your hob via station's social media platforms.
 - Corporate Communications promoted the press releases and safety messages on social media.
 - Business Intelligence continue to work with the communications teams in relation to case studies.
- Runcorn crews also arranged to visit residents at the YMCA following two incidents to talk about fire safety.
- In Warrington incidents continue to be followed up and linked in with the Police through PTAC (Partnership Task and Coordinating) Meetings.
- All incidents in Warrington related to an attack on a property have a full arson threat HSA completed including the fitting of letterbox covers. Work also continues with HMP Risley.
- There have been a number of station specific activities within the Warrington area and these will continue within the parameters of COVID-19 and government guidelines – these include:
 - Identification of “arson routes” – where the local authority is informed and requested to move waste.
 - An increase in the number of social media posts to coincide with the increase in anti social behaviour.

Safety Central

Since 1st April 2019 has welcomed 8,773 visitors: including 3,434 pupils and 452 adults from 72 mainstream schools; 481 young people and 176 adults from 31 non – mainstream schools and colleges; 1,598 people and 211 helpers from 83 community groups and 2,421 stakeholders attending training or meetings.

There is on average a 68% improvement in test of key life-skills subject knowledge. 100% of 137 teachers rated their visits as “very good” or “excellent” with all saying they would visit again. See infographic attached as Appendix 1.

Performance and Programme Board – Performance Report

Indicator: [Number of Deliberate Fires]

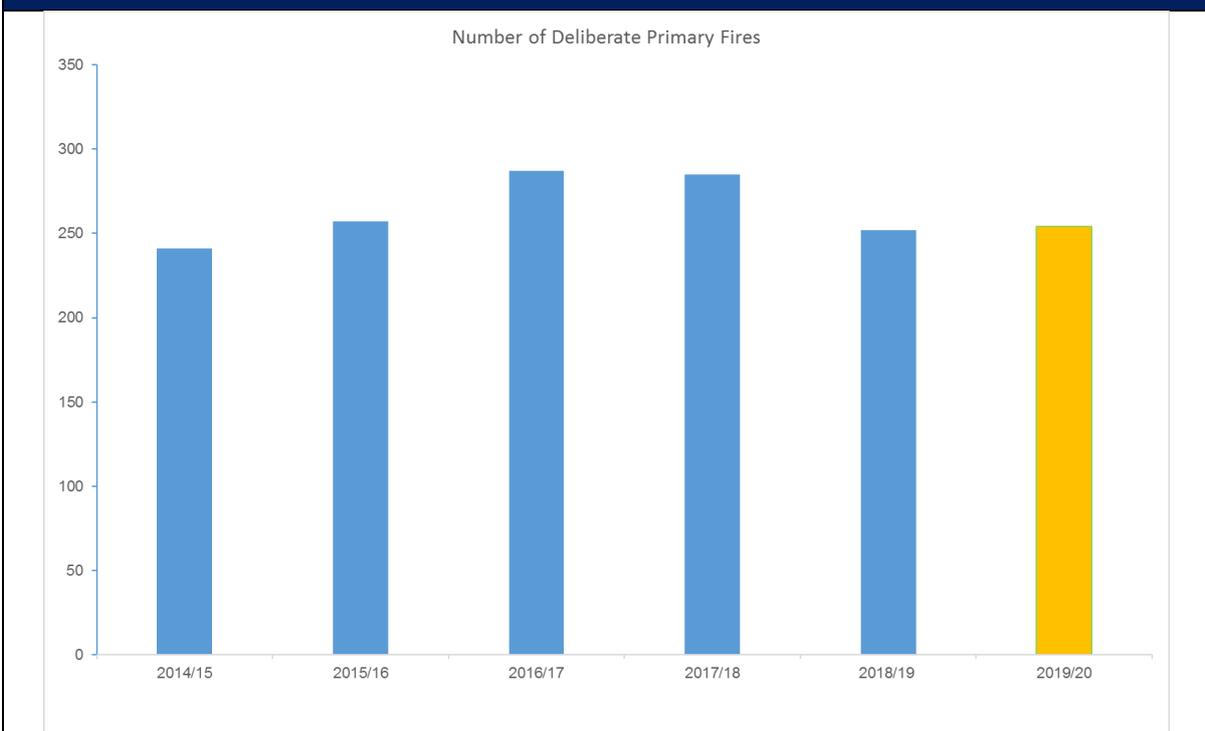
Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target (Primary)	67	Q1 Actual (Primary)	55
(Secondary)	252	(Secondary)	265
Q2 Target (Primary)	69	Q2 Actual (Primary)	68
(Secondary)	247	(Secondary)	149
Q3 Target (Primary)	61	Q3 Actual (Primary)	59
(Secondary)	214	(Secondary)	128
Q4 Target (Primary)	54	Q4 Actual (Primary)	72
(Secondary)	120	(Secondary)	132
YTD Cumulative Target (Primary)	251	YTD Cumulative Actual (Primary)	254
(Secondary)	833	(Secondary)	674

Deliberate Primary Fires

Deliberate Secondary Fires

Previous Status	Current Status	Previous Status	Current Status
			

Summary of Current Performance

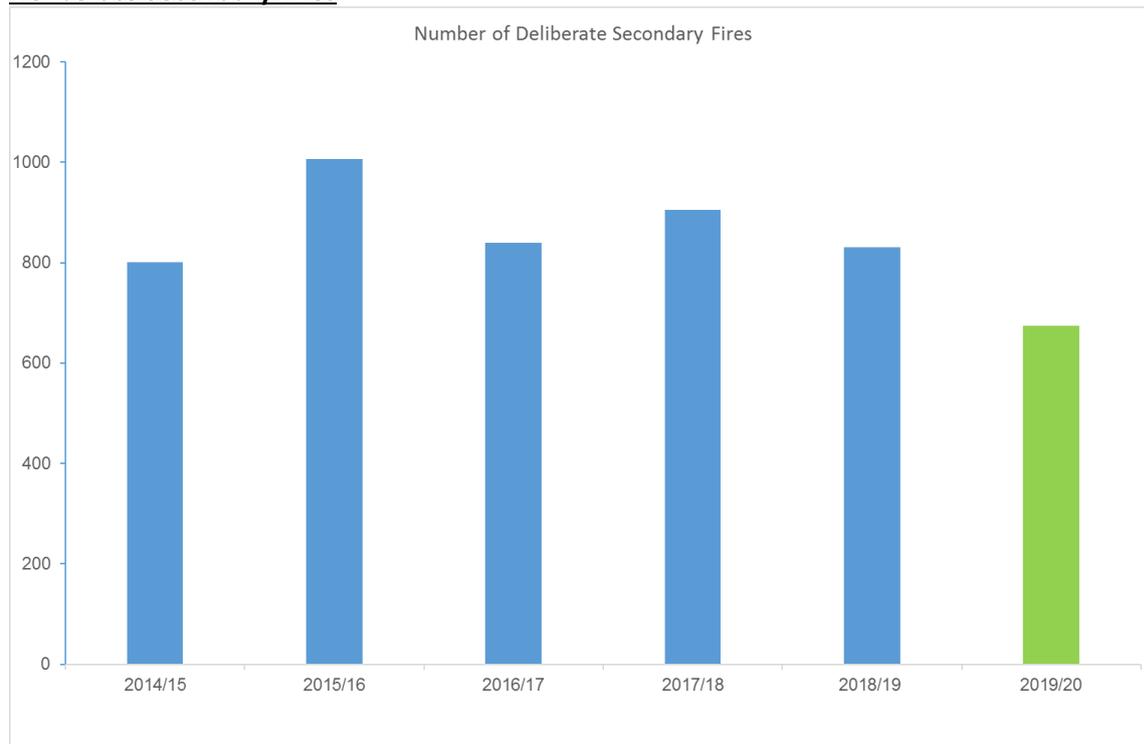


Overall 254 deliberate primary fires were recorded at the end of Q4, against a target of 251. Overall the station areas with the highest number of incidents are Warrington(36), Runcorn(30) and Widnes(27).

Across Cheshire, 125 incidents (50%) involved the deliberate ignition of a road vehicle. Of these, 75 were cars and 25 motorcycles. 20 out of 25 incidents involving the deliberate ignition of motorcycles occurred in Ellesmere Port, Runcorn and Warrington.

Unitary area	Number of Deliberate Primary Fires
Cheshire East	61
Cheshire West and Chester	70
Halton	57
Warrington	66
Total	254

Deliberate Secondary Fires



The number of deliberate secondary fires recorded at the end of Q4 was 674 which is 159 under target. The highest number of incidents have been in the following station areas - Warrington (157), Runcorn (94) and Widnes (82). These three station areas account for 49% of all incidents.

The main property types are loose refuse (189) and small refuse/rubbish/recycling container and wheelie bins (218). The main issue in Warrington and Widnes related to the number of fires in wheelie bins and small refuse containers.

Unitary area	Number of Deliberate Secondary Fires
Cheshire East	103
Cheshire West and Chester	144
Halton	201
Warrington	226
Total	674

Action taken to improve performance

Cheshire West and Chester

- There were a number of drug related arson incidents in Quarter 4 and Station Managers reaffirmed strong links with Police to ensure arising issues can be tackled effectively.

Halton

- In Halton the crews continue to work with the Police where there are potential and actual arson threats with perpetrators being charged.

Warrington

- All incidents (primary & secondary) are followed up by the local leads with their specific points of contact at Cheshire Police. The local Station Manager also has strong links and contacts within Cheshire Police as Chair of the Partnership Task and Coordinating Meetings.
- A local Watch Manager is now the Prison Liaison point of contact with regards to incidents at HMP Risley. It is envisaged he will work with them to reduce deliberate fires.
- Warrington have now assigned a PCSO with the specific reference of the reduction of deliberate fires and associated anti-social behaviour.

Cheshire East

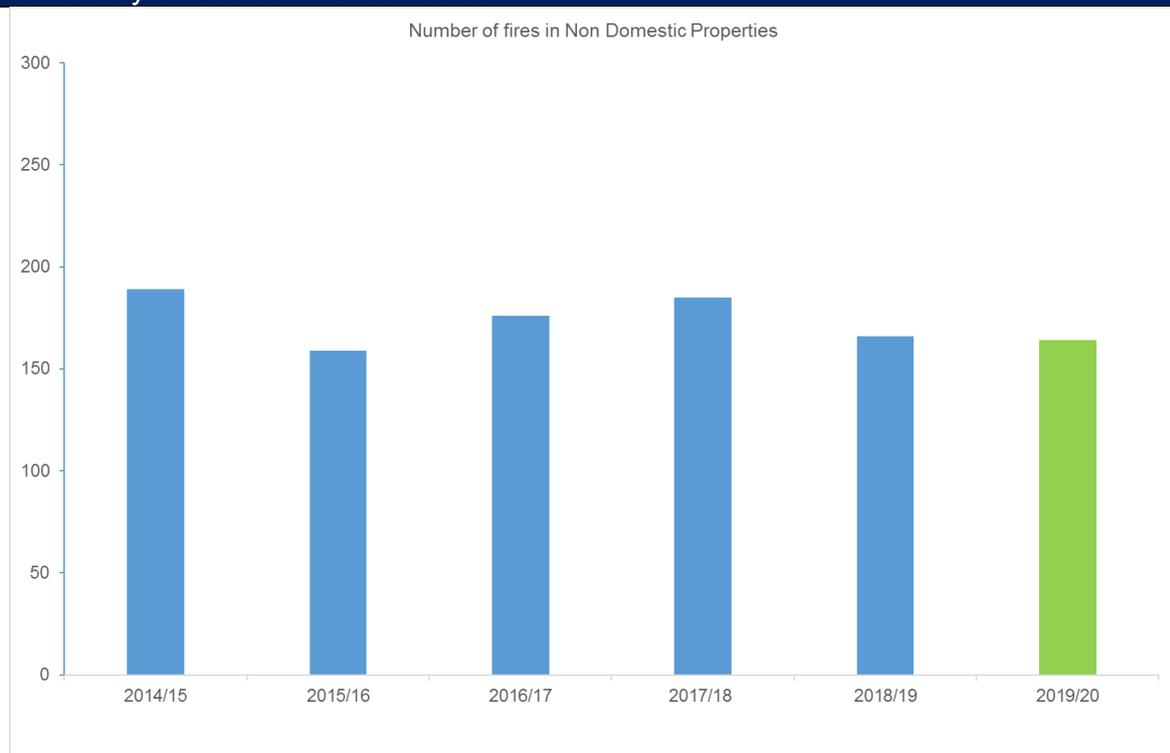
- Three perpetrators of deliberate fires have been identified and duly charged. This was achieved by us working in partnership with the Police.
- We continue to work with Police to reduce anti social behaviour and the associated links to arson.
- In light of the recent increase in the number of deliberate car fires we have liaised with Police and crews have targeted arson risk assessments/referrals, as a result fire retardant letterboxes have been fitted to some properties.
- Crews continue to update social media platforms asking members of the public to report anything suspicious to Crimestoppers.

Performance and Programme Board – Performance Report

Indicator: [Fires in Non-Domestic Premises]

Reporting Period Q4		01/04/2019 to 31/03/2020	
Q1 Target	45	Q1 Actual	42
Q2 Target	42	Q2 Actual	43
Q3 Target	36	Q3 Actual	36
Q4 Target	43	Q4 Actual	42
YTD Cumulative Target	166	YTD Cumulative Actual	163
Previous Status	Current Status		
			

Summary of Current Performance



There have been 163 Non-Domestic Premises fires in 2019/20 which is 3 below target.

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

- Prison 20
- Single Shop 13

The main causes for fires in Non-Domestic Premises:

- 54 electrical causes - including fluorescent lights, other lights, batteries, wires and cabling.

- 26 industrial equipment including kilns and dryers.
- 20 cooking related incidents - including cookers, deep fat fryers and microwaves.

63% of the 102 fires (163 incidents) were either confined to the item first ignited (81) or involved smoke and heat damage only (21). Whilst a further 38 (23%) fires were confined to the room of origin.

13 out of 18 deliberate fires in Warrington occurred in Risley Prison.

Cause	Heat or smoke damage only	Confined to item 1st ignited	Confined to Room of origin	Other
Electrical	11	28	13	2
Industrial Equipment	2	13	5	6
Cooking	0	14	5	2

Unitary Area	Accidental	Deliberate
Cheshire East	40	10
Cheshire West and Chester	46	9
Halton	16	4
Warrington	20	18
Grand Total*	122	41

*For two incidents the cause is unknown

Action taken to improve performance

- The review of our risk-based inspection strategy to improve our targeting methodology is ongoing.
- Offices continue to follow up fires within non domestic premises with a specific post fire inspections (SPIF), in order to identify any deficiencies in fire safety management that lead to the occurrence. These inspections are followed up with audits to ensure compliance and action is taken as required. Towards the end of Q4, due to changes in working practices as a result of COVID-19, only the more serious commercial building fires received a physical post fire inspection. Those lesser incidents will receive an audit when normal conditions resume.
- Protection officers continue to take enforcement action in accordance with our enforcement management model and prosecute duty holders as appropriate. Where businesses are successfully prosecuted we will use social media and the press to highlight these cases as a means of deterrent.
- The Business Safety team continues to utilise the ability to deliver key fire safety messages through six communication channels. These include - face to face visits with the aim of educating and informing; impact events following spates of commercial fires, education through the CFRS website; delivery of workshops/seminars to businesses, schools and local authority partners to educate and inform those responsible for fire safety; attendance at Business Chamber of commerce and networking groups to link directly into businesses; and finally social media continues to be an excellent resource to deliver information and connect with the business community.
- Specifically over the last quarter work has taken place with Risley Prison and Birchwood crews in order to firstly correctly report incidents and then aim for a gradual reduction in incidents at

the Prison. Similar work will be taking place regarding Styal prison and the same Crown Premises Inspection Group (CPIG) inspector is responsible for both premises.

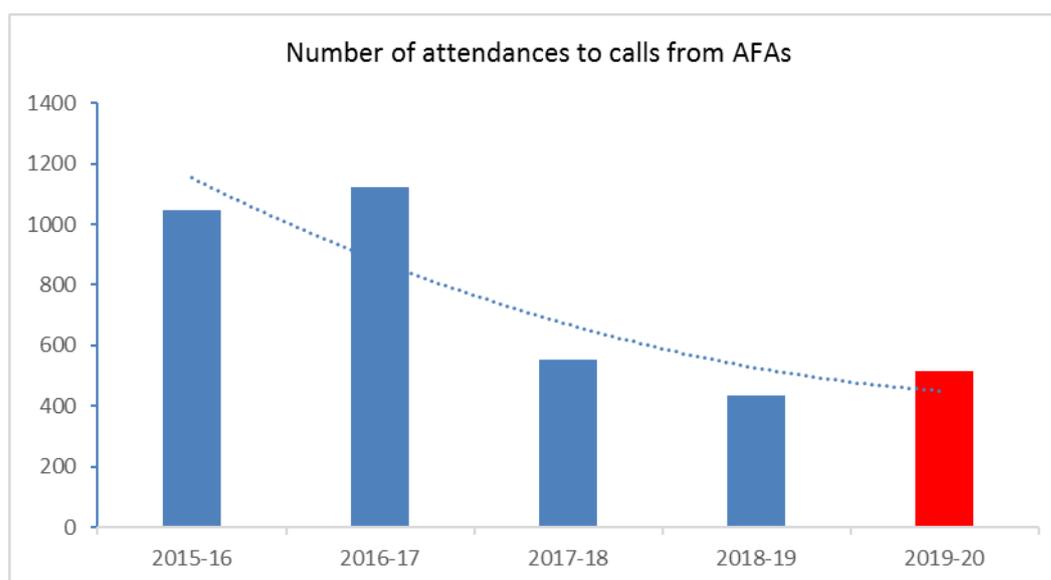
- Two incidents have taken place at a recycling facility and inspectors are now working closely with the management of the facility.
- A prohibition notice was issued at a Warrington site due to a lack of adequate fire separation to escape routes and poor warning and detection in case of fire; inspectors are currently working closely with the site management to ensure standards are raised.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	116	Q1 Actual	115
Q2 Target	142	Q2 Actual	154
Q3 Target	100	Q3 Actual	135
Q4 Target	107	Q4 Actual	109
YTD Cumulative Target	465	YTD Cumulative Actual	514
Previous Status	Current Status		
			

Summary of Current Performance



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

At the end of Q4 there were 514 attendances to Automatic Fire Alarms in Non-Domestic Premises against a target of 465.

The station areas with the highest number of calls are Chester, Macclesfield and Warrington which together account for 45% (233) of the overall total.

The main property types for Automatic Fire Alarms are hospitals (160) and nursing, retirement or care homes (138).

The most common reason for the alarm to go off was a fault (176), followed by accidentally/carelessly set off (94).

This indicator was on target in Quarter 1 but has been off target since. There has been an increase compared to last year however there are no core trends as the increases are small increases across a number of station areas. The main property types eg care homes and hospitals have seen a decrease in the number of attendances. However there has been an increase in the number of property types with a single attendance, so there is little in terms of trends within the data.

Unitary area	Number of AFA's
Cheshire East	196
Cheshire West and Chester	195
Halton	36
Warrington	87
Total	514

Since the introduction of the revised policy in 2017/18, UWFS have reduced by over 50%. Whilst some activations can still be challenged it is unlikely that additional reductions can be achieved without a further change to policy which would result in non-attendance to all UWFS without a confirmatory phone call. Members have previously indicated a reluctance to progress this approach.

Action taken to improve performance

- Our fire safety inspecting officers continue to work with business representatives where there have been instances of multiple false alarms to reduce calls, e.g. hospitals and residential care homes. Visits are carried out by our inspecting officers to those companies that are regular offenders and they have been invited to contact the department or attend events/seminars to be provided with further information on the policy.
- The scope and delivery of UWFS messages has increased over the last quarter using various communication channels to ensure businesses are aware of the correct response for their business. The Business Safety Manager regularly presents facts through the business networking groups on the UWFS policy and signposts individuals to the section on the website. During the last 12 months the department have worked with schools and Local Authorities to ensure the UWFS policy is understood and measures are put in place to reduce them.
- Protection department to liaise with North West Fire Control to ensure that flowcharts contained in the UWFS policy are followed robustly to reduce the number of UWFS that are attended outside of policy.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	7,500	Q1 Actual	8,145
Q2 Target	7,500	Q2 Actual	9,738
Q3 Target	7,500	Q3 Actual	7,861
Q4 Target	7500	Q4 Actual	6,014
YTD Cumulative Target	30000	YTD Cumulative Total	31758
Previous Status	Current Status		
			

Summary of Current Performance

Number of Safe and Well Visits

Up to the end of Q4 31758 heightened risk visits have been completed by Prevention and operational staff. Since 1st April 2019. 2.6% of visits have resulted in referrals to partner health agencies – see Infographic attached at Appendix 2.

Unitary area	Number of Safe and Well visits
Cheshire East	8824
Cheshire West and Chester	10756
Halton	5172
Warrington	7006
Total	31758 *

* The number of visits in the infographic at Appendix 2 also includes additional visits carried out with vulnerable people.

Indicator: [B] Platinum Address Success Rate

Reporting Period Q4		01/07/2019 To 31/03/2020	
Q1 Target	65%	Q1 Actual	78%
Q2 Target	65%	Q2 Actual	70%
Q3 Target	65%	Q3 Actual	66%
Q4 Target	65%	Q4 Actual	42%
YTD Cumulative Target	65%	YTD Cumulative Total	61%
Previous Status	Current Status		
			

Summary of Current Performance

Platinum Address Success Rate –

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

The percentage of platinum addresses where we have completed a Safe and Well visit is 61% which is below our target of 65%.

