



**Wednesday, 21 July 2021
10.00 am**

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

Contact Officer:
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Democratic Services

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Cheshire Fire Authority

Notes for Members of the Public

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

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**MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE
WEDNESDAY, 21 JULY 2021**

Time : 10.00 am

Lecture Theatre - Fire Service HQ, Winsford, Cheshire

AGENDA

PART 1 - Business to be discussed

1 PROCEDURAL MATTERS

1A Record of Meeting

Members are reminded that this meeting will be audio-recorded. It will also be broadcasted using Vimeo.

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 24th February 2021.

ITEMS REQUIRING DISCUSSION/DECISION

2 Performance Report, Quarter 4, 2020-21

(Pages 7 - 54)

3 Programme Report - Quarter 4, 2020-21

(Pages 55 - 72)

4 Operational Assurance Training Team 2020-21 Annual Training Performance Report

(Pages 73 - 86)

5 Safeguarding Children and Young People (CYP) and Adults – Annual Report, 2020-21

(Pages 87 - 94)

6 Internal Audit Follow Up Report and Annual Report and Internal Audit Annual Report and Head of Internal Audit Opinion 2020-21

(Pages 95 - 120)

7	Annual Risk Management Report 2020	(Pages 121 - 148)
8	Mental Health - 6 Month Update Report 2021	(Pages 149 - 158)
9	HMICFRS Inspection Action Plan	(Pages 159 - 180)
10	Forward Work Plan 2021-22	(Pages 181 - 182)

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

PART 2 - BUSINESS TO BE DISCUSSED IN PRIVATE



MINUTES OF THE MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE held on Wednesday, 24 February 2021 at Remote Meeting - Via Skype at 10.00 am

PRESENT: Councillors Phil Harris (Chair), Peter Wheeler, Razia Daniels, Gina Lewis, Les Morgan, James Nicholas, Norman Wright and 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 Parry.

C Declaration of Members' Interests

There were no declarations of Members' interest.

D Minutes of the Performance and Overview Committee

RESOLVED:

That the minutes of the Performance and Overview Committee held on Wednesday 25th November 2020 be confirmed as a correct record.

2 FINANCE REPORT - QUARTER 3, 2020-21

The Head of Finance introduced the report which provided a review of the Service's forecast financial outturn and reported on the progress against 2020-21 capital projects at the end of Quarter 3.

She informed Members that, in relation to the revenue budget, the Quarter 3 review was reporting a forecast underspend of £238k, with a cumulative underspend for 2020-21 of £683k. Further details were contained within Appendix 1 to the report.

She referred Members to Appendix 2 to the report which contained details of the movement in reserves. She 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 £40,290m, £1.566m above the current programme.

A Member asked if the cumulative underspend would be reflected in calculations for next year's precept and the Head of Finance confirmed that any permanent underspending would be taken into account.

RESOLVED: That

[1] the forecast outturn position be noted; and

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

3 PERFORMANCE REPORT - QUARTER 3, 2020-21

The Group Manager 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, 2020-21. 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.

The continuing Covid-19 pandemic had meant that many normal activities had been impacted. Some activities were continuing, but at a lower level than normal, but some activities remained paused, e.g. thematic inspections, fire safety audits and the risk based inspection programme.

The Head of Protection and Organisational Performance referred Members to the KPI relating to the number of deaths in primary fires. Two fatalities had occurred in Quarter 3 in one incident with the cause believed to involve smoking materials. Both victims were over 65.

The KPI status for the number of Accidental Dwelling Fires (ADFs) was currently amber. The Head of Protection and Organisational Performance confirmed that at the end of quarter three there were 273 ADFs compared to a target of 272. There had been a small increase in the number of kitchen fires from 134 to 137 and a small increase in the number of fires started in the bedroom and living room. There had also been an increase in the number of fires involving single occupancy households from 82 to 107 and further analysis of these figures would take place.

The Head of Service Delivery provided an update on performance against the on-call availability KPI. On-call availability had been maintained at 68% in Quarter 3. However, this was still below target. He referred Members to the actions listed in the report which were intended to improve performance.

Members were referred to the KPI for Working Days Lost to Injury which was currently red. This was due to 56 days lost in quarter one as a result of injuries sustained in three separate accidents, two of which occurred late in the final quarter of the previous year. In Quarter 3 there were 37 duty days lost due to one accident to an On-call Firefighter.

A Member asked if there was any further information available on RTCs involving cyclists or pedestrians, particularly where they may have occurred at night due to low visibility. The Group Manager Organisational Performance said that additional context could be included for future meetings.

A Member asked what measures were in place to protect empty premises that had closed during the pandemic. The Group Manager Organisation Performance said that the Business Safety Team were using social media to engage with the community as much as possible with advice and information.

RESOLVED: That

[1] the report be noted.

4 PROGRAMME REPORT - QUARTER 3, 2020-21

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, 2020-21 and picked out key areas for specific focus

He informed Members that the Training Centre was now open and being used by recruits. An official opening ceremony would be arranged in due course. This project would now be moved to closedown phase. Chester Fire Station had now been completed and handed over and thanks were extended to the Director of Governance and Commissioning for leading on the project and to the staff for their patience.

A status had not been added to the Crewe Fire Station project update at the moment. However, a suitable delivery plan would be in place shortly with milestone dates added to the Cheshire Planning System. The Chief Fire Officer referred Members to the Wilmslow Fire Station project which was now gathering pace. More detail would be available as this progressed.

The Cheshire Fire Drones project was currently Amber awaiting a fundamental review into the project which would take place in May 2021 with a further update available in July. The Purchase of a High Reach Fire Engine was also Amber which had been delayed due to the third Covid-19 lockdown which prevented proposed visits to view vehicles.

A Member asked if further work could be done with the developer of the new housing estate which would be in the vicinity to the Training Centre, following some negative feedback received from residents regarding smoke. The Chief Fire Officer confirmed that this would be progressed.

RESOLVED: That

[1] the report be noted.

5 INTERNAL AUDIT REPORT - QUARTER 3, 2020-21

Anne-Marie Harrop (the Auditor), a representative from Mersey Internal Audit Agency (MIAA) was in attendance at the meeting to present the quarterly summary of the 2020-21 Internal Audit Progress Report (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: Pensions, Financial Systems and Risk Management. It was reported that High Assurance in Financial Systems and Risk Management was found and Substantial Assurance in Pensions.

It was noted that there had been one change to the plan, the work to consider Estates was to be deferred to the 2021-22 audit plan in light of Covid-19 and the anticipated impact of the HMICFRS inspection.

RESOLVED: That

[1] the report be noted.

6 HMICFRS COVID-19 STAFF SURVEY RESULTS

The Group Manager Performance gave an update on the results from the Covid-19 survey undertaken by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS).

A total of 214 staff provided a response, equating to a response rate of 25%. Nearly 60% of responses were provided by firefighters while 31% were provided by fire staff.

The feedback provided was very positive overall, reinforcing the positive results from the Service's own Covid-19 staff survey undertaken in June/July 2020.

RESOLVED: That

[1] That the report be noted and the recommendations supported.

7 BONFIRE PERIOD REPORT 2020

The Deliberate Fire Reduction and Road Safety Manager introduced the report which appended the Authority's annual Bonfire Period Report 2020. It contained details of the preventative and operational activities of the Service and its partners during the bonfire period 24th October 2020 to 7th November 2020.

Overall, there had been a 38% reduction in deliberate small fires compared to 2019 and a 90% reduction on 5 years ago.

He drew Members' attention to unitary area performance during the 2020 bonfire period; all but one of the four unitary areas recorded either no change or a year on year decrease in deliberate small fires. Halton was the only unitary area to have seen an increase compared to last year, however, all unitary areas had seen a reduction from 5 years ago, respectively.

RESOLVED: That

[1] the report be noted; and

[2] the recommendations in Section 11 of the annual Bonfire Period Report 2020 (attached as Appendix 1) be supported.

8 EQUALITY, DIVERSITY AND INCLUSION 6 MONTHLY UPDATE REPORT 2020-21

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, as well as priorities for the next 6 months.

He informed Members that following the deferral of the 2020 Stonewall Workplace Equality Index submission, the Service had now received information relating to the 2021 submission. New criteria included intersectionality, bi-sexuality, pansexuality and gender identity. To assist with the understanding of the new criteria, the Equality and Inclusion Officer has been working closely with the Service's designated Stonewall Account Manager to discuss the work currently in progress and to prepare the submission evidence.

The Equality and Inclusion Officer also highlighted the continuing work of the Positive Action Group and On-call Recruitment Team in encouraging applications from under-represented groups. This work included reviewing and identifying new platforms to promote careers such as working with existing partners to look at advertising vacancies on their social media platforms and websites to help target a specific audience.

The Equality and Inclusion Officer also indicated that the revised Equality, Diversity and Inclusion Strategy 2021-24 would be submitted to the Fire Authority later this year.

RESOLVED: That

[1] progress to-date be noted.

9 GRENFELL TOWER INQUIRY PHASE 1 & 2 UPDATE

The Station Manager, Protection, presented the report which provided Members with details of the Service's response in relation to the recommendations arising from The Grenfell Tower Inquiry: Phase 1 Report and to provide an update on Phase 2 of the Inquiry.

He informed Members that Phase 2 of the Inquiry started at the end of January 2020, but has been severely impacted by the Covid-19 pandemic. However, remote hearings had resumed in February 2021.

A Member asked for further information on the finances required to address some of the findings of the Inquiry and how the Service would engage in lobbying for change. The Chief Fire Officer said that this would be subject to wider discussion at a future Members Planning Day.

RESOLVED: That

[1] the report and actions carried out to date be noted.

10 FORWARD WORK PROGRAMME

The forward work programme was considered by Members. The Director of Governance and Commissioning said that in order to balance the agenda for future meetings, some items would be moved from the July meeting to September 2021.

RESOLVED: That:

[1] The Forward Work Programme be noted.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 21 JULY 2021
REPORT OF: DEPUTY CHIEF FIRE OFFICER
AUTHOR: MIKE CLARK

SUBJECT: PERFORMANCE REPORT, QUARTER 4, 2020-21

Purpose of Report

1. To present the 2020-21 Quarter 4 review of performance for each of the Service's Key Performance Indicators.

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 Quarter 4 and year-end 2020-21.

Information

3. The Service's Performance and Programme Board receives a quarterly review of performance against Key Performance Indicators (KPIs). The Board is responsible for monitoring and reviewing progress against performance targets and ensuring that action to improve performance is taken wherever possible if targets are not being met. The performance reviews are in turn presented to the Performance and Overview Committee as the Performance Health Report.
4. The continuing Covid-19 Pandemic has meant that many of our normal activities did not begin at the start of April 2020. Some activities have either still not restarted or not returned to pre-Pandemic levels. Therefore, a number of targets remain suspended until normal activity levels can resume.
5. The Corporate Performance Scorecard appears immediately after this report. It reflects the Quarter 4 and year-end position against targets set and the year-on-year direction of travel for the Service's KPIs.
6. 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 which begins immediately after the Corporate Performance Scorecard

Financial implications

7. There are no financial implications associated with the information in this report.

Legal implications

8. There are no issues to report at the end of Quarter 4 and year-end that should impact upon the Service's ability to meet its statutory or other legal obligations.

Equality and Diversity implications

9. 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

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

- Appendix 1 – RTC Performance Report**
- Appendix 2 – False Alarms Performance Report**
- Appendix 3 – Safety Central Infographic**
- Appendix 4 – Business Safety Infographic**
- Appendix 5 – COVID-19 Infographic**
- Appendix 6 – On-call Availability**

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Vision

IRMP Theme

Outcomes Page 10

Outputs

Protecting Local Communities

	Actual	Target	Q4 Year on Year	Q4 2019-20
Deaths in Primary Fires	3	0	↓	6
Injuries in Primary Fires	28	47	↓	39
Accidental dwelling fires	344	363	↑	318
- % starting in kitchens	172 (50%)		↓	179 (56%)
- % in homes with residents over pensionable age	70 (20%)		↑	60 (19%)
Deliberate fires (Primary and Secondary)	794	1,079	↓	928
Fires in Non Domestic Premises	119	163	↓	163
AFAs in Non Domestic Premises	454	485	↓	514

Responding to Emergencies

	Actual	Target	Q4 Year on Year	Q4 2019-20
10 Minute Standard	86%	80%	↔	83%
On Call Availability	75%	85%	↑	66%
Nucleus OC pumps	99%			
Primary OC pumps	74%			
Secondary OC pumps	62%			

Developing the organisation

	Actual	Target	Q4 Year on Year	Q4 2019-20
Average Days/Shifts Lost to sickness	4.05	5.50	↓	4.4
Working Days Lost To Injury	130	30	↑	17

	Actual	Target	Q4 Year on Year	Q4 2019-20
SaWs Delivered to Heightened Risk	9,055	9,000	↓	31,758
Platinum address success rate	83%	65%	↑	61%
Thematic Inspections Completed	0	N/A	↓	2,013
NDP Fire Safety Audits Completed	1,431	N/A	↓	1,584
Percentage of Risk Based Programme Completed	33.45%	N/A		

Performance Key		Year on year direction key		
Meeting target	↑	↓	↔	Improved direction of travel year on year
Within 10% of target			↔	No change in direction of travel
Failing against target by at least 10%	↑	↓		Negative direction of travel year on year by up to 10%
Target suspended	↑	↓		Negative direction of travel year on year by at least 10%

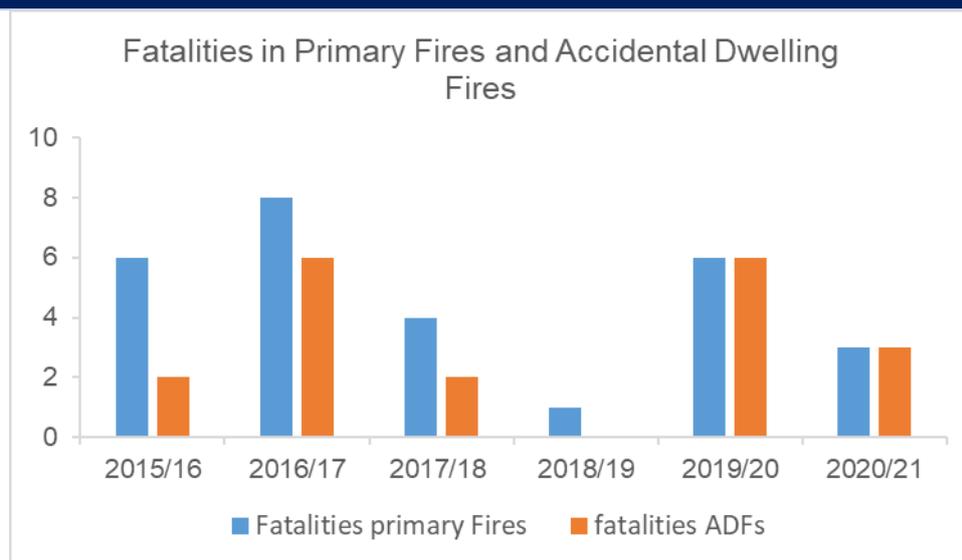
Performance and Programme Board – Performance Report

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

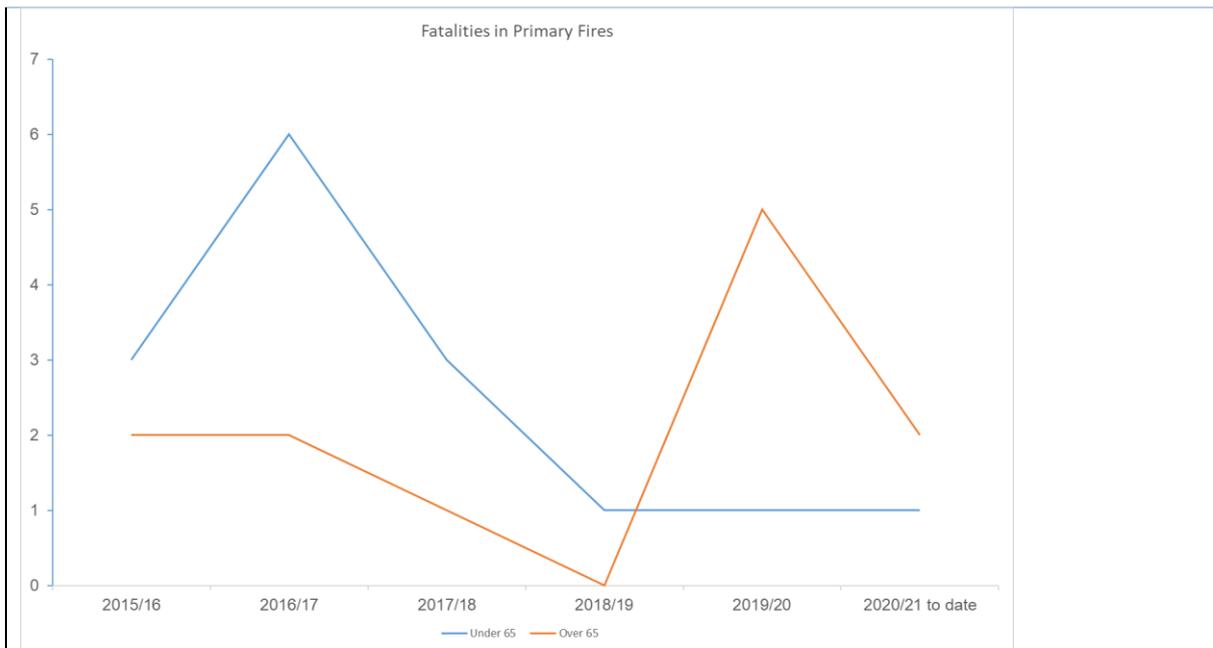
Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	0	Q1 Actual	2
Q2 Target	0	Q2 Actual	0
Q3 Target	0	Q3 Actual	0
Q4 Target	0	Q4 Actual	1
YTD Cumulative Target	0	YTD Cumulative Actual	3
Previous Status	Current Status		
			

Summary of Current Performance



At the end of 2020/21, there have been three fatalities recorded, all of which occurred in accidental dwelling fires.

Two fatalities occurred in one incident with the cause involving smoking material with both victims aged over 65. The cause of the other incident was a chip pan with the victim being under 65 and living alone.



Action taken to improve performance

During the performance year 2020-21, the prevention department commissioned an evaluation of its Safe and Well programme (SAW). The purpose of this was to evaluate its effectiveness and identify the most vulnerable groups within the community based on CFRS historical incident data analyses and wider societal trends. The findings of this evaluation are due to be published imminently and will be presented to the Service Management Team (SMT) to determine future SAW targeting methodologies. Following the easing of lockdown restrictions safe and well activity in the community will increase which will also include service delivery staff.

Following the Quarter 4 incident in Macclesfield, fatal fire review meetings have taken place and a draft report has been compiled. Immediately following the incident, the Prevention Team (Advocates) engaged with 33 addresses in the vicinity of the fire, including the flats where the fire occurred, to offer and provide safe and well advice to support the local community.

The Service Delivery Manager (SDM) is working with Local Authority partners and the Prevention department as part of the Safer Cheshire East Partnership (SCEP) to complete a thematic review of fire related deaths in the area during the previous year. The aim of this review is to learn lessons collectively and implement actions to reduce similar incidents in the future.

The Quarter 4 incident in Macclesfield will be included within the review.

In addition to the actions above further actions include the following, press releases are routinely sent out by Corporate Comms utilising varying media in addition to Station social media accounts being updated regularly with key safety messages to help prevent fires including serious injuries and deaths.

Virtual Station Open Days have taken place across the period with themed safety messages and advice given out to members of the public. Further routine prevention engagement activities will be reviewed as part of the ongoing lockdown restriction easing and roadmap to recovery.

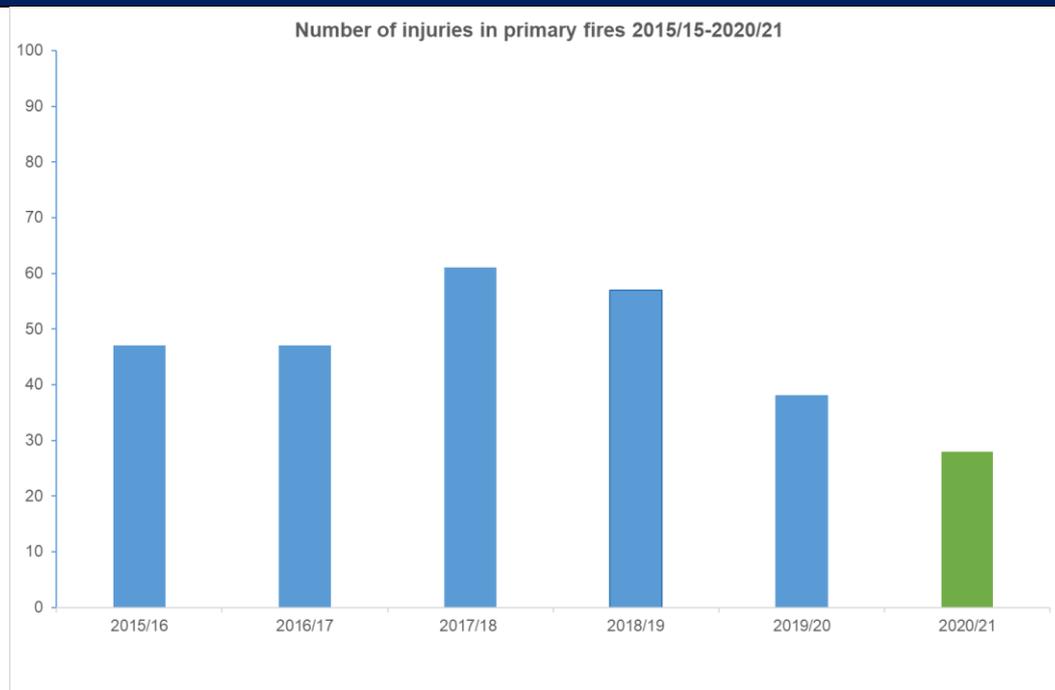
Performance and Programme Board – Performance Report

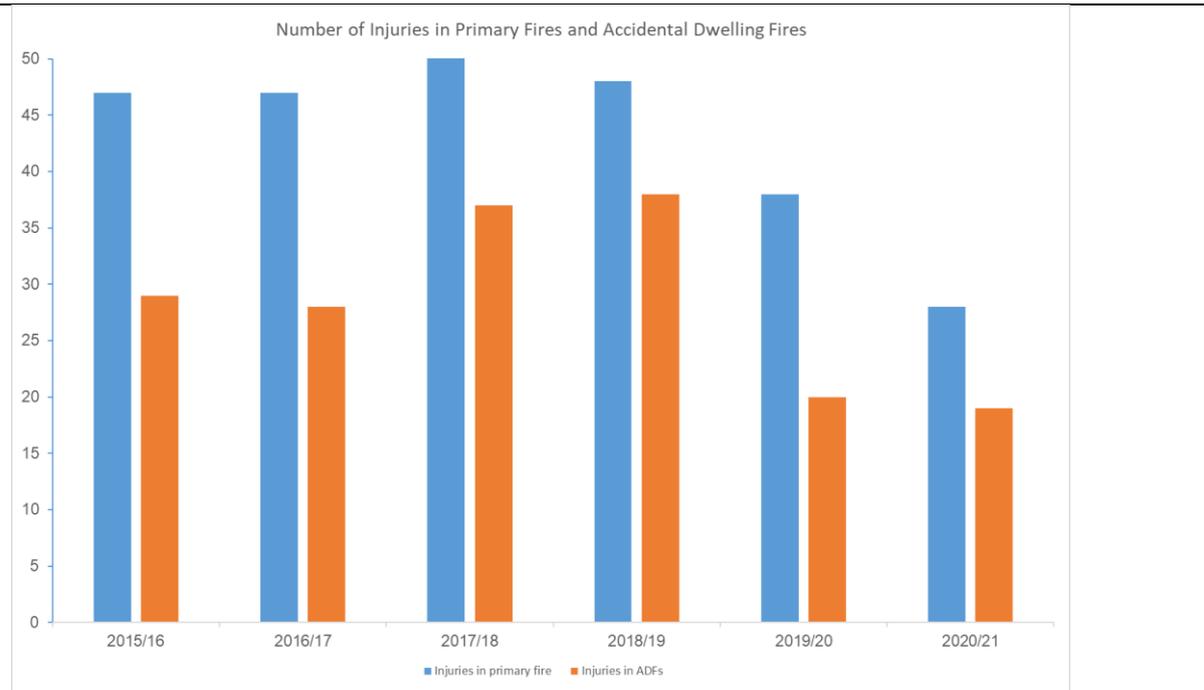
Indicator: [Injuries in Primary Fires]

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		01/04/2020 To 31/03/2021	
Q1 Target	11	Q1 Actual	13
Q2 Target	13	Q2 Actual	6
Q3 Target	13	Q3 Actual	2
Q4 Target	10	Q4 Actual	7
YTD Cumulative Target	47	YTD Cumulative Actual	28
Previous Status	Current Status		
			

Summary of Current Performance





28 injuries occurred in the year to date against a target of 47.

- 19 of the 28 injuries occurred in accidental dwelling fires.
- Eight injuries involved people aged 65 or over.
- 11 injuries were classified as serious, of which nine were in accidental dwelling fires, which is an increase from 2019/20. This due to an increase in the number of incidents involving smoking, candles and cooking.

Unitary Authority	Number of Injuries (year to date)
Cheshire East	4
Cheshire West & Chester	12
Halton	7
Warrington	5
Total	28

Cause	Number of Injuries
Cooking	10
Smoking	5
Matches and Candles	4
Fuel and Chemical related	3
Naked Flame	2
Other domestic appliance	2
Electrical supply	1
Chimney	1
Total	28

Age Group	Number of Injuries Serious	Number of Injuries Slight
0-9	1	1
10-19	0	1
20-29	0	2
30-39	1	3
40-49	3	2
50-59	1	3
60-69	1	3
70-79	2	1
80-89	2	1
90+	0	0
Total	11	17

Injury Description	Number of Injuries Serious	Number of Injuries Slight
Burns - severe	8	0
Burns - slight	0	4
Back/neck injury (spinal)	1	0
Overcome by gas, smoke or toxic fumes; asphyxiation	2	12
Other	0	1
Total	11	17

Quarter 4 data:

Cheshire East

There was no injuries in Cheshire East.

Halton

There was one injury in Halton.

Cheshire West & Chester

There was one injury which was classified as a serious injury

Warrington

There were five injuries in Warrington. Three fires started with a cooking appliance of which one resulted in a serious injury. Two individuals were aged over 65.

Action taken to improve performance

Cheshire West & Chester (CWAC)

CWAC saw one serious injury in the Ellesmere Port area, which was attributed to an incorrectly fitted log burning stove. The Prevention team have carried out hot spotting and reassurance in the area whilst the comms team are undertaking a specific social media campaign. Our Protection team is investigating the fitting of the stove with the potential for follow up enforcement. A Serious Injury Review is underway and will provide further recommendations.

CWAC are one over target for the year. The first 'Lockdown' resulted in several incidents caused by homeowners burning off green waste in their gardens due to waste recycling site closures. A number of social media campaigns took place warning people of the dangers of carrying out controlled burning and the use of flammable liquids. It is recognised that social media may not be seen by the older generation, therefore a targeted leaflet drop was carried out to 5500 homes in the Neston area following a number of injuries.

Halton

In 2020/21 there have been seven injuries with a Unitary target of nine.

The single injury in Quarter 4 was a result of the occupier manufacturing CBD oil and growing cannabis plants in a domestic property. Smoke detectors were fitted but the batteries had been removed.

Due to current Covid restrictions crews relayed fire safety messages via social media.

Warrington

In 2020/21 there have been five injuries with a Unitary target of nine.

The five incidents within the Warrington area included:-

1 x HMP Risley

1 x Occupier involved in the growing of cannabis

1 x Unsupervised 9 year old – safeguarding protocol instigated.

1 x Various items left on top of a cooker and accidentally turned on, occupier entered the property to rescue their pets.

1 x Unattended cooker. The serious injury fire policy has been instigated and the Station Manager is currently completing the action plan and making further enquiries.

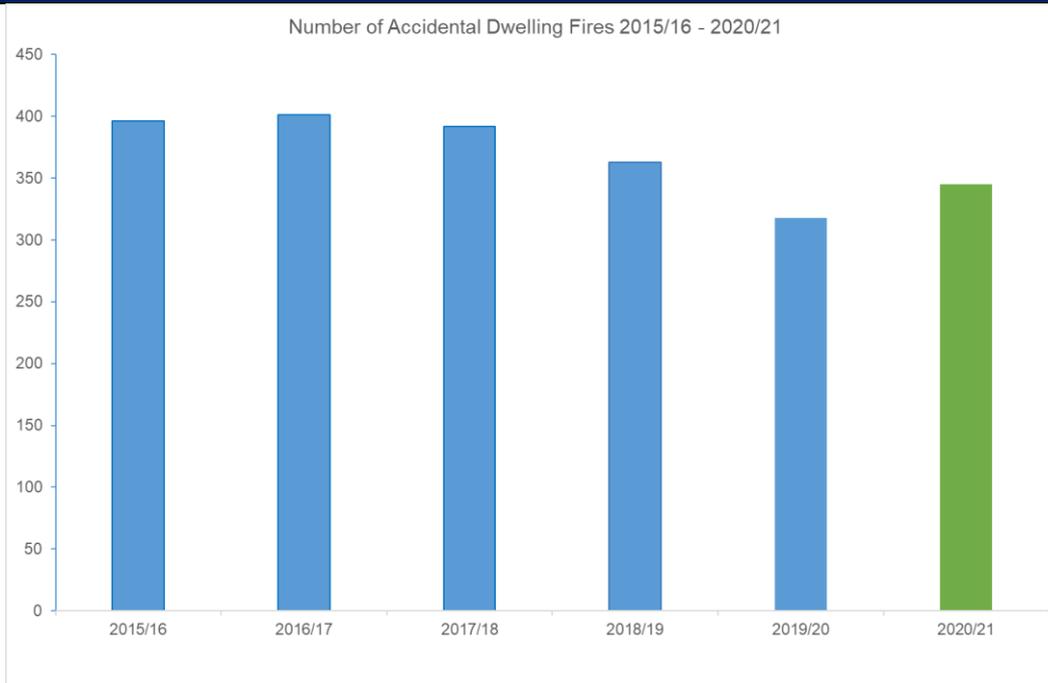
Due to current Covid restrictions, crews relayed various fire safety messages via social media.

Performance and Programme Board – Performance Report

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

Reporting period Q4		01/04/2020 To 31/03/2021	
Q1 Target	96	Q1 Actual	92
Q2 Target	82	Q2 Actual	91
Q3 Target	94	Q3 Actual	89
Q4 Target	91	Q3 Actual	72
YTD Cumulative Target	363	YTD Cumulative Actual	344
Previous Status	Current Status		
			

Summary of Current Performance



At the end of Quarter 4 there were 344 Accidental Dwelling Fires compared to a target of 363. Looking at the key risk areas, there has been an increase in the number of fires starting in the bedroom (29 to 35) and living room (22 to 30). There has been an increase in the number of fires involving single occupancy households from 113 to 133.

The increase is split across single occupancy under pensionable age and single occupancy over pensionable age. The increases have occurred in seven station areas - Warrington, Chester, Widnes, Crewe, Congleton, Ellesmere Port and Wilmslow – with the number of incidents rising

from 57 to 82. The biggest increases involve fires in the living room, particularly involving smoking.

There was no firefighting action required at 38.5% (133) of incidents

Unitary Authority	Total
Cheshire East	115
Cheshire West & Chester	123
Halton	43
Warrington	63
Total	344

Fire Location	Total
Kitchen	172
Bedroom	30
Living Room	35
External fittings	13
Garage	13
External Structures	10
Other	71
Total	344

Occupancy Type	Was a smoke alarm present? Yes
Lone person over pensionable age	94.29%
Lone Person under pensionable age	85.71%
Lone parent with dependant children	100%
Couple one or more over pensionable age, no children	88.24%
Couple with dependant children	82.09%
Couple both under pensionable age with no children	82.93%
Other	94.5%
Total	88.1%

Occupancy Type	No of Incidents	Dwellings	Indexed Score
Lone person over pensionable age	70	56533	306
Lone person under pensionable age	63	73421	212
Couple one or more over pensionable age, no children	34	80559	104
Lone parent with dependant children	24	82396	75
Couple both under pensionable age with no children	41	167332	60
Other	111	209308	131

Couple with dependant children	67	347436	47
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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

Prevention

Safe and Well delivery has been significantly impacted due to Covid restrictions. Despite this, 9000 were completed in 2020-21, and were targeted at the most vulnerable occupants, identified via self-referral, agency referrals and Exeter data information. In all cases of ADF, both local and station level social media messages were circulated alongside service wide messages from the communications team, to highlight the dangers and actions occupiers could take, to reduce the risk of accidental dwelling fires .

As part of the evaluation work undertaken to identify the effectiveness of our Safe and Well work, part of the research focussed on the means in which we communicate with the over 65 demographic. Particular emphasis was given to what methods the over 65's most frequently use. The research utilised a focus group to understand the practicalities and limitations of our current methods. The evaluation results, will be used to formulate our communication strategies going forward, to ensure we "reach" the widest audience possible with our safety campaigns and messages.

Following the huge success of the national vaccination program and the very high level of uptake in Cheshire, Prevention staff alongside the comms team are in the process of creating banners that will be displayed outside of the vaccination centres where CFRS staff are currently working. These include the mass vaccination site at Chester Race Course and the Primary Care Network (PCN) sites at Orford Jubilee Hub Warrington and Widnes Rugby Ground in Halton. The banners have been created to include key home fire safety and road safety messages, most relevant in those specific areas. These are intended to be visible to all attendees for vaccination and provide them with details of how to contact us for further advice and support.

Furthermore, the Safe and Well policy is currently being updated, to detail how Safe and Well delivery will be undertaken as we move out of Covid restrictions.

Cheshire East

Incidents are followed up with the Prevention Dept. During the pandemic, Virtual Station Open Days have taken place and safety advice given out to members of the public. Press releases are published by Corporate Comms and Station Twitter pages updated as and when by Stations. Crews continue to identify themes and send info out via Social Media.

Following an incident involving a multi occupancy building in Crewe, the crew followed up with Cheshire East protection department who in turn passed information onto the local authority housing team to ensure that they are registered and safety standards maintained. The protection team routinely follow up incidents in these property types as part of a memorandum of understanding with the local authority housing teams.

Cheshire West and Chester

The recent lockdown period has restricted the ability of crews to directly engage with the local community through Safe and Well visits. However, Social media campaigns have been undertaken regarding home safety following trends linked to cooking and electrical safety. Ellesmere Port received it's first set of data from Primary Care Networks for the hard to reach members of our community and commenced doorstep Safe and Well Visits in early April enabling direct engagement on both kitchen and electrical safety.

CWAC are nine ADFs over target for the year. A significant number of these incidents started outside of the house and spread to dwellings, attributed to an increase in people carrying out controlled burning, closely followed by several unattended cooking fires and smoking materials and candles. A number of social media campaigns have been carried out covering all types alongside the commencement of the 'Doorstep Safe and Well visit pilot' during March '21.

Halton

In 2020/21 the Unitary is above target with 43 ADFs against a target of 39.

On reviewing ADFs in Halton, the analysis shows that 8 out of the 10 properties are not in our current target demographic, however all properties had smoke detectors fitted.

Although there were no patterns or trends to the ADFs, crews have been very active on social media to promote the various fire safety messages.

Warrington

In 2020/21 the Unitary is under target with 63 ADFs against a target of 78.

On review of ADFs in Warrington, the analysis shows that 12 out of the 16 properties are not in our current target demographic, however 13 out of the 16 properties had smoke detectors fitted.

Eight out of the 16 incidents started in the kitchen with various reasons for the causes and crews have been very active on social media to promote the various fire safety messages and campaigns.

Performance and Programme Board – Performance Report

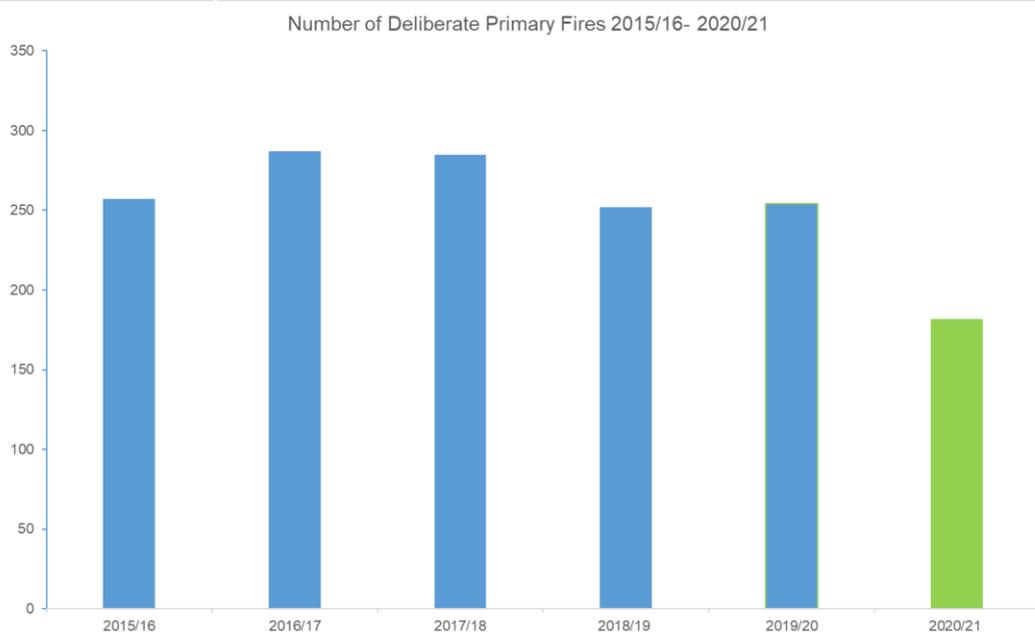
Indicator: [Number of Deliberate Fires]

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target (Primary)	66	Q1 Actual (Primary)	60
(Secondary)	264	(Secondary)	163
Q2 Target (Primary)	68	Q2 Actual (Primary)	54
(Secondary)	233	(Secondary)	161
Q3 Target (Primary)	59	Q3 Actual (Primary)	46
(Secondary)	204	(Secondary)	164
Q4 Target (Primary)	61	Q4 Actual (Primary)	29
(Secondary)	124	(Secondary)	118
YTD Cumulative Target (Primary)	254	YTD Cumulative Actual (Primary)	188
(Secondary)	825	(Secondary)	606

Deliberate Primary Fires		Deliberate Secondary Fires	
Previous Status	Current Status	Previous Status	Current Status
			

Summary of Current Performance

Deliberate Primary Fires



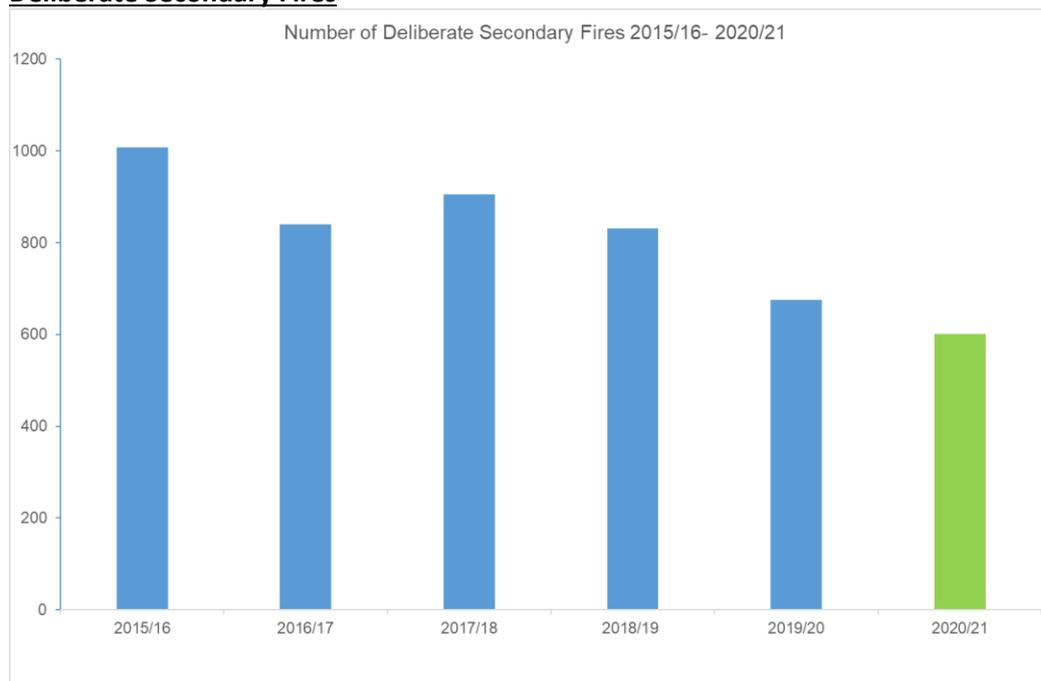
As defined in the Incident Recording System (IRS) primary fires include all fires in buildings, vehicles and outdoor structures or any fire involving casualties, rescues or fires attended by five or more appliances.