By nature of the work undertaken visits were unable to continue toward the end of the quarter due to the COVID-19 pandemic. A further impact on the ability to meet the target was the need to close down our CFRMIS system whilst we transferred data to our new software solution - SAFFIRE

Action taken to improve performance

- Cheshire West and Chester Unitary (Prevention and Service Delivery teams) met their 2019/20 target with 101%. Restrictions were in place prior to the end of the year which led some localised teams fall short by small percentages.
- The early indications from the half yearly review identified that MOSAIC was highly accurate in some areas, although it did not provide 100% accuracy, due to its predictive basis. This is why it is essential we pursue and implement data sharing agreements, with other key stakeholders.
- Whilst the prevention department will continue to scope and develop consent based data sharing agreements across Cheshire in 2020/21; during Q1 the department will be focusing on Community Support in partnership with each local authority during the COVID-19 Pandemic.
- The number of Safe and Well visits completed has again exceeded the annual target. The IRMP proposals include broadening the scope of those targeted for Safe and Well visits, to include other “at risk” groups based on local fire data analysis. The Prevention department have developed a new method of delivering the visits, on a risk based method as opposed to a team allocated method, which will ensure that those most at need will be prioritised.

Performance and Programme Board – Performance Report

Indicator: [Thematic Inspections Completed by Operational Crews]

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	501	Q1 Actual	475
Q2 Target	501	Q2 Actual	563
Q3 Target	501	Q3 Actual	499
Q4 Target	501	Q4 Actual	476
YTD Cumulative Target	2004	YTD Cumulative Total	2013
Previous Status	Current Status		
			

Summary of Current Performance

A thematic inspection is a fire safety assessment carried out by operational crews of low-risk Non-Domestic Premises. Thematic inspection targets are allocated to all stations with the exception of on-call. By the end of Q4 a total of 2,013 thematic inspections were completed against a target of 2,004.

Unitary	Number
Cheshire East	636
Cheshire West and Chester	424
Halton and Warrington	953
TOTAL	2,013

Action taken to improve performance

Performance against target has been strong despite losing the last part of Q4 due to COVID-19 working conditions. The Protection department will continue to work with Service Delivery to identify suitable commercial premises for crews to undertake audits. This will utilise both incident statistics and Protection training that the fire crews receive each year. The complexity of buildings inspected will be in line with the level of training received.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	450	Q1 Actual	395
Q2 Target	450	Q2 Actual	345
Q3 Target	345	Q3 Actual	424
Q4 Target	510	Q4 Actual	420
YTD Cumulative Target	1755	YTD Cumulative Total	1584
Previous Status	Current Status		
			

Summary of Current Performance

From quarter 3 we have shown the number of audits achieved against the number we have capacity to undertake. Each of our qualified inspectors are targeted to carry out 30 audits per quarter. For quarter 4 we had capacity to achieve 510 and actually achieved 420.

Area	Performance		
	Qualified Staff *	Q4 Capacity	Q4 Total
Cheshire East	5.5	165	116
Cheshire West and Chester	4.5	135	93
Halton & Warrington	7	210	211
Total	17	510	420

* Includes Level 3 qualified Technical Fire Safety Officer auditing simple premises

Action taken to improve performance

- Individual and team targets have been adjusted and performance continues to be monitored robustly by Protection managers.
- The number of staff qualified and competent to carry out audits is increasing. Staff continue to move through the development process which is having a positive impact on performance against target, but this does mean that some staff can only audit less complex premises.

- Additional courses have been secured to ensure staff are being developed at an appropriate speed to become competent. However due to the COVID-19 Pandemic the training of Protection staff has been delayed as a result of external providers pausing their delivery but distance learning options are being developed and considered.
- A number of qualified inspectors have been absent due to sickness; in addition to three key staff that left the organisation/department. These vacancies have been filled and only one now remains.
- The final two weeks of March were directly affected by the COVID-19 pandemic and no physical audits took place during most of this period.
- A number of Prohibitions have been issued which has resulted in significant work for officers diverting them from audits.
- Resources have been diverted away from audits to focus on investigation and enforcement in a number of high profile premises, we currently have 9 prosecutions live with 3 sitting with solicitors waiting for court summons to be drafted. It takes around 90 hours to produce prosecution files. Often the time required to produce prosecution files can be significantly longer. This has been a particularly busy year for investigations.

Performance and Programme Board – Performance Report

Indicator: [10 Minute Standard]

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	80%	Q1 Actual	86%
Q2 Target	80%	Q2 Actual	85%
Q3 Target	80%	Q3 Actual	83%
Q4 Target	80%	Q4 Actual	78%
YTD Cumulative Target	80%	YTD Cumulative Total	83%
Previous Status	Current Status		
			

Summary of Current Performance

Overall 83% of life risk incidents were attended within 10 minutes, which is above the target of 80%. The average attendance time for life risk incidents is 8 minutes and 22 seconds.

Dwellings

88% of dwelling fires were attended within 10 minutes.

There were 39 attendances to dwelling fires year to date which failed the standard, of which 16 occurred during quarter 4. The average attendance time for a first pump to a dwelling fire inclusive was 7 minutes and 33 seconds.

Incidents during Q4:

Cheshire East – There were 8 failures due to:

- Heavy traffic - 3
- Distance to incident - 2
- Delay due to an error by the OIC with directions.
- MDT failure which would not allow the crew to book in attendance.
- Address confusion and OIC forgot to click in attendance on the MDT.

Halton & Warrington – None

Cheshire West and Chester - There were 8 failures due to:

- Issues locating the incident- 1
- Distance to incident – 4
- Failed to book in attendance -3

Road Traffic Collisions

78% of Road Traffic Collisions were attended within 10 minutes. Overall there were 62 incidents year to date which failed the standard, of which 18 occurred during quarter 4. The average time from alert to in attendance was 09 minutes 09 seconds.

Incidents during Q4:

Cheshire East – There were 7 failures due to:

- Heavy traffic - 4
- Distance to incident - 3

Halton – None

Warrington – There was 5 failures due to:

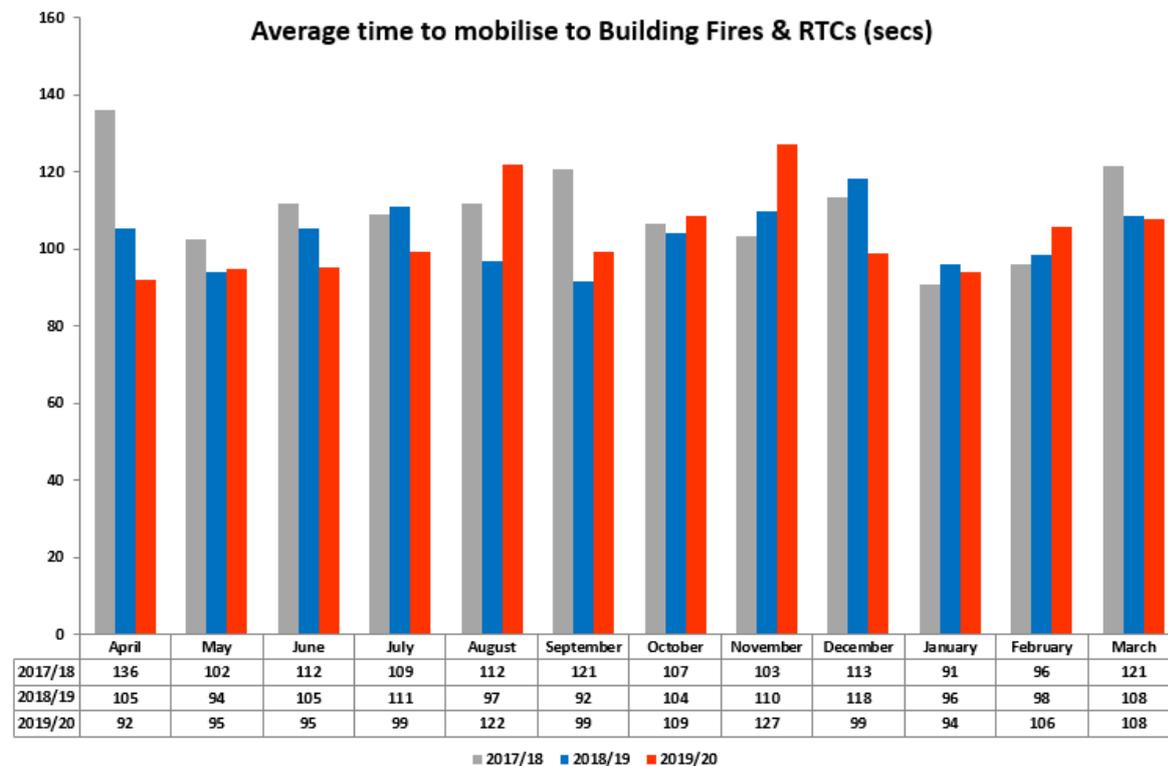
- Traffic congestion – 3
- Poor driving conditions – 1
- Difficulty with location – 1

Cheshire West and Chester - There were 6 failures due to:

- Distance to incident- 4
- Difficulty with location
- Delay in mobilisation

Call Handling data

The data below looks at the call handling time (time of call to time of alert) for all building fire incidents and road traffic collisions. This is provided for information only and is not part of the Cheshire Standard.



Action taken to improve performance

The Service is conscious that the Cheshire ten minute standard exists to provide assurance that we are able to ensure crews respond to life risk incidents in a timely fashion. Management scrutiny is applied to those incidents that do not meet this target to establish the reasons why, and assess whether this can be addressed by changing processes or procedures.

This is the first quarter that the standard has not been achieved and we will need to monitor closely over the coming weeks and months to establish if this trend is an anomaly or becoming a new norm.

There are a few examples where the Officer failed to book in attendance. In those circumstances we will continue to reiterate to our Crew and Watch Managers the importance of ensuring we book in attendance, via the Mobile Data Terminals (MDT), to accurately reflect the Service's attendance within the Cheshire Standard.

For the situations involving heavy traffic and excessive distance, we are operating within an infrastructure that now encompasses SMART motorway networks and traffic congestion. This is a reality and will need to be continually assessed as we move forward to ensure our responding crews are able to travel in the safest and most efficient way to ensure our timely attendance.

Performance and Programme Board – Performance Report

Indicator: [On-call Availability]

Reporting Period Q4		01/04/2019 To 31/03/2020			
Q1 Target	85%	Q1 Actual	63%		
Q2 Target	85%	Q2 Actual	62%		
Q3 Target	85%	Q3 Actual	66%		
Q4 Target	85%	Q4 Actual	74%		
YTD Cumulative Target	85%	YTD Cumulative Actual	66%		
Nucleus		Primary on-call		Secondary on-call	
Previous Status	Current Status	Previous Status	Current Status	Previous Status	Current Status
					

Summary of Current Performance

On Call YTD global availability is currently 66% (crew of 4) and 73% (crew of 3, available as a Small Incident Unit *)

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

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

Action taken to improve performance

The On Call Programme was created to support and enhance the On Call duty system and, as Quarter 4 draws to a conclusion, the Programme has been in existence for 12 months. Extensive work has been undertaken within this first year which has been summarised in previous Performance and Overview reports. The recruitment of a team of On Call Support Crew Managers, revised recruitment processes, improved reward and recognition, dedicated On Call events and access to a national network of On Call practitioners have all provided increased support to the staff who work our On Call duty system.

Sadly, COVID-19 has blighted our society here in the United Kingdom and across the world. It is highly likely that this has also impacted on the latter weeks of the quarter as the virus started to emerge. As primary employers have either closed or furloughed their staff, we have seen an increase in the availability of our On Call Fire appliances in the last weeks of March. Full

suspension of On Call Training took place on the 23rd March following national guidance and discussions with staff groups.

However, it should be noted that in Quarter 4 there has been a second consecutive quarterly increase of 8% from the previous Quarter taking the overall availability from 66% to 74%. This represents a total 11% increase from the end of the first Quarter until the end of Quarter 4.

Clearly much of the efforts of the cross departmental On Call Programme Team this year has been focussed on the Recruitment, Training and Retention of our On Call Firefighters. This work has been paused temporarily whilst the COVID-19 lockdown period is in place. Therefore the impetus that the On Call Programme Team created that has seen more firefighters joining than leaving has been temporarily lost. This will be regained once a return to normality begins. Those candidates, recruits and trainee firefighters at various stages of the recruitment and development process are being contacted regularly to make sure they are supported and ready to resume where they left off.

New National Fire Chiefs Council guidance has been issued, specifically designed to support our On Call firefighters to maintain competency and not suffer financial hardship throughout the COVID-19 crisis. The On Call Programme Team are utilising this guidance in order to ensure our On Call colleagues remain supported and preparing them for the other side of the lockdown.

At this point we aim to continue the work that has started to pay dividends over the past two quarters.

Year to date On Call availability breakdown

Shift	With a crew of 4	With a crew of 3 *(SIU)
Nucleus On Call	97%	N/A
Primary On Call	67%	75%
Secondary On Call	45%	51%

Performance and Programme Board – Performance Report

Indicator: [Average Days/Shifts Lost to Sickness]

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	1.38	Q1 Actual	0.84
Q2 Target (cumulative)	2.75	Q2 Actual (cumulative)	1.79
Q3 Target (cumulative)	4.13	Q3 Actual (cumulative)	3.08
Q4 Target (cumulative)	5.5	Q4 Target (cumulative)	4.39
YTD Cumulative Target	5.5	YTD Cumulative Actual	4.39
Previous Status	Current Status		
			

Summary of Current Performance

Performance for Fire Staff (7.45) shows significantly higher average days lost than for Operational Staff (3.57) and is above the annual target. However the figure for Fire Staff as at end of Q4 this year (7.45) is lower than end of Q4 last year which was 7.51. The performance of Operational Staff is strong at 3.57 for the year, which is well below the target of 5.5, although it is a slight increase on the 18/19 figure (3.35).

Overall, the figure of 4.39 days lost for 19/20 means that the Service is under target for the year. In terms of total days lost, for 19/20 this figure is 4,215 which is a small increase compared with the figure of 4,124 at the end of 18/29. Total headcount for this year is 18 lower than last year's figure of 978.

24 episodes of sickness absence occurred or commenced in March 2020 which were believed to be COVID-19 related (this does not include absences due to self-isolation or social distancing).

Staff Category	# of sickness days/shifts	Headcount	Average working days lost to sickness per person
Whole-time	1,454	451	3.22
On-call	1,248	306	4.08
Uniform Total	2,702	757	3.57
Fire Staff	1,513	203	7.45
Q4 Total	4,215	960	4.39

Action taken to improve performance

- Monthly scrutiny at the Attendance Management meetings continues to be applied to all absence cases to ensure that the appropriate interventions are put in place to ensure staff are given adequate support to assist with their return to the workplace. These meetings are temporarily being conducted via Skype in lieu of meeting in person.
- Quarterly contract meetings/calls with Occupational Health Unit are also ongoing to monitor service delivery and performance.
- There has been a lot of promotion of preventative health screening appointments with OHU for Fire Staff following no take up of this offer in 18/19. This led to 21 staff booking an appointment during 19/20.
- An Attendance Management Toolkit has been developed and is ready for launch. This will clarify processes and help to upskill managers to ensure that absence issues are managed appropriately, and staff are adequately supported. This, coupled with a new guidance documents for staff will be rolled out across the Service during the Summer 2020.
- In light of Fire Staff performance being over target this year, further work will be undertaken to identify any significant trends and underlying causes.
- The Quarter 3 data from Cleveland Fire Brigade's quarterly benchmarking exercise showed that CFRS had the lowest percentage of Wholetime shifts lost to sickness in the country (as we did in Quarter 2). The figure for Retained staff was the 3rd lowest in the country (first was GMFRS who have an On Call FTE of 5 staff). The figure for Fire Staff showed that CFRS was in the top half across all services, and the CFRS percentage figure for Fire Staff absence was below the average days lost figure across all services. No data is available yet for Quarter 4 performance from Cleveland Fire Brigade.

Performance and Programme Board – Performance Report

Indicator: [Working Days Lost to Injury]

Reporting Period Q4		01/04/2019 To 31/03/2020	
Q1 Target	10	Q1 Actual	0
Q2 Target	10	Q2 Actual	6
Q3 Target	10	Q3 Actual	1.5
Q4 Target	10	Q4 Actual	9.5
YTD Cumulative Target	30	YTD Cumulative Actual	17.0
Previous Status	Current Status		
			

Summary of Current Performance

In Q4 9.5 days were lost as a result of injuries sustained at work in four separate accidents. One accident occurred when the individual fell whilst dismounting an appliance, two accidents occurred during swift water training one resulted in a stiff back the second in illness after ingesting water. The fourth accident occurred when participating in physical training on station, stepping off a treadmill the injured person suffered a torn Achilles tendon, only two days absence are recorded in this quarter but this accident will result in further lost days in the first quarter of the next reporting year.

The Service is below target for the quarter, the yearly total to date is also below the target.

Action taken to improve performance

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

Performance at the end of March 2020



Since April 1st 2019 we have welcomed a total of **8,773** visitors including:

3,434 pupils and **452** adults from **72** mainstream schools and groups

481 young people and **176** adults from **31** non-mainstream schools and colleges

1,598 people and **211** helpers from **83** community groups

2,421 stakeholders attending training, events or meetings

Total number of visitors since we opened in July 2017: **20,193**



37 volunteers are currently active and **5** more have applied or are in training. A total of **3,843** volunteer hours have been logged so far this year.



Pre-visit

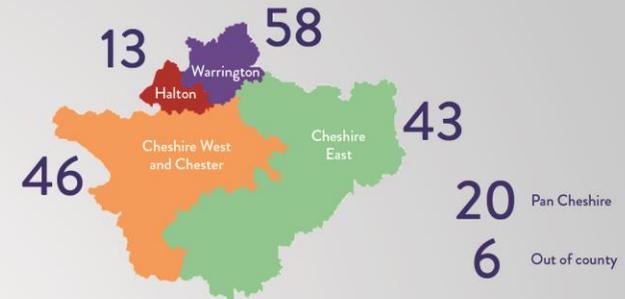


Post-visit

Average **improvement** of **68%** in test of key lifeskills subject knowledge



Cheshire
Fire & Rescue Service



186 schools and groups in total

"Wonderful visit, so hands on and current. Excellent, welcoming leader with wonderful rangers."

"A very interesting and professionally run establishment."

"We really can't believe how much you packed in to the day and how much the children learnt. Parents have already said they haven't stopped talking about it."



Visitor experience

100% of 137 teachers rated their visit as 'very good' or 'excellent' and **100%** would visit again.

94% of 736 pupils and students gave their visit 4 or 5 out of 5.

99% of 420 adult visitors gave their visit 4 or 5 out of 5.





SAFE & WELL Initiative

1ST APRIL 2019 - 31ST MARCH 2020

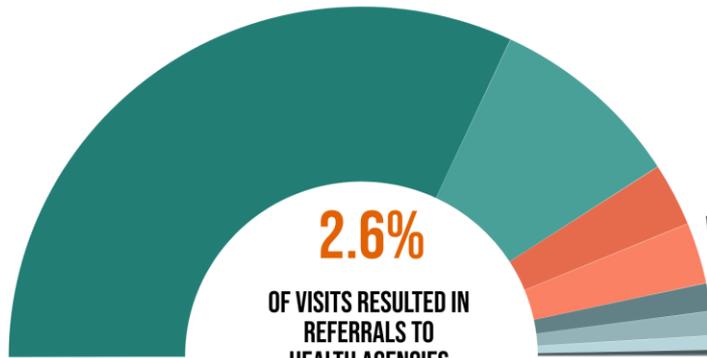
Cheshire Fire and Rescue Service has a proud record of delivering successful fire safety, road safety and youth engagement initiatives. This excellent record is now being extended and expanded to provide help to our health partners for some key local health priorities through Safe and Well visits, which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

2,980
ATRIAL FIBRILLATION SCREENINGS



WITH **120** PEOPLE BEING SIGNPOSTED TO SEE THEIR GP

32,443
VISITS COMPLETED



3,166
LONELINESS & ISOLATION SCREENINGS



WITH **60** PEOPLE BEING SIGNPOSTED TO BRITISH RED CROSS



273



LOCAL AUTHORITY FALLS TEAM REFERRALS

6



ALCOHOL REDUCTION TEAM REFERRALS

832

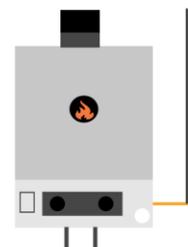


BLOOD PRESSURE TESTS TAKEN

WITH **265** PEOPLE SIGNPOSTED TO HEALTH FOR SECOND TEST



104*



AFFORDABLE WARMTH REFERRALS

(*1 referral per household)

21



SMOKING CESSATION TEAM REFERRALS

SAFE & WELL Initiative

1ST APRIL 2019 - 31ST MARCH 2020

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

SAFE & WELL UNITARY OVERVIEW

UNITARY AREA				
FALLS REFERRAL 	105	79	32	57
ATRIAL FIBRILLATION SCREENINGS 	1,522	794	123	541
ATRIAL FIBRILLATION SIGNPOSTS 	60	17	6	37
SMOKING CESSATION REFERRALS 	7	5	0	9
ALCOHOL REDUCTION TEAM REFERRALS 	1	3	1	1
AFFORDABLE WARMTH REFERRALS 	40	35	13	16
BLOOD PRESSURE TESTS TAKEN 	351	171	67	243
BLOOD PRESSURE SIGNPOSTS 	143	65	3	54
LONELINESS & ISOLATION SCREENINGS 	1,319	925	221	701
LONELINESS & ISOLATION REFERRALS 	21	9	11	19
VISITS COMPLETED	10,681	11,756	3,719	6,287
% TO REFERRAL	3.5%	1.8%	1.8%	3.1%

Rolling On-Call Availability

ON-CALL AVAILABILITY																																		
Appliance Location		Quarter 1 2019/20						Quarter 2 2019/20						Quarter 3 2019/20						Quarter 4 2019/20						Overall		Direction of Travel						
		Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19		Oct-19		Nov-19		Dec-19		Jan-20		Feb-20		Mar-20		4 riders	3 riders	4 riders	3 riders					
		4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders	4 riders	3 riders					
NUCLEUS																																		
Macclesfield	100%	100%	100%	100%	100%	100%	100%	100%	97%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	↔	↔
Birchwood	99%	99%	95%	96%	100%	100%	97%	100%	94%	97%	100%	100%	98%	98%	100%	100%	98%	98%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	98%	99%	↘	↘		
Wilmslow	81%	82%	84%	92%	82%	91%	80%	90%	94%	97%	97%	99%	98%	99%	98%	99%	94%	98%	98%	99%	100%	100%	99%	100%	100%	99%	100%	100%	92%	93%	↘	↘		
Average	93%	94%	93%	96%	94%	97%	92%	97%	95%	97%	99%	99%	99%	99%	100%	99%	97%	98%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	97%	97%				
PRIMARY																																		
Nantwich	95%	95%	89%	89%	89%	89%	95%	95%	92%	92%	94%	94%	97%	97%	96%	96%	96%	96%	96%	96%	94%	94%	97%	97%	94%	94%	94%	94%	94%	94%	↘	↘		
Poynton	81%	85.1%	85%	89%	91%	93%	80%	84%	84%	87%	87%	92%	82%	86%	88%	90%	81%	87%	86%	90%	89%	91%	95%	97%	86%	89%	86%	89%	86%	89%	↘	↘		
Alsager	82%	90%	80%	82%	78%	80%	88%	89%	80%	85%	83%	88%	83%	86%	80%	84%	89%	91%	92%	93%	92%	94%	95%	96%	85%	88%	85%	88%	85%	88%	↘	↘		
Sandbach	84%	92%	79%	86%	80%	88%	83%	88%	72%	80%	78%	87%	78%	86%	84%	89%	81%	88%	84%	90%	75%	82%	82%	88%	80%	87%	80%	87%	80%	87%	↘	↘		
Middlewich	69%	73%	78%	81%	82%	83%	83%	85%	64%	65%	80%	82%	81%	84%	79%	80%	70%	80%	82%	83%	73%	74%	78%	78%	76%	78%	76%	78%	76%	78%	↘	↘		
Audlem	75%	85%	85%	94%	81%	91%	81%	88%	63%	77%	79%	88%	74%	84%	72%	80%	76%	84%	79%	84%	87%	91%	90%	93%	78%	87%	78%	87%	78%	87%	↘	↘		
Bollington	65%	70%	49%	54%	67%	70%	57%	62%	56%	62%	63%	73%	72%	78%	79%	83%	73%	79%	93%	94%	91%	91%	95%	96%	72%	76%	72%	76%	72%	76%	↘	↘		
Malpas	50%	62%	49%	57%	54%	65%	57%	65%	50%	60%	61%	66%	68%	73%	65%	68%	66%	71%	70%	76%	72%	75%	74%	79%	61%	68%	61%	68%	61%	68%	↘	↘		
Holmes Chapel	47%	68%	52%	69%	54%	71%	50%	68%	54%	72%	30%	55%	56%	75%	74%	83%	66%	81%	84%	95%	79%	88%	84%	91%	61%	77%	61%	77%	61%	77%	↘	↘		
Stockton Heath	53%	66%	60%	68%	67%	73%	50%	56%	69%	73%	55%	60%	64%	73%	71%	75%	60%	68%	64%	72%	64%	72%	56%	63%	61%	68%	61%	68%	61%	68%	↘	↘		
Kutsford	45%	54%	44%	55%	51%	57%	49%	54%	38%	41%	46%	52%	50%	57%	45%	55%	43%	48%	61%	70%	64%	71%	62%	72%	50%	57%	50%	57%	50%	57%	↘	↘		
Thorpeley	53%	76%	33%	56%	42%	64%	43%	70%	38%	61%	32%	55%	32%	55%	41%	71%	30%	57%	40%	70%	35%	59%	45%	68%	39%	64%	39%	64%	39%	64%	↘	↘		
Godsham	35%	39%	38%	48%	22%	37%	18%	26%	19%	23%	9%	12%	30%	34%	24%	36%	21%	26%	42%	50%	44%	48%	54%	29%	36%	36%	36%	36%	36%	36%	↘	↘		
Average	64%	73%	63%	72%	66%	74%	64%	72%	60%	67%	61%	70%	67%	75%	69%	76%	66%	73%	75%	82%	73%	79%	77%	82%	67%	75%	67%	75%	67%	75%				
SECONDARY																																		
Macclesfield	60%	71%	64%	74%	58%	65%	53%	62%	41%	49%	62%	70%	66%	74%	55%	64%	55%	62%	69%	77%	66%	74%	72%	79%	60%	68%	60%	68%	60%	68%	↘	↘		
Penketh	56%	58%	42%	44%	45%	46%	57%	59%	47%	48%	58%	59%	62%	64%	66%	69%	46%	49%	60%	60%	69%	72%	76%	78%	57%	59%	57%	59%	57%	59%	↘	↘		
Northwich	47%	60%	37%	53%	40%	53%	45%	61%	42%	50%	43%	53%	41%	50%	38%	44%	32%	41%	38%	46%	40%	45%	53%	60%	41%	51%	41%	51%	41%	51%	↘	↘		
Runcorn	27%	33%	30%	36%	35%	37%	42%	46%	32%	41%	48%	59%	51%	60%	59%	67%	46%	53%	45%	53%	50%	55%	63%	67%	44%	51%	44%	51%	44%	51%	↘	↘		
Winsford	5%	6%	11%	14%	41%	44%	9%	10%	23%	25%	19%	21%	20%	24%	19%	24%	23%	26%	31%	38%	36%	37%	43%	54%	23%	27%	23%	27%	23%	27%	↘	↘		
Average	39%	46%	37%	44%	44%	49%	41%	48%	37%	43%	46%	52%	48%	54%	47%	54%	40%	46%	49%	55%	52%	57%	61%	68%	45%	51%	45%	51%	45%	51%				
Overall Average	61%	69%	60%	67%	63%	70%	61%	68%	58%	65%	62%	69%	65%	72%	67%	73%	62%	69%	71%	77%	71%	75%	75%	80%	66%	72%	66%	72%	66%	72%				
Quarterly Availability without SIU	63%						62%						66%						74%															
Quarterly Availability with SIU	70%						68%						74%						79%															

	Improved direction of travel compared to 2018/19
	No Change in direction of travel compared to 2018/19
	Negative direction of travel by up to 10% compared to 2018/19
	Negative direction of travel by 10% or more compared to 2018/19

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CHESHIRE FIRE & RESCUE SERVICE

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22 JULY 2020
REPORT OF: CHIEF FIRE OFFICER AND CHIEF EXECUTIVE
AUTHOR: JANET GAUKROGER

SUBJECT: PROGRAMME REPORT - QUARTER 4, 2019-20

Purpose of Report

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

Recommended: That

- [1] Members review the information provided.

Background

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

Information

3. Progress on delivery of the programmes and projects is reported in the form of a quarterly health report to the Service's Performance and Programme Board (members of Service Management Team). The Board is responsible for ensuring the successful delivery of programmes and projects contained in the Authority's annual IRMP action plans. The Programme Health Report for the fourth quarter of 2019-20 is attached as Appendix 1 to this report.
4. Whilst this report captures progress between January and March, the impact of the Covid-19 pandemic on project progress and meeting schedules has resulted in a considerable time lag. Therefore, some of the reports have been updated more recently to reflect current positions and not limited to the usual quarterly time period.

Financial Implications

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

Legal Implications

6. 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

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

Environmental Implications

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

CONTACT: DONNA LINTON, CLEMONDS HEY, WINSFORD

TEL [01606] 868804

BACKGROUND PAPERS: NONE

APPENDIX 1 – PROGRAMME HEALTH REPORT

Performance and Programme Board – Programme Health Report

All data supplied in the report has been populated directly from the Cheshire Planning System.

Reporting Period	FROM	1st January 2020	TO	31st March 2020
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ACTION OR DECISION REQUIRED BY PROGRAMME BOARD

No actions or decisions required.

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>During the last quarter the focus of the Whole Service Review team was on the IRMP consultations. The consultation was launched on 16 December 2019 and is scheduled to close on Friday 24 April 2020. At the time of writing, a total of 1,100 survey responses have been received from members of the public, as well as 14 written responses. 75 staff survey responses have been provided, in addition to significant feedback received through other methods detailed below.</p> <p>A total of 13 public roadshows have been held, alongside other methods including using consultation panels and direct mail-drops. Communications has been undertaken through press releases, social media and existing online platforms.</p> <p>Individual teams and departments throughout the service have been engaged to gather views and feedback on consultation proposals. This was complemented by four staff conferences, with all staff invited to attend.</p> <p>The Service has communicated with a range of partners and encouraged feedback as part of the consultation; including all Cheshire MPs, key local partners, public sector agencies and community groups.</p> <p>The Service has contacted the Consultation Institute to provide quality assurance against the consultation process. They have made a number of recommendations to improve the robustness of the consultation against potential challenge, which the Service has implemented. This has included developing supplementary information packs and an</p>			

Author: Strategic Change Team
Data taken from CPS: 20th April 2020

online FAQ section, as well as extending the deadline of the consultation to provide more time for individuals to respond.

Independent, external scrutiny of the proposals within the IRMP has commenced by Michael Wright of Greenstreet Berman.

July update - The IRMP was approved at the Fire Authority Meeting held on 1st July. Therefore, the Whole Service Review programme will now move into the closure stage and new projects will be commissioned to deliver the IRMP.

1566		PRIORITY BASED BUDGETING IMPLEMENTATION PLAN		
PROJECT SPONSOR		Assistant Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER	Organisational Performance Manager
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Programme Update				
The budgets for 2020/21 have been set in February's 2020 Fire Authority meeting. The PBB process will then be adopted for the budget planning cycle for 2021/22.				

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.		
Programme Update				
The underlease has not yet been completed and the end state collaboration agreement has not been finalised.				
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)		
				
Programme Update				
The project was successfully completed some time ago and the closedown report will be considered in the near future. This project will now be removed from future Health Reports.				

1544		REPLACEMENT OF CHESTER FIRE STATION		
PROGRAMME SPONSOR		Director of Governance and Commissioning	PROGRAMME MANAGER	Group Manager Cheshire West and Chester
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Programme Update				
<p>The old Chester Community Fire Station building has now been demolished. It is estimated that around 98% of the materials will be recycled and repurposed with much of the material returning to site to be used as foundations for the new station. During the demolition process additional non notifiable, followed by notifiable asbestos was located, delaying and extending works by around three weeks. This work has now been completed with all asbestos removed.</p> <p>Drainage and foundation works have started in earnest with piling works completed allowing for a 7 day cure time and follow on integrity tests. Foundation excavations have commenced for the main building and the base for the new training tower has also been cast and set in place and is ready for the new tower, which is currently being built at the manufacturers.</p> <p>Inevitably, the current Covid-19 emergency has had an impact on the programme with suppliers closing, limiting the availability of materials. This has resulted in a 2 to 3 week delay, however with the mitigation plans being put in place, the construction team are hoping to reduce this to 2 weeks, giving a revised completion date of January 2021.</p> <p>July update – Current reports show an improving picture of supplies and staff and sites are working to be Covid-19 secure. The steel frame for the main building is now complete together with the first floor slab. Work is now progressing with the walls at first floor level, roof and ground floor slab. Work on the training building has also started. Based on this progress, there is increased confidence that the January 2021 completion can be achieved.</p>				

1558		REPLACEMENT OF CREWE FIRE STATION	
PROJECT SPONSOR		Director of Governance and Commissioning	PROJECT MANAGER
			Group Manager Governance and Commissioning
Previous status	Current status	Explanation (where status is red or amber)	
		Current status remains amber due to the ongoing design phase and potential costs.	
Programme Update			
<p>The replacement fire station for Crewe was discussed during the recent Land and Property officer meetings and there were real concerns about the cost of the temporary fire station.</p> <p>July update - A number of site layout/design options have been considered. Most recently, the team has produced an option that would allow the development to take place without the need for a temporary fire station. The cost of the temporary fire station was considered to be prohibitive; it would need to be double the size of the version created at Chester as there are two Wholetime crews operating from Crewe Fire Station.</p> <p>The pre-planning application process has now been initiated and the first meeting should take place in the next few months.</p> <p>Members of the Estates and Property Committee will consider a report in the next few months.</p>			
1557		STATION MODERNISATION PROGRAMME	

PROJECT SPONSOR		Director of Governance and Commissioning	PROJECT MANAGER	Group Manager
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Programme Update				
<p>Due to the Covid-19 situation and its impact upon the construction industry, Wates have reviewed their working practices at all 4 sites and have implemented social distancing of trades and the avoidance of operational staff. Wates are currently entering the 2nd phase of works at Runcorn and Birchwood with the handover of newly refurbished areas due over the Easter weekend. The programme is likely to be delayed due to the Covid-19 and is being regularly reviewed by Wates and the project team.</p> <p>July update – The programme is progressing well and has not been impacted substantially by Covid-19. Year 1 of the programme is complete and was delivered very close to the original timescale; funding for Year 2 and beyond has been released.</p>				

Operational Policy and Assurance

1490		SADLER ROAD TRAINING CENTRE PROGRAMME		
PROGRAMME SPONSOR		Assistant Chief Fire Officer, Operational Assurance and Service Improvement	PROGRAMME MANAGER	Group Manager Operational Policy and Assurance
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		This project remains amber due to delays within the programme.		
Programme Update				
<p>Pre-commencement planning condition number 15 has now been discharged by CWAC.</p> <p>Sections 2 and 4 are now complete and have been handed back to CFRS which has enabled the relocation of Fleet and technical service departments out of workshops and into these sections. The IT and trauma classrooms are now being used for teaching.</p>				

July update – Although Covid-19 delays have been incurred due to supply chain issues and putting safe social distancing measures in place, work is now progressing well. The target completion date has been re-forecast to include the above delays and is now 26th October 2020.

The 9 week refurbishment of workshops ceased at the end of March but re-commenced mid-June and is on track to be completed mid-August. The demolition and clearance phases of the programme are complete whilst painting, sprinkler and fire alarm installation continue.

The roof is being constructed on the BA firehouse with temperature monitoring equipment being installed in all the burn rooms. The dry riser is installed in the building as well as the demonstration main sprinkler valve arrangement.

The new Incident Command Training Suite is nearing completion; flooring laid and finishing touches being installed. The Command suite is ready for the suite hardware installation to be completed. Client supplied fixtures and furniture are being assessed ready for ordering.

The rural zone is being developed with the barn erected and the surrounding features being installed. This was delayed due to the considerable amount of time taken for surplus soil to be removed from the site.

1553		OPERATIONAL TRAINING GROUP REVIEW			
PROJECT SPONSOR		Assistant Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER		Group Manager Operational Policy and Assurance
Previous status	Current status	Explanation (where status is red or amber)			
		This project remains amber due to slippage within the project, exacerbated by the pandemic.			
Programme Update					
Formal negotiation has currently been paused as a result of the Covid-19 working arrangements. This will undoubtedly delay the project and the timescales will be reviewed once the alternative working and social distancing measures have been changed.					
1567		CHESHIRE FIRE DRONES			
PROJECT SPONSOR		Head of Operational Policy and Assurance	PROJECT MANAGER		Head of Operational Policy and Assurance

Previous status	Current status	<u>Explanation</u> (where status is red or amber)
		
Programme Update		
<p>The drone capability gained CAA approval in May 2020 following an extensive application process. This now allows the use of the drone on operational incidents and grants the use of Emergency Service Exemptions and more flexibility around its use in built up areas subject to a risk assessment. The data protection impact assessment has also been reviewed, amended and agreed.</p> <p>The drone operational pilot went live on 8th June 2020, covering the period from 0800/2000hrs 7 days a week with NWFC and is included on a variety of action plans for operational incidents.</p> <p>The drone is currently being staffed by three pilots, training for the remaining six pilots has been impacted by the Covid-19 pandemic but will be completed as soon as the current restrictions are lifted.</p>		

Service Delivery

1556		ON-CALL PROGRAMME		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	Group Manager Cheshire West and Chester
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Programme Update				
<p>The OCPT is continuing to work through the COVID-19 pandemic by providing support and guidance to our colleagues at this time.</p> <p>Following the recent 'lockdown' period and social distancing measures set by the government there was a suspension of recruitment and On-Call Drill periods for 5 weeks.</p> <p>An improvement in availability directly linked to the lockdown period and the consequential suspension of primary employment resulting in between 15 to 19 appliances available to respond each day. Suspension of primary</p>				

employment has affected individual's financial positions; in response pay protection has been approved and implemented for On-Call Employees. The OCPT work streams are continuing at a reduced output due to COVID-19 however, despite this uncertain period On-Call availability has seen a marked increase of 11% overall.

Work is currently ongoing to re-engage the recruitment process ensuring protective measures are being implemented and practiced. OHU have agreed to recommence initial medicals from the 4th June and practical assessments will be held at Powey Lane on the 28th May.

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	Explanation (where status is red or amber)	
			
7 blocks are now completed. Plans are in progress to transfer the part funding to Halton Housing Trust but this requires the legal documentation to be finalised and agreed first. The part funding has been paid for Joseph Groome Towers and publicity which was delayed by the election has now been completed. The two blocks in Handforth are complete and discussions are underway over the transfer of funds once the 3 rd block is completed and commissioning and completion certificates are obtained.			

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)
		
<p>The installations in Cheshire West (Sanctuary) are progressing and discussions about transferring funding to Onward Housing for the Handforth installation are taking place. The legal agreements are being drafted for money transfer to Halton Housing Trust. Further meetings have taken place with Peaks and Plains about the Macclesfield high rise but they are still adamant that they will not fit sprinklers. No progress has been made with the two Warrington blocks. In summary 7 installations are complete and 10 are in progress across Cheshire.</p>		

1554		PROTECTION REVIEW	
PROJECT SPONSOR		Assistant Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER
			Head of Protection and Organisational Performance
Previous status	Current status	Explanation (where status is red or amber)	
		This project is amber as it has slipped from the original timescales.	
Programme Update			
<p>So far there have been limited tangible outcomes from the Hackitt Review or Phase 1 of the Grenfell Tower Inquiry that the service has had to adapt to, or that have resulted in significant change to the structure or processes of the Protection Department. Whilst the outcomes are generating a lot of work and actions which are being delivered, it has not required a major change to the way the department operates so far.</p> <p>The department review was conducted with the potential for future changes and outcomes in mind and a number of options were proposed to improve the department. The condensed review report and full suite of recommendations were submitted to the ACFO and following consideration of the recommendations and proposals within the review documentation, meetings took place to analyse them. It is understood that additional funding is being distributed by Government and we are awaiting confirmation of how much this will be in order to develop models based on funding levels. In the meantime alternative options have been discussed and additional work is taking place to refine the proposals and look at alternative structures prior to revised recommendations being submitted.</p>			

RISK MANAGEMENT				
CPS Ref	Risk Detail	Risk Owner	Risk Score	Progress Update – Mitigation / Progress

	No red/high project risks to report.			
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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND JULY 2020
REPORT OF: DIRECTOR OF GOVERNANCE AND COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: INTERNAL AUDIT PROGRESS REPORT -
QUARTER 4, 2019-20

Purpose of Report

1. To present the Internal Audit Progress Report covering the period up to the end of Quarter 4.

Recommended: That Members

[1] Note the information in the report.

Background

2. Internal audit is an assurance function that provides an independent opinion to the Authority on the organisation's control environment. Internal audit services are provided by Mersey Internal Audit Agency (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. Actions in response to recommendations are monitored and tracked on the Service's Cheshire Planning System (CPS).

Information

6. The Internal Audit Progress Report is attached to this report as Appendix 1. The audit activity for this quarter is summarised below:-
 - Collaborative Partnerships – Fire and Rescue Indemnity Company (FRIC) – Substantial Assurance
 - HMICFRS 2018 Inspection Improvement Plan Audit – Phase 2

Financial Implications

7. 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

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

Equality and Diversity Implications

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

Environmental Implications

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

**CONTACT: DONNA LINTON, FIRE SERVICE HQ, WINSFORD
TEL [01606] 868804**

BACKGROUND PAPERS:

Appendix 1 – Internal Audit Progress Report

Internal Audit Progress Report Performance and Overview Committee (June 2020)

Cheshire Fire Authority / Fire & Rescue Service

Contents

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

Appendix A: Risk Classification and Assurance Levels

Appendix B: Contract Performance

Appendix C: Critical & High Level Risk Action Plans

1. Introduction

This progress report provides an update to the Performance and Overview Committee in respect of the assurances, key issues and progress against the Internal Audit Plan for 2019/20. Comprehensive reports detailing findings, recommendations and agreed actions are provided to the organisation, and are available to Committee Members on request. In addition a consolidated follow up position is reported on a periodic basis to the Performance and Overview Committee.

2. Key Messages for Audit Committee Attention

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

- Collaboration/ Partnerships - Fire and Rescue Indemnity Company (FRIC) Substantial Assurance
- HMICFRS 2018 Inspection Improvement Plan Audit- Phase 2 - Assurance Not applicable

The audit plan for 2019/20 is complete.

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	
Collaboration/ Partnerships - Fire and Rescue Indemnity Company (FRIC)	Substantial	0 x Critical 0 x High	2 x Medium 2 x Low
Management Sponsor: Andrew Leadbetter, Director of Governance and Commissioning			
Objective: To review the controls and governance arrangements in place at Cheshire Fire and Rescue Service for managing the partnership arrangement.			
Summary:			
FRIC was formed originally to buy insurance for a group of Fire and Rescue Service's however it reached the point where the only insurance company prepared to offer cover was Zurich Municipal. At that point, what was the Fire and Rescue Insurance Consortium started to explore the possibility of forming a mutual to provide their own cover. The members of FRIC are Cheshire, Kent, Essex, Leicester, Devon and Somerset, Cambridge, Bedfordshire, Hampshire, Royal Berkshire and Buckinghamshire.			