Overall, 188 deliberate primary fires were recorded at the end of quarter four, against a target of 254. Overall, the station areas with the highest number of incidents are Warrington (34), Widnes (25) and Ellesmere Port (16).

Across Cheshire, 82 incidents (43.3%) involved the deliberate ignition of a road vehicle. Of these, 52 involved cars.

Unitary area	Number of Deliberate Primary Fires
Cheshire East	53
Cheshire West and Chester	44
Halton	42
Warrington	49
Total	189

Deliberate Secondary Fires



As defined in the Incident Recording System (IRS) Secondary Fires are fire incidents that did not meet the criteria of a primary fire, did not involve casualties and were attended by four or fewer appliances.

The number of deliberate secondary fires recorded at the end of Quarter four was 606 which is 219 incidents under target. The highest number of incidents have been in the following station areas - Warrington (122), Widnes (94) and Ellesmere Port (90). These three station areas account for 50.5% of all incidents.

Unitary area	Number of Deliberate Secondary Fires
Cheshire East	80
Cheshire West and Chester	179
Halton	187
Warrington	160
Total	606

Action taken to improve performance

Deliberate Fire Reduction

The number of Deliberate fires continue to move in a positive direction. The recent Covid-19 restrictions will have been a factor and it is recognised that we must be ready to react to any change in activity at the earliest opportunity to prevent any increase in incidents, local leads will closely monitor the situation in each area.

Regular update reports continue to be received by the Deliberate Fire Reduction Officer in Prevention from Cheshire Police. These reports outline the number of arrests and convictions for deliberate fires across Cheshire. This information provides valuable feedback to operational managers and fire investigation officers, highlighting the importance and benefits of robust and detailed fire investigation. This is in addition to reporting through the Incident Recording System (IRS) and Police Notification Report (PNR) platforms.

Cheshire East

Station Managers currently attend Multi Agency Action Group meetings and Cheshire East Protection Department attend Vacant & Void meetings.

Operational crews continue to complete PNR notifications as per the policy and Police log numbers are noted.

Fire Investigations are requested where necessary.

Cheshire West and Chester

Primary Fires:

There is currently an ongoing fire investigation into the Winsford Bingo Hall fire. Fire Investigation teams are supporting Cheshire Police with its ongoing investigation.

Following a deliberate Primary fire in the Ellesmere Port area, one person is in custody charged with several offences.

Secondary Fires:

Partnership work between Cheshire Police and CFRS in Ellesmere Port to address fires around Stanney Lane/Whitby Park has utilised data and mapping intelligence. This has resulted in the Police implementing an operation to identify young people involved in antisocial behaviour or disorder around the area. A dispersal order has been issued and enforced by Police.

Jointly we are working with schools to identify those involved, utilising CCTV, and taking appropriate action as Covid-19 restrictions allow. A reduction in the number of calls suggests that the direct engagement is taking effect.

CWAC are considerably under target both in primary and secondary deliberate fires. Strong partnership work in all areas with Problem Solving Groups and targeting of community support officers has helped see a decrease in deliberate fire activity. Crews continue to provide quality data using the PNR system which is then followed up and fed in to the relevant partners in order to target resources and initiatives, such as dispersal orders or on the street teams. Covid-19 did result in a reduction in anti-social behaviour related activity.

Warrington

In 2020/21 there has been:

49 deliberate primary fires against a target of 67

160 deliberate secondary fires against a target of 246

PNRs are completed for all incidents and the Community Action Plan holders for 'reducing deliberate fires' are in regular contact with Cheshire Police highlighting any areas of concern and working together to reduce incidents. Crews have also been active on social media to highlight any issues with the community.

Halton

In 2020/21 there has been:

42 deliberate primary fires against a target of 53

187 deliberate secondary fires against a target of 194

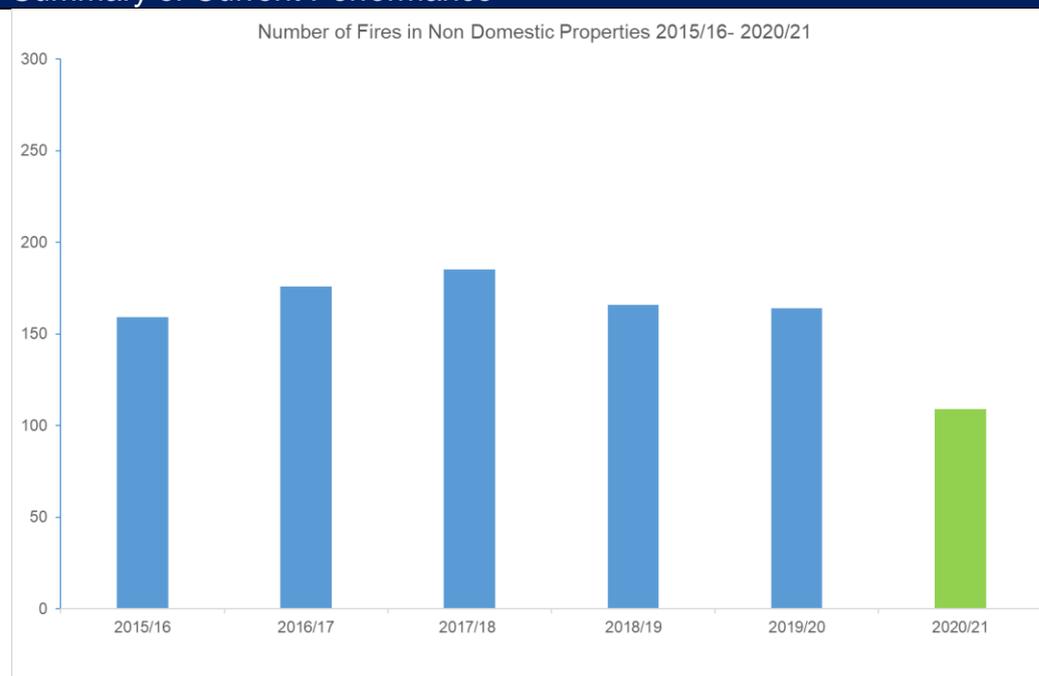
Positive partnership working has been highlighted in the area of Upton Rocks in Widnes. Preventative work including implementing arson routes have been effective at reducing accessible waste storage around Upton Rocks. The partnership work with the police has been helpful and there has been a notable difference at the end of Quarter 4.

Performance and Programme Board – Performance Report

Indicator: [Fires in Non-Domestic Premises]

Reporting Period Q4		01/04/2020 to 31/03/2021	
Q1 Target	45	Q1 Actual	35
Q2 Target	42	Q2 Actual	32
Q3 Target	34	Q3 Actual	29
Q4 Target	42	Q4 Actual	23
YTD Cumulative Target	163	YTD Cumulative Actual	119
Previous Status	Current Status		
			

Summary of Current Performance



There have been 119 Non-Domestic Premises fires up to the end of Quarter four which is 44 below target.

The most significant numbers of fires have been identified in the following building types.

Type	Number of occurrences
Barn	11
Prison	9
Takeaway/fast food	8

All of the barn fires occurred in Quarters 1 and 2, whilst three out of the nine prison fires occurred in Quarter 4, two of which were confined to the item first ignited. Seven out of the nine prison fires during 2020/21 occurred at Risley.

The main causes for fires in Non-Domestic Premises:

- 30 electrical causes - including fluorescent lights, other lights, batteries, wires and cabling.
- 16 cooking related incidents - including cookers, deep fat fryers and microwaves.
- 13 industrial equipment including kilns and dryers.

50% of the 119 fires (59 incidents) were either confined to the item first ignited (48) or involved smoke and heat damage only (11). Whilst a further 33 (28%) fires were confined to the room of origin.

Unitary Area	Accidental	Deliberate
Cheshire East	34	11
Cheshire West & Chester	29	5
Halton	11	3
Warrington	18	8
Grand Total*	92	27

Property Type	Number of Properties	Number of Incidents	Index Score
Prison	3	6	123529
Hospital / Hospice	40	4	4117
Factory/Manufacturing	438	13	1222
Care / Nursing Home	220	6	1684
Fast Food Outlet / Takeaway (Hot / Cold)	518	5	635
Farm / Non-Residential Associated Building	1077	10	420
Restaurant / Cafeteria	703	6	351
Public House / Bar / Nightclub	805	4	204

The indexed score is a risk score which compares the rate of incidents for each premises type against the average rate of fire in non-domestic premises 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 the premises type is twice as likely as average to have a fire. The data for the index is over a 12 month period.

Action taken to improve performance

Social media has been used to great effect over the last quarter and for the year as a whole; this has been following incidents of note and also for regular updates for topical updates and to tie in with National Fire Chief Council themes. Social media followers for the business safety media platforms have increased significantly and this has been a large proportion of the engagement with businesses during lockdown. The sprinkler campaign (launched 1st April 2021) will again further build on this approach.

Electrical and cooking fires were found to be the most common cause of fires in regulated premises. This information is being cascaded to the inspection teams so they can drive the

messages when they meet the premises management as part of their routine inspections. Also this will be used by the business safety team. Quarterly scrutiny meetings identify both common issues and best practice which is shared across the wider inspection teams.

Inspections of regulated buildings have still been taking place during the latest lockdown. The ability to get into the buildings has been affected and some haven't been open. Post fire inspections have taken place to check on compliance with the fire safety order and follow up work is also completed by the business safety team to raise awareness as businesses in the locality tend to be more receptive to the information provided. The business safety team is qualified to Level 3 certification so is able to signpost fire safety issues should they come across any.

The Chester Heritage Officer is now in place and has commenced work on improving fire safety standards across the Chester rows (and is also involved in wider Cheshire heritage sites).

A new initiative is in place with the Crown Premises Inspection Group who regulate fire safety in Prisons. This initiative has started positively with just one deliberate prison fire in the second week of Quarter 4. Regular reporting processes and stronger relationships with the inspection group will ensure that all prison incidents receive more robust scrutiny from all involved. The initiative will mean a specific focus on the Service's three prisons (secure accommodation). This cross departmental work involves the operational staff from those fire stations that attend the incidents, and also the fire investigation teams. Performance is being monitored on a quarterly basis.

Additional information regarding two significant incidents:

Winsford Bingo Hall was a significant fire involving the derelict property. The fire is currently under investigation by Cheshire Police, with a number of youths having been questioned in relation to the cause of the fire. Following the fire, the majority of the site was demolished, leaving the brick façade.

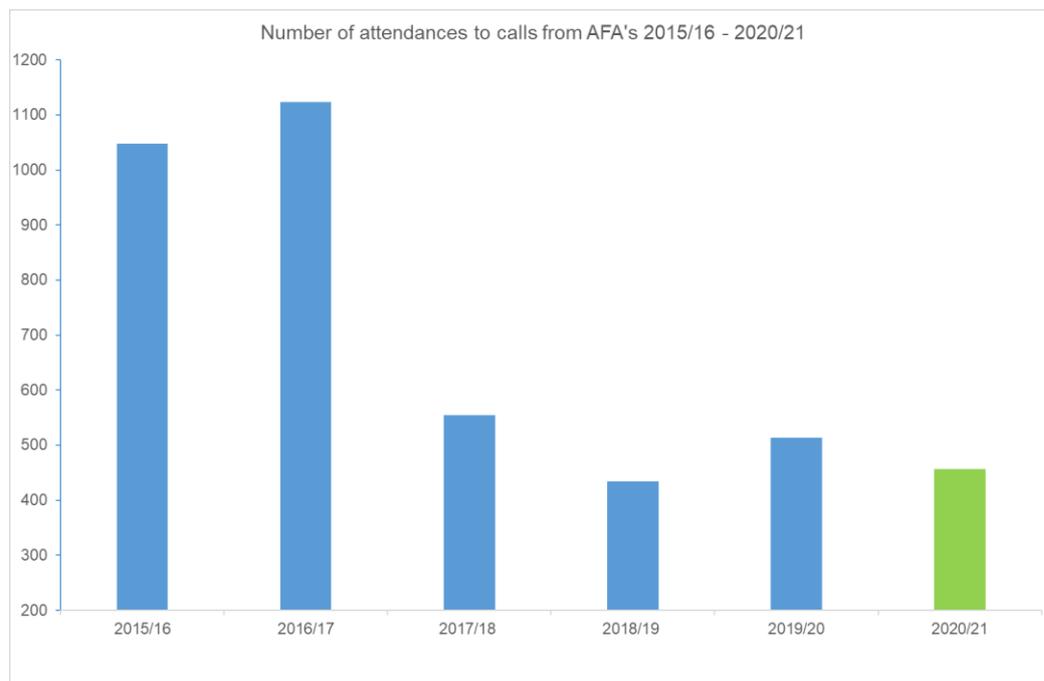
TaTa Chemicals - an electrical surge in electrical cables caused a fire within the Ash Plant. Protection attended the scene and are working with the company to address any issues with a view to avoiding future incidents.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	116	Q1 Actual	112
Q2 Target	147	Q2 Actual	134
Q3 Target	113	Q3 Actual	105
Q4 Target	109	Q4 Actual	103
YTD Cumulative Target	485	YTD Cumulative Actual	454
Previous Status	Current Status		
			

Summary of Current Performance



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

At the end of Quarter 4 there were 454 attendances to Automatic Fire Alarms in Non-Domestic Premises against a target of 485.

The station areas with the highest number of calls are Chester, Macclesfield and Warrington which together account for 45% (204) of the overall total.

The main property types for Automatic Fire Alarms are hospitals (151) and nursing, retirement or care homes (132), whilst the most common reason for the alarm to go off was a fault (167), followed by cooking/burnt toast (66) and accidentally/carelessly set off (64).

Unitary area	Number of AFAs
Cheshire East	176
Cheshire West and Chester	168
Halton	44
Warrington	66
Total	454

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

Regular monitoring is continuing across the Protection department with the Unwanted Fire Signals Single Point of Contact in each of the 3 unitary offices. The inspectors ascertain AFA performance (or any resulting UWFS) prior to any audit of a regulated building and will address any issues whilst in attendance.

The hospitals group of the Protection department closely monitor UWFS performance of all healthcare facilities and work with management to reduce where possible.

Whilst the number of UWFS may have been positively impacted as a result of reduced use of commercial buildings during Covid-19, further work is ongoing to identify where additional reductions to UWFS can be made. This will include reconsidering the NWFC methodology for 'call challenge', increased focus on social media to share lessons learnt on UWFS causation and a review of the number of premises where 'testing' is recorded as the cause.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	2250 *	Q1 Actual	1978
Q2 Target	2250	Q2 Actual	2378
Q3 Target	2250	Q3 Actual	2466
Q4 Target	2250	Q4 Actual	2233
YTD Cumulative Target	9000	YTD Cumulative Total	9055
Previous Status	Current Status		
			

Summary of Current Performance

Number of Safe and Well Visits

* No target has been set for operational crews. It was agreed at SMT that the target for prevention would be 9000. Operational staff conduct urgent out of hours visits and some post fire visits.

Up to the end of quarter four 9055 heightened risk visits have been completed by Prevention and operational staff.

Unitary area	Number of Safe and Well visits
Cheshire East	3134
Cheshire West and Chester	2661
Halton	1992
Warrington	1328
Total	9055

Indicator: [B] Platinum Address Success Rate]

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	65% *	Q1 Actual	94%
Q2 Target	65%	Q2 Actual	87%
Q3 Target	65%	Q3 Actual	77%
Q4 Target	65%	Q4 Actual	87%
YTD Cumulative Target	65%	YTD Cumulative Total	83%
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 target is based on a proposed target for the year which at the time of lockdown had not been formally agreed.

The percentage of platinum addresses where we have completed a Safe and Well visit is 83%.

Unitary area	Platinum address success rate
Cheshire East	94%
Cheshire West and Chester	75%
Halton	83%
Warrington	95%
Total	83%

Action taken to improve performance

Throughout Quarter 4 Prevention teams continued to deliver safe and well intervention to the most vulnerable properties within the four Unitary areas. There were a high volume of both self-referrals and partner agency referrals into the local teams. This highlighted the importance of our on line Home Safety Direct application, to allow residents to undertake their own self-assessment of risk and for us to prioritise these once referred.

The new SAFFIRE system allowed for an efficient change to the Safe and Well process, to incorporate a Covid-19 vaccine related health element to the visit. This allowed us to support partners within NHS trusts and Primary Care Networks, to engage with residents that have not yet made contact with them. Through the flexibility in the system, we were able to include questions within the Safe and Well questionnaire to promote the availability of the vaccine and inform residents how they can book an appointment.

This work will now be expanded, to include Service Delivery personnel, where there is a local need. This will ensure we can maximise the impact of the vaccine program and provide fire safety advice to a wider audience.

Discussions are already underway with local managers and teams, regarding the potential increase in Safe and Well delivery, in line with the national road map principles and our own internal processes, if the lockdown measures are eased as proposed.

Partner agency referrals

The Covid pandemic saw the temporary cessation of partner agency referrals via Safe and Well engagements, due to the impact the pandemic had on partner agencies, their staffing profiles and their prioritisation of Covid response work, especially in the case of NHS.

We have maintained regular dialogue with these partners, throughout the pandemic, through our Safe and Well project manager and Partnerships Co-ordinator, to ensure these referral pathways can be re-introduced at the most appropriate time.

We have identified that these pathways will be re-introduced on a phased approach, due to the nature of the support that can be provided and the impact on both the occupier and CFRS staff members.

Referrals such as affordable warmth, that require verbal consent only, can be introduced very quickly, whereas, referrals for high blood pressure or Atrial Fibrillation issues, will be introduced later this financial year, due to the fact they rely on the need to undertake testing with monitoring equipment, within the home, by CFRS personnel.

In the lead up to the re-implementation of these referral pathways, the Prevention department will utilise this time to retrain all staff in the process and importance of these pathways and will also provide “making every contact count” training to increase the uptake of these offers.

Performance and Programme Board – Performance Report

Indicator: [Thematic Inspections Completed by Operational Crews]

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	Suspended	Q1 Actual	N/A
Q2 Target	Suspended	Q2 Actual	N/A
Q3 Target	Suspended	Q3 Actual	N/A
Q4 Target		Q4 Actual	
YTD Cumulative Target	Suspended	YTD Cumulative Total	N/A
Previous Status	Current Status		
N/A	N/A		

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.

Thematic inspections by operational crews are suspended as a result of Covid-19 alternative working arrangement.

Unitary	Number
Cheshire East	0
Cheshire West and Chester	0
Halton and Warrington	0
TOTAL	0

Action taken to improve performance

At present thematics are not being completed by operational crews.

The completion of thematic inspections will be considered as part of the Service's COVID-19 re-start plans.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	Suspended	Q1 Actual	196
Q2 Target	Suspended	Q2 Actual	471
Q3 Target	Suspended	Q3 Actual	475
Q4 Target		Q4 Actual	289
YTD Cumulative Target	Suspended	YTD Cumulative Total	1431
Previous Status	Current Status		
N/A	N/A		

Summary of Current Performance

During Quarter 4 the lockdown significantly affected the team's ability to get into premises as many were either closed or there were restrictions due to Covid-19 cases.

During Covid-19 the majority of audits were desktop/telephone based. Many of the telephone audits of higher risk premises could not be fully completed as a physical visit was required or the premises themselves were not open for business. The audits that couldn't be completed will receive a physical visit as early as possible during 2021-22 (if premises are open).

11 enforcement notices and one prohibition notice were issued in Quarter four to a range of premises across the three office areas. Compartmentation and external wall systems were the main issues identified across the notices.

Unitary area	Number of Fire Safety Audits
Cheshire East	513
Cheshire West and Chester	457
Halton	126
Warrington	335
Total	1431

Indicator: [B] Percentage of Risk Based Inspection Programme Completed]

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	Suspended	Q1 Actual	5% (29)
Q2 Target	Suspended	Q2 Actual (cumulative)	22% (76)
Q3 Target	Suspended	Q3 Actual (cumulative)	27% (121)
Q4 Target	Suspended	Q4 Actual (cumulative)	33% (195)
Previous Status	Current Status		
N/A	N/A		

Summary of Current Performance

There are a number of the RBIP premises that could not be audited during lockdown and therefore this has affected the completion figures significantly.

The unusual circumstances of Covid-19 meant that other work streams, such as training and competence development were completed during this period in order to free up time for RBIP work post lockdown.

Any RBIP premises that couldn't be audited during 2020 will be visited in as early as possible during 2021-22 (if premises are open).

Unitary area	% RBIP Completed
Cheshire East	62.9%
Cheshire West and Chester	16%
Halton	22.6%
Warrington	33%
Total	33%

Action taken to improve performance

Premises not being open or high COVID-19 cases at the individual premises are the main reasons that physical audits have not been able to be completed.

RBIP visits and audits have now recommenced in line with the lifting of government restrictions. RBIP visits are being prioritised with the aim of addressing the highest risk premises. The majority of regulated premises are now open in some capacity and therefore inspectors are conducting visits in accordance with the COVID risk assessments.

Performance and Programme Board – Performance Report

Indicator: [10 Minute Standard]

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	80%	Q1 Actual	88%
Q2 Target	80%	Q2 Actual	84%
Q3 Target	80%	Q3 Actual	86%
Q4 Target	80%	Q4 Actual	86%
YTD Cumulative Target	80%	YTD Cumulative Total	86%
Previous Status	Current Status		
			

Summary of Current Performance

Overall 86% of life risk incidents were attended within ten minutes, which is above the target of 80%. The average attendance time for life risk incidents is eight minutes and 6 seconds.

Unitary area	Cheshire Standard
Cheshire East	86%
Cheshire West and Chester	82%
Halton	93%
Warrington	90%
Total	86%

Dwellings

91% of dwelling fires were attended within 10 minutes.

There were five attendances to dwelling fires which failed the standard in Quarter 4. The average attendance time for a first appliance to a dwelling fire was seven minutes and 17 seconds.

Incidents during Quarter Four:

Cheshire East – There were two failures due to:

- Access issues via a restricted route, the appliance had to navigate an extremely narrow track and on several occasions had to stop and have spotters out to navigate corners. This resulted in a delayed arrival at the property.
- The distance from the fire station to the incident.

Warrington – There were no failures.

Halton – There were no failures.

Cheshire West and Chester – There were three dwelling fires identified as not meeting the 10 minute response standard.

- Two failed due to the incidents being further away from the fire stations than could be travelled in 10 minutes.
- One failure probably was not a failure at all. It appears that the OIC did not book in attendance, which is being addressed locally. The estimated time of arrival was 3 minutes and 23 seconds and the first message from the scene was sent 7 minutes and 32 seconds after mobilisation suggesting the team were in attendance well within 10 minutes. Unfortunately however, the AVLS feed was not available for this incident to confirm this.

Road Traffic Collisions

79% of Road Traffic Collisions were attended within ten minutes. Overall there were eight incidents which failed the standard in Quarter 4. The average time from alert to in attendance was nine minutes 31 seconds.

Incidents during Quarter Four:

Cheshire East – There were four failures due to:

- The distance to the incident could not be covered in ten minutes.
- The incident occurring during a period of heavy snowfall and ice. This delayed the response of the crew to the fire station delaying the mobilisation and resulting in a longer journey time as a result of the difficult driving conditions.
- NWS passed the incorrect address to CFRS, so this delayed the arrival of the operational crews.
- Incident located on the M6 motorway which had 4 lanes of standing traffic. The driver had to wait for the traffic to move, thus delaying the crews by at least 2-3 minutes.

Warrington – There were no failures.

Halton – There were no failures.

Cheshire West and Chester – There were four RTCs where the standard was not achieved. Two were as a result of the travel distance from the fire station, with the other two due to difficulty in locating the scene of the accident.

Action taken to improve performance

Service Delivery Managers will re-iterate the importance of booking in attendance as it impacts CFRS's performance which is reported to the Home Office. Efforts are also being made to ensure the Service can accurately calculate attendance times in the instances when the reason for the failure was due to the Incident Commander not booking in attendance on the MDT.

Community Action Plan (CAP) holders scrutinise failures and validate these at the local scrutiny meeting. Appropriate action is taken to prevent future failures wherever possible.

Performance and Programme Board – Performance Report

Indicator: [On-call Availability]

Reporting Period Q4		01/04/2020 To 31/03/2021			
Q1 Target	85%	Q1 Actual	87%		
Q2 Target	85%	Q2 Actual	68%		
Q3 Target	85%	Q3 Actual	68%		
Q4 Target	85%	Q4 Actual	77%		
YTD Cumulative Target	85%	YTD Cumulative Actual	75%		
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 at the end of Q4 was 75% (crew of four) and 79% (crew of three, available as a Small Incident Unit).

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

- Nucleus on-call appliance (e.g. Birchwood) availability was 99%
- Primary on-call appliance (e.g. Malpas, Poynton etc.) availability was 74%
- Secondary on-call appliance (e.g. Winsford second appliance etc.) availability was 62%

Action taken to improve performance

On-Call availability has increased in the final quarter of the year to 77%, resulting in an overall annual performance of 75%, which is still 10% below target.

The reporting period has bridged the global Pandemic and significant temporary arrangements have been implemented throughout the year such as rostered staffing, flexible drill periods and protected pay. The temporary arrangements have been implemented with the intention of protecting the On-Call workforce from contracting Coronavirus through avoiding large numbers of staff being on station or travelling in fire engines at any one time. In turn, this has contributed to fewer than anticipated instances of On-Call firefighters transmitting the virus across their station colleagues. The flexibility of attending drill periods and protection of pay has also contributed to the positive retention of On Call firefighters throughout the pandemic.

The increase in homeworking and furloughed On-Call staff has had a positive impact, in particular during Q1 and Q4. Also, the use of day duty staff working either at home or at an On-Call fire stations has increased the availability of On-Call fire engines at the majority of stations.

Performance and Programme Board – Performance Report

Indicator: [Average Days/Shifts Lost to Sickness]

Reporting Period Q4		01/04/2020 To 31/03/2021	
Q1 Target	1.38	Q1 Actual	0.86
Q2 Target (cumulative)	2.75	Q2 Actual (cumulative)	1.77
Q3 Target (cumulative)	4.13	Q3 Actual (cumulative)	2.95
Q4 Target (cumulative)	5.5	Q4 Actual (cumulative)	4.05
YTD Cumulative Target	5.5	YTD Cumulative Actual	4.05
Previous Status	Current Status		
			

Summary of Current Performance

The Quarter 4 figure for all staff is 4.05, which is a reduction on the Quarter 4 figure for 19/20 of 4.39, and is well within the annual target of 5.5. For operational staff, the figure for wholetime staff is 3.94 which is an increase on the 19/20 figure of 3.22, the On Call figure of 3.68 is a reduction on the previous 19/20 figure of 4.08. Overall, the Quarter 4 figure for operational staff of 3.84 is a small increase on the 19/20 figure of 3.57.

Performance for Fire Staff for the year (4.95) shows higher average days lost than for Operational Staff (3.84). However the figure for Fire Staff for Quarter 4 this year (4.95) is significantly lower than for Quarter 4 last year when it was 7.45.

In terms of total days lost, the cumulative figure for 20/21 is 3852 which is a decrease of 8.7% compared with the figure of 4215 days for 19/20. There were 60 episodes of sickness absence during 2020/21 due to Covid-19 (this does not include absences due to self-isolation or shielding).

Staff Category	# of sickness days/shifts	Headcount	Average working days lost to sickness per person
Whole-time	1776	450	3.94
On-call	1151	313	3.68
Uniform Total	2927	763	3.84
Fire Staff	925	187	4.95
Q4 Total	3852	950	4.05

What actions will be required to improve performance?

- Monthly scrutiny at the Attendance Management Board continues to be applied to all absence cases to ensure that the appropriate actions are taken 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 the Occupational Health Unit are also ongoing to monitor service delivery and performance.
- An Attendance Management Toolkit and employee guide was launched in conjunction with a service wide roadshow hosted by the HR team and the Mental Health Advisor. Feedback is currently being sought by means of a survey.
- The Mental Health Advisor engages with staff by means of virtual or face to face visits to raise awareness in respect of mental health and the support available.
- Weekly information is being provided by HR in relation to Covid-19 absences, and HR Business Partners are liaising with Duty Group Managers and Duty Station Managers on a daily basis.
- The latest national benchmarking data available from Cleveland Fire & Rescue Service is a quarter behind this reporting period so relates to Quarter 3. This shows that CFRS has the 3rd lowest Wholetime absence rate of all services. For Fire Staff absence the Service's average days lost figure was the 9th lowest and well below the national average for Fire Staff across all Services. For On Call staff the Service had the 5th lowest sickness absence rate of all services.

Performance and Programme Board – Performance Report

Indicator: [Working Days Lost to Injury]

Reporting Period Q4		01/04/2020 To 31/12/2020	
Q1 Target	10	Q1 Actual	56
Q2 Target	10	Q2 Actual	0
Q3 Target	10	Q3 Actual	37
Q4 Target	10	Q4 Actual	15
YTD Cumulative Target	40	YTD Cumulative Actual	108
Previous Status	Current Status		
			

Summary of Current Performance

In Quarter 1 there were 56 days lost as a result of injuries sustained at work in three separate accidents. Two of these had actually occurred late in the final quarter of the previous year.

One accident involved a member of staff training in the gym who tore ligaments in his leg. A second accident involved two firefighters sustaining injuries when a fire hydrant standpipe was pulled off the hydrant causing serious bruising to the back of both legs of one of the firefighters.

The third accident involved a fire fighter slipping on a muddy river bank during a rescue and they sustained a twisted ankle.

This figure for duty days lost due to injury in the first quarter was greater than the number recorded in the whole of the previous year.

Reports show that there were no duty days lost due to accidents in the Quarter 2

In Quarter 3 there were 37 duty days lost due to one accident to an On-call Firefighter. The firefighter fell and dislocated a hip. On-call firefighter sickness may be overstated as it is recorded as calendar days when the person might have been available for duty.

In Quarter 4 there were 15 days which related to an accident in the previous quarter and one further accident involving a firefighter who trapped his fingers in the lid of an anti-terrorist bollard in Chester.

The total number of days lost due to accidents represents the worst performance since 2013/14 despite the total number of injury accidents reported to the Service being the lowest recorded since 2004/05. 29 of the days recorded as lost in the year were as a result of accidents that occurred in the previous year.

Action taken to improve performance

A full accident investigation takes place for all incidents and the outcomes are actioned to prevent reoccurrences, promoting any learning.

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.

In view of the level of working days lost to injury and the number of occurrences, the Deputy Chief Fire Officer is increasing his involvement in this area. He attends the Health Safety and Wellbeing Committee.

Performance and Programme Board – Performance Report

Indicator: [Road Traffic Collisions Attended]

Reporting Period Q4	01/04/2020	Q1 Actual	32
	To	Q2 Actual	74
	31/03/2021	Q3 Actual	59
		Q4 Actual	56
		YTD Cumulative Actual	221

Summary of Current Performance

Over recent years there has been an increase in the number of fatalities on the road, therefore as part of the IRMP we have committed to expanding the road safety provision in relation to prevention activity and are developing a Strategic Road Safety Plan and expanding operational response.

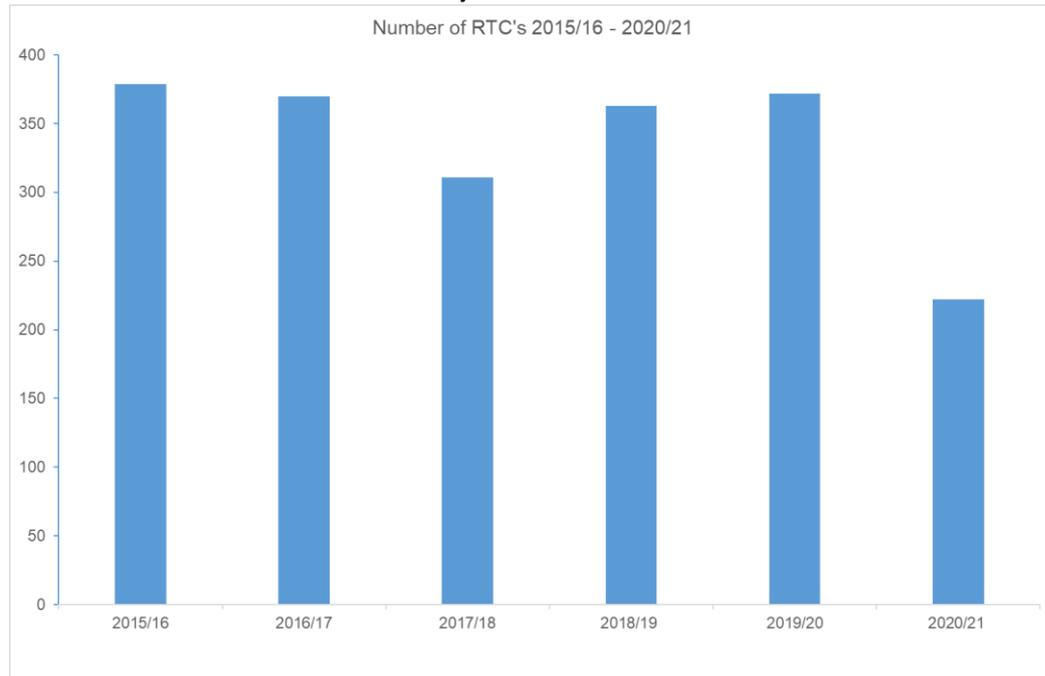
As a consequence the Service has taken a decision to monitor and report the number of road traffic collisions (RTCs) that we attend.

Fatalities and injuries occurring as a result of Road Traffic Collisions.

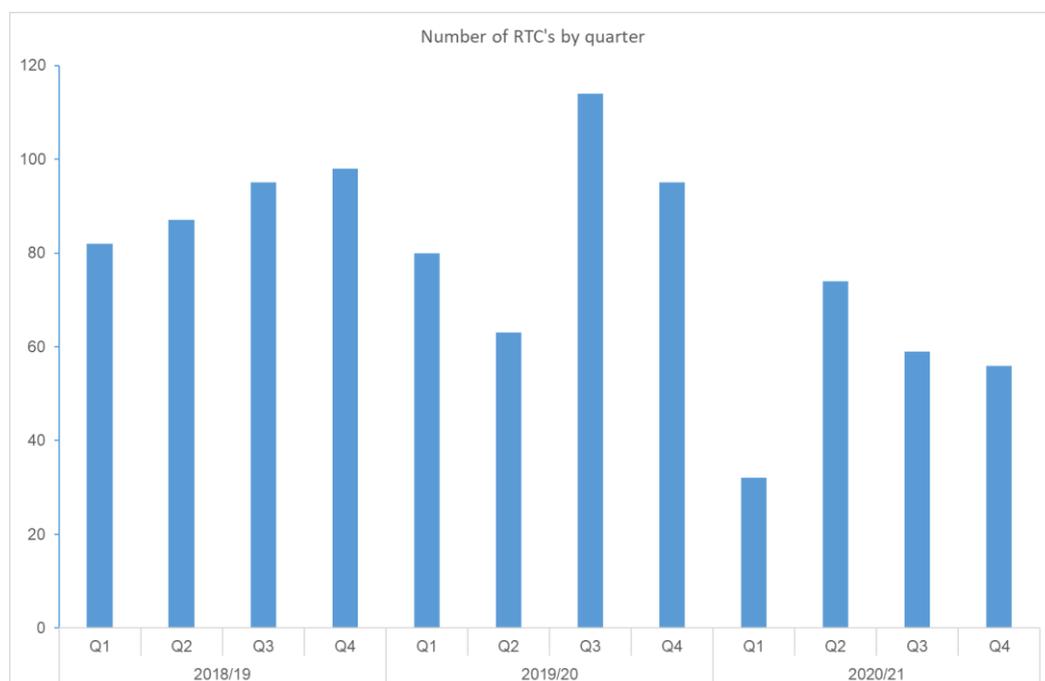
Please note, the following information is collated from data owned by Cheshire Constabulary and relates to the calendar year.

Severity	1 st January 2019 to 31 st December 2019	1 st January 2020 to 31 st December 2020	% of total	Year on year change
Fatal	34	29	2.1%	↓ 15%
Serious	211	207	15%	↓ 2%
Slight	1496	1140	82.9%	↓ 24%
Total	1741	1376		↓ 21%

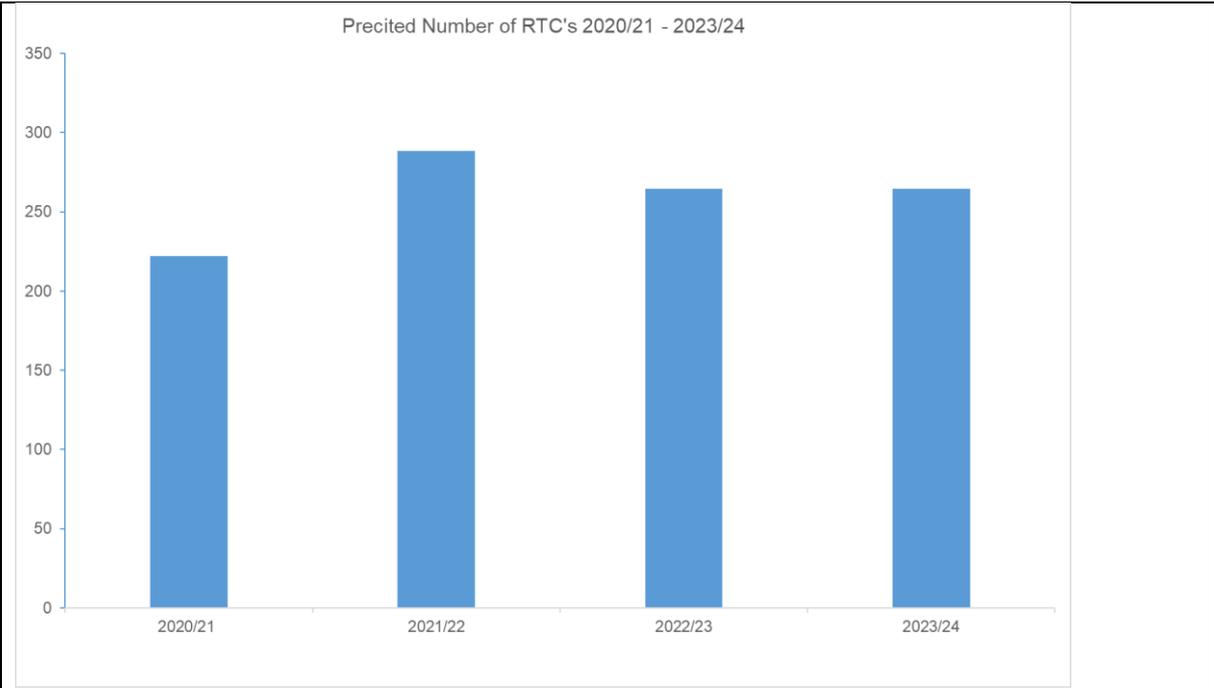
Chart of number of RTC's attended by Cheshire Fire and Rescue Service



The chart below shows the number of RTCs attended by Cheshire Fire and Rescue Service per quarter from April 2018. Overall the trend was upwards up to December 2019 with a subsequent decrease following this. The downward trend since Q1 2020/21 is partially due to the travel restrictions placed on households due to Covid-19.