Title	Assurance Level	Recommendations
<p>The members of the mutual originally pooled what would have been their premiums to create a pot of money out of which to pay claims. Liability for the mutual is limited to £250,000 with reinsurance having been placed to deal with any claims greater than that. The original agreement allowed for a five year period after which any surplus would be shared between the members. Annual contributions are based on claims history and performance against a set of Key Performance Indicators (KPIs) agreed by the FRIC Board.</p> <p>The mutual is managed by Regis Mutual Management, they provide the actuarial expertise, claims handling and performance manage the mutual on behalf of FRIC. There is a FRIC Board comprised of senior officers from the Fire and Rescue Service's (FRS) members. FRIC set up a group to try to manage the risks the mutual faced this is known as the Fire and Rescue Risk Group (FARRG).</p> <p>Policies and Procedures</p> <p>Our review confirmed that Fire and Rescue Indemnity Company (FRIC) has an approved 'Rules and Articles of Association' which was last updated in November 2019 and has been formally agreed by all members. We confirmed that Cheshire Fire and Rescue Service (CFRS) has formally signed this document to evidence agreement and formally agreed a liability schedule and limits for protection.</p> <p>Our audit confirmed that CFRS has an approved Partnerships Policy in place, which defines partnership working as 'where we agree to work with one or more independent bodies to jointly achieve a shared objective or outcome'. Our review identified the following issues regarding partnership documentation outlined within the Partnership Policy in relation to FRIC:</p> <ul style="list-style-type: none">• A partnership agreement template had not been completed in relation to FRIC (Low Risk – refer to recommendation 1)• The FRIC partnership had not been included in the Partnership Register and had not been entered into the central record of all signed agreements held by the Democratic Services team. (Low Risk – refer to Recommendation 1) <p>Governance Arrangements</p> <p>We confirmed that there are no automatic rights of access for members to FRIC Board minutes. This is in place to protect the interests of individual members and encourage full and open discussion at Board meetings, however our audit highlighted that CFRS does not have director representation on the FRIC Board. Therefore CFRS does not currently have the opportunity to have any input into strategic decisions made by FRIC and cannot automatically access the minutes that detail any decisions made at FRIC board meetings. We recommend that CFRS should look to strengthen their processes in respect of receiving assurance from FRIC on their effectiveness and decision making and re-evaluate the position of director membership on the FRIC board. (Medium Risk)</p> <p>FRIC has developed a risk management assessment process in the form of the Fire and Rescue Risk Group (FARRG). This group is a risk management group formed by the member</p>		

Title	Assurance Level	Recommendations
<p>authorities of FRIC. FARRG meets quarterly to assess performance against the KPIs and to look at ways to reduce any risks to FRIC.</p> <p>A review of FARRG minutes confirmed CFRS attendance and that the group has a number of work streams including risk management activity such as driver risk assessments and benchmarking assessments. From our review we can confirm that FARRG work streams are fed into the CFRS work streams, primarily through the Roads Road Risk Management Group and Health & Safety Committee.</p> <p>FARRG has a newly appointed Chairman as of January 2020 in order to maintain communication and active links with the FRIC Board. The group reports to the FRIC Board on its activities via a quarterly report from the Chair of the Group and our review confirmed that CFRS data contributes and forms part of the FARRG quarterly report. Action logs and minutes from each FARRG meeting are made and shared with the FRIC Board and minutes and all other group documentation are shared via the Group's on-line document management system encouraging the sharing of best practice between members.</p> <p>From our review it was confirmed that FARRG does have a Terms of Reference (ToR) in place. However we found that the ToR does not state a review date and has not been updated since the development of FRIC. It is recommended that the ToR is reviewed annually by FRIC and FARRG to ensure the document reflects current practice and procedures. The document should also state when it was reviewed for document version control. (Low Risk)</p> <p>Monitoring and Reporting</p> <p>Our review confirmed that FRIC members receive a report from Regis (mutual management company) on a quarterly basis. It was evidenced that a contract for Regis to operationally manage the processing of claims on behalf of members has been formally agreed by FRIC. The quarterly report provides a large amount of information on the number, cost and type of claims, Areas covered in the report include total number of motor claims, cost of motor claims, claim ratios, forecasts and heat maps. Prior to the establishment of FRIC Ltd this level of information to provide a comparison with other fire authorities was not available and allows CFRS to continually monitor the claims of other members to assess value for money.</p> <p>CFRS have regular meetings with representatives of Regis to discuss claims, risks and receive relevant updates from other members. A weekly report is received from Regis that records all claims across the nine authorities and this report allows each authority to know the number and type of actions as they occur.</p> <p>Our review confirmed however that updates on performance and financial savings regarding FRIC are not escalated to the Senior Management Team (SMT). Our review highlighted that Performance and Overview Committee are not updated on FRIC and do not receive any reports from FRIC or FARRG. SMT may not receive information it needs to assess the effectiveness of FRIC Ltd and Regis and may not have a full understanding of the governance and performance of FRIC. It is recommended that SMT receive key information from FRIC</p>		

Title	Assurance Level	Recommendations
<p>and FARRG to ensure escalation of risk and appropriate governance arrangements (Medium Risk)</p> <p>Value for Money</p> <p>Our review confirms through review of documentation and analysis of reports that the FRIC arrangement is currently significantly more cost-effective than previous insurance costs. The costs benefits result from the Pool not be profit-making and so the cost of each member's, including CFRS, contributions is lower than the cost of previous external insurer contributions to obtain the same cover, since there is no need to build in a profit element. Secondly the insurance for large single losses is cheaper as it is bought collectively by multiple authorities, rather than bought individually by each Fire Service.</p> <p>Finally surpluses are primarily achieved due to a lower than anticipated number of costs and claims, but the fast notification of motor claims through FRIC has also enabled claims handlers to determine liability quickly and make early contact with third parties promptly to arrange repairs, reducing third party claims' costs.</p> <p>The FRIC arrangements have provided some protection from the insurance premium tax increase as there is less direct insurance and therefore less to pay by way of premiums.</p> <p>Key areas agreed for action:</p> <p>Two Medium level risk recommendations were agreed and summarised below:</p> <ul style="list-style-type: none"> • CFRS has applied for Alex Waller, Assistant Chief Fire Officer, to become a director. • SMT to receive assurances in respect of FRIC and FARRG on a regular formal basis, Initial report prepared by end June 2020 (covering 2019/20) with formal reporting taking place Q2/Q3 depending on meeting schedule. <p>Two low level risk recommendation were also agreed:</p> <ul style="list-style-type: none"> • Application of Partnership Policy monitoring to the FRIC partnership. • Put forward to members that there should be an annual review of Terms of Reference to ensure they are up to date, version controlled and relevant. 	<p>Not Applicable</p>	<p>Not Applicable</p>
<p>HMICFRS 2018 Inspection Improvement Plan Audit- Phase 2</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
<p>Management Sponsor: Lee Shears, Head of Protection and Organisational Performance and Anthony Jones, Group Manager, Organisational Performance Manager/ HMICFRS – Service Liaison Officer</p> <p>Objective: CFRS have requested that MIAA undertake a review of a sample of the actions within the HMICFRS Improvement Plan to provide independent assurance that evidence is</p>		



Title	Assurance Level	Recommendations
<p>available to support the Service's self-assessment of progress and the associated Red/Amber /Green (RAG) ratings of progress to date.</p> <p>The overall objectives of the review was to independently assess and verify on a sample basis:</p> <ul style="list-style-type: none">• Completed actions to determine that evidence was available to support this conclusion.• Actions in progress to ensure that there is robust evidence to support progress and that progress is in line with agreed timeframes. <p>The review included a greater sample of "People" related actions given that this was the area that required improvement. We also undertook two site visits to obtain feedback from a sample of staff as part of our evidence triangulation.</p> <p>Summary:</p> <p>Completed Actions</p> <p>We reviewed 6 actions from the Service's Action Plan and requested evidence to confirm the completed status of the actions. We made two site visits and interviewed a selection of staff to assess their knowledge and understanding of the actions taken and cited as complete.</p> <p>We found evidence, which supported the conclusion that the actions were completed.</p> <p>We could see that the Chief Fire Officer and other managers were committed to delivering the Action Plan, e.g. there had been a considerable investment of time in visiting fire stations and these visits had been taking place for some time, were regular and the activity was embedded. This kind of activity will be critical as the Service seeks to deliver the more challenging cultural change elements of the Action Plan (and People Strategy). Regular two-way communication will be key to bringing all staff along and successfully completing the actions in the Action Plan.</p> <p>Open Actions</p> <p>We looked at 3 " open" actions to check that evidence was available to support progress to date and that progress was in line with agreed timeframes. For all three actions there was evidence to note ongoing progress.</p>		

3. Request for Audit Plan Changes

The Performance and Overview Committee approved the deferral of the Professional Standards review to late 2020, given the delays to the development of national professional standards. We have received a subsequent request to change this to a review of Pensions in 2020/21. This is noted in the audit plan for 2020/21.

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 plan is complete
Timeliness	Green	
Qualified Staff	Green	MIAA Audit Staff consist of: <ul style="list-style-type: none"> • 65% Qualified (CCAB, IIA etc.) • 35% Part Qualified
Quality	Green	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA’s compliance with the Public Sector Internal Audit Standards.

Overview of Output Delivery (2019/20 Plan)

REVIEW TITLE	PLANNED REPORTING TO P & O				ASSURANCE LEVEL	Commentary
	Sep	Nov	Feb	June		
CORPORATE SERVICES						
Financial Systems			✓		Substantial	Complete
Cost Savings Plans			✓		Substantial	Complete
Risk Management Board	✓	✓	✓	✓	N/A	Complete
IT Service Continuity			✓		Limited	Complete
National Fraud Initiative (Carry forward)			✓		N/A	Complete
PROTECTION & ORGANISATIONAL PERFORMANCE						
Professional Standards						Deferred to 2020/21 plan
HMICFRS (Carry Forward)		✓		✓	N/A	Phase 1 Complete Phase 2 Complete
SERVICE DELIVERY / OPERATIONAL POLICY & ASSURANCE						
Collaboration/ Partnerships				✓	Substantial	Complete
PREVENTION						
Safety Central Volunteers	✓				Substantial	Complete
FOLLOW-UP AND CONTINGENCY						
Follow-up	✓	✓		✓	N/A	Complete
Contingency						

Key ○ = Planned ● = In Progress ✓ = Complete

Appendix C: Critical / High Risk Recommendations

There were no critical / high level recommendations made.

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND JULY 2020
REPORT OF: DIRECTOR OF GOVERNANCE AND COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: INTERNAL AUDIT ANNUAL REPORT AND
HEAD OF INTERNAL AUDIT OPINION 2019/20

Purpose of Report

1. To present the Internal Audit Annual Report and Head of Internal Audit Opinion 2019-20.

Recommended: That Members

- [1] Note the Internal Audit Annual Report and Head of Internal Audit Opinion 2019-20.

Background

2. In accordance with Public Sector Internal Audit Standards (PSIAS), the Head 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.
3. 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.
4. The Authority is required to implement an annual risk-based internal audit plan from which an annual assurance opinion can be derived. The internal audit activity must evaluate and contribute to the improvement of governance, risk management and control environment using a systematic and disciplined approach, focusing on:
 - Achievement of the organisation's strategic objectives;
 - Reliability and integrity of financial and operational information;
 - Effectiveness and efficiency of operations and programmes;
 - Safeguarding of assets

- Compliance with laws, regulations, policies, procedures and contracts
5. The Authority's internal audit function is outsourced and the current provider is Mersey Internal Audit Agency (MIAA). The plan has been developed with senior officers after considering the Authority's risk profiles and appetite.

Information

6. Recommendations from internal audits are used to take action where control weaknesses are identified and also to provide the evidence upon which MIAA base a professional opinion about the effectiveness of the Authority's governance, risk and control arrangements.
7. Progress against the Internal Audit plan is monitored by the Performance and Overview Committee and any significant issues highlighted during the year may be escalated to the either Risk Management Board or the Fire Authority.

Financial Implications

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

Legal Implications

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

Equality and Diversity Implications

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

Environmental Implications

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

**CONTACT: DONNA LINTON, FIRE SERVICE HQ, WINSFORD
TEL [01606] 868804**

BACKGROUND PAPERS:

Appendix 1 – Internal Audit Annual Report and Head of Internal Audit Opinion
2019/20

Internal Audit Annual Report & Head of Internal Audit Opinion 2019/20

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.

We appreciate the current operational challenges brought about by Covid-19. We have managed to complete the majority of our plan prior to any major operational restrictions. To support you during this difficult time we will be issuing guidance on financial governance and will reflect the changing risk profile and any new risk areas in the 2020/21 Internal Audit Plan where appropriate.

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

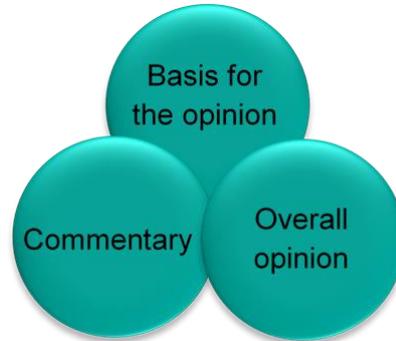
This annual report provides the 2019/20 Head of Internal Audit Opinion for Cheshire Fire and Rescue Service, together with the planned internal audit coverage and output during 2019/20 and MIAA Quality of Service Indicators.

Key Area	Summary
Head of Internal Audit Opinion	The overall opinion for the period 1st April 2019 to 31st March 2020 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	The 2019/20 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. The Professional Standards review was deferred to late 2020/ 2021. We have raised 15 recommendations as part of the reviews undertaken during 2019/20. MIAA has undertaken follow up reviews during the course of year.
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:



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 2019 to 31st March 2020 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 2019 to 31st March 2020 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Risk Based Reviews

We issued

0 high assurance opinions:	N/A
4 substantial assurance opinions:	<ul style="list-style-type: none"> • Financial Systems • Cost Savings Plans • Collaboration / Partnerships - FRIC • Safety Central Volunteers
0 moderate assurance opinions:	N/A
1 limited assurance opinions:	<ul style="list-style-type: none"> • IT Service Continuity
0 no assurance opinions:	N/A

We raised **Two high risk recommendations** in respect of the IT Service Continuity review.

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.

Steve Connor

Managing Director, MIAA
March 2020

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. The Professional Standards review was deferred to late 2020/ 2021.

Of the reviews completed in the year, assurance ratings were given in five cases. Assurance rating were not applicable within two reviews, 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	Financial Systems	Substantial	-	-	1	-	1
2	Cost Savings Plans	Substantial	-	-	1	1	2
3	Collaboration / Partnerships FRIC	Substantial	-	-	2	2	4
4	Safety Central Volunteers	Substantial	-	-	2	2	4
5	IT Service Continuity	Limited	-	2	2	-	4
6	National Fraud Initiative	N/A	-	-	-	-	-
7	HMICFRS Action Plan	N/A	-	-	-	-	-
		TOTAL	-	2	8	5	15

Management did not agree two medium level recommendations raised within the Financial Systems audit. Senior Management confirmed they accepted the risk and were content with the compensating controls in place.

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. We performed the data matches in year and investigated and resolved any matters arising.

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

Raising Awareness – A presentation for new Fire Authority Members on the role of internal audit to raise awareness of our role in the organisation and a greater understanding of the audit plan for 2019/20.

HMICFRS – We supported CFRS with their development of an action plan in response to the in-year HMICFRS inspection. We undertook an initial review in Q1 of the Action Plan to ensure that it meets all aspects of the Inspection report findings. A further review was completed in March 2020 of the evidence to support implementation of the actions and interviews with staff to triangulate findings.

Phishing Exercise – MIAA conducted an e-mail phishing exercise to test the technical and human controls around cyber security within the organisation.

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.
- response and action plans following the last 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 significant changes to the senior management team.
- Any significant changes to the governance structure of the Authority.
- Impact and response to Covid19.

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 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.

<p>1000 - Purpose, Authority & Responsibility</p>	<p>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.</p>
<p>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.</p>	<p>1100 - Independence & Objectivity</p>
<p>1200 – Proficiency & Due Professional Care</p>	<p>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).</p>
<p>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.</p>	<p>1300 - Quality Assurance & Improvement</p>
<p>2000 - Managing the Internal Audit Activity</p>	<p>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.</p>
<p>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.</p>	<p>2100 - Nature of Work</p>
<p>2200 - Engagement Planning</p>	<p>MIAA’s work is structured to comply with Public Sector requirements and the role as defined in the CIPFA Audit Committees Guidance. We establish risk based audit plans in conjunction with the organisation and with the approval of the Audit Committee.</p>
<p>Terms of Reference are established and agreed for each review, including objectives, scope, timing and resource allocations. MIAA staff identify,</p>	<p>2300 - Performing the Engagement</p>

analyse, evaluate and document sufficient information to achieve the assignment objectives. All assignments are properly supervised.

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



6.2 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 Assistant Director Level.

The latest confirmation of our ongoing ISO9001:2015 accreditation was received in 2020.



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 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.

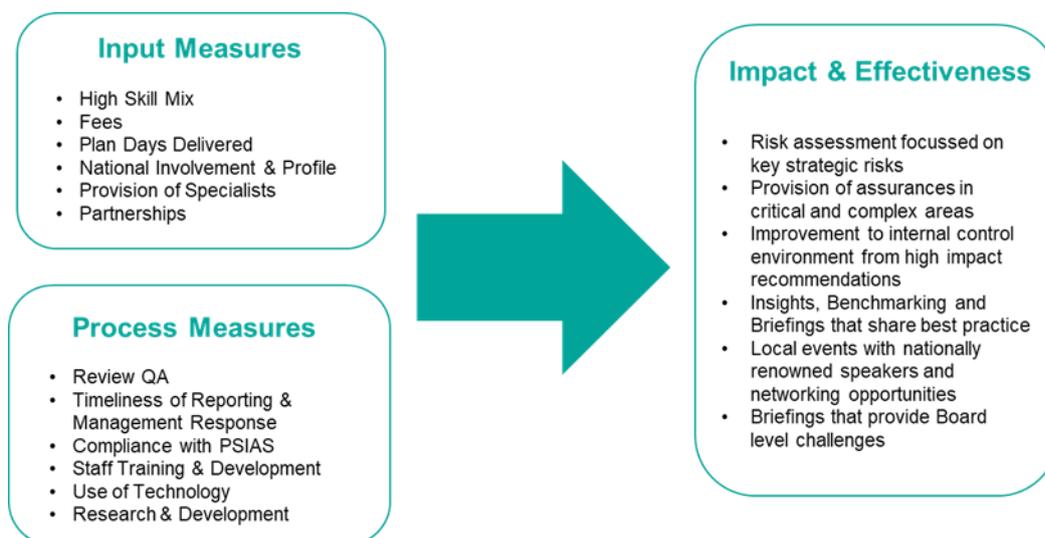


Our innovative and added value approaches have been recognised through national HFMA and Public finance awards for governance, internal audit and value and innovation.

Year	Awarding Body	Category
2019	Healthcare Financial Management Association	Value & Innovation Award
2019	Strategic Information Governance Network	Outstanding Contribution to Information Governance
2019	Chartered Institute of Internal Auditors	Public Sector Award
2019	Cheshire & Merseyside DIGIT@LL	Digit@LL Secure Award
2019	Public Finance	Internal Audit Award
2018	Healthcare Financial Management Association	Governance Award
2018	Finance Staff Development	Towards Excellence Innovation Award

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 Committee Progress reports, and the impact and effectiveness measures can be assessed through the HOIA Opinion.



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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22 JULY 2020
REPORT OF: HEAD OF SERVICE DELIVERY
AUTHOR: LIZ THOMPSON

SUBJECT: UNITARY PERFORMANCE GROUPS ANNUAL
REPORT 2019-20

Purpose of Report

1. To provide Members with an update on the initiatives supported and funded by the Unitary Performance Groups (UPGs) during 2019-20.

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 UPG also develops 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 the report contains details of some of the initiatives supported and funded by the UPGs.