The chart below shows the predicted number of incidents the Service will attend over the next three years with the number of incidents expected to consistently stay around 300-320.



Action taken to improve performance

Work continues to promote the adoption of a Strategic Road Safety Plan and the review of Cheshire Road Safety Group (CRSG) continues.

Due to the ongoing Pandemic the Service has continued to engage with the public relating to Road Safety via social media, using content created by the Road Safety Manager and the communications team. This has seen a large increase in the use of social media to support key areas contained in the Service's Road Safety Delivery Plan and events that it is promoting.

The figures within this report are positive but it must be recognised that during this period the general public had many restrictions in place due to Covid-19 which would have limited normal travel routines. It is not clear when we will return to pre-Pandemic levels.

To recognise these changes, we are adapting as we see emerging risks, one of which is injuries to cyclists. When restrictions lifted we immediately held a Road Safety event "Operation Close Pass", on the 14th of April – face to face with the public with Cheshire Police. Several further events are in the planning to supplement the Service's current Road Safety Delivery Plan.

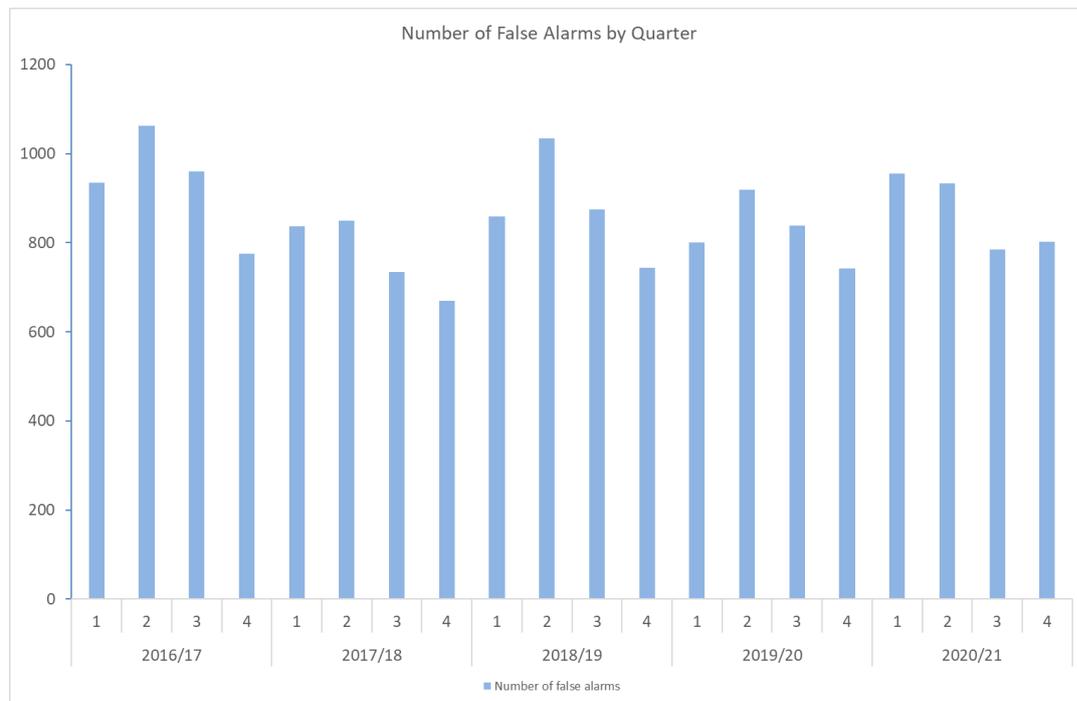
Performance and Programme Board – Performance Report

Indicator: [Total number of False Alarms attended]

Reporting Period Q4	01/04/2020	Q1 Actual	955
	To	Q2 Actual	933
	31/03/2021	Q3 Actual	785
		Q4 Actual	802
		YTD Cumulative Actual	3475

Summary of Current Performance

Approximately 40% of all operational incidents across Cheshire are false alarms. The Service has an existing KPI for automatic fire alarms in non-domestic premises which are actively managed. Therefore from this year the Service will be monitoring all false alarms, both malicious and those of good intent, to review where we can improve performance.



Over the last 12 months (April 2020-March 2021) 3475 incidents have been classified as a false alarm. This is an increase of 176 incidents over the previous year.

54.7% of false alarms are accounted for by automatic false alarm calls (1901) and 43.3% by false alarm good intent calls (1471). In both categories the highest number of calls relate to dwellings, accounting for 62.8% of all false alarms.

The highest number of calls are from dwellings, particularly AFAs linked to “faulty alarms” and “cooking/burnt toast” which account for 46.7% of all calls from dwellings.

Outside of dwellings the individual properties with the highest number of calls are hospitals – Countess of Chester, Warrington and Macclesfield. Calls to hospitals are classed as Unwanted Fire Signals and are scrutinised regularly.

Dwellings account for the highest number of calls and fall outside the scope of the Unwanted Fire Signal policy. Dwellings consist of individual houses, blocks of flats/apartments and sheltered accommodation. The vast majority of false alarms in dwellings are in sheltered accommodation and other multiple occupancy buildings.

Data Quarter Four:

Count by Unitary Area

Unitary Area	Number of False Alarms Apr-March 2021
Cheshire East	1259
Cheshire West and Chester	1147
Halton	476
Warrington	593

Data April 2020-March 2021

Count by false alarm type

Type of False Alarm	Number of False Alarms
False alarm due to apparatus	1901
False Alarm Good Intent	1503
False Alarm Malicious	71

Count by false alarm reason and property type

Reason	Dwelling	Non Residential	Other Residential	Outdoor	Outdoor Structure	Road Vehicle	Total
Cooking/burnt toast	567	17	49		1		634
Faulty	452	111	57		1	1	622
Controlled burning	116	18	2	313	28		477
Other	167	29	13	27	15	18	269
Accidentally/carelessly set off	104	48	16				168
Not required	135	5	4	12	3	19	179
Fire - Reported Incident/Location not found	57	7	2	37	11	9	125

Count by Station Area

Station Area	Number of False Alarms
Chester	475
Warrington	344
Runcorn	297
Crewe	289
Macclesfield	230



Cheshire
Fire & Rescue Service

Our Performance

Q4 2020/21 update

TOTAL VISITORS DURING PANDEMIC: 1,040

(21,341 since July 2017)

School visits:

8 primary schools with

- 229 pupils
- 44 teachers and helpers

"A great venue and very engaging for all children, thanks."

"Safety Central is fantastic. So organised and lovely staff and team members."



Summer family visits

78 families including

- 133 children
- 110 adults

100% of teachers rated steps to keep visitors safe as **very good**



Additional visitors:

- 50 colleagues
- 351 patients attending Friday community antenatal clinic pilot
- 123 partners and stakeholders

includes NWS, local authority and NHS colleagues working on Covid-19 response

Current C19 Recovery Phase

4	Full programme recommences
3	Primary school groups of 30 only
2	Family groups of up to 6 people only
1	Closed to visitors, workplace only



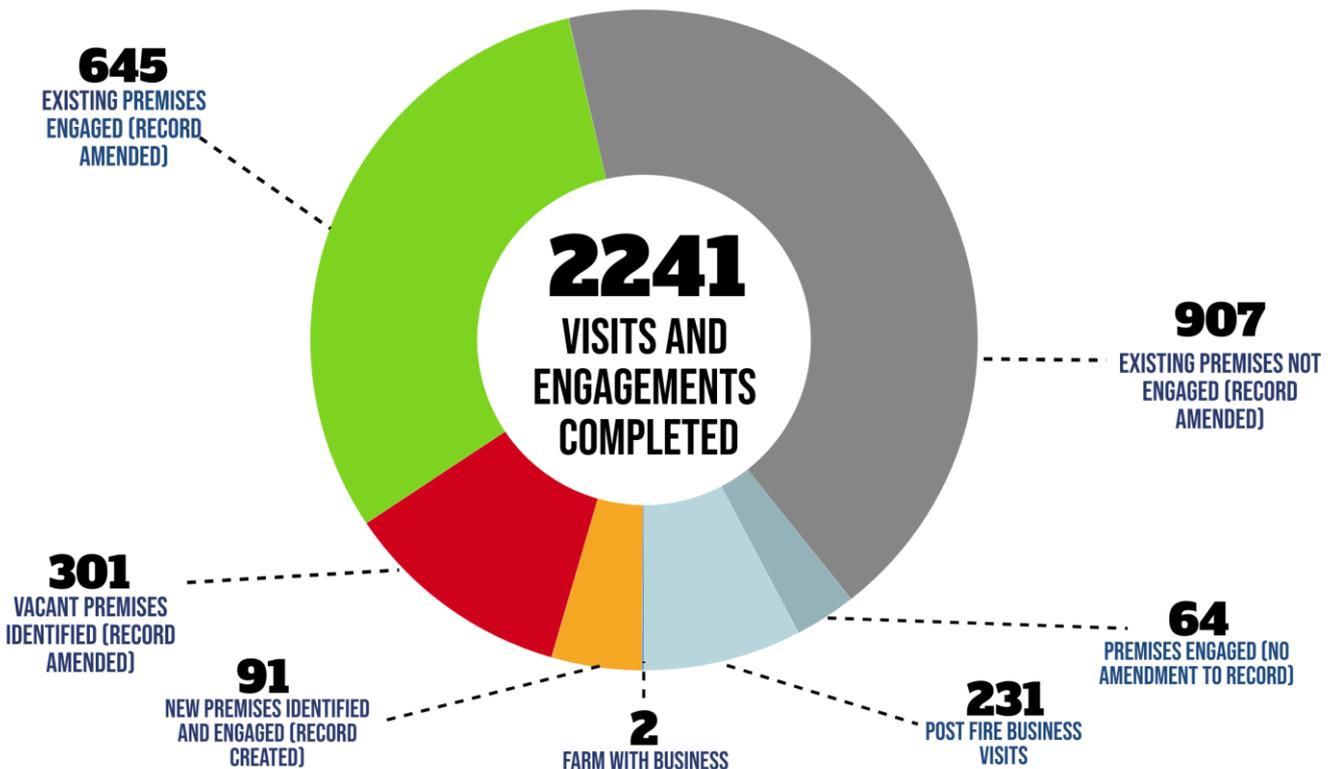


BUSINESS SAFETY TEAM

1ST APRIL 2020 - 31ST MARCH 2021

Cheshire Fire and Rescue Service has a proud record of keeping businesses safe. The team work with businesses through engagement and scheduled audits/inspections to ensure they are compliant with The (Fire safety) order 2005. The initiatives have been rolled out to include working in partnership with local authorities, other fire authorities, business chambers and networking groups

These activities took place during Covid-19 restrictions



JOB TYPE	CHESHIRE EAST	CHESHIRE WEST & CHESTER	HALTON / WARRINGTON	NO LOCATION
POST FIRE BUSINESS VISIT	66	103	62	0
FARM WITH BUSINESS	0	0	2	0
NEW PREMISES IDENTIFIED AND ENGAGED (RECORD CREATED)	17	34	40	0
VACANT PREMISES IDENTIFIED (RECORD AMENDED)	41	73	187	0
EXISTING PREMISES ENGAGED (RECORD AMENDED)	262	222	160	1
EXISTING PREMISES NOT ENGAGED (RECORD AMENDED)	287	353	267	0
PREMISES ENGAGED (NO AMENDMENT TO RECORD)	20	40	4	0
TOTAL	693	825	722	1



Cheshire
Fire & Rescue Service

Vaccination Support

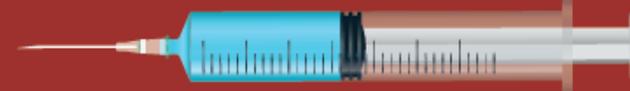
15 February - 4 April 2021

Up to

4 April
2021

48,141
vaccines

supported across Cheshire,
Halton and Warrington
with **29,649** given
by CFRS personnel



COVID-19 Activity for the whole of Cheshire

April 2020 - March 2021

5,064 Food Deliveries

8,180 Prescription Deliveries

1,447 Welfare Calls

1,374 Shielding Visits

95,000 PPE Items delivered

2,014 Pre Operation Swab
Test Kits delivered

234 Education Resource
Packs delivered

441 Meals for young people

61 Bulk food pickup
for young people



92

Safe and Well
addresses visited

5

Vaccine
appointments
booked



5,600
Number of
hours worked



797
Number of
shifts worked

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Agenda Item 2, Appendix 6 - Rolling On-Call Availability

ON-CALL AVAILABILITY																													
Quarter 1 2020/21																													
Quarter 2 2020/21																													
Quarter 3 2020/21																													
Quarter 4 2020/21																													
Appliance Location	Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20		Jan-21		Feb-21		Mar-21		Overall		Direction of Travel		
	4 riders	3 riders	4 riders	3 riders																									
NUCLEUS																													
Macclesfield	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	↔	↔
Birchwood	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	98%	100%	100%	100%	100%	100%	100%	97%	97%	96%	96%	99%	99%	↑	↔	
Wilmslow	100%	100%	100%	100%	99%	100%	98%	100%	97%	100%	94%	98%	98%	100%	100%	100%	96%	98%	100%	100%	99%	99%	97%	97%	98%	99%	↑	↑	
Average	100%	100%	100%	100%	100%	100%	99%	100%	99%	100%	98%	99%	99%	99%	100%	100%	99%	99%	100%	100%	99%	99%	98%	98%	99%	99%			
PRIMARY																													
Nantwich	100%	100%	100%	100%	99%	99%	98%	98%	97%	97%	95%	95%	98%	98%	99%	99%	88%	88%	96%	96%	98%	98%	98%	98%	97%	97%	↑	↑	
Poynton	100%	100%	100%	100%	94%	97%	82%	85%	77%	82%	78%	84%	79%	82%	87%	89%	79%	84%	91%	92%	91%	94%	86%	91%	87%	90%	↑	↑	
Alsager	100%	100%	100%	100%	100%	100%	99%	100%	85%	89%	87%	91%	94%	97%	98%	98%	99%	100%	98%	98%	93%	94%	97%	98%	96%	97%	↑	↑	
Sandbach	96%	97%	87%	93%	88%	95%	85%	92%	82%	85%	81%	88%	82%	87%	77%	82%	77%	80%	87%	92%	89%	95%	84%	91%	85%	90%	↓	↑	
Middlewich	88%	88%	86%	86%	93%	93%	92%	93%	78%	79%	83%	85%	94%	95%	93%	93%	95%	95%	89%	89%	91%	91%	94%	95%	90%	90%	↑	↑	
Audlem	100%	100%	96%	96%	91%	91%	88%	93%	56%	70%	83%	87%	79%	81%	93%	95%	84%	91%	92%	92%	97%	97%	94%	95%	88%	91%	↑	↑	
Bollington	100%	100%	98%	98%	100%	100%	96%	97%	83%	86%	64%	71%	73%	74%	82%	85%	86%	88%	99%	99%	98%	98%	94%	95%	89%	91%	↑	↑	
Malpas	98%	98%	91%	92%	89%	90%	80%	81%	66%	72%	69%	74%	74%	78%	77%	80%	83%	86%	79%	81%	82%	86%	78%	82%	81%	83%	↑	↑	
Holmes Chapel	74%	77%	67%	73%	61%	69%	57%	62%	36%	40%	30%	30%	13%	13%	12%	12%	5%	5%	25%	27%	25%	28%	27%	33%	36%	39%	↓	↓	
Stockton Heath	100%	100%	95%	97%	96%	96%	63%	66%	47%	50%	56%	62%	52%	56%	30%	34%	37%	39%	61%	64%	62%	64%	62%	64%	63%	66%	↑	↓	
Knutsford	97%	98%	97%	97%	81%	88%	52%	61%	29%	36%	49%	55%	65%	73%	45%	47%	50%	56%	78%	80%	85%	88%	81%	86%	67%	72%	↑	↑	
Tarporley	73%	92%	57%	82%	56%	78%	43%	63%	30%	59%	37%	63%	39%	63%	51%	76%	39%	67%	61%	84%	78%	89%	48%	72%	51%	74%	↑	↑	
Frodsham	62%	66%	64%	69%	52%	60%	22%	28%	35%	43%	35%	39%	31%	40%	35%	41%	23%	29%	40%	45%	37%	42%	24%	30%	38%	44%	↑	↑	
Average	91%	93%	88%	91%	85%	89%	74%	78%	61%	68%	65%	71%	67%	72%	68%	72%	65%	70%	77%	80%	79%	82%	75%	79%	74%	79%			
SECONDARY																													
Macclesfield	93%	95%	82%	84%	82%	85%	69%	74%	52%	62%	52%	61%	51%	61%	61%	68%	48%	60%	84%	88%	71%	74%	66%	71%	68%	74%	↑	↑	
Penketh	95%	95%	96%	97%	89%	90%	85%	87%	70%	72%	66%	71%	65%	67%	79%	82%	54%	60%	75%	76%	69%	73%	70%	73%	76%	78%	↑	↑	
Northwich	90%	94%	85%	88%	74%	80%	43%	53%	49%	57%	39%	47%	42%	53%	52%	61%	59%	70%	80%	85%	79%	86%	73%	82%	64%	71%	↑	↑	
Runcorn	70%	73%	64%	76%	43%	60%	45%	53%	47%	53%	40%	48%	61%	67%	47%	57%	19%	25%	51%	60%	52%	60%	50%	58%	49%	58%	↑	↑	
Winsford	87%	97%	68%	78%	50%	70%	38%	48%	39%	56%	55%	67%	43%	54%	49%	53%	36%	46%	50%	55%	45%	46%	51%	56%	51%	60%	↑	↑	
Average	87%	91%	79%	85%	68%	77%	56%	63%	51%	60%	50%	59%	52%	60%	58%	64%	43%	52%	68%	73%	63%	68%	62%	68%	62%	68%			
Overall Average	91%	94%	87%	91%	83%	88%	73%	78%	64%	71%	66%	72%	68%	73%	70%	74%	65%	70%	78%	81%	78%	81%	75%	79%	75%	79%			
Quarterly Availability (4 riders)	87%						68%						68%						77%										
Quarterly Availability (3 riders)	91%						74%						72%						80%										

↑	Improved direction of travel compared to 2019/20
↔	No Change in direction of travel compared to 2019/20
↓	Negative direction of travel by up to 10% compared to 2019/20
↓	Negative direction of travel by 10% or more compared to 2019/20

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 21 JULY 2021
REPORT OF: CHIEF FIRE OFFICER AND CHIEF EXECUTIVE
AUTHOR: JULIE PEACH

SUBJECT: PROGRAMME REPORT – QUARTER 4, 2020-21

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 Members review the information provided.

Background

2. This report forms part of the Authority's quarterly performance reporting cycle which also includes reports on 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 Quarter 4, 2020-21 is attached as Appendix 1 to this report. It was produced for Performance and Programme Board in May 2021 and updated in June 2021.

Financial Implications

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

Legal Implications

5. There are no issues to report that impact upon the Service's ability to meet its statutory or other legal obligations.

Equality and Diversity Implications

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

Environmental Implications

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

**CONTACT: DONNA LINTON, GOVERNANCE AND CORPORATE PLANNING
MANAGER**

TEL [01606] 868804

BACKGROUND PAPERS: NONE

APPENDIX 1 – QUARTER 4 PROGRAMME HEALTH REPORT 2020-21



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 2021	TO	31st March 2021
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DECISIONS TAKEN AT PERFORMANCE AND PROGRAMME BOARD

The following PIDs were approved:

Sprinklers Save Lives

Specials Review

Houses in Multiple Occupation

Governance and Commissioning

1226		BLUE LIGHT COLLABORATION PROGRAMME		
PROGRAMME SPONSOR		Chief Fire Officer	PROGRAMME MANAGER	Director of Governance and Commissioning
Previous status	Current status	Explanation (where status is red or amber)		
				
Programme Update				
It has been agreed that the Programme will go into Close Down phase. Report to be produced during Quarter 2.				



1544		REPLACEMENT OF CHESTER FIRE STATION			
PROJECT SPONSOR		Director of Governance and Commissioning	PROJECT MANAGER		Group Manager Cheshire West and Chester
Previous status	Current status	Explanation (where status is red or amber)			
					
Project Update					
<p>All departmental teams from Chester have now returned and are using the new facilities and some very positive feedback has been received, with only a few areas to be addressed.</p> <p>The operational teams have settled in well and arrangements involving the second appliance and ALP are working smoothly.</p> <p>The landscaping work has now taken place and wild seed sown. The wild meadow area to the front of the station has allowed a link in with the local community and local partners to have this area form part of the Chester Wildlife Connections Trail. The trail starts at Chester Zoo and spans across Chester visiting different way points along the way of which Chester's wild area at the front of the station will be one. A bespoke sign is being created talking about the wild meadow and how members of the community can create their own but will also direct people to safety advice.</p> <p>Owing to the Prime Minister's announcement on Monday, the opening ceremony has been postponed until a later date and we are now looking at reverting back to a virtual open day as opposed to a physical one.</p> <p>The lessons learned survey is underway.</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)			
		The status indicator is for the pre-construction stage. Until the contractor tender exercise has been completed the affordability will not be known – this will be the next decision point.			
Project Update					
<p>The contractor has now been appointed. The team is now working with the contractor on the pre-construction activity. This will, ultimately lead to a design and planning application. The budget will also be settled during this stage. Members will then determine whether the project should proceed to the build phase.</p>					



1557		STATION MODERNISATION PROGRAMME		
PROGRAMME SPONSOR		Director of Governance and Commissioning	PROGRAMME MANAGER	Group Manager Governance and Commissioning
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
Programme Update				
<p>The works to the fire stations in Year 2 (2020-21) are almost complete (Audlem, Holmes Chapel, Northwich, Widnes). Pre-construction activity in relation to Year 3 (2021-22) is now ongoing (Congleton, Ellesmere Port, Knutsford and Malpas). The currently available capital allocation is £4.5m. Additional £3m tranches are contained in the Capital Strategy, but these sums have not been released for the Programme at this point. The end of Year 2 marks half way, almost, with 10 of 21 fire stations completed.</p>				

1575		WILMSLOW FIRE STATION TRANSITION TO DAY CREWING		
PROJECT SPONSOR		Director of Governance and Commissioning	PROJECT MANAGER	Project Manager, Governance and Commissioning
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		The Status relates to phase 1 feasibility stage.		
Project Update				
<p>The Phase 1 feasibility study is nearly completed.</p> <p>Options and recommendations for the Wilmslow site development have been presented to the Blue Light Collaboration Executive Board together with some preliminary costs for each. Feedback on the options has been requested and a meeting takes place on the 24th June 2021 to discuss in more detail. This will be fed back into the Feasibility report once received.</p> <p>If the options developed are agreed feasible and interest from all parties is established, then the project will look to move into the 2nd Phase in August 2021. An end of Phase review will be conducted in late July 2021.</p>				



Operational Policy Assurance

1490		SADLER ROAD TRAINING CENTRE PROGRAMME		
PROGRAMME SPONSOR		Deputy Chief Fire Officer, Operational Assurance and Service Improvement	PROGRAMME MANAGER	Group Manager Operational Policy and Assurance
Previous status	Current status	Explanation (where status is red or amber)		
				
Programme Update				
<p>ISG continues to complete any outstanding defects reported through Estates and meet quarterly on site to review any outstanding items. They have also completed some outstanding main contractual work on site.</p> <p>An additional familiarisation session is available to train staff on the facilities and props installed and this will be programmed in for July 2021.</p> <p>The site is being utilised since all Operational Assurance Training teams have relocated back to site and several courses have been completed using the new facilities with positive feedback.</p> <p>The smoke cleansing unit has been discussed through a soft market testing procurement process. Four companies have expressed an interest and several options have been explored for this smoke cleansing unit on the fire behaviour containers at Sadler road. It is apparent that a number of these would require substantial ground infrastructure and services upgrade. A summary of all these costs are being drawn up to evaluate which option is suitable for the site. All the options are being explored with one supplier developing a new design and technology unit which may not require the procurement route, this will be discussed following observation of the unit working in practice in the next month or so.</p> <p>No major issues have been identified with the use of the site.</p> <p>The opening event will hopefully take place later this year. A new bid has been submitted to the Lord Lieutenant's office for a member of the Royal family to open the Training Centre.</p> <p>The project closedown has also been deferred for a couple of months to enable a lessons learned session to be held with all stakeholders. A survey is out to all staff and contractors to compile a list of any lessons learned from all phases of the programme; this concludes in July 2021. The project closedown report is complete apart from the outcomes from the lessons learned.</p>				



1553		OPERATIONAL TRAINING GROUP REVIEW		
PROJECT SPONSOR		Deputy Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER	
		Service Delivery Station Manager		
Previous status	Current status	Explanation (where status is red or amber)		
				
Project Update				
<p>In response to the on-going Pilot, two additional Watch Managers have joined the Operational Assurance Training Team (OATT), and a further two members of staff have joined the team as Crew Managers. These appointments have increased the establishment to eighteen (this includes the Training Manager role and the ICTS Coordinator).</p> <p>Fortnightly meetings continue with the Training Manager, Training Staff and the Head of Assurance. Monthly meetings are also held with the representative bodies and the Head of Department.</p> <p>No issues have been reported at this stage. An evaluation of the Pilot is anticipated late summer 2021</p>				

1567		CHESHIRE FIRE DRONES		
PROJECT SPONSOR		Head of Operational Policy and Assurance	PROJECT MANAGER	
		Group Manager Operational Policy and Assurance		
Previous status	Current status	Explanation (where status is red or amber)		
		<p>There have been some delays in the project moving forward for a variety of reasons. Covid-19 has impacted the levels of training required to maintain competency on the drone, there has also been a change in the legislation moving from the Civil Aviation Authority (CAA) to the European Union Safety Agency (EASA). This has led to the project becoming Amber.</p>		
Project Update				
<p>The drone project is currently on hold.</p> <p>As from the 1st January 2021 new regulations came into force (the governing body moved from the Civil Aviation Authority to European Union Aviation Safety Agency). Part of these changes mean that the training completed by the Pilots is no longer valid for commercial operations and further training and assessment will be required. The drone has also been away for two months for a repair under warranty to the camera system.</p> <p>There have also been developments with Cheshire Police. They also now have a drone capability and have resourced a full-time drone unit (four people).</p> <p>The Fire Drone options paper was presented to Service Management Team (SMT) in May 2021. Further detail has been requested around the preferred option which will be prepared and submitted to SMT in July 2021.</p>				



1585		PROCURE AND IMPLEMENT HIGH PRESSURE MISTING LANCES AND DRILLS		
PROJECT SPONSOR		Head of Operational Policy and Assurance	PROJECT MANAGER	Group Manager Operational Policy and Assurance
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
Project Update				
<p>SMT made the decision on 14th December 2020 not to pursue an Ultra High Pressure (300 bar) lance at this time. This equipment is constantly evolving and 2nd generation lithium ion battery powered equipment maybe more appropriate when development is completed.</p> <p>35 quick release high pressure (24 bar) lances and extension pieces are currently being purchased from Angloco Mist-tech (£10,782). Along with Milwaukee drills and drill bits for masonry, wood and steel (£12,596).</p> <p>This will place a high-pressure lance and drill on each appliance allowing crews to alter conditions within a fire compartment prior to entry and to apply water into roof and wall cavities.</p> <p>Contracts for the above purchases were drawn up and signed by all parties. Delivery took place at the end of May 2021. Associated e-learning training videos went live on 17th June 2021. Stowage on the appliances is expected early July 2021.</p>				

1586		PURCHASE A WATER CARRIER		
PROJECT SPONSOR		Head of Operational Policy and Assurance	PROJECT MANAGER	Group Manager Operational Policy and Assurance
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
Project Update				
<p>Following two presentations to SMT the decision to procure a water carrier from PrimeX for @ £12,500 was made with the associated equipment being sourced from the fireground i.e. LPP, suction hose and lay-flat hose.</p> <p>The stipulation of being able to carry at least 9000L of water was made. Lancashire Fire and Rescue Service are in the process of procuring such a water carrier and have been conducting drop and lift tests with the empty vessel as its fabrication is not yet complete.</p> <p>Accurate finished product weights have been requested from PrimeX, this is estimated at 11.4 ton but is to be confirmed. The ability to place a dam on the skid would enhance its capabilities but this is subject to available space and ultimate weight.</p>				



HIAB have confirmed the removal of the roof and curtain sides and shortening of the vehicle by 1m. Due to having to lift an estimated 12 ton the engineer has suggested a single jockey wheel will be required at the rear of the truck for stability when dropping and lifting a full tank of water. Once these modifications have taken place a more accurate estimate of the vehicles lifting capacity can be made, the maximum gross weight cannot exceed 26 ton.

HIAB have signed contracts to perform the alterations to one IRU. The vehicle is ready for collection by HIAB however there is delay from HIAB in providing the extra costings for a single stabilisation wheel required at the rear of the chassis. HIAB have also identified the front axle needs upgrading from the existing version to manage the weight distribution of the load. Quotes for the two additional modifications are expected week commencing 14th June 2021.

The stillage's have been removed and sold through an auction house raising £1500. The Moffatt forklift truck sold for £8800.

The HIAB contract states a 30 week turn around for complete works however the HIAB engineer suggested verbally the work may not take that long.

A visit to see the finished Lancashire water carrier will be arranged once it's in a position to be filled with water.

1587		PURCHASE OF A HIGH REACH FIRE ENGINE	
PROJECT SPONSOR		Head of Operational Policy and Assurance	PROJECT MANAGER
		Group Manager Operational Policy and Assurance	
Previous status	Current status	<u>Explanation</u> (where status is red or amber)	
		This project is amber as it has slipped from the original timescales, due to Covid-19 restrictions preventing visits to appraise vehicles.	
Project Update			
Due to the easing of some of the Covid-19 restrictions the project is now progressing.			
A visit to Lancashire Fire & Rescue took place on the 28 th April 2021 to view the Rosenbauer (Stinger) appliance in use and engage with Lancashire Fire and Rescue Service crews.			
The staff engagement events at Chester & Macclesfield fire station took place on the 14 th & 15 th April 2021 where the E1 (Scorpion) appliance was demoed by the manufacturer. The appliance also visited Sadler Road on the 9 th June 2021 where a full load test of regular appliance equipment was successfully carried out. The appliance weight was checked on a weighbridge both empty and fully laden with equipment.			
The Fleet Manager is presenting an options paper to SMT on the 21 st June 2021 for a final decision prior to procurement.			



1313		EMERGENCY SERVICES MOBILE COMMUNICATIONS PROGRAMME (ESMCP)		
PROJECT SPONSOR		Head of Operational Policy and Assurance	PROJECT MANAGER	Group Manager Operational Policy and Assurance
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		Internally the project is meeting project timescales, however the National programme continues to experience major delays.		
Project Update				
Revised Full Business Case for Emergency Services Network Project (ESN) is still with the Home Office. Full transition is now expected 2023-2026.				
Internally, CFRS have commenced coverage testing of the internal estate under the Assure 1.1 testing parameters. This is essentially testing EE Commercial Network's ability to accept calls from an ESN device. Assure 2.0, which will test full ESN functionality and encryption, will not currently commence until Q3 2022. Some concern that 50% of the Fire Stations were shown to have unacceptable coverage levels. CFRS are working closely with the Regional Coverage Team to ensure all areas of concern are raised with the Programme and forwarded to EE for solutions where appropriate.				
Testing of CFRS COLs under Assure 1.1 (Critical Operational Locations) is due to commence. Any solution for COLs with unacceptable coverage levels may financially fall on the User Organisation and Owner of the Site. CFRS ESN Project Manager will monitor this as currently there is no clarity provided by the National Team.				
CFRS are working closely with Cheshire Police as a Pathfinder organisation and fully utilising shared intelligence through Joint Corporate Services to ensure a robust coverage strategy is in place.				

Service Delivery

1556		ON-CALL PROGRAMME		
PROGRAMME SPONSOR		Head of Service Delivery	PROGRAMME MANAGER	Group Manager Cheshire West and Chester
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
Programme Update				
Overall On-Call availability figures are at 77% for Quarter 4, YTD availability figure is 75%. In comparison with 2019/20, availability has generally increased across the county.				
Q4 Primary On-Call availability was 77%, the highest performing stations during the Quarter were Nantwich and Bollington (97%) and Alsager (96%), lowest performing stations were Holmes Chapel (26%) and Frodsham (34%). The 13 Primary On-Call Stations YTD availability is 74%.				



Q4 Secondary On-Call availability was 64%, the highest performing station during the Quarter was Northwich (78%), the lowest performing station was Winsford (49%). The On-Call team at Winsford has seen the introduction of a number of new employees equating to a number of development Firefighters at different stages. The migration of an On-Call Crew Manager into wholetime at the start of the year has also provided challenges regarding skills coverage at Winsford. The 5 Secondary On-Call Stations YTD availability is 62%.

The coronavirus pandemic has had a significant impact on availability performance this year, with increases observed during lockdown periods and then a negative “bounce back” when staff have returned to primary employment, reducing their availability. With the opening of businesses from the 12th April 2021, we may see a change in the stabilised availability across On-Call stations with more staff returning to primary employment. However, we are also aware that many people may be working from home now and into the future as a legacy of the pandemic and this factor may assist with increasing availability. This is a key area of focus for future recruitment campaigns.

Q4 sees the introduction of Departmental Latent Resource for all grey book dual role staff, in the first two days 145 positive hours were provided by six individuals. This will be monitored on a weekly basis to track organisational effectiveness and On-Call availability.

Covid-19 has had a significant impact on recruitment during 2020/21 due to lockdown periods, the temporary suspension of recruitment nationally and the introduction of amended recruitment practices. Additionally, the Recruitment team also met with challenges during the pandemic and this negatively impacted the recruitment of On-Call firefighters throughout the year. In total the Service have recruited 27 new firefighters in 2020/21 with positions filled around the county, however the Service have experienced 28 leavers, a deficit of one. In comparison, 2019/20 the Service recruited 60 new firefighters.

In Q4 the Service recruited six firefighters, however seven resigned. The On-Call Programme Team (OCPT) are currently exploring the reasons as to why these employees have left the Service. In order to identify and capture the reasons for leaving the Service, the OCPT are reviewing the exit interview process for On-Call personnel.

The OCPT are exploring the identified issues surrounding retention. The fixed 50-hour contract band has been cited as the main reason for leavers over the last five-year period. Consultation with Dorset & Wiltshire, Lancashire, South Wales and Cumbria is ongoing exploring variable working arrangements. The development of reward and recognition incentives is ongoing in order to improve retention rates.

There are currently 38 applicants at varying stages within the recruitment process. Modifications to the recruitment process to allow for COVID secure working arrangements were adopted and introduced in Q2.

Recruitment is continuing with the use of social media platforms utilising short videos of On-Call firefighters.

The OCPT identified 149 individual Alerter Failures across the county and explored several remedial options considering any potential financial implications. IT are undertaking market research and will provide an update to the team when this is completed.

The OCPT are undertaking an assessment of station budgets in order to identify potential effective practices and efficiency savings which would support OCPT re-investment opportunities.

Initial meetings with the Finance department have identified historical budget alignment and coding issues relating to On-Call provision. This will be addressed through an action plan enabling accurate On-Call activity to be reflected in future budget provision.



On-going work to support availability at Frodsham Fire Station by the On-Call Support Crew Managers. Current Availability for Q4 stands at 34% and Frodsham as seen an increase for turnouts to incidents this period.

A job advertisement for one On-Call Support Crew Manager has been agreed to enable the OCPT to recruit and maintain a cohort of six.

1576		RELOCATE THE SECOND FIRE ENGINE AT ELLESMERE PORT FIRE STATION TO POWEY LANE		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	Station Manager - Chester and Ellesmere Port Community Fire Stations
Previous status	Current status	Explanation (where status is red or amber)		
Project Update				
<p>The project has now successfully been undertaken and moved into the closedown phase with lessons learned being developed.</p> <p>Any incidents that may have been impacted by the moves are being closely monitored. To date there have been two examples, both of which were impacted positively by the asset movements.</p> <p>Feedback from staff is encouraged; apart from a few minor initial issues with North West Fire Control, the feedback has been positive.</p>				

1578		EXPANSION OF RAPID RESPONSE RESCUE UNITS		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	Service Delivery Manager – Halton and Warrington
Previous status	Current status	Explanation (where status is red or amber)		
Project Update				
<p>During this quarter the project team and On-Call Working Group have continued to develop the concept. The project is progressing well.</p> <p>New milestones have been added, some existing milestones have been reforecast based on the project delivery. The target commencement of the roll out remaining the same in Q2 2021/22.</p> <p>The inventory of equipment has been ordered and a great deal of the equipment has started to arrive.</p>				



A Hilux vehicle has been leased to facilitate driver training. This is the same model as those ordered (brand new). The vehicle will be fully stowed to test capacity and represent working weight for driver training. The driver training course is therefore being developed based on the vehicle and working with Police colleagues to develop the off-road aspect. Fleet Services have prepared the vehicle for emergency response driving with blues and twos and markings. This was developed in conjunction with Driver Training.

The priority order for driver training has been analysed, based on a number of data sets, and a roll out plan. The roll out plan maps out which stations get the RRRU in order, and to which the driver training plan has been aligned. It has been agreed that all station drivers will be trained before moving onto next station. Refresher training will be covered as vehicles are delivered to stations. Driver training commenced on 12th April 2021 and all on-call Emergency Fire Appliance Drivers will be trained by mid-October 2021.

The on-call and project working groups have recently been discussing the roll out plan, driver training, and mobilisation and incident types for the RRRU. This is out for discussion within these groups and once feedback has been received it will be discussed with the project sponsor. Once agreed the mobilisation rules can be worked into Gartan and risk assessment and Standard Operation Procedures developed.

During the next quarter, the driver training programme is expected to be running at capacity, all inventory items to be delivered, mobile phones to be ordered and mobilisation processes, risk assessments and policies to be finalised.