Financial Implications

5. There are no known financial implications.

Legal Implications

6. There are no known legal implications.

Equality and Diversity Implications

7. There are no known equality and diversity implications.

Environmental Implications

8. There are no known environmental implications.

CONTACT: DONNA LINTON, CLEMONDS HEY, WINSFORD

TEL [01606] 868804

BACKGROUND PAPERS: NONE

Event	Details
Service Wide – Manchester Camerata	<p>“Stop, Drop and Roll” Manchester Camerata is a creative music and drama project that saw young people of primary school age (KS2) join together with firefighters and Safety Central team members to produce and perform a new piece that featured alongside the National Burns Awareness campaign 2019.</p> <p>Total cost of project - £17,590.00.</p>
Service Wide – Cheshire FF Challenge	<p>The main purpose of the event was to raise funds for the Firefighters Charity. The event was held at the University of Chester - Warrington Campus. The fundraising involved individuals paying to enter / compete in the Firefighter challenge and a range of other ways that donations could be made throughout the event. The event was a course made up of 8 elements focused on firefighting activities and provided a day of entertainment and fun for all spectators, in addition to promoting fire service values and objectives such as: promoting the Cheshire Fire and Rescue Service brand in a positive light, demonstrating that the community's local firefighters have adequate fitness to carry out their duties and serve the community by showcasing our functional fitness standards, whilst promoting healthy living,</p> <p>Additionally, the event also engaged with the local community in order to:</p> <ul style="list-style-type: none"> • Educate them on important safety topics and demonstrate some of our Service capabilities • Portray an approachable, friendly Fire and Rescue Service • Deliver an enjoyable, affordable day out that people will want to come back to next year <p>Everyone who attended received a programme of events and a questionnaire which gave us feedback on the success of these objectives. Children had a separate questionnaire (6th sense scheme) to test what they had learnt with regard to fire safety.</p> <p>Total cost of project - £858</p>
Service Wide – Staff Summer Holiday Family Days Giveaways	<p>At the request of the Chief Fire Officer, Safety Central and Lymm Fire Station opened their doors in the summer holiday to give colleagues the chance to bring their children to work and learn all about the important work of the Fire and Rescue Service.</p> <ul style="list-style-type: none"> • £640 to purchase 80 Blaze Bears from Firefighters' Charity at £8 each. • £379 to purchase 100 cotton bags with two-sided print at £3.79 each. <p>Total cost of project - £1019</p>

2019/20 Unitary Performance Group Funding Bids

<p>Service Wide – Water Bottles</p>	<p>3500 water bottles purchased and printed with a fire safety message to be given out at Open Days across the Service.</p> <p>Total cost of project - £2980</p>
<p>CWAC, Halton & Warrington – funding for Christmas Hampers 2019</p>	<p>CWAC, Halton & Warrington 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.</p> <p>Alongside the hamper, each Watch/Advocate spent a little time with each person, as they may have been the only visitor they encountered over the Christmas period, ensuring that they provided safe and well information and checked smoke detectors and other equipment was in working order as well as checking on their well being.</p> <p>Total cost of the projects were:</p> <p>CWAC - £288</p> <p>Halton - £390</p> <p>Warrington - £702</p>
<p>Cheshire East – Macmillan Coffee Morning</p>	<p>Funding was 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, to promote awareness of cancer research and raise funds for cancer research.</p> <p>Total cost of project - £49.75</p>
<p>Cheshire East – Congleton in Bloom</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> <p>Total cost of project - £125.00</p>
<p>Knutsford Lions Fair</p>	<p>Recruitment Event.</p> <p>Total cost of project - £42.00</p>

2019/20 Unitary Performance Group Funding Bids

Cheshire East – Prevention Multi Agency Impact Event	Provision of refreshments & Room Hire Fee for whole day multi agency impact event. Total cost of project - £350.00
Cheshire East – Deep Fat Fryers	To be used to replace chip pans on Safe & Well visits for Prevention Department/Operational crews. Total cost of project - £416.25
Cheshire East – Extension Cables	Total cost of project - £263.20
Cheshire East – Santa’s Grotto at Crewe Fire Station	Total cost of project - £394.81
Cheshire East – Station Open Days	Total cost of project - £3120.37 for those Cheshire East Fire stations who held Open Days
Cheshire West & Chester – Station Open Days	Station Open Day events took place at Ellesmere Port, Northwich, Frodsham and Winsford (Joint CFRS & Police HQ) Total cost of project - £2600.09
Cheshire West & Chester – Extension Cables	Through attending incidents within the CWAC area a number of households were identified as overloading of sockets additionally electrical fires appeared to be rising. Extension cables were purchased for Watches to distribute as and when required through identification at incidents or Safe & Well visits. They will also be utilised during Electrical Safety Week. Total cost of project - £349
Cheshire West & Chester – Breathing Space	The provision of 2 picnic benches to be situated on the station grounds for use by all staff (green and grey book) 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. Also be used by visitors to the station eg Petty Pool students/residents. Total cost of project - £308.24
Cheshire West & Chester – Christmas Trees	Christmas Trees were sponsored in both Winsford and Chester Cathedral to promote safety messages. Total cost of project - £10 – Winsford, £300 - Chester
Cheshire West & Chester – Prevention Items	Prevention Items

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2019/20 Unitary Performance Group Funding Bids

	<p>Extension leads, metal waste paper bins and air fryers 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. •The provision of air fryers will ensure people with identified unsafe cooking practices are provided with a means of reducing the risk. <p>Total cost of project - £1199.55</p>
<p>Cheshire West & Chester – Bunbury Green</p>	<p>This project was a collaboration between Cheshire Fire and Rescue Service and other partner agencies to build on recent partnership work in the Bunbury Green area of Ellesmere Port aimed at reducing deliberate fire activity and anti social behaviour. As part of this ongoing work, we have managed to engage the previously uncooperative local residents to form a community group aimed at empowering the local residents and giving them confidence as a group to report and deter anti social behaviour and encourage pride and ownership of their local community. Part of this project included improvements to the area such as CCTV, better lighting and community layout to encourage pride in the area, but to also make deliberate fires and anti social behaviour more difficult to undertake.</p> <p>Total cost of project - £4000</p>
<p>Cheshire West & Chester – Protection Impact Events</p>	<p>Multi agency Impact event held within Northwich area on Wednesday 4th December 2019. Objective of the event was for local partners to work closely together to engage and deliver their individual key safety This was an opportunity for all involved to engage and deliver key messages and will provide an opportunity for communities to directly raise and discuss any concerns with ourselves and our partners. The bid helped purchase food and refreshments for all involved on the day.</p> <p>Total cost of Northwich project - £79.15</p> <p>Multi agency Impact event was held at Cheshire Oaks and surrounding shopping areas on Thursday 20th February 2020. Objective of the event was effective communication between local partners, work closely together to engage and deliver individual key safety messages to local businesses primarily those within Cheshire Oaks and surrounding shopping areas. The bid helped purchase food and refreshments for all involved on the day.</p> <p>Total cost of Cheshire Oaks project - £73.53</p>
<p>Cheshire West & Chester – Operation Treacle</p>	<p>This project was a collaboration between CFRS and other partner agencies to provide diversionary tactics during the Halloween and Bonfire period.</p> <p>Events included: Tickets for Firework Display</p>

2019/20 Unitary Performance Group Funding Bids

	<p>Youth Discos Halloween Party Pizza & Smoothie Event Ward Walks</p> <p>Total cost of project - £560</p>
<p>Cheshire West & Chester – Firework Displays & Diversions Activities</p>	<p>CWAC Fire Authority Members requested that the Unitary Performance Group support the fireworks display and contribute funds to provide an alternative and diversionary event around the bonfire period.</p> <p>Total cost of projects were:</p> <p>Northwich - £500 Ellesmere Port & Neston £1500 Chester - £1500</p>
<p>Cheshire West & Chester – UOC Women’s Rugby Club</p>	<p>This project is a partnership between Cheshire Fire and Rescue Service and the University of Chester aimed at securing sponsorship for the ladies rugby team to, not only support our local communities, but to promote diversity and positive action within the underrepresented female demographic.</p> <p>This money will sponsor the team for two years and allow them to buy much needed training and playing equipment. In return, the team will sport the Cheshire Fire and Rescue Service cap badge front and centre of the jersey, as well as attend and support promotional and diversity events, such as positive action taster days and Chester PRIDE where possible.</p> <p>Total cost of project - £1000</p>
<p>Cheshire West & Chester – Hi Viz Vests</p>	<p>The purchase of various Hi Vis items for an engagement day at Delamere forest for children whilst on their bicycles. The items can also be used for children walking to school in the dark months.</p> <p>Total cost of project - £251.02</p>
<p>Cheshire West & Chester – YADE</p>	<p>This was a direct initiative to target hard to reach young people, to educate and inform with fire safety education, but within an informal environment.</p> <p>This was especially pertinent in these areas given their historic issues with arson and ASB related incidents.</p> <p>Total cost of project - £450</p>
<p>Halton - Title Shot Boxing Club</p>	<p>For purchasing 10 pairs of leather boxing gloves to support the boxing club.</p>

2019/20 Unitary Performance Group Funding Bids

	<p>The Club meets early evening which is a peak time for antisocial behaviour and nuisance fires. By providing a distraction activity at this time and a club activity that instils discipline it is hoped the incidents of ASB are reduced in the area.</p> <p>Total cost of project - £500</p>
Halton – Water Safety Water Bottles	<p>The water bottles were handed out to all children participating in swimming lessons. The water bottles will help serve as a reminder of what they learnt during the Fire Service visit regarding drowning prevention as well as delivering our message of a safer community.</p> <p>Total cost of project - £990</p>
Halton – Deep Fat Fryers	<p>25 Deep Fat Fryers for members of the community who have been identified as owning a chip pan through the following engagement with CFRS:</p> <p>Safe and Well Post Fire Engagement Agency referrals Homes Safety Assessments.</p> <p>Total cost of project - £416.25</p>
Halton - Extension Leads	<p>40 Extension Leads to support members of the community through the following engagement with CFRS:</p> <p>Safe and Well Post Fire Engagement Agency referrals Homes Safety Assessments.</p> <p>Total cost of project - £259.20</p>
Halton – Runcorn Open Day	<p>Sunday the 1st September 2019 saw the Runcorn Fire Station Open day, organised by Blue Watch manager Ben Sanderson. The event was scheduled for 1100-1600 and included Blue Watch, members of Runcorn’s on-call watch and the Runcorn cadets. The event was attended by the Mayor of Runcorn, Chief Fire Officer Mark Cashin and Area Manager Lee Shears.</p> <p>Total cost of project - £701 (Refreshments, raffle & entertainment)</p>
Halton - Widnes Vikings Kit Sponsorship	<p>Kit sponsorship for 2 female rugby team kits and 1 learning needs team kit. By having a visible presence on the rugby kits for the female and learning disability teams CFRS is enhancing its aim of increasing underrepresented groups employed by the Service. Rugby provides a valuable outlet for youth, by increasing participation it is hoped to reduce the level of ASB within Widnes.</p>

2019/20 Unitary Performance Group Funding Bids

	Total cost of project - £2500
Halton - Summer Drink Drive Road Safety Event	This bid was is to pay for a scrap car to be delivered to an area of land opposite Wetherspoons, Runcorn, refreshments for the personnel working on the day to make up "Mocktails" given out on the day. Total cost of project - £213.58
Halton - Runcorn Community Garden Project	The garden has had a lottery fund injection this year and resulted in new raised beds, shed, tables, shelves etc. and it fit for purpose now for another 10+ years. Funding ws for the annual consumables purchased this year and stored prior to price rises expected in the spring of 2020. Total cost of project - £453.81
Halton - Carbon Monoxide Detectors	Each watch at Widnes & Runcorn Fire Stations were provided with some CO2 detectors and provided a safe and well presentation along with gas safety information to households in the Widnes community, during gas safety week which ran from 16th – 22nd September 2019. Total cost of project - £498.50
Halton - BRAKE Road Safety Events	Watches across Halton organised road safety events as part of National Brake safety week, with support from Halton Borough Council Road Safety Team. This included the delivery of a PowerPoint presentation and DVD to Year 5 children on road safety awareness. The Halton road safety team gave advice on safe riding and a demonstration on bike safety checks. The money was used to purchase bicycle safety items. Total cost of project - £1273
Halton – Runcorn On Call Children's Christmas Party	On Sunday 15 th December 2019 members of Runcorn On Call Watch organised and delivered a Christmas party on station for all serving staff from Runcorn Station and their families. This was a follow on of last year's Christmas Party which was held in the memory of FF Paul Smith who sadly passed away. Included in the day was a disco, bouncy castle, buffet, ice cream and sweet stall, as well as a visit from Santa. Every child that attended was given a present and selection box from Santa. The money raised to provide these gifts was raised by on call members through a tombola held at Asda Runcorn three weeks earlier and also through a raffle. All of the gifts for the raffle were kindly donated by local business. The cost of the buffet was funded by Halton UPG which was greatly appreciated. The party was held in the appliance pump bay which provided a perfect dance floor area for the children to enjoy the disco. The appliance bay was decorated by On Call crew members with decorations kindly donated by Howdens Joinery based in Runcorn. FF

2019/20 Unitary Performance Group Funding Bids

	<p>Ricky Goff who responds from Howdens, organised the decorations in return for the On Call appliance attending Howdens family fun day earlier in the month. That too was a great success.</p> <p>Ian Moore from the Firefighters Charity kindly allowed us to use the ice cream machine from the charity to give away ice cream to the children. "We placed a donation bucket next to the machine throughout the day, and from both the ice cream donations and money left over from the raffle and tombola, we raised a total of £180 which we will be donating to the Firefighters Charity".</p> <p>Total cost of project - £116.47</p>
<p>Warrington - Extension Leads</p>	<p>40 Extension Leads to support members of the community through the following engagement with CFRS:</p> <p>Safe and Well Post Fire Engagement Agency referrals Homes Safety Assessments.</p> <p>Total cost of project - £259.20</p>
<p>Warrington – Deep Fat Fryers</p>	<p>25 Deep Fat Fryers for members of the community whom have been identified as owning a chip pan through the following engagement with CFRS:</p> <p>Safe and Well Post Fire Engagement Agency referrals Homes Safety Assessments.</p> <p>Total cost of project - £416.25</p>
<p>Warrington – Drowning Prevention Week</p>	<p>Drowning Prevention Week (DPW) - LiveWire culminate a 10 week water safety program to all Warrington based primary schools (Age 7/8 and 8/9) across 4 x sites:</p> <ul style="list-style-type: none"> • Jubilee Hub • Woolston Hub • Broomfield’s Leisure Centre • Sankey leisure centre <p>We provided an interactive and dynamic show of our swift water rescue technique (SRT) capability to complement the skills the children are already being taught in relation to rescue.</p> <p>Water bottles were purchased and handed out with the safety message, to all the young people at all the sessions.</p>

2019/20 Unitary Performance Group Funding Bids

	Total cost of project - £1814.94
Warrington - VPX - Victoria Park Experience 2019	<p>This was an event for youths during the school summer holidays to occupy them and discourage them from engaging in anti social behaviour.</p> <p>Included in the event were a range of activities with many partner organisations attending and contributing to the costs.</p> <p>Total cost of project - £2000</p>
Warrington – Station Open Days	<p>Station open days were held at Warrington, Lymm and Penketh Fire Stations.</p> <p>Assisted by local Police, Fire Cadets, On-Call Teams, FF Charity and Volunteers, the days proved to be a great success.</p> <p>Crews took the opportunity to engage with our local community to discuss and educate in a wide range of topics including Road Safety.</p> <p>We held two live Road Traffic Collision demonstrations extricating a live casualty (with fire cadets) and gave fire safety advice.</p> <p>Total cost of the project - £2837</p>
Warrington – Orford Clean Up	<p>To provide skips to allow the collection and removal of fly tipped waste and subsequent fire setting opportunities.</p> <p>The provision of the skips ran in parallel to staff from across all agencies knocking on doors and providing general safety advice.</p> <p>The agencies involved include Warrington Borough Council, Police, our own Prevention department and Housing.</p> <p>Total cost of project - £216</p>
Warrington – Christmas Day Hospital Visit	<p>For Christmas Day, Red Watch, Warrington visited @WHHNHS Paediatric ward to drop some presents off for the children and their families to help give them some festive cheer.</p> <p>Total cost of project - £356</p>
Warrington – Street Sports Project	<p>The Warrington Street Sports Project was supported by Cheshire Fire and Rescue Service and promoted positive messages through a programme of diversion and supervision to endeavour to reduce the levels of ASB in Warrington, to educate, divert and reduce deliberate fire setting.</p> <p>Total cost of project - £3000</p>

2019/20 Unitary Performance Group Funding Bids

<p>Warrington – Christmas Open Door Event</p>	<p>Money was spent on items that Warrington Open Door needed for homeless and vulnerable people over Christmas. Total cost of project - £88</p>
<p>Warrington – Young Carers Weeks</p>	<p>Warrington Fire Station visited some very special carers for #youngcarersawarenessday and to show appreciation for what they do every day and gave them some gifts. Total cost of project - £213</p>
<p>Warrington – Children’s Mental Health Week</p>	<p>Warrington Fire Station were proud to support @Place2BE #ChildrensMentalHealthWeek and visited Evelyn Street Primary to talk to parents and children about the importance of children’s #mentalhealth. They gave out leaflets and a good bag for each child. Total cost of project - £27</p>



Making Cheshire Safer

Operational & Command Training

Training Performance Annual Report
2019-20



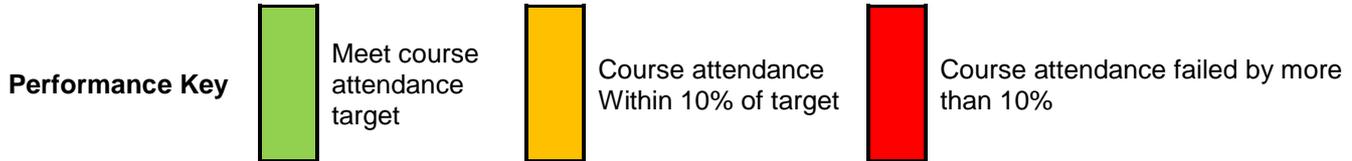
www.cheshirefire.gov.uk

Introduction

This performance report presents to the Service Management Team (SMT) the training outcomes which have been achieved throughout the training year 2019 – 2020.

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 traffic light system for ease of reference.



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. Any staff who are dual role are only counted once.

Figures Explained

Each quarter we count the numbers of staff who attend the course. 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. The final column shows the SMT the actual number of staff who did not attend and the 'Summary of Current Performance' provides an explanation of actions to ensure these staff have their skills reviewed and an action plan is in place if needed.

SMT 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.

- 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.

Covid 19

This year the isolation control measures affected a small number of BA refreshers, Compartment Fire Behaviour refreshers and some command training in the latter part of March 2020.

Steven Barnes: Head of Operational Policy and Assurance

Operational Training – Performance Dashboard

Performance Key		Meeting target	Within 10% of target			Falling against target by at least 10%												
Core Refresher Courses 2019/20	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 delegates attended by refresher type	number of eligible staff that did not attend (See summary of performance)	
OTG Page 103	BA Day 3 Refresher at HQ 100% of eligible staff to attend	492	22	221	44.92%	8	79	16.06%	11	124	25.20%	6	61	12.40%	47	485	98.58%	39
	BA Day 2 Refresher at MIA 50% of eligible staff to attend final year	287	5	49	17.07%	12	115	40.07%	7	68	23.69%	5	50	17.42%	29	282	98.26%	23
	RTC Refresher To Mop up staff due to expire before June 2020	151	10	111	73.51%	3	32	21.19%	5	57	37.75%	0	0	0.00%	18	200	132.45%	6
	RTACC Refresher 33% of eligible staff to attend (517 eligible)	171	6	58	33.92%	6	59	34.50%	3	24	14.04%	3	26	15.20%	18	167	97.66%	3
	Hazardous Materials Refresher To Mop up staff that did not attend last year	94	2	23	24.47%	2	15	15.96%	0	0	0.00%	6	55	58.51%	10	93	98.94%	11
	Height Safety Refresher 100% of eligible staff to attend	458	22	214	46.72%	10	100	21.83%	13	119	25.98%	6	51	11.14%	51	484	105.68%	16
	SWV Day 1 83 - 100% of eligible staff to attend (181 eligible staff must attend 5 times out of 6 sessions over 3 years = Target of 150 to 181 staff to attend)	150	0	0	0.00%	6	66	44.00%	11	110	73.33%	0	0	0.00%	17	176	117.33%	N/A
	SWV Day 2 83-100% of eligible staff to attend (190 eligible staff must attend 5 times out of 6 sessions in 3 years = Target of 158 to 190 staff to attend)	158	0	0	0.00%	0	0	0.00%	0	0	0.00%	12	120	75.95%	12	120	75.95%	38
CTG	WM 7 Assessment 100% of eligible staff to attend	70	33	33	47.14%	7	7	10.00%	10	15	21.43%	28	26	37.14%	78	81	115.71%	N/A
	ICA Assessment Voluntary	45	12	12	26.67%	12	12	26.67%	18	16	35.56%	12	12	26.67%	54	52	115.56%	N/A
	EFSM 2 Assessment 100% of eligible staff to attend	10	6	7	70.00%	4	6	60.00%	6	7	70.00%	5	5	50.00%	21	25	250.00%	N/A
	WM 7 Day 1 100% of eligible staff to attend	170	21	124	72.94%	5	36	21.18%	0	0	0.00%	0	0	0.00%	26	160	94.12%	10
	WM 7 Day 2 100% of eligible staff to attend	170	1	3	1.76%	6	40	23.53%	15	93	54.71%	2	16	9.41%	24	152	89.41%	18
	SMM 1 Days 100% of eligible staff to attend	180	2	24	13.33%	4	49	27.22%	2	19	10.56%	3	33	18.33%	11	125	69.44%	55
	Weekend Incident Command Desirable to attend	96	2	52	54.17%	2	48	50.00%	0	0	0.00%	0	0	0.00%	4	100	104.17%	N/A
EFAD Refresher	72	21	21	29.17%	17	17	23.61%	11	11	15.28%	22	22	30.56%	71	71	98.61%	1	
Totals for all Core Refreshers	2394	144	931	38.89%	81	598	24.98%	90	542	22.64%	76	335	13.99%	391	2406	100.50%		

Operational Training Group

Breathing Apparatus Day 1 Refresher

Target number of delegates for year: BA Day 3 = 492		Cumulative % of delegates attended: Day 3 = 98.58% (Actual 92.07%)
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

BA Day 3

6 courses run in the final quarter with 61 members of staff attended = 12.40%
 Over the whole training year 47 courses ran with 485 members of staff attending = 98.58%
 12 courses were cancelled 9 due to instructor availability and 3 due to covid 19
 39 members of eligible staff have not attended a BA Day 3 (22 x WT & 17 x OC) = 92.07% attendance (26 of these were booked on to 1 of the 3 courses cancelled due to covid 19). Of the 39 staff that have not attended none have lost their BA skill, 6 have attended a covid 19 light course and a further 5 have had their BA skill extended for 6 months, all but 1 had also 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. During this current situation, the OTG staff will follow the guidance of the Covid 19 Operational Training Policy; they will assess staff competencies and deliver localised 'light' BA refreshers.

Compartment Fire Behaviour Refresher – BA Day 2 Refresher

Target number of delegates for year: BA Day 2 (Compartment Fire Behaviour) = 287		Cumulative % of delegates attended: Day 2 = 98.26% (Actual 91.99%)
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

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 the final quarter of the second year.
 5 courses run in this quarter with 50 members of staff attended = 17.42%
 Over the final year of this cycle 29 courses ran with 282 members of staff attending = 98.26 %
 8 courses were cancelled, 6 not needed, 1 due to incident and 1 due to covid 19.