1582		REVIEW OF FLOOD/WATER RESPONSE PROVISION		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	Group Manager - Cheshire East
Previous status	Current status	Explanation (where status is red or amber)		
Project Update				
Refreshed historical incident data has now been received and reviewed from Fire Research and Analysis team including maps.				
The data now covers the period in 2014 from the point that North West Fire Control went live, up to and including the start of February and the Storm Christoph flooding incidents.				
The data and maps have facilitated a review of operational activity and risk over that period and to assess potential optimal configurations using professional judgement.				
The structured debrief has also taken place for the major incident Storm Christoph, this was considered as part of the project review meeting which took place on 12th March 2021. Following this, further data has now been requested to look at average response times, a more detailed breakdown of activity levels specifically in relation to spate conditions and the Operational Discretion Incident log.				
The review is now complete subject to SMT feedback, the review and report is on the agenda for SMT on 21 st June 2021.				



1588		DEVELOP A NEW WILDFIRE CAPABILITY		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	Station Manager - Macclesfield and Wilmslow
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
Project Update				
<p>CFRS Research & Development Manager is now placing orders for all equipment, including forced air blowers, Honda handbag pumps, specialist water back packs and brush cutters.</p> <p>Equipment orders and proficiencies to be produced by Operational Policy Assurance department.</p> <p>The procurement process continues for the wildfire personal protective equipment. Three brands of clothing have been reviewed by crews at all the designated wildfire stations (Congleton, Bollington, Poynton and Macclesfield). Procurement of the all-terrain vehicle will require invitation for tenders due to the cost. This will be managed by the Procurement department.</p> <p>Liaison with the Operational Training Group continues in order to develop a training package for all firefighters on designated wildfire stations.</p>				

Prevention and Protection

1058		SPRINKLER CAMPAIGN 2014		
PROJECT SPONSOR		Deputy Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER	Head of Prevention and Protection
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
Project Update				
<p>The three Handforth installations (Onward Housing Trust) are complete.</p> <p>Commissioning paperwork for the third and final installation at Stanley Park Grange has been received and all but three flats are complete. The Trust are taking action to secure completion in the three outstanding flats.</p> <p>The funding agreements are now awaiting countersignature from CFRS prior to payment.</p> <p>This will be the third and final funding package delivered as part of this project bringing the total number of installations for this project to seven.</p>				



1549		HIGH RISE SPRINKLER CAMPAIGN 2018		
PROJECT SPONSOR		Deputy Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER	
			Head of Prevention and Protection	
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Project Update				
<p>The nine installations in Cheshire West (Sanctuary) are progressing in accordance with the project plan with a number of buildings now complete.</p> <p>The Waverley Court installation is complete although four flats remain un-sprinklered due to resident refusal.</p> <p>The funding agreement documentation has been signed by Guinness Housing Trust and completion and commissioning documentation has been received by the service. The agreement now needs CFRS approval and funding will then be released.</p>				

1554		PROTECTION REVIEW		
PROJECT SPONSOR		Deputy Chief Fire Officer, Operational Assurance and Service Improvement	PROJECT MANAGER	
			Head of Prevention and Protection	
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		This project is amber as it has slipped from the original timescales due to the consultation process taking longer than anticipated.		
Project Update				
<p>Five meetings have been held with representative bodies and detailed consultation has taken place including on two new Job Descriptions required for the structure.</p> <p>Agreement has been reached on the Job Descriptions. Work is now taking place to consult on the impact of the implementation on existing staff in role and to agree how this will be managed.</p> <p>The aim is to implement the structure in June 2021.</p>				



1577 REVIEW OF THE RISK BASED INSPECTION PROGRAMME (RBIP)				
PROJECT SPONSOR		Head of Prevention and Protection	PROJECT MANAGER	Protection Manager
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		This project is Amber as it has slipped from the original timescales due to the complexities of the data interrogation and aligned application of scoring methodologies.		
Project Update				
<p>The Protection Teams have been briefed on the proposed changes to the Risk-Based Inspection Programme.</p> <p>These changes are dependent on a prioritised list of premises produced in conjunction with Business Intelligence. As well as the premises type that influence the list there are eight factors that influence the order in which the list is prioritised. Although a list has now been produced, the information requires further analysis to ensure high risk premises and premises types have not been overlooked.</p> <p>Delivery of fire safety audits by inspectors against this list is also being analysed. Once this work has been completed then approval will be sought from SMT in the coming weeks.</p> <p>Workloads for Protection Officers has been provided from the existing risk-based inspection methodology and is able to continue until the new RBIP is executed.</p>				

ROAD SAFETY STRATEGY PLAN CHESHIRE				
PROJECT SPONSOR		Head of Prevention and Protection	PROJECT MANAGER	Head of Prevention and Station Manager - Deliberate Fire Reduction and Road Safety
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		There are significant funding issues to be resolved by the Cheshire Road Safety Group. However CFRS is limited in its ability to influence this discussion.		
Project Update				
<p>The original proposal was for the current Cheshire Road Safety Group to be restructured as a partnership between the various organisations (Road Safety Partnership) with that partnership then adopting a Strategic Road Safety Plan and employing a co-ordinator (this is a very common approach across the UK).</p> <p>The intention was that income raised from driver awareness courses could finance the Partnership activities and either remove entirely or at least reduce the costs currently funded by local authorities.</p> <p>Unfortunately, but not unsurprisingly, Covid-19 has severely affected the Cheshire Road Safety Group's financial stability with much of the built-up reserves now depleted. Local authorities are also under increased pressure to ensure their finances are protected and to review their expenditure. Revenue from the courses is at approximately 26% of expected figures.</p>				



A review of the Cheshire Road Safety Group is underway to consider the Group’s outputs and how best to stabilise its financial position in the current climate. Once this review has been completed, work towards the restructure and strategic direction will continue.

The Service is continuing to support all opportunities to reduce the numbers of those killed and seriously injured and adapting to emerging risks. Currently incidents involving cyclists are of concern, the third and fourth trials of the Close Pass initiative with Cheshire Police took place on the 14th of April and the 15th May 2021. These events will be adopted into the existing Road Safety Delivery Plan

RISK MANAGEMENT

CPS Ref	Risk Detail	Risk Owner	Risk Score	Progress Update – Mitigation / Progress
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No red risks are reported at this time. All project managers have assessed the risk of Covid-19 and Brexit where applicable and put measures in place where possible; these will continue to be monitored closely.

There are a number of projects involving procurement of vehicles and equipment where visits to other fire services have been postponed due to Covid-19 restrictions and this has the knock-on delay to placing orders. Potential suppliers may also have been ambitious in their delivery forecasts. These are currently forecast as low risks, but may increase during procurement and would be largely outside the control of the project. Cumulatively this may be of increasing concern.

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Operational Assurance Training Team

2020/21
Annual Training Performance
Report

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www.cheshirefire.gov.uk

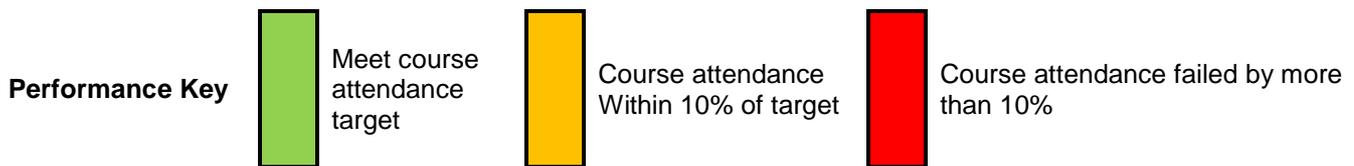
Introduction

This performance report presents to the Service Management Team (SMT) the training outcomes, which have been achieved throughout the challenging training year 2020 – 2021.

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 impact of the Corona-virus on Operational Training has been challenging. Whilst the 'Traffic Light' dashboard shows areas of under-performance, the SMT can be reassured that the Service's Operational Competence is being managed well and the short paragraphs containing the summary of current performance and future actions following the dashboard explain how this is being undertaken.



The figures on the dashboard were the target number of eligible staff for each refresher. This takes into account the 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 the numbers of staff who attend the courses were counted. When the Corona-Virus forced the Service to implement stringent controls measures, Central Training ceased for a short period and Instructors planned and delivered refresher training at individual stations under tightly controlled 'Training Bubbles'.

Throughout the pandemic Operational Crews have continued to train hard locally to maintain Operational Competence, despite many challenges presented by Corona-Virus restrictions. All local training was delivered in line with the Service Training Strategy and the Service Training forecast

The Operational Assurance Training Team has plans to deliver all training for the training year 2021/22 at the new Training Centre, with any 'catch up' training taking priority. Service wide Operational Assurance exercises will take place at the new training centre in 21/22, themed exercises will see operational staff assessed against RTC competencies, supported by partners from Police and Highways focusing on a SMART motorway scenario.

Steven Barnes: **Head of Operational Policy and Assurance**

Glossary of terms:

FFs- Firefighters

CMs- Crew Managers

WMs-Watch Managers

BA- Breathing Apparatus

RTC- Road Traffic Collision

RTACC- Rescue Trauma and Critical Care

SWV- Swift Water Validation

WM7- Watch Manager 7 training level

SMMI- Station Manager Managing Incidents

EFAD- Emergency Fire Appliance Driving

PDRPRO- Electronic training record

LGV- Light Goods Vehicle.

BAR- Breathing Apparatus Refresher course

PPV- Positive Pressure Ventilation

CFB- Compartment Fire Behaviour

OTG- Operational Training Group

CTG- Command Training Group

Operational Training – Performance Dashboard

Performance Key		Meeting target				Within 10% of target				Falling against target by at least 10%							
	Core Refresher Courses 2020/21	Target number of delegates for year	Quarter 1 number of courses run	Quarter 1 number of delegates received training	Q1 %	Quarter 2 number of course run	Quarter 2 number of delegates received training	Q2 %	Quarter 3 number of course run	Quarter 3 number of delegates received training	Q3 %	Quarter 4 number of course run	Quarter 4 number of delegates received training	Q4 %	Cumulative number of courses run	Cumulative number of delegates received training	Cumulative % of eligible delegates attended by refresher type
Page 76 OTG	BA Day 1 Refresher at HQ 100% of eligible staff to attend	512	41	149	29.10%	54	207	40.43%	14	66	12.89%	0	0	0.00%	109	422	82.42%
	BA Day 2 Refresher at MIA 50% of eligible staff to attend first year	255	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%
	RTC Refresher 100% of eligible staff to attend	513	2	12	2.34%	11	68	13.26%	4	29	5.65%	0	0	0.00%	17	109	21.25%
	RTACC Refresher 33% of eligible staff to attend (517 eligible)	167	3	11	6.59%	5	18	10.78%	8	32	19.16%	2	6	3.59%	18	67	40.12%
	Hazardous Materials Refresher To Mop up staff that did not attend last year	7	1	8	114.29%	1	4	57.14%	0	0	0.00%	0	0	0.00%	2	12	171.43%
	Height Safety Refresher To Mop up staff due to expire before June 2021	27	3	7	25.93%	0	0	0.00%	0	0	0.00%	0	0	0.00%	3	7	25.93%
	SWV Day 1 83 - 100% of eligible staff to attend (191 eligible staff must attend 5 times out of 6 sessions over 3 years = Target of 159 to 191 staff to attend)	159	0	0	0.00%	5	45	28.30%	4	32	20.13%	0	0	0.00%	9	77	48.43%
	SWV Day 2 83 - 100% of eligible staff to attend (191 eligible staff must attend 5 times out of 6 sessions over 3 years = Target of 159 to 191 staff to attend)	159	0	0	0.00%	0	0	0.00%	0	0	0.00%	5	54	33.96%	5	54	33.96%

CTG	Level 1 (WM7) Assessment 100% of eligible staff to attend	70	0	0	0.00%	9	9	12.86%	23	23	32.86%	27	27	38.57%	59	59	84.29%
	Level 1 (ICA) Assessment Voluntary	45	10	10	22.22%	3	3	6.67%	13	13	28.89%	16	16	35.56%	42	42	93.33%
	Level 2 (EFSM2) Assessment 100% of eligible staff to attend	10	0	0	0.00%	8	8	80.00%	2	2	20.00%	4	4	40.00%	14	14	140.00%
	Level 1 Training (WM7 Day1) 100% of eligible staff to attend	160	23	127	79.38%	6	14	8.75%	0	0	0.00%	0	0	0.00%	29	141	88.13%
	Level 1 Training (WM7 Day2) 100% of eligible staff to attend	186	0	0	0.00%	0	0	0.00%	32	157	84.41%	6	26	13.98%	38	183	98.39%
	Level 2 Training (SMMI) Days 100% of eligible staff to attend	180	2	6	3.33%	6	24	13.33%	0	0	0.00%	4	22	12.22%	12	52	28.89%
	Weekend Incident Command Desirable to attend	96	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%
EFAD Refresher	72	2	2	2.78%	13	13	18.06%	12	12	16.67%	8	8	11.11%	35	35	48.61%	
Totals for all Core Refreshers	2228	85	330	14.81%	103	355	15.93%	96	322	14.45%	59	99	4.44%	343	1108	49.73%	

Operational Refresher Training

Breathing Apparatus Day 1 Refresher

Target number of delegates for year: BA Day 1 = 512		Cumulative % of delegates attended: Day 1 = 82.42%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

Once staff could no longer attend central training, BA refresher lights were planned and delivered at their station (Training Bubbles).

109 visits were delivered and staff were given technical input on BA procedures, which was followed by an assessed BA wear on station premises.

Not all staff could be assessed by Training staff. To compensate for this the BA light programme was placed on to the Service Training Forecast and all Staff had to complete it by end of March. The PDRPRO training records have now been reviewed and 94% of all staff have now completed this training.

In addition we have 7 watch based BA Instructors who have delivered local BA training through lockdown.

What actions will be required to improve performance?

The 2021/22 training year sees the BARs all front-loaded to the first three months of the training year. This will have three aims. The first to assess the current skill level of staff in BA, the second to update skills, knowledge and understanding in PPV and the third to introduce the new Immediate Building Evacuation procedures and equipment.

Compartment Fire Behaviour Refresher – BA Day 2 Refresher

Target number of delegates for year: BA Day 2 (Compartment Fire Behaviour) = 255		Cumulative % of delegates attended: Day 2 = 0%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

Due to Covid and not being allowed to attend at Manchester Airport to train in the Fire Behaviour Containers no CFB refresher training took place.

What actions will be required to improve performance?

This refresher training will recommence in 2021/22 and over the next two years 100% of operational staff will be targeted to attend.

RTC Training

Target number of delegates for year: 513		Cumulative % of delegates attended: RTC = 21.25%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

Once staff could no longer attend central training, RTC refresher lights were planned and delivered at their station (Training Bubbles).

18 RTC training sessions were delivered to staff at stations. They were given a technical presentation on electric vehicle construction and risks.

Due to limited numbers of RTC Instructors and time constraints only 80 staff were assessed by Training staff. The RTC light programme was placed on to the Service Training Forecast and all Staff had to complete it by end of March. The PDRPRO training records have now been reviewed and 91% of all staff have now completed this training.

In addition there are 6 watch based RTC instructors across Service Delivery that have delivered local RTC training during covid.

What actions will be required to improve performance?

The RTC programme is strongly supported by all stations being allowed to order end of life vehicles on which to train. This continued throughout 20/21 and all stations completed their Service Training Forecast. This will continue into 21/22 and 22/23 and the annual 100% attendance at Central training will resume in 23/24.

All Operational Assurance exercises for the training year 21/22 will take place at the new training centre and will be RTC themed utilising the smart motorway, this will enable OATT RTCIs to assess operational staff competence in the subject. A total of 14 exercises will be delivered.

RTACC Training

Target number of delegates for year: 167		Cumulative % of delegates attended: RTACC 40.12%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

Once staff could no longer attend central training, RTACC refresher lights were planned and delivered at their station (Training Bubbles).

Despite 18 courses being delivered, these were unable to meet the need of those who were due to expire in this skill area.

What actions will be required to improve performance?

The Service's Medical Director was consulted and he agreed that these skill sets could be extended by six months as long as their Service Training Forecast records showed that they have been maintaining their skills. This extension has been applied to 80 members of staff and these will have their RTACC skill refreshed this coming training year.

Hazardous Materials Training

Target number of delegates for year: 7		Cumulative % of delegates attended: Hazmat 171.43%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

2 courses were run and these met the needs of those whose skills were due to expire. Additional staff attended to support those who had this development need and this attendance 'pushed up' the percentage figure.

What actions will be required to improve performance?

This year the Service's target is 100% attendance on the Hazardous Materials refresher. This will see the Service utilise its new state of the art petro chemical rig to its full potential.

Height Training

Target number of delegates for year: 27		Cumulative % of delegates attended: Height Safety 25.93%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

Once staff could no longer attend central training, Height refresher lights were planned and delivered at Lymm fire station (Training Bubbles).

Due to Covid restrictions, 3 courses were delivered which did not meet the needs of all staff who were due to expire. The Service Training Forecast records were reviewed and this showed that staff have been maintaining their skills in this important area of ladder and line safety equipment.

What actions will be required to improve performance?

A 12-month extension has been applied to 20 people who will have their height safety skill refreshed this coming year. This will ensure that all operational staff have maintained this skill in accordance with our Training Policies.

SWV Training

Target number of delegates for year: Day 1 = between 159 to 191 and Day 2 = between 159 to 191		Cumulative % of delegates attended: Day 1 = 48.43% and Day 2 = 33.96% Combined day 1 and 2 = 41.19%
Previous Status	Current Status both days	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

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.

Welsh Covid restrictions and, for a second year, extreme weather prevented this programme from delivering its planned capacity. As such less than 50% of Swift Water Rescue Trained staff have completed the full two day validation programme.

We have 7 watch based SWR Instructors across Service Delivery who have delivered local training through lockdown.

What actions will be required to improve performance?

Their Service Training Forecast records have been reviewed and all but 3 staff members have had these skill sets extended for a further 12 months. Staff who have not met the training benchmark will attend a full one-week SWR course and the remaining staff will be programmed on to the 21/22 validation days.

Additional Information

A Covid Operational Training Strategy was implemented and in addition to the above, the 20/21 training months saw the Training Department plan and deliver:

Resilience Firefighting Team Training

In May a team of Resilience Firefighter were recruited and Training was delivered via four Outreach Training Centres.

- Frodsham -- pumps and Ladders
- Stockton Heath—RTC and Hazardous Materials
- Lymm – Working Safely at Height and RTACC
- Warrington – Breathing Apparatus

On Call Training

- Three initial training programmes in pumps and ladders
- Three BA initials
- Two RTC initials
- Two Hazardous Material Initials
- Two Working Safely at Height initials

Certificate to Ride, Quarterly and End Point Assessments

Training, staff continued to deliver a full range of assessments to new and existing staff to ensure continuity of their pathway to development. A number of End Point Assessment Apprentice Firefighters gained distinctions in their assessments.

New Training Centre Commissioned

During a challenging training year, the months of November and December saw the new Training Centre commissioned. Risk assessments were written, new courses prepared, staff trained in LPG fire scenario management and buildings were 'burnt' in ready hot fire training.

Trainee Firefighter course

The 16-week Trainee FF course commenced at the start of January 2021.

4- Week Migration Course

This commenced in February and concluded in early March 2021

Driver Training

The following courses were delivered in 20/21

- 13 LGV courses
- 5 EFAD initials
- 36 EFAD refreshers
- 4 Officer Blue Light initial courses
- 2 Officer Blue Light refresher courses
- 15 vehicle driving assessments
- 8 LGV and mini bus driving theory tests

It is pleasing to note that during all of this face to face 'hands on' training there were no reported incidents of any Covid 19 infections.