Over the entire two-year period 23 members of eligible staff have not attended a BA Day 2 (12 x WT & 11 x OC) = 91.99% attendance
 (11 of these were booked on to the course cancelled due to covid 19).
 Of the 23 staff that have not attended 1 temporarily lost their BA skill (but has since regained following a development plan) and 1 had their BA skill extended, the other 21 have all attended a BA Day 3.

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. During this current situation, the OTG staff will follow the guidance of the Covid 19 Operational Training Policy; they will assess staff competencies and if required will deliver Compartment Fire Behaviour to small numbers of staff.

RTC Training

Target number of delegates for year: 151		Cumulative % of delegates attended: RTC = 132.45% (Actual 96.03%)
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

This year's RTC Refreshers were 'mop ups' and the target was for 151 Station Based FF's, CM's and WM's eligible for RTC refresher. Their 'ticket of competence was due to expire before June 2020. Over the whole training year 18 courses ran with 200 members of staff attending = 132.45% 6 of the 151 members of eligible staff did not attend = 96.03% actual attendance the RTC skills of these staff have now expired.

What actions will be required to improve performance?

The six staff who did not attend have had their Station Training records checked and they have been undertaking RTC training in accordance with the Service Training Forecast. In the 2020/21 Training year 100% of eligible Station Based FF's, CM's and WM's will be required to attend an RTC refresher, the outstanding staff will be prioritised. During this current situation, the OTG staff will follow the guidance of the Covid 19 Operational Training Policy; they will assess staff competencies and deliver localised 'light' RTC refreshers.

RTACC Training

Target number of delegates for year: 171		Cumulative % of delegates attended: RTACC 97.66% (Actual 98.25%)
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

The target is for 33% of the Station Based FF's, CM's and WM's eligible for RTACC to attend each year. 3 courses run in this quarter with 26 members of staff attended = 15.20%

3 eligible members of staff (all WT) did not attend a refresher; their skills have been extended for 6 months. A further 4 members of staff (2 WT and 2 OC) did not attend within the designated timeframe and their RTACC skill expired. They will now be required to attend a 3-day initial course programmed in 2020-21.

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. During this current situation, the OTG staff will follow the guidance of the Covid 19 Operational Training Policy; they will assess staff competencies and deliver RTACC initial training to small groups and localised 'light' RTACC refreshers and initial courses.

Operational Training Group - continued

Hazardous Materials Training		
Target number of delegates for year: 94		Cumulative % of delegates attended: Hazmat 98.94% (Actual 88.30%)
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20
Summary of Current Performance		
<p>This year 94 members of eligible Station Based FF's, CM's and WM's that did not attend last year are required to attend Hazmat Refresher mop ups. The Hazmat competence must be maintained within a four-year period so no one's competence had expired.</p> <p>Over the whole training year 10 courses ran with 93 members of staff attending = 98.94% 11 of the 94 members of eligible staff did not attend (9 OC and 2 WT) = 88.30% actual attendance only one of these has no Hazmat Skill as they transferred in to the service, all 11 outstanding staff will be programmed on 'mop ups' in 20/21.</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. During this current situation, the OTG staff will follow the guidance of the Covid 19 Operational Training Policy; they will assess staff competencies and deliver localised 'light' Haz Mat refreshers.</p>		

Height Training		
Target number of delegates for year: 458		Cumulative % of delegates attended: Height Safety 105.68% (Actual 96.51%)
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20
Summary of Current Performance		
<p>This year 100% of eligible Station Based FF's, CM's and WM's are required to attend a Height Safety Refresher 6 courses run in this quarter with 51 members of staff attended = 11.14% Over the whole training year 51 courses ran with 484 members of staff attending = 105.68% (some of these will have attended more than once or were not required to attend in this cycle) 16 members of eligible staff did not attend (9 OC and 7 WT) = 96.51% actual attendance. 1 member of staff's Height skill has expired the other 15 members of staff are still in date. All 16 outstanding staff will be programmed on 'mop ups' in 20/21.</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. During this current situation, the OTG staff will follow the guidance of the Covid 19 Operational Training Policy; they will assess staff competencies and deliver localised 'light' Height refreshers.</p>		

Operational Training Group - continued

SWV Training		
Target number of delegates for year: Day 1 = between 150 to 181 and Day 2 = between 158 to 190		Cumulative % of delegates attended: Day 1 = 117.33% (Actual 86.19%) and Day 2 = 75.95% (Actual 61.16%) Combined day 1 and 2 = 96.10%
Previous Status	Current Status both days	Reporting period: Q4
		01/04/19 to 31/03/20
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>Due to the movement and retirement of staff, the Swift Water attendance figures change regularly. The Admin Hub (Operational Support Team) monitor the attendance record of every individual and where required report on any shortfalls of attendance.</p> <p>The extremely heavy rain in February saw rivers rise to unprecedented levels, burst their banks and cause a whole month's planned swift water training to be cancelled due to safety concerns. This had a pronounced effect on training figures.</p> <p>The local training records of staff have been reviewed in collaboration between the OTG and Station Managers and whilst a small number of staff have been removed from being allowed to continue to operate as a Swift Water Technician, the majority have been granted a six-month extension.</p>		
What actions will be required to improve performance?		
Swift Water training will continue at stations using local risks and a risk assessed approach will be taken on the continued operational capability of staff.		

Command Training Group

WM7 Assessment

Target number of delegates for year:		Actual cumulative % of delegates attended:
<ul style="list-style-type: none"> Assessment = 70 		<ul style="list-style-type: none"> Assessment = 115.71%
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

The WM7 Assessments undertaken in April, to December 2019 relate to the 2018/19 training year not 2019/20. The assessments have run over due to an increase in promotional assessments, transfer in assessments, re-sits, ICA's moving over to WM7 and the fact that the suite is working at half its normal capacity. 2019/20 assessments started in January 2020 as normal. Although figures look good here we are significantly behind with regards to people due to expire in 2020. Covid-19 cancellations have impacted on this even further. Seven assessments were cancelled in the month of March 2020 due to Covid-19.

What actions will be required to improve performance?

During this current situation, CTG staff will follow the guidance of the Covid 19 Operational Training Policy; All staff who's WM7 skill is due to expire within 2020 subject to completion of the WM7 day 1, will have the skill set extended for a further 6 months.

WM7 Day 1 & 2

Target number of delegates for year:		Actual cumulative % of delegates attended:
<ul style="list-style-type: none"> Day 1 = 170 Day 2 = 170 		<ul style="list-style-type: none"> Day 1 = 94.12% Day 2 = 89.41%
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

WM7 Day 1 ran over until July 2019. We held two mop up sessions to capture a few candidates who could not attend but still couldn't quite capture everyone, mainly down to staffing levels on the day and primary work commitments for On Call. The remainder are to be picked up by their respective SM's. WM7 Day 2 ran from September to December 2019, with a couple of mop up dates in January 2020.

What actions will be required to improve performance?

During this current situation, CTG staff will follow the guidance of the Covid 19 Operational Training Policy; All staff who hold the WM7 skill are receiving WM7 day1 remotely via Skype, this is compulsory training.

Command Training Group - continued

ICA Assessment

Target number of delegates for year: 44		Actual cumulative % of delegates attended: 118.18%
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

ICA Assessments had to start late due to WM7 assessments running over. ICA assessments usually run Apr-June and Oct-Dec. The first round did not manage to start until the very end of May, therefore assessments ran on until early August. Round two of assessments started at the end of October due to promotion board assessments and other courses filling up dates in September and October. They have run over into 2020 and ICA assessments are booked in throughout January, February and March along side WM7 assessments. Two assessments were cancelled in the month of March due to Covid-19.

What actions will be required to improve performance?

During this current situation, CTG staff will follow the guidance of the Covid 19 Operational Training Policy; All staff who's ICA skill is due to expire within 2020 subject to completion of the ICA day 1, will have the skill set extended for a further 6 months. A number of new assessments have taken place to ensure business continuity can be maintained on various stations.

EFSM2 Assessment

Target number of delegates for year: 10		Actual cumulative % of delegates attended: 250.00%
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

EFSM2 Assessments run throughout the year when expiry dates are due. Promotional assessments are also run in line with HR recruitment processes. We have had an unusually high number of EFSM2 assessments this year, mainly due to promotion boards and re-sits.

What actions will be required to improve performance?

During this current situation, CTG staff will follow the guidance of the Covid 19 Operational Training Policy; All staff who's EFSM2 skill is due to expire within 2020 subject to completion of the SMMI day 1, will have the skill set extended for a further 6 months.

SMMI Days

Target number of delegates for year: 180		Actual cumulative % of delegates attended: 69.44%
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

SMMI day 1 was held at Chester Zoo, Day 2 was held at Manchester Airport, Day 3 was held at NWFC, Day 4 was held at AstraZeneca, Day 5 was held at Urenco EP and Day 6 was held at AstraZeneca again. Attendance has been good but unfortunately Day 6 was affected by Covid-19 cancellations therefore we were not able to deliver all training days.

What actions will be required to improve performance?

During this current situation, CTG staff will follow the guidance of the Covid 19 Operational Training Policy; In 2019/20 we arranged the six training days earlier, opening them up to GM's and AM's, as well as holding them off site at potentially high risk venues in Cheshire. Delivery methods during 2020 due to the Covid-19 pandemic will be completed via remote training.

Weekend Incident Commander

Target number of delegates for year: 96		Actual cumulative % of delegates attended: 104.17%
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

Attendance was good at the four Weekend Incident Command courses held in 2019.

What actions will be required to improve performance?

None.

Driver Training

EFAD Training

Target number of delegates for year: 72		Actual cumulative % of delegates attended: 98.61%
Previous Status	Current Status	Reporting period: Q4
		01/04/19 to 31/03/20

Summary of Current Performance

The increased requirement for EFAD initials reduced the number of dates available for EFAD refreshers. Driving School has worked hard to find dates for the required refreshers but unfortunately one was cancelled due to Covid-19 in March.

What actions will be required to improve performance?

Currently no improvement required.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND JULY 2020
REPORT OF: HEAD OF PROTECTION AND ORGANISATIONAL
PERFORMANCE
AUTHOR: ANTHONY JONES

SUBJECT: HMICFRS INSPECTION ACTION PLAN

Purpose of Report

1. To present the 2019-20 Quarter 4 review of performance against the action plan in response to the identified 'Areas for Improvement' (AFI) from the inspection report of Cheshire Fire and Rescue Service (CFRS) by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

Recommended: That

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

Background

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

Information

7. The Service's Performance and Programme Board (members of the Service Management Team) receives a bi-annual review of performance against the plan. The Board is responsible for monitoring and reviewing progress against performance targets and ensuring that action is taken wherever possible if targets are not being met. The performance reviews are in turn presented to the Performance and Overview Committee in the performance health report format.
8. The health report is attached as Appendix 1 to this report.

Financial Implications

9. None

Legal Implications

10. None

Equality and Diversity Implications

11. None

Environmental Implications

12. None

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TEL [01606] 868804
BACKGROUND PAPERS: NONE**

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 3	Date: July 2020
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
	
Progress Against Actions	
1	<p>Ensure inspecting officer vacancies are filled within 3 months to prevent cumulative experiential degradation.</p> <p>Records continue to be maintained to evidence the timeline of when vacancies arose and when they were filled. Most recently, 3 Watch Manager and 1 TFSO vacancy become available. Two WM's were recruited within the 3 month timeframe but one remains vacant due to a lack of applicants. The TFSO recruitment process was slightly delayed and had to be carried out virtually due to C19 restrictions. It is hoped that the 3 month timeframe will still be achieved. Alternative approaches are being considered to address the WM position including looking to trial proposals from the Protection Review.</p> <p>This action is now embedded within departmental management processes and has been closed.</p>
2	<p>New Inspectors to be trained to Level 4 Diploma within 24 months.</p> <p>Feedback from course providers, instructors and students suggested that the original 18-month target was too short due to the availability of courses and the need for inspecting staff to apply the learning between courses. Therefore, it was agreed by SMT to approve a revised target time of 24 months.</p> <p>Records are maintained to evidence when inspectors started in role and when they completed the training courses. The availability of North West courses is an issue and as a consequence staff are attending the Xact operated courses at significantly higher costs.</p> <p>C19 social distancing restrictions have led to a number of courses being cancelled. This will impact on staff development. Some courses are being delivered by distance learning and the department are looking to assess the quality of this provision and ensure development and competence can be acquired and maintained during the restrictions.</p> <p>Achievement of L4 Diploma within 2 years is being achieved by all new staff and currently 62.5% of inspecting staff have achieved this level with the remainder all on the pathway.</p> <p>This action is now embedded within departmental management processes and has been closed.</p>

3	<p>Skills, recruitment, retention and succession planning to be specifically considered in departmental review.</p> <p>The draft departmental review was submitted to the ACFO in August 19. Due to the lack of major changes to the Protection landscape to date, post Grenfell, the review has not been able to fully consider the implications.</p> <p>In May 2020 the Home Office announced additional funding in two tranches for Protection Departments to assist with Grenfell related work and improving Protection activities generally. Further work is now taking place to consider the best use of the funding alongside the review outcomes in relation to recruitment, retention and succession.</p> <p>SMT agreed to amend the target date for completion, from August 2019 to June 2020 based on the update above.</p>
4	<p>Department and individual targets to be reviewed to ensure they are achievable taking in to account a vacancy factor.</p> <p>It was agreed that the organisational KPI for 'Fire safety audits in non-domestic premises' would be revised from Q3 to be more suitable and appropriate. From Q3, reporting of this target was shown as the number of audits achieved against the capacity in the team, which is determined by the number of competent inspectors. Each of our qualified technical fire safety inspectors are targeted to carry out 30 audits per quarter. For quarter 3 we had the capacity to achieve 345 and actually achieved 422. For quarter 4 we had the capacity to achieve 510 and actually achieved 420.</p> <p>Performance has improved since the same period last year and is still significantly higher than the national average and completion of the RBIP is on track.</p> <p>In 2020/21 performance reporting is also going to measure completion against the RBIP. Action Closed.</p>
5	<p>Risk Based Inspection Programme (RBIP) to be reviewed.</p> <p>Business Intelligence have provided a data set to inform the wider RBIP review. This data suggests a larger number of non domestic premises than previously thought but has required manual filtering from the corporate gazetteer. This information will now be used to undertake a full policy review alongside considering the assurance required by the draft IRMP. Operational crews completed over 2000 thematic inspections in 2019/20 to support the RBIP.</p> <p>This RBIP review is an objective within the IRMP which has been signed off by the CFA. As it is a complex piece of work a PID will be developed and delivery will now be tracked by the normal project scrutiny processes. Action Closed</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 3

Date:
July 2020

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



Progress Against Actions

1	<p>Develop a clear CFRS Collaboration Strategy that will inform collaboration activity in future.</p> <p>The strategy was presented at the Fire Authority meeting in February and approved by Members. Action Closed</p>
2	<p>Utilise the Partnership Toolkit as guidance and practice for all new collaborations.</p> <p>The forms used for partnership initiation, review and evaluation are referred to in the Collaboration Strategy. There are also other review mechanisms in place for some of the more significant collaborations. Therefore, where more suitable mechanisms are already in place they will continue to be used. Action Closed</p>
3	<p>Sense check, review and evaluate exiting collaborations by using the Partnership Toolkit or other appropriate method / process</p> <p>Evaluations are ongoing in relation to the FRIC arrangements and in respect of the services provided under Blue Light Collaboration by the Communications team and Human Resources team. The Partnership toolkit has not been used for these evaluations. However other more suitable review mechanisms have been used instead and the outcome of these evaluations is expected soon.</p>
4	<p>Embed the process of collaboration by communicating and providing training where necessary for all stakeholders.</p> <p>Significant collaborations will be considered by the Service Management Team The Collaboration Strategy and performance framework will be communicated to staff and discussed at a future management conference. Action Closed.</p>
5	<p>Review the status of each collaboration regularly and continue to gather the evidence to support this.</p> <p>The register of collaborations captures the key collaborations. The initial work has concentrated on Blue Light Collaboration (BLC).</p> <p>The BLC performance framework is largely agreed and some performance information is now being produced. Progress reports will be submitted to SMT twice a year in June 2020 (delayed due to COVID-19) and December 2020.</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 3

Date:
July 2020

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



Progress Against Actions

1	<p>Revise the budget setting process and methodology incorporating broader scenario planning and implement Priority Based Budgeting (PBB).</p> <p>The PBB process has been challenged, amendments made and services marked by senior managers to set the priorities. Funding allocations have been linked to priority areas. Action Closed</p>
2	<p>Develop plans to achieve the saving forecasts in the Medium Term Financial Plan.</p> <p>The MTFP was updated for the consultation and presented to Members at their planning day. The 2019 /20 savings are being monitored and the three quarter year review was presented to the P&O Committee in February. Action Closed</p>
3	<p>Complete Whole Service Review</p> <p>The Whole Service Review (WSR) was completed during the last 18-months and involved extensive consultation and collaboration with staff and stakeholders. The WSR followed our Community Risk Management (CRM) principles to prioritise resources to risk. It also dovetailed into the new Priority Based Budgeting (PBB) process so that it provided a range of options to meet differing financial scenarios. The outcomes and proposals from the WSR were included within the 2020-24 IRMP which was approved by the Fire Authority on 1st July 2020. A range of options (not included in the IRMP) are on a reserve list should they be required to meet financial scenarios that could arise over the life of the MTFP. Action Closed.</p>
4	<p>Review other Services' HMICFRS reports as published to identify notable practice</p> <p>A review has taken place of other HMICFRS reports and of Cheshire Constabulary's approach to future financial forecasting. The Constabulary received an outstanding grading in this area. Therefore, it has been agreed to adopt the Constabulary's best practice and use the Priority Based Budgeting process which is designed to prioritise resource allocation to risks and business need within a range of financial scenarios. This has resulted in a ranked listing for resources and proposals relative to the overall financial plan and priorities. Action Closed.</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 3

Date:
July 2020

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



Progress Against Actions

1 and 2	<p>For the Joint Corporate Procurement Team to develop relationships and engage with National Procurement activity to ensure that all purchasing decisions are well informed.</p> <p>Continue to engage with North West services on procurement efforts wherever appropriate.</p> <p>A pro forma has been developed to explain the chosen procurement route in more detail. Therefore, if we haven't used a national / regional / collaborative approach it will be clear why. The Head of Procurement continues to meet with other Heads of Procurement across the North West. A significant proportion of purchases involve collaborative procurement.</p>
3	<p>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.</p> <p>Ongoing meetings between Head of Governance and Commissioning and Head of Procurement. The Head of Governance and Commissioning is considering how end user satisfaction about process / product / service can be captured.</p>
4	<p>Gather evidence to demonstrate how CFRS ensures Value for Money and be clear in the information we provide.</p> <p>The 'basket of goods' exercise evidenced the benefits of regional procurement that the Service participates in, highlighted as best practice in HMICFRS reports.</p> <p>Director of Governance and Commissioning to consider decision notes when contracts are presented for signature.</p>
5	<p>Record the process used to benchmark our procurement.</p> <p>It has been established that procurement portal will provide evidence. Action Closed.</p>

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 3	Date: July 2020
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
	
Progress Against Actions	
1 and 2	<p>Undertake review of Attendance Management (AM) Policy with specific focus on terminology and language to achieve a more compassionate and appropriate tone.</p> <p>Develop an Attendance Management toolkit for Managers reference explaining policy.</p> <p>Actions 1 and 2 have now been combined on the action log. The Attendance Management Toolkit was launched and discussed at Management Conference. This included a workshop to discuss the application of the policy in terms of language, tone and approach.</p> <p>The Attendance Management Policy has been updated and is currently out for consultation with the rep bodies.</p>
3	<p>Incorporate Attendance Management into Step Up Leadership Programme and as part of supervisory induction to embed the process within CFRS.</p> <p>Revised attendance management toolkit to be incorporated into the Step Up programme. Action Closed</p>
4	<p>Develop and launch communications plan to highlight positive/ supportive aspects of attendance management and wellbeing within CFRS.</p> <p>The “Who Do I turn to?” campaign was re-launched in Spring 2020 to remind staff about the available support in respect of wellbeing, personal safety and inappropriate conduct; including a confidential helpline.</p> <p>Updates were also given about attendance management at the staff conferences in January and February. Guidance materials have been commissioned for distribution to staff during HR Attendance Management roadshows. These roadshows are intended to raise awareness of the benefits of attendance management and were originally scheduled to commence in May. As a result of C19 and the social distancing arrangements these have now been rescheduled to commence in July. Consideration is also being given to running these sessions via Skype if face to face contact remains limited.</p>
5	<p>Create new post of Mental Health and Wellbeing Advisor (MHWA) and appoint appropriately qualified person to role.</p> <p>The Mental Health & Wellbeing Advisor started in July 2019. Events have taken place to mark World Mental Health Day, stopping the organisation to give staff time away from normal duties to focus on mental health and wellbeing. The</p>

	Service will be building on this to create an ongoing focus on mental health. Action Closed
6	Introduction of Wellbeing impact assessments on all business cases and project proposals for change that involve staff. Template sent to Corporate Planning and Performance Department for inclusion in business case templates. Mental Health will also be incorporated into all People Impact Assessments on new policies. Action Closed
7	Review the amended duties programme of activities for those on restricted duties. The Equality and Inclusion Officer has been assigned to assist in the identification of meaningful assignments for people on restricted duties and in particular pregnant employees. Action Closed
8	Review other Services' HMICFRS reports as published to identify and implement notable practice. The Director of Transformation has met with Lancashire Fire and Rescue Service to review best practice. Equality and Inclusion Officer to review further areas of best practice and feedback. Action Closed
9	Prepare a paper for discussion setting out a review of CPD. The CPD review is deferred until then end of this year.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 3

Date:
July 2020

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



Progress Against Actions

1, 3 and 4	<p>Review the monitoring arrangements for overtime for all staff and implement any revised arrangements.</p> <p>Report regularly on overtime in a meaningful way.</p> <p>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.</p> <p>Actions 1,3 and 4 have been combined in the updated version of the action log.</p> <p>Overtime was reviewed as part of Working Time Directive (WTD) meetings and new overtime monitoring is in place for Day Crewing and Nucleus stations. This is now embedded on the respective stations. All other duty systems have been recording overtime in accordance with the policy and arrangements remain fit for purpose.</p> <p>Overtime continues to be monitored at a local station level and reviewed by Service Delivery Managers. The WTD group continues to meet regularly and monitor the position of individuals on each duty system who appear to be exceeding agreed or recommended hours of work.</p> <p>A more detailed monitoring arrangement spreadsheet has also commenced for all officers that work the flexi duty system and the 42hrs day duty system. This is monitored through the WTD group. The process of data gathering and presentation continues to be improved and new timesheets have enabled the data for Station and Group Manager roles to become visible within the current reference period.</p> <p>HR are preparing the final amendments to the working time policy. It will then be shared with the Rep Bodies and SMT prior to sign off. The policy now includes additional fatigue management guidance for all duty systems.</p> <p>Action Closed</p>
2	<p>Provide training on the monitoring and risks of fatigue.</p> <p>The ACFO and Head of OPA briefed Station Managers and Group Managers in November 2019 in relation to their role managing fatigue across the Service.</p> <p>An E learning package was launched in March following the inclusion of additional guidance and diagrams.</p>

	<p>In addition, a new standard has been included in the Station Management Framework to ensure that the monitoring of fatigue is implemented and signed off by line managers across the duty systems.</p> <p>Action Closed</p>
3	<p>Review other Services' HMICFRS reports as published to identify and implement notable practice.</p> <p>As well as reviewing other FRS's reports, we are engaging across the North West Service Delivery managers with an initial meeting on 9th March 2020. As a result of this meeting the regional Heads of Service Delivery have set up a closed group communications channel on the NFCC workplace platform. This enables further sharing of information and best practice.</p> <p>The On Call Programme Managers are embedded within the NFCC On Call Practitioners Group and, as well as sharing best practice, are leading on innovations in recruitment, retention and training. Cheshire Officers are also part of the NFCC On Call Practitioners (North England) Working Group, looking specifically at On Call Training.</p> <p>One such initiative includes the creation of a combined safety officer role across two or three emergency services. Visits have taken place to Cornwall FRS to further research this concept and a proposal to create and implement a joint Police/Fire safety officer role was due to be presented to Chief Officers. Unfortunately, Covid-19 has delayed progress in this workstream. However, the background work has been completed and, once restrictions are reduced, further conversations with colleagues within Cheshire Constabulary will commence. This will result in a joint ambition to recruit and fund dedicated safety officers to trial in certain locations. The purpose of which is twofold: to reduce crime and disorder and to increase on call appliance availability.</p> <p>Action Closed</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 3

Date:
July 2020

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



Progress Against Actions

1	<p>CFO to undertake visits to all operational watches on an individual watch basis and visits to all non operational team.</p> <p>Watch Visits and non-operational visits completed. Action Closed</p>
2	<p>Programme of Principal Officers' visits to all watches and teams developed for 2019/2020.</p> <p>Senior leaders completed over 260 team visits since July 2018 and acted upon feedback. A programme of visits is now planned for 2020 and is currently underway. Action Closed</p>
3	<p>Programme of visits to all watches and teams developed for SMT, Group and Station Managers for 2019/2020.</p> <p>SMT have visited all stations to discuss staff survey results and draft IRMP.</p> <p>The SMT visits are now programmed into calendars as a permanent cycle. Station Managers and Group Managers will also be conducting further visits with their own teams to increase visibility and discuss the staff survey. Action Closed</p>
4	<p>Programmed "back to the floor" activity by POs, SMT & GMs to work closely with teams throughout the service and experience the day to day issues faced by the teams a minimum of 2 days per year.</p> <p>The "Back to the Floor" day took place on 13th November 19. This will now take place every year. Two further events are planned for 2020. Action Closed</p>
5	<p>Creation of informal interaction opportunities with staff to build trust and improve relationships.</p> <p>Positive feedback has been received in respect of the presence of Senior Officers at retirement events coupled with the revised pay and recognition policy. Action Closed</p>
6	<p>Introduce a staff conference for non managerial staff in the service to improve engagement and promote feedback.</p> <p>Staff conferences took place in January and February 2020. Events so far have been well received and will now take place on an annual basis. Feedback has</p>

	been collated from staff in relation to the core values and IRMP proposals. Action Closed
7	<p>Review the core values to ensure fit for purpose and reflect the future aspirations of the service.</p> <p>The Core Values have now been launched following consultation with staff, members and rep bodies via conferences, meetings and an online survey. Action Closed</p>
8	<p>Review and update technology as required to promote and support agile working for all staff.</p> <p>Staff now have the capability to work remotely and with agility.</p> <p>The Service has also invested in new technology to allow devices to connect to other networks. The technology is being trialled as part of the Safire project.</p> <p>As a result of the COVID-19 and lockdown arrangements the Service has put in place arrangements for non operational staff to work from home and is currently reviewing the longer term arrangements.</p>
9	<p>Review other Services' HMICFRS reports as published to identify and implement notable practice.</p> <p>Other Services' HMICFRS reports have been reviewed however no notable practice was identified for this AFI. Action Closed</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 3

Date:
July 2020

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



Progress Against Actions

1	<p>All locations will have suitable technology to allow for two-way communication. This will enable a variety of interactions between teams, e.g. briefing sessions, question and answer sessions, training sessions, virtual meetings etc. It should reduce some travel and have an environmental benefit.</p> <p>This action has been re-worded since the original action plan was developed. The focus is now on two-way communication and enabling a variety of interactions between teams.</p> <p>SMT have received training in relation to briefing methods.</p> <p>Modern hardware has also been installed at two fire stations as part of the refurbishment programme.</p>
2	<p>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.</p> <p>The Winter Alert highlighted the headlines from the 2019 staff survey. A new staff engagement action plan will be developed following local briefings. Quarterly updates to continue throughout 2020/21. Action Closed</p>
3	<p>Development of visit feedback mechanism at all levels to ensure issues; feedback is acted upon and reported against.</p> <p>Below are some examples of where the service has acted on and made changes as a direct result of feedback from staff:</p> <ul style="list-style-type: none"> • Conducting a promotion board survey and improved processes in response to staff feedback • The setting up of the contaminants group which has representation from firefighters. • A review of the Station Manager flexi duty system. • The development of more advanced trauma training for operational staff which is currently being rolled out across the service. • The procurement of new undress uniform through the national framework. A working group was set up from a cross section of the organisation. • Using representatives from across the Service to adopt a consultative approach to revising the S&W methodology • Improving the process and communications around the modernisation of the Fire Houses estate.

	<ul style="list-style-type: none"> • Consultation and communications that influenced the workstreams of the On Call Programme • The appointment of a Mental Health and Well-Being Advisor. <p>Feedback is also escalated through the staff engagement steering group meetings which are held every 6 weeks.</p>
4	<p>Review other Services' HMICFRS reports as published to identify and implement notable practice.</p> <p>The new Equality and Diversity Officer is establishing good networks with other FRS and has contacted the Services who achieved good in this area.</p>

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 3	Date: July 2020
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
	
Progress Against Actions	
1	<p>Undertaken a survey to evaluate the communications methodology across the service and identify improvements.</p> <p>As communicated in the previous update, the survey has been undertaken and the Green is now circulated digitally to each staff member. The Alert remains in print with a digital news bulletin on the intranet. A member of the Communications team has also been assigned to each area as a SPOC. Action Closed</p>
2	<p>Involving staff at all levels to contribute to strategic issues and change.</p> <p>The staff engagement forum was set up in 2019 and the outcome report was presented to the Fire Authority in December 2019. The second cohort was launched in November 2019 and they have developed a timetable of areas that they wish to discuss and involve staff with. The staff engagement forum action plan will be submitted to SMT for review every quarter.</p> <p>In addition to the work of the staff engagement forum the following has also taken place:</p> <ul style="list-style-type: none"> • Introduction of new post of Mental Health and Wellbeing Advisor. • Input on working groups set up to establish/review suite of family friendly policies – i.e. maternity, adoption, menopause, paternity. • Development of specification for new “Step into Leadership” programme for aspiring and new operational supervisors. Content currently being developed by the Joint HR Services team. • Input on revision of Core Values. • Review commissioned on Alert publication
3 and 7	<p>To develop a feedback process to:</p> <ul style="list-style-type: none"> • Enable feedback from staff / handle staff suggestions and ideas • Ensure that staff understand/appreciate what has/has not been done in relation to suggestions that have been made. • Ensure results are published for transparency. • Establish as a key part of regular communications with timescales for progress/resolution. This should ensure matters are pursued in a timely manner. <p>Actions 3 and 7 have been combined in the latest version of the action plan.</p>

	<p>The current intranet does not have functionality for two-way communication, but we are in the process of exploring the option of moving the intranet in 6/9 months to a platform such as SharePoint to enable this to happen.</p> <p>Working group in process of being set up to coordinate review and development of new staff suggestion scheme. Corporate Communications will develop an on line forum as part of the implementation of a new intranet platform.</p> <p>Heightened emphasis has been placed on staff communications as a result of the C19 pandemic and a lot of extra communication channels and staff resources have been established. These include:</p> <ul style="list-style-type: none"> • Daily Principal Officer Briefings to staff • Senior Management virtual staff visits via Skype • Establishment of What's App groups for daily briefings • Development of dedicated COVID-19 intranet section • Development of FireBook Q&A Forum • Development of FireHouse Activities and Resources • Development of a Staff Survey to encourage feedback and identify risks
4	<p>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.</p> <p>This action has now been expanded to include a rebranding exercise and review of the STAR Awards to generate more nominations and broaden the appeal.</p> <p>The STAR Awards have now become a more prestigious event and represent peer to peer recognition in terms of both nominations and judging. It was changed from a day time to night time event in 2018 and rebranded in 2019 giving it more internal prominence and relevance. All winners are now celebrated through external and internal media channels. The event continues to grow year on year and has received positive feedback from firefighters and staff.</p> <p>Nominations are now open for the 2020 scheme. This year's nomination period will run from 1 February to 28 August, giving staff more time to nominate their peers and colleagues for awards. Nominations are judged by a panel of previous winners in September each year. The winners and a guest from each category will receive an invitation to the gala awards evening on Thursday 19 November to receive their awards. As a result of the COVID-19 pandemic the plans for the 2020 event are currently under review.</p> <p>There is not enough content to produce articles on a weekly basis in the Green, however throughout Alert there are articles thanking firefighters and staff for their work.</p>
5	<p>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.</p> <p>Details about retirees are now published in the alert newsletter and in the Green. Retirees can also request a small event for their last day involving family and friends and presentation by a principal officer if requested. 100% of retirement</p>

	<p>presentations have been facilitated by a Principal Officer since the review in Summer 2019.</p> <p>A review of retirement gifts and certificates has been completed. This has been well received with better quality gifts and more flexible options. Retirees are now sent letters and retirement gift brochures in advance of retirement presentations which are facilitated by a Principal Officer.</p> <p>Local recognition budgets have been established for “just in time” recognition to thank staff for valued contributions. Credit cards have also been provided to Heads of Department and Service Delivery Managers for prompt purchase of low level items.</p> <p>Newly promoted staff are now invited, as a matter of course, to a luncheon with the Senior Management Team following the conclusion of the Autumn Promotion Board process.</p>
6	<p>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 updates for all staff.</p> <p>There is a bespoke area on the intranet that keeps staff updated on the Service’s modernisation programme.</p> <p>The intranet is regularly updated and updates appear in the Green from time to time. The Communications teams is engaged in the process to ensure the information is timely and well presented.</p>

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22 JULY 2020
REPORT OF: HEAD OF PROTECTION AND ORGANISATIONAL
PERFORMANCE
AUTHOR: STEWART MARTINDALE

SUBJECT: PROSECUTIONS ANNUAL REPORT 2019-20

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 financial year 2019-20.

Recommended that:

- [1] the contents of this paper be noted; and
- [2] prosecutions remain 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 services had powers to inspect.
3. Depending on the seriousness of a regulatory breach, inspectors have a range of enforcement options available to them ranging from educate and inform, through to prosecution.

Prosecutions summary

4. Protection, supported by Legal Services and external solicitors, in the year 2019/20 undertook one prosecution which was successful (Appendix A).
5. The Authority secured extensive press coverage, providing public reassurance about its regulatory effectiveness and sending a clear message of deterrent to other businesses.
6. There are currently nine cases under investigation which may proceed to prosecution at a later date.

Financial implications

7. 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 £303,609.60 - as at 31/03/20.

Legal implications

8. 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

9. 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.

Environmental implications

10. 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 2019

2019

1. Forrester's Arms (Tarpurley) Ltd – Tarpurley

Following a fire within a chimney at the premises, a fire safety audit was undertaken by Protection officers on 28th January 2019. Numerous deficiencies were identified which posed serious risk to life from fire and a Prohibition and Enforcement Notice was issued. The deficiencies related to inadequate general fire precautions, compartmentation, means of warning, means of escape, emergency procedures, fire safety maintenance and fire safety training. The company was prosecuted and fined £2250 with the Authority being awarded £2250 costs. The director was awarded a 4-month custodial sentence (suspended for 12 months) and was issued with a curfew order.

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND JULY 2020
REPORT OF: DIRECTOR OF GOVERNANCE AND COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: RISK MANAGEMENT BOARD ANNUAL
REPORT 2018-19

Purpose of Report

1. To present to Members, the Risk Management Board Annual Report 2018-19 in order that they can consider the work of the Board.

Recommended: That Members

[1] Note the information in the report

Background

2. Risk Management Board (RMB) is chaired by the Chief Fire Officer and Chief Executive, with a membership comprising senior managers, key advisers from the Joint Corporate Service Planning and Performance Department, a representative from internal audit and two Fire Authority Members. RMB meets twice a year. RMB is responsible for:

Ensuring that risks are managed effectively through the development and implementation of a comprehensive risk management framework. To this end it:

- Identifies, assesses and monitors strategic risks and ensures that they are managed in line with the risk management framework.
 - Reviews any high priority internal audit recommendations in the context of risk and assesses specific risks referred to it by managers.
 - Undertakes review of the Crisis Management Plan
3. Since March 2017 risk management advice and support has been provided by the Planning and Performance Department which is one of the Joint Corporate Services. Whilst Fire and Police are separate organisations each with their own risk appetite there have been opportunities to develop a more joined up, resilient and systematic approach to risk management.
 4. At its meeting in March RMB decided that an annual report should be presented to Performance and Overview Committee.

Information

5. Significant progress has been made in reviewing risk management arrangements over the past twelve months. The objective for the Planning and Performance Department has been to bring together and simplify risk management arrangements across both organisations, and improve the quality of risk information to enable management to have better focus on risk.

Risk Management Process

6. The approach to managing risk is outlined in the Service's Risk Management Policy. In summary, the risk management process is broken down into the following key steps:



7. All risks are recorded on comprehensive risk registers, and it is these registers that are used to generate risk information across the organisation. Risks are identified at two levels, Departmental and Strategic. Processes are in place to ensure new emerging risks are captured and significant risks are appropriately escalated.

Strategic Risks – these risks are overseen by RMB and will normally involve a higher impact level.

Departmental Risks – are identified as part of the annual departmental planning cycle, throughout the year these risks are reviewed and updated. They are reported on by the Heads of Department on a quarterly basis.

8. A review of the Policy and practitioners guide was commissioned by RMB with a view to simplifying, refreshing, and clarifying the approach to risk management. As a result the policy and practitioners guide is now produced as two separate documents and reviewed every 3 years.
9. A common risk scoring matrix was adopted by Fire and Police and some slight changes were approved to the Fire matrix:
 - Red risks scoring **15-25** (score unchanged);
 - Amber risks scoring **9-14** (previously 5-14)
 - Green risks below **8** (previously 1-4).

Quarterly Risk Register Reviews

10. Quarterly risk register review meetings are undertaken by the Planning and Performance Department with every Head of Department in Fire as well as those in the Joint Corporate Services. These meetings provide an opportunity to capture any new risks, discuss departmental risks in more detail and ensure, where possible, that progress is being made in managing/mitigating the risks.

Deep Dive Reporting

11. It was agreed by RMB that a 'deep dive' of selected thematic or topical risks should be presented to the Board by the respective risk owners; these would be of specific interest for any risk that had remained on the Strategic Risk Register for some time.
12. RMB decides if there is a need to consider a particular risk in a greater degree of depth in order to be assured that all reasonable steps are being taken to manage and mitigate the risk. Greater scrutiny may be requested when the selected risk has been on the register for some time with no change to the scoring.
13. The following thematic reports have been presented to Risk Management Board to date:
 - Heritage in Iconic buildings – fire safety activity in relation to irreplaceable loss or damage to heritage buildings.
 - On Call Availability – concerned with response times to incidents.
 - Cyber Security.
 - Physical Security at Fire Stations.
 - Payroll Arrangements.

Risk Maps

14. In 2018 the a Fire Risk Map was presented to RMB which offers a visual high-level overview of the Service's organisational risk profile mapped out by each department. The map has proved to be a really useful tool and helps improve understanding of the full risk profile the organisation is exposed to. A refreshed Map is presented to each RMB.

Risk Champions Group

15. Risk Champions Group is an important part of the Service's risk management arrangements. It is fair to say the Group has only met on a handful of occasions since 2018, due to the number of the champions leaving the Service, as well as the impact of Blue Light Collaboration, when many support staff transferred to become Police employees. It was previously recommended by our internal auditors Mersey Internal Audit Agency (MIAA) that the Service aligns the activities of its Risk Champions with Business Continuity and Information Compliance., An initial meeting of this group took place at the end of January 2020 to launch the

combined roles. Two extra training dates for Risk Champions have been scheduled for 2020.

Risk Management Governance

16. Risk information is reported to RMB every six months and changes to the Strategic Risk Register are made following a review by RMB and individual risk owners.

17. The following table details the 'movement' of some of the Service's risks to demonstrate that new risks are identified and logged, risks are escalated where appropriate and that mitigating actions or change in circumstances will result in a rescore.

Risk	Opened	Closed	Revised Score	Escalated to Strategic Risk Register
Inability to sustain sufficient level of operational staff This risk was specifically about the increased number of operational staff transferring away from Cheshire due to Greater Manchester Fire and Rescue Service opening their inter-brigade transfer process.	X	X		X
ESCMP/ESN Ongoing maintenance of legacy SanA/SanJ radios and vodapage system	X			
McCloud/Sergeant Pension Liability Case Impact of the outcome	X			
North West Fire Control Change of governance arrangements		X		
Brexit Planning for a no deal - January 2020	X	X		
Prince's Trust Funding Loss or shortfall in funding			X	
Extension of Payroll Contract – Kier New payroll provider required	X	X		X

18. At the request of RMB a review of all green risks was undertaken with a view to closing any low level risks which were now seen as 'business as usual'. As a result

a total of 18 green risks were closed allowing greater focus on the most significant risks facing the organisation.

Risk Management Training

19. The Planning and Performance Department has delivered training to Members of the Fire Authority for the last two years as part of the Member Development Programme. Feedback after the event has been extremely positive with Members keen to enhance their understanding of how risk management is undertaken and of the risk arrangements in place. Risk management training for relevant staff for 2020-21 is under development and there is an opportunity to deliver some joint training of Fire and Police.

Risk Management Assurance

20. A full risk management review is included in the audit plan for 2020-21; however our auditors MIAA already have a watching brief through attendance at RMB.

21. The Annual Governance Statement (AGS) is published as part of the Service's annual accounts. It provides evidence of the management and controls which are in place in relation to risk management.

Risk Management – Benchmarking

22. It was agreed by RMB not to commission a further ALARM benchmarking exercise in 2019. The decision was based largely on the diminishing number of fire and rescue services (only 3) who have taken part in the exercise over the past few years and the fact that it was becoming difficult to make a direct comparison.

23. However, the Board did recognise the importance of finding alternative options to compare risk processes in order to continuously improve our risk maturity, and requested that the Planning and Performance Department explore whether other options exist.

24. In October 2019 RMB agreed to explore the feasibility of the following five options:

- Risk Management questionnaire to be sent out to all fire and rescue services to compare current risk management arrangements.
- Host a peer group Benchmarking Day for North West fire and rescue services.
- Risk Management to be an agenda item at future Family Group 4 (FG4) events.
- Risk Management arrangements to be included in future audit plans with MIAA.
- Consider introduction of an annual report to Performance and Overview Committee.

Annual Review of Crisis Management Plan

25. RMB has responsibility for reviewing the Service's Crisis Management Plan on an annual basis. A verbal update on the Crisis Management Plan was provided by the Operational, Support, Risk, Research and Development Lead in March 2019.

- 26.** Business continuity exercises are planned for 2020 and a full test of the Crisis Management Plan is currently in development. It was agreed that Members should be invited to the next planned business continuity exercise. Business Continuity Plans (BCPs) for all Joint Corporate Service Departments are now in place and a schedule of review and testing has been approved for 2020-21.
- 27.** An additional point of note – the COVID 19 Business Continuity Group has been meeting daily since March to review the impact on the Service. Although the level of COVID 19 sickness has remained low throughout there are robust degradation plans in place if required. The COVID 19 Risk Recovery Group has also been established to consider how the Service moves towards post-Covid operation.
- 28.** The Service works closely with Cheshire Resilience Forum partners as part of the Civil Contingences Act 2004. Although responding to flooding and other water related incidents is not a statutory requirement under the Fire and Rescue Services Act 2004, the Service undertakes regular exercising with other Category 1 and 2 responders for recognised risks within Cheshire including those which are flooding related.

Risk Management Action Plan

- 29.** The actions below will be considered for 2020-21:
- Planned review of Risk Management Policy and Practitioners Guide;
 - Risk Management Training - for risk owners to be considered with a refresher for Members and managers;
 - Consideration of development of an e-learning package covering the risk management process in a more interactive environment.
 - Risk Champions Group – further alignment with business continuity and information compliance and training and development associated with the role of a Risk Champion;
 - Agreed benchmarking options approved by the Risk Management Board to be implemented.

Financial Implications

- 30.** Any costs relating to implementing risk treatment plans are considered on a case-by-case basis and either met from existing budgets or referred to the Service Management Team (SMT) if funding is required.

Legal Implications

- 31.** Legal risks are incorporated in the Service's risk registers.

Equality and Diversity Implications

- 32.** There are risks that have equality and inclusion implications, which are identified in themed, or departmental risk registers.

Environmental Implications

33. There are risks that have environmental implications, which are identified in themed or departmental risk registers.

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BACKGROUND PAPERS: NONE**

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CHESHIRE FIRE AND RESCUE SERVICE/AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW
DATE: 22ND JULY 2020
REPORT OF: HEAD OF OPERATIONAL POLICY AND ASSURANCE
AUTHOR: SM HUW COATES

SUBJECT: PRE-ALERT TRIAL

Purpose of Report

1. This report provides a summary of the first 4 month period of the service-wide 'pre-alert' trial, from 1st Feb 2020 – 31st May 2020

Recommended: that Members

- [1] note the results of the pre-alert trial.

Background

2. Pre-Alerting has been proven to improve the response times of operational crews attending incidents and offers significant benefits to CFRS both for the service user and for the performance of the organisation.
3. The pre-alerting system has been developed by North West Fire Control (NWFC) and their partners to alert a crew to an incoming call prior to the completion of the call handling process. This will give the crew time to prepare to receive the mobilisation message and thereby reduce overall turnout times.
4. The pre-alert system works by identifying caller location information and sending this to the nearest available appliance, via the 'station-ends' or Mobile Data Terminal (MDT) if an appliance is mobile. The initial information received by crews will comprise a 6 figure grid reference with the heading 'Pre-Alert'. No incident details will be available at this point.
5. On-Call stations receive a pre-alert via the existing personal-issue alerters. The tone received is identical to that of a standard mobilisation and crews will respond to station as normal. Once crews are in attendance at station, a pre-alert printer message with limited location information will be available. Depending on time taken to attend station, there may also be a mobilisation message with full incident details.
6. An initial, small-scale trial was introduced within CFRS in April 2019 across 6 stations to prove the benefits of the concept and identify any unintended consequences of the system.

Initial Trial

7. The 6 stations selected to participate in the initial trial, comprised a mix of wholetime (WT) and On Call (OC) appliances. These were: E01 (Warrington), E05 (Runcorn), E09 (Chester), E12 (Nantwich), E15 (Crewe), and E22 (Poynton).
8. Crews were invited to provide qualitative feedback as well as highlight any issues directly to the Operational Policy and Assurance department throughout the trial period. Results of the trial were shared with participating stations throughout the trial period.
9. The initial pre-alert trial generated improvements in the time taken to mobilise appliances for each of the participating appliances.
10. The improvements in time taken from initial alert to mobilising was based on a comparison of average times taken over the same period in the year 2018, without the pre-alert system in place.
11. The results of this trial confirmed the expected outcome that improvements were significantly greater for On Call appliances, but generated benefits for all duty systems, including stations with 'special' appliances.

Service-wide Trial

12. Following approval from SMT in November 2019, it was agreed to roll-out the Pre-Alert system throughout the county. Pre-alerting went live throughout CFRS at the end of January, allowing for time to fully communicate the benefits and implications of the system to Operational Crews.
13. It was identified that ongoing communication with crews was of paramount importance. This ensures that all personnel are aware of the performance benefits that pre-alerting offers, but also to ensure that any unintended consequences of pre-alerts in terms of impacts on workload, rest periods and crew welfare were fully considered.
14. A monthly performance report is shared with individual stations and a separate email account has been set up to allow crews to report any issues with the system directly to the Operational Policy and Assurance department. Watch and Crew Managers have been sent regular reminders to submit feedback or to contact either of the two points of contact within the department to discuss any issues.
15. During the initial trial period in 2019, 55.8% of all pre-alerts generated were followed by a CFRS resource being mobilised. The relatively high number of alerts that did not lead to an incident were mostly due to calls received by Alarm Receiving Centres within Cheshire, where the caller location was different to the incident location. These lines were subsequently excluded from the system,

as were a number of other previously unsighted locations of partner agencies where the same issue arose.

16. The service wide trial currently averages at a 63.1% success rate, in terms of pre-alerts received that then lead to an actual incident. This is against a target of 80% successful mobilisations.
17. The system is subject to ongoing review in a bid to further reduce false alarms. Crews highlight specific issues via the Pre-Alert inbox which are then submitted to the Operational Support Team at NWFC to investigate. This approach has thus far highlighted several Alarm Receiving Centres that were previously unknown and some additional technical anomalies that have been escalated to Telent to remedy.
18. The first 4 months of the service wide trial have yielded the following improvements in mobilising times, in comparison to the same period last year where pre-alerts were not in place, (see also appendix A):

Whole-time stations, (average improvement in seconds)	20.9
Day Crewing stations, (average improvement in seconds)	64.3
On Call Stations, (average improvement in seconds)	73.9

Further Considerations

19. The reduction in time to book mobile to any incident for OC crews could be utilised to extend the catchment area for recruitment.
20. The reduction in time to book mobile for the OC crews could alternatively be used as a rationale to reduce the mobilising time that NWFC have built into the system for these resources. This in turn could increase their number of incidents and operational exposure and improve service retention of OC staff.
21. It is recommended that an additional 6 months data is collected and analysed before making recommendations in this area.

Financial Implications

22. Initial configuration costs for the system were paid for by Greater Manchester Fire & Rescue Service.
23. There is an ongoing annual cost of £18,000, split between 3 Fire & Rescue Services. The figure paid by CFRS in the year 2018-19 was £3,500.
24. On Call crews are attending station with greater frequency as a result of the Pre-Alert system. A comparison of pay-claims from On Call stations shows that in the first 4 months of this trial circa 10k was paid for attendances that did not result in incidents. This figure is anticipated to reduce as the system is refined.

Legal Implications

25. None

Equality & Diversity Implications

26. Equality impact assessment carried out. No issues identified.

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BACKGROUND PAPERS: NONE**

**Item x
Appendix A**

Pre-Alert Data

	1st February 2020 - 31st May 2020
Pre-alerts sent	2694
Pre-alerts which did not require NWFC or CFRS activity	114 (4.2%)
Pre-alerts which did not require CFRS activity	880 (32.7%)
Pre-alerts which did occur and then a CFRS resource was subsequently mobilised	1700 (63.1%)
▪ Same pump as pre-alerted pump mobilised	1463 of 1700 (86.1%)
▪ Different pump as pre-alerted pump mobilised	237 of 1700 (13.9%)

Breakdown of resource mobilising times in comparison to same period of previous year. Note, 'decrease' refers to an overall improvement in mobilising times.

Alert to Mobile			
Call Sign	Time Change	+ or -	Incidents
E01P1	00:00:14	Decrease	177
E02P1	00:00:16	Decrease	43
E03P1	00:01:27	Decrease	25
E04P1	00:00:26	Decrease	102
E05P1	00:00:16	Decrease	117
E05P2	00:01:24	Decrease	10
E06P1	00:00:22	Increase*	20
E07P1	00:00:27	Decrease	30
E08P1	00:00:15	Decrease	16
E08P2	00:00:15	Decrease	86
E09P1	00:00:10	Decrease	137
E10P1	00:01:07	Decrease	8
E11P1	00:01:21	Decrease	9

E12P1	00:00:16	Decrease	41
E13P1	00:02:31	Decrease	5
E14P1	00:01:37	Decrease	19
E15P1	00:00:10	Decrease	13
E15P2	00:00:17	Decrease	105
E16P1	00:00:46	Decrease	30
E17P1	00:01:13	Decrease	26
E18P1	00:01:40	Decrease	31
E19P1	00:00:32	Decrease	74
E20P1	00:01:38	Decrease	22
E22P1	00:00:41	Decrease	18
E23P1	00:00:31	Decrease	70
E24P1	00:00:58	Decrease	22
E25P1	00:01:06	Decrease	79
E25P2	00:04:38	Decrease	2
E26P1	00:00:58	Decrease	15
E27P1	00:00:27	Decrease	59
E27P2	00:01:15	Decrease	1
E28P1	00:00:35	Decrease	47
E29P1	00:00:08	Decrease	32
E29P2	00:00:26	Decrease	5

*reason for increase under investigation. There have been no significant changes in personnel or notable incidents where there has been a failure to respond. Local crews have suggested that increased traffic flow immediately in front of the station could be a contributing factor.

CHESHIRE FIRE & RESCUE SERVICE

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22 JULY 2020
REPORT OF: HEAD OF PREVENTION
AUTHOR: SEAN BARLOW & LEE MCGARITY

SUBJECT: SAFEGUARDING ANNUAL REPORT 2019-20

Purpose of Report

1. The purpose of this paper is to provide reassurance about safeguarding procedures. It outlines the number of safeguarding referrals that have been made by Cheshire Fire and Rescue Service from 1st June 2019 to 31st May 2020. Detail regarding progress and future developments is also noted.

Recommended: That Members

- [1] Note the report; and
- [2] Approve the future developments contained in paragraph 27 of the report.

Background

2. Cheshire Fire and Rescue Service accepts and closely manages its responsibilities as a public service, ensuring that all adults and children and young people it interacts with are kept safe and free from harm.
3. The Safeguarding Children policy requires the Prevention Youth Engagement Manager to provide an annual report detailing the findings of routine safeguarding policy compliance audits.
4. This report also includes details of adult safeguarding referrals and identified trends and analysis.
5. During this reporting period, there have been sixteen children's safeguarding referrals submitted and on all occasions, the referrals have complied with the policy.
6. During this reporting period, there have been twenty-eight adult's safeguarding referrals submitted and on all occasions, the referrals have complied with the policy.
7. It is apparent from the audits undertaken and summarised in this paper, that the Safeguarding Children and Safeguarding Adult policy and procedure is effective and well embedded within the organisation.

Information

8. The Service is committed to ensuring that all adults, children and vulnerable young people, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse. All observations, disclosures and allegations of abuse are taken seriously and responded to swiftly and appropriately. All staffworking for the Service have a responsibility to report concerns to the appropriate Designated Safeguarding Officer detailed within the policies.
9. The Safeguarding Children policy provides a framework to ensure that all staff and volunteers comply with the policy procedures, which are designed to support the recommendations of the Children Act 2004 (Section.10).
10. The Safeguarding Adults policy provides the framework within which staff and volunteers shall report matters of concern wherever an adult at risk is subject to harm, abuse or neglect. This includes self-neglect or harm and abuse or neglect arising from poor service provision or professional practice. Compliance with this policy ensures that the Service works in support of local authority statutory responsibilities as set out in the Care Act 2014.
11. Key milestones during this reporting period regarding the Safeguarding Children policy and preventative work completed to support CFRS staff and volunteers:
 - Staff attended the annual NSPCC Safeguarding Conference ‘how safe are our children’ which had a large focus on internet safety.
 - Staff attended NSPCC Designated Safeguarding Officer Training.
 - The Safeguarding Children E-Learning package has been rewritten and launched on learn pro reflecting recent changes to the Working Together to Safeguard Children 2018 document.
 - All youth engagement staff have attended a one-day Safeguarding refresher training.
 - A continuation of last years training has been delivered to youth staff covering conflict resolution when working with young people.
 - A recent external Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB) audit has been conducted to ensure frontline staff are aware of internal referral processes.
12. Key milestones during this reporting period regarding the Safeguarding Adult policy and preventative work completed to support CFRS staff and volunteers:
 - The Adult safeguarding policy reviewed and brought up to date to reflect legislation changes.

- Safeguarding process flow chart produced and provided to staff with up to date contact details for the Designated Safeguarding Officers.
- Operational staff have received face-to-face briefings from the designated safeguarding officers and more recently, in relation to the covid-19 epidemic, all service staff have received additional briefings promoting extra vigilance during the period of lockdown.

Children and Young persons reporting data:

13. The Service works with young people in order to promote positive safety messages that assist in making them aware of the dangers of fire, arson and road traffic collisions. We offer children and young people the opportunities to engage with the Service and develop themselves in order to become more skilled, safer and responsible citizens who then offer a positive contribution to their local community. This work is important but must only be done in accordance with the policy. Non-compliance with the policy by Service employees or volunteers is considered a serious disciplinary offence.
14. The routine annual audit shows that the number of referrals has decreased during 2019/2020 (Table 1 and 2).

Table 1: Number of referrals by year:

Year	2018/2019	2019/2020
No.	18	16

Table 2: 2019/2020 referrals by area:

2019/2020 Area Referral Split	
Cheshire East	5
Cheshire West and Chester	7
Halton and Warrington	4

Table 3: A breakdown of the referrals received:

Breakdown of referrals by source	
Fire Cadets	1
Firesafe Scheme	0
HSA visits	4
Fire Incidents	10
Prince's Trust Team	1
Targeted Youth Support Team	0

15. One referral was made relating to a young person who was involved in the Prince's Trust Team Programme.
16. Ten children referred to children's social care following Operational Crews attendance at incidents in this reporting period. The referrals were as follows:
 - Two children referred after a suspected gas leak. Cheshire Police took primacy over the referral, the family were already known to social care (SC).
 - One child with learning difficulties referred after crews attended a false alarm. The parent accepted support from the Local Authority's Early Help and Prevention Team.
 - Three children were referred after crews attended a house fire. Parents were later charged with neglect and Cheshire Police took primacy over safeguarding due to a criminal investigation taking place.
 - Three children were referred after crews attended a fire that had been deliberately set alight by a teenager living at the premises. The family, already known to social services, received interventions including the support of a seconded family support worker from CFRS staff.
 - One child was referred to after crews attended a flooded property in. The family, already known to social services, received family support and the parent was given advice relating to the child's lack of supervision.
17. Two referrals were made following disclosures made whilst Prevention staff were carrying out Safe and Well visits to premises.

18. A volunteer resigned due to an allegation of inappropriate behaviour. This was reported to the police as per policy. A full internal investigation took place and was fed back to the local authority.
19. It is apparent from the audit that the increase in briefings to operational staff has paid dividends in equipping those staff with the confidence to identify and raise concerns where they see them. Whilst there is a slight fluctuation between routes for referrals and referrals by source, there has been a greater number of young people signposted to other agencies for support where those concerns would not normally meet thresholds for social care referrals. Through ongoing training opportunities for staff, it is evident that CFRS personnel are becoming more proactive in identifying support for young people attending our youth programmes. Types of support include more appropriate early intervention services e.g. mental health support services and sheltered housing organisations.
20. Responding to the Covid-19 pandemic, the service has produced a number of briefings aimed at highlighting extra vigilance throughout this period. A temporary cessation in some of our youth engagement work, due to lockdown, may however, have promoted a decrease in referrals from this area of the prevention team's activities.
21. Fundamentally, the purpose of this policy is to ensure the safety of all children, young people and vulnerable young people the Service comes in contact with. Furthermore, it sets out processes, which provide protection for the Service and the individuals who work for it. It remains critical that all CFRS staff and volunteers continue to raise concerns regarding children to the relevant safeguarding leads so informed decisions can be made. This will ensure that we are fulfilling our requirements as an organisation to keep children and young people safe from harm and allow them to receive the specialist interventions that may be required.

Adult reporting data:

22. The Service continues to identify and subsequently work with vulnerable adults across Cheshire. Once identified the Prevention team will case manage the person, if appropriate to do so, and work with partners to ensure the safety of each individual. This work is important but must only be done in accordance with the policy. Non-compliance with the policy by Service employees or volunteers is considered a serious disciplinary offence.
23. The number of referrals has decreased by one over this reporting period. (Tables 4, 5 and 6 refer).

Table 4: Number of referrals by year:

Year	2018/2019	2019/2020
No.	29	28

Table 5: A breakdown of the referrals made:

Main Issue Identified:	Mental Health	Hoarding	Self Neglect
Total number:	17	6	5

NB: Of the 17 mental health, safeguarding referrals eight of these included an alcohol or substance misuse issue. Of the 28 referrals, smoking was factored in eight of the referrals.

Table 6: A breakdown of the referrals made by unitary area:

Breakdown of referrals by unitary area	
CWAC	3
Halton & Warrington	9
Cheshire East	16

24. As indicated by table 5 above, the majority of the referrals made by the Service have mental health as the main contributing factor. The Service has a well-established secondment role within Cheshire and Wirral Partnership. The role of our Mental Health Engagement Officer is to engage with the service users of Cheshire Wirral Partnership (CWP) to reduce the risk of fire. It is also to promote the fire risks within these households to the staff of CWP. Due to the success of this role, it has been extended for a further 12 months.
25. Each of the breakdowns for referral has an element of mental health as a consideration. This is a very complex area and one that the Prevention team has gained excellent partnership agency contacts for quick resolutions and referral pathways.
26. The number of referrals made in each month since the C-19 crisis has dramatically reduced. This may be because much of our community work changed in its delivery. The majority of interventions are completed from a safe distance and homes are only entered where necessary.

Future Developments

27. A number of future developments have been identified during the policy's operation, these include:
 - Annual review of the Children's Safeguarding Policy.
 - A full review of the Adult's Safeguarding Policy.
 - A full review of the out of working hours referral process.

- PAPYRUS mental health training to be provided to all staff in the Youth Engagement Department who regularly work with complex young people to support them with their day to day practice.
- Safeguarding training to be commissioned for managers. Safeguarding refreshers to operational crews to continue. This is required every two years to ensure staff remain upskilled relating to safeguarding.
- Post referral follow up briefings provided to all operational staff ensuring that the referral processes continue to be embedded.

Financial Implications

28. The Safeguarding training required for managers does have a financial implication. This will be factored into the training budget bids.

Legal Implications

29. All referrals complied with the policies and reporting procedure and therefore it is believed that there are no legal implications associated with the activity described in the report.

Equality and Diversity Implications

30. The Children and Young People programmes run by the service are fully inclusive. Young people from all backgrounds and abilities can access our programmes. All children and young people can engage in our interventions regardless of gender, marital status, gender realignment, disability, race, colour, ethnic group, national origins, nationality, religious belief or sexual orientation.
31. All interventions carried out with adults are fully inclusive and carried out regardless of gender, marital status, gender realignment, disability, race, colour, ethnic group, national origins, nationality, religious belief or sexual orientation.

Environmental Implications

32. As a Fire and Rescue Service, we have a pivotal role to play regarding the environment. All our children and young people programmes support the Service's environment policy and targets.

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BACKGROUND PAPERS: NONE

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**Performance and Overview Committee
Forward Work Programme**

Performance and Overview Committee Meetings

22 July 2020	2 September 2020	25 November 2020	24 February 2021
<ol style="list-style-type: none"> 1. Q4 Performance Report 2. Q4 Programme Report 	<ol style="list-style-type: none"> 1. Q1 Finance Report 2. Q1 Performance Report 	<ol style="list-style-type: none"> 1. Q2 Finance Report 2. Q2 Performance Report 	<ol style="list-style-type: none"> 1. Q3 Finance Report 2. Q3 Performance Report
<ol style="list-style-type: none"> 3. Internal Audit Follow-Up Report and Director of Audit Opinion and Annual Report 2019-20 	<ol style="list-style-type: none"> 3. Q1 Programme Report 	<ol style="list-style-type: none"> 3. Q2 Programme Report 	<ol style="list-style-type: none"> 3. Q3 Programme Report
<ol style="list-style-type: none"> 4. UPG Annual Report 2019-20 	<ol style="list-style-type: none"> 4. Q1 Internal Audit Report 	<ol style="list-style-type: none"> 4. Q2 Internal Audit Report 	<ol style="list-style-type: none"> 4. Q3 Internal Audit Report
<ol style="list-style-type: none"> 5. NW Fire Control Performance Annual Report (Call Handling) 	<ol style="list-style-type: none"> 5. Safety Central Annual Report 	<ol style="list-style-type: none"> 5. Annual Health, Safety and Wellbeing report 	<ol style="list-style-type: none"> 5. Annual Bonfire Report
<ol style="list-style-type: none"> 6. Operational and Command Training - End of Training Year Report 2019-20 	<ol style="list-style-type: none"> 6. Annual Equality Monitoring Report 	<ol style="list-style-type: none"> 6. Annual Road Safety Report 	<ol style="list-style-type: none"> 6. Equality Monitoring - 6 Monthly Update
<ol style="list-style-type: none"> 7. HMICFRS Action Plan 	<p align="center">Add items shown in Red from 22 July meeting</p>	<ol style="list-style-type: none"> 7. Interim Bonfire Report (Verbal) 	<ol style="list-style-type: none"> 7. Progress Update on Internal Audit Recommendations (half yearly update)
<ol style="list-style-type: none"> 8. Annual Prosecutions Report 		<ol style="list-style-type: none"> 8. On the Streets Project - Annual Report 	<ol style="list-style-type: none"> 8. CFRS Pre-Alert Trial (TBC)
<ol style="list-style-type: none"> 9. Annual Risk Management Report 		<ol style="list-style-type: none"> 9. HMICFRS Action Plan 	<ol style="list-style-type: none"> 9. Annual Risk Management Report
<ol style="list-style-type: none"> 10. Annual Partnerships Report 			<ol style="list-style-type: none"> 10. Grenfell Update
<ol style="list-style-type: none"> 11. CFRS Pre-Alert Trial 			
<ol style="list-style-type: none"> 12. Annual Safeguarding Report 			
<p>IT Audit Report (possibly part of Internal Audit Follow-Up Report)</p>			
<p>CLOSURE OF ACCOUNTS</p>			

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