Command Training

Level 1 (WM7) Assessment		
Target number of delegates for year: <ul style="list-style-type: none"> Assessment = 70 		Actual cumulative % of delegates attended: <ul style="list-style-type: none"> Assessment = 84.29%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21
Summary of Current Performance		
<p>Level 1 (WM7) Assessments did not take place in Q1 due to Covid restrictions. All staff that were due for assessments were given up to a 6 month extension on the basis that they regularly complete Level 1 (WM7) training days and are using skills on a daily basis. When assessments resumed, staff were prioritised in date order of when they should have expired and were caught up by the end of the training year. The ICTS moved to the new training centre in February 2021 and assessments began there in March 2021.</p> <p>October also seen the command team conduct a number of assessments for the annual promotional process inline with HR requirements</p>		
What actions will be required to improve performance?		
<p>During this current situation, Instructional and Assessment staff will follow the guidance of the Covid 19 Operational Training Strategy. Some Level 1 (WM7) assessments have taken place in April 2021 and the next planned round of assessments will commence in August.</p>		

Level 1 (WM7) Training Day 1 & 2		
Target number of delegates for year: <ul style="list-style-type: none"> Day 1 = 160 Day 2 = 186 		Actual cumulative % of delegates attended: <ul style="list-style-type: none"> Day 1 = 84.29% Day 2 = 93.33% Overall Day 1 and 2 = 88.81%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21
Summary of Current Performance		
<p>Level 1 (WM7) Day 1 was planned and delivered virtually due to Covid-19 restrictions. All of these days ran over May, June and July 2020. It was not possible to have as many delegates on each course due to the limitations on Skype and this affected overall numbers. 'Mop up' sessions were held to capture a few candidates who could not attend. Due to Whole Time staffing levels and On Call primary work commitments, not everyone was accommodated.</p> <p>Level 1(WM7) Day 2 included ICAs for the first time and were again run virtually with numbers limited to 5 attending each session. Due to this, and the increased numbers with ICA staff, they stretched over 3 months November 20 to January 21 with a 'mop up' in February. Attendance on Day 2 was much nearer 100% but 3 did not attend due to sickness and staffing levels. Their respective Station Managers will support those who missed training.</p> <p>Additional training sessions were held on station for SMs and OTG WMs to refresh their WM7 knowledge and skills for resilience purposes.</p>		
What actions will be required to improve performance?		
<p>During this current situation, Instructors and Assessors will follow the guidance of the Covid 19 Operational Training Strategy. All staff who hold the Level 1 (WM7 and ICA) skill will be receiving Level 1 (WM7) day 1 & 2 in the 21-22 training year. This will be compulsory training. The training will once more take place face to face and will allow more delegates to attend each course and a greater range of input. Adding ICA staff to Level 1 (WM7) training days means that ICA assessments are shorter and this will free up time in the new command suite.</p>		

Level 1 (ICA) Assessment

Target number of delegates for year: 45		Actual cumulative % of delegates attended: 93.33%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

Level 1 (ICA) Assessments didn't take place in Q1 due to Covid restrictions. All staff that were due for assessments were given up to a 6 month extension on the basis that they attended extra Level 1 (ICA) input virtually between April and July 2020. 100% of ICAs attended this training. When assessments resumed, staff were prioritised in date order with those who would have expired attending first. February saw the new command training suite come into operation and assessments began there in March 2021. Level 1 (ICA) assessments usually run Apr-June and Oct-Dec, however, this year they have taken place all through Q2-4 depending on need and availability.

What actions will be required to improve performance?

During this current situation, Instructors and Assessors will follow the guidance of the Covid 19 Operational Training Strategy; 3 Level 1 (ICA) assessments ran over into April 2021 then the next round of ICAs will begin in June. Due to ICAs now attending Level 1 (WM7) training days, assessments are now only half a day which enables more candidates to be accommodated in the ICTS. Level 1 (ICA) assessments were completed on a business case need during the pandemic which has increased the overall number of level 1 (ICA) commanders.

Level 2 (EFSM2) Assessment

Target number of delegates for year: 10		Actual cumulative % of delegates attended: 140.00%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

Level 2 (EFSM2) Assessments run throughout the year when expiry dates are due. The skill now has a 2-year life span instead of 3 so this has led to an increase in assessments. Due to Covid restrictions and being unable to carry out assessments for part of the year, some staff had their Level 2 (EFSM2) skills extended for up to 6 months, subject to completion of the Level 2 (SMMI) day 1. Only one member of staff has been extended into 21/22 training year due to work commitments and lack of availability in the ICTS. A Level 2 temporary promotional assessments for GM and SM was held during July 20 followed by a permanent process in September were also run in line with HR recruitment processes.

What actions will be required to improve performance?

During this current situation, Instructors and Assessors will follow the guidance of the Covid 19 Operational Training Strategy. The outstanding Level 2 (EFSM2) assessment extended from 20/21 training year will take place in Q1 of 21/22.

Level 2 (SMMI) Days

Target number of delegates for year: 180		Actual cumulative % of delegates attended: 28.89%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

All SM's and OTG staff did receive resilience training during Q1 this was to ensure they could staff fire appliance if the pandemic adversely affected. Out of the eligible staff for these sessions, 92% attended the missing 8 % was due to 1 member of staff shielding.

Due to Covid restrictions and the additional resilience sessions held for SM's only two Level 2 (SMMI) Days 1 and 2 were carried out this year. These were held virtually. Out of the staff who were eligible for these two courses, 75% attended this was due to work commitments through the pandemic

What actions will be required to improve performance?

During this current situation, Instructors and Assessors will follow the guidance of the Covid 19 Operational Training Policy. Level 2 (SMMI) days are starting in April 21 for SMs and GMs, with Day 1 being held face to face in the ICTS which will improve

Weekend Incident Commander

Target number of delegates for year: 96		Actual cumulative % of delegates attended: 0.00%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

No Incident Command Weekends took place in 20/21 due to Covid restrictions.

What actions will be required to improve performance?

In 21/22, the Incident Command Weekends will take place at the new training facility rather than Fire Service College. Dates are currently being planned.

Driver Training

EFAD Training

Target number of delegates for year: 72		Actual cumulative % of delegates attended: 48.61%
Previous Status	Current Status	Reporting period:
		01/04/20 to 31/03/21

Summary of Current Performance

20/21 saw an increased requirement for EFAD initials and this reduced the number of dates available for EFAD refreshers. All EFAD expiry dates were closely monitored with drivers being prioritised to attend refreshers. No drivers lost their EFAD driving qualification during the 20/21 training year. Under challenging Covid driving restrictions the Driving School worked hard to provide dates for the required refreshers and only one had to be cancelled due to Covid-19 in March.

What actions will be required to improve performance?

The introduction of the Rapid Response Rescue Units saw the driver training for these new vehicles planned in February and March of 2021. The training programme commenced in April.

Driver Training staff are planning the ongoing delivery of LGV initials, EFAD initials and EFAD refreshers. They are also reviewing all high speed training delivery and aligning it to the new Emergency Response Driver Training Standards.

There will be a need for Driving Instruction support from the Service's Associate Driving Instructor.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 21 JULY 2021
REPORT OF: HEAD OF PREVENTION AND PROTECTION
AUTHOR: JESSICA BURTON AND STEVE MCCORMICK

SUBJECT: SAFEGUARDING CHILDREN AND YOUNG PEOPLE (CYP)
AND ADULTS – ANNUAL REPORT, 2020-21

Purpose of Report

1. The purpose of this paper is to outline the number of safeguarding referrals that have been made by Cheshire Fire and Rescue Service from the 1st of April 2020 to the 30th March 2021. This report focusses on both CYP and adults' data. Details regarding improvements that have been made to safeguarding processes as well as plans for future improvements are also included for information.

Recommended: That

- [1] the report be noted;
- [2] the non compliance with the policy be noted
- [3] the recommendations set out in paragraph 16 be noted

Background

2. Cheshire Fire and Rescue Service (the Service) has a legal and moral responsibility as a public service, to ensure that all CYP and adults it interacts with are kept safe and free from harm. If concerns do arise then the safeguarding policies provide a clear expectation of what is required to ensure CYP and adults at risk are adequately protected from harm.
3. The Service is committed to ensuring that all CYP and adults who are at risk, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, are protected from neglect or abuse. All observations, disclosures and allegations of neglect or abuse are taken seriously and responded to swiftly and appropriately. All staff and volunteers, working for the Service have a responsibility to report concerns to the appropriate Designated Safeguarding Officer detailed within the policies.
4. The Safeguarding CYP Policy provides a framework to ensure that all staff and volunteers, comply with the requirements of the policy and its associated procedures which are designed to support the provisions of the of the Children Act 1989 and expectations of Working Together to Safeguard Children 2018 guidance.

5. The Safeguarding Adults Policy provides a framework to ensure that all staff and volunteers, comply with requirements of the policy and its associated procedures which are designed to support the provisions of the Care Act 2014 and Mental Capacity Act 2005.

CYP Safeguarding

Information

6. During this reporting period, there have been 13 CYP's safeguarding referrals submitted relating to 24 CYP. On all but two occasions, the referrals have complied with the policy. On both occasions where there was a non-compliance to the policy, it was due to a delay in the reporting of potential safeguarding issues that could have had a significant impact on the CYP involved. On both occasions, these were reported to the relevant Local Authority social care teams and remedial actions were instigated with the staff members involved.

Reporting data

7. The Service works with CYP to; promote positive safety messages that assist in making them aware of the dangers of fire, arson and road traffic collisions utilising a preventative approach; help re-engage them into their local community allowing them to progress onto positive outcomes e.g. education, employment or training. This work is important and must be done in accordance with the policy. Non-compliance with the policy by staff or volunteers may be considered a serious disciplinary offence.
8. The routine annual audit shows that the number of referrals has decreased during 2020/2021 (table 1). It is believed that the impact of COVID-19 is the cause of the lower figures as a number of youth programmes and activities have been suspended for a significant time during the reporting period. The breakdown of referrals by Service Delivery area and the activity being undertaken, is highlighted below (tables 2 and 3).

Table 1: Number of referrals by year:

Year	2020/2021	2019/2020
No.	13	16

Table 2: 2020/2021 referrals by area:

Area Referral Split	2020/2021	2019/2020
Cheshire East	5	5
Cheshire West and Chester	2	7
Halton	4	4
Warrington	2	0

Table 3: A breakdown of the referrals received:

Breakdown of referrals by source	2020/2021	2019/2020
Fire Cadets	0	1
Firesafe Scheme	0	0
Safe and Well visits	0	4
Operational Incidents	9	10
Prince's Trust Team	2	1
Targeted Youth Support Team	0	0
Arson Threat Assessment	2	0

Referral Case Overview

9. The reason for referral differ from case to case but included concerns around home conditions, poor mental health, drug and alcohol misuse and CYP being left at home unattended. It is positive to note that we are still receiving referrals made by operational staff following incidents. The two case studies below, provide further details of the type of referrals made to CYP's Social Care following concerns being identified by firefighters.
 - 9.1 Warrington - Crews attended a kitchen fire at a domestic house and during the incident it was evident the conditions and living arrangements did not meet the needs of the three CYP in the property. The family moved in with a sister until fire damage could be repaired. The Incident Commander asked for consent from the CYP's Mother to make a referral via the services safeguarding provisions in order to reach out to partnership agencies for additional support. CYP's Services Warrington were then informed who confirmed that the family had no open case. The Service made a referral to the Early Help and Prevention Team for a threshold triage. The local housing association (Muir Housing) were

contacted to arrange additional support and teams from Muir Housing began to clear and clean the property and a new cooker was arranged by the children's school.

- 9.2 Cheshire East - Crews attended a kitchen fire in a domestic flat. The fire was out on arrival however one unattended 9 year old female suffered smoke inhalation. Designated Safeguarding Officers were informed of the incident and North West Ambulance Service stated that they will assume the safeguarding responsibility. The Child was transported to hospital. Station Manager informed Designated Safeguarding Lead immediately and a referral was made by our Youth Engagement Manager to CYP's Social Care. This is an example of how the process should flow when following the safeguarding policy
10. During the reporting period there have also been a number of concerns raised relating to young people which ultimately did not meet the threshold for CYP's Social Care intervention. In these instances, support was identified for the individuals and referrals were made to external services such as mental health and drug and alcohol teams. This is common practice when working with CYP who often require additional services to meet their complex needs.

Adult Safeguarding

Information

11. Throughout the COVID-19 Pandemic, service personnel, continued to identify and refer adults at risk, through prevention work, community response to COVID-19 activity or operational incidents. There were 28 cases where adult safeguarding thresholds were met, requiring engagement with the local authority Adult Social Care Teams, with a referral for additional support being processed.

Reporting Data

12. COVID-19 restrictions and lockdown measures had a major impact on our ability to provide the usual amount of proactive prevention work. The Service was able to deliver 9000 Safe and Well interventions, but these had to be carried out differently to include both doorstep and telephone engagements, where appropriate.
13. Despite the Pandemic and lockdown measures, there was only a slight decrease in the number of adult at risk cases (one) referred to local authority adult social care teams, compared to 2019 (table 4). The breakdown of referrals Service Delivery area and cause are shown below (tables 5 & 6)

Table 4: Number of referrals by year

Year	2017	2018	2019	2020/2021
No.	21	19	29	28

Table 5: 2020/21 Referrals by area

Area Referral Split	2020/2021	2019/2020
Cheshire East	11	9
Cheshire West and Chester	6	3
Halton	5	8
Warrington	6	9

Table 6: The most common cause for referrals made in 2020/21

Main Issue Identified:	2020/2021	2019/2020
Mental Health	10	17
Hoarding	5	6
Self Neglect	11	5

Referral Case Overview

14. Adult safeguarding referrals for mental health and hoarding saw a reduction from the previous year. This was not unexpected, due to the COVID-19 lockdown measures and the reduced time spent inside occupiers properties. This meant that living conditions and mental health implications were not always readily identifiable when engaging with occupiers.
 - 14.1 Self neglect referrals rose from 5 cases in 2019/20, to 11 in 2020/21.
 - 14.2 There was also an adult safeguarding referral for potential financial abuse and a potential modern slavery case, which indicates that Service personnel are aware of, and alert to such matters. In both of these cases, Cheshire Constabulary was also alerted.
 - 14.3 In collaboration with Cheshire Wirral Partnership NHS Trust (CWP), the Service's Mental Health Advocate continued to provide support and case management to new and existing mental health cases in the Cheshire West and Chester and Cheshire East unitary areas.

- 14.4 There is ongoing work with the Service and health partners to expand the role of Mental Health Advocates across all Unitary areas.
- 14.5 In addition to the 28 adult safeguarding referrals, there have been a further 402 Vulnerable Persons (VP) Folders created by the Prevention teams.
- 14.6 Vulnerable Persons Folders are established where safeguarding thresholds are not met, but further intervention or case management work by the Service is required.
- 14.7 Of the 402 VP Folders created, 123 (31%), were created due to the threat of arson at a property. In all cases, fire safety intervention was completed, and the offer of specialist equipment, such as a fireproof letterbox, was made where appropriate.
- 14.8 Other common reasons for VP Folder creation included; lower level self neglect, those living with dementia, bariatric occupiers, those who have experienced falls and mobility issues and high risk smokers in the home.
- 14.9 The VP folders are managed on a day to day basis by the Locality Safety Managers and Lead Advocates in each Unitary area.

Progress and Key Achievements

15. During this reporting period improvements have been made in relation to the Safeguarding CYP and adult Policies and the aligned safeguarding work to support staff and volunteers including:
 - 15.1 Youth Engagement, Prevention, Safety Central and HR staff were provided with Safer Recruitment training to ensure that the Services recruitment process is robust when employing staff or engaging volunteers into the organisation who will be working with CYP or adults who are at risk from abuse or neglect.
 - 15.2 The CYP's Safeguarding Policy and Equality Impact Assessment have been updated to reflect changes to practices and to ensure that the documents provide clear expectations and guidance to ensure our statutory duty is adhered to.
 - 15.3 The Designated Safeguarding Leads for CYP and adults have both attained level 5 advanced safeguarding in both CYP and adult safeguarding.
 - 15.4 The Designated Safeguarding Leads for CYP and adults are scoping a peer review exercise of our Safeguarding policies to ensure they are compliant, promote best practice and are symbiotic with partner agency safeguarding policies
 - 15.5 The Service have supported a final year Social Work student who is in the process of completing a 100 day placement within the Prevention Team. This provides the organisation with another skilled professional with safeguarding

experience. This is an area that will be developed to ensure future placements can be provided. There is also a small financial benefit of having students in the team paid for by the university.

- 15.6 The Service's Youth Engagement Manager participated in a multi-agency audit process in partnership with the Halton Safeguarding CYP's Partnership. The cases audited highlighted a need for greater information sharing and a joined up approach. The audit had a focus on contextualised safeguarding and as a result a number of improvements across board membership were made. The purpose of this was to ensure agencies across Cheshire are working together to keep CYP safe from harm.
- 15.7 The safeguarding referral forms for CYP and adults, has been updated and the process streamlined. The intention is for this to be uploaded onto the webpage so all staff can complete it online and it will automatically be sent to the safeguarding email inbox for the relevant leads to action.

Future Developments/Recommendations

16. A number of future developments have been identified to improve the Services safeguarding processes including:
 - 16.1 All Group Managers and Prevention delivery staff will receive level 3 safeguarding training to assist them in their role providing safeguarding support.
 - 16.2 The production of a safeguarding toolkit to support staff and volunteers to understand their statutory responsibility for safeguarding and to provide a best practice guide which clearly details the referral pathway.
 - 16.3 Quarterly Safeguarding Planning Meetings will be introduced to ensure an information sharing process is in place between Service Management Team, Designated Safeguarding Leads and Group Managers. This is to ensure a coordinated and consistent approach is in place to further strengthen the organisation's current approach.
 - 16.4 The development of a Safeguarding Communication Plan which ensures continued safeguarding education and awareness is maintained for staff and volunteers through the provision of training opportunities, best practice examples, case studies and briefings.
 - 16.5 Safeguarding 'champion' roles will be implemented and those interested will receive training and will be the Safeguarding Leads main contact to cascade information across the Service.
 - 16.6 A Safeguarding Action Plan, utilising a RAG rating, has been created to log developments and actions that are required to further enhance the work-stream and to ensure the organisation is compliant with safeguarding best practice. The outcomes of this will be implemented in collaboration with Service Management Team

Financial Implications

17. There are no known financial implications associated with the submission of this paper.

Legal Implications

18. Safeguarding CYP and adults at risk from neglect and abuse is underpinned by legal and moral responsibilities for the Service, its employees and volunteers. In the event of non compliance with either the CYP or adult safeguarding policies or procedures it is possible there could be reputational and even legal implications.
- 18.1 Accordingly, it is important that all incidents are dealt with properly. In addition non compliance must be identified, recorded and responded to adequately, so that actions can be taken to avoid future failures.

Equality and Diversity Implications

19. The Service discharges its duties and functions to all members of the community, including its Safeguarding responsibilities, regardless of gender, age, marital status, gender reassignment, disability, pregnancy or maternity, race, religion or beliefs or sexual orientation

Environmental Implications

20. There are no environmental impacts as a result of this report.

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TEL [01606] 868804**

BACKGROUND PAPERS: NONE

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 21 JULY 2021
REPORT OF: DIRECTOR OF GOVERNANCE AND COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: INTERNAL AUDIT FOLLOW UP REPORT AND ANNUAL REPORT AND INTERNAL AUDIT ANNUAL REPORT AND HEAD OF INTERNAL AUDIT OPINION 2020-21

Purpose of Report

1. To present to Members the Follow Up Report and the Internal Audit Annual Report and Head of Internal Audit Opinion 2020-21.

Recommended: That Members

[1] Consider the information detailed in the report and appendices.

Background

2. Internal audit is an assurance function that provides an independent opinion to the Authority on the organisation's governance and internal 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. Delivery of actions associated with audit recommendations are monitored and tracked on the Service's Cheshire Planning System (CPS).
5. In accordance with Public Sector Internal Audit Standards, 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 organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management, approved by the Authority and monitored by the Performance and Overview Committee.

Information

Follow Up Report

6. There were 20 recommendations outstanding:
 - 15 recommendations are evidenced as implemented;
 - 5 recommendations are recorded as partially implemented.
7. A more detailed summary of recommendations and revised dates for implementation are detailed in section 4 of the follow up report.

Internal Audit Annual Report and Head of Internal Audit Opinion 2020-21

8. The purpose of the Head of Internal Audit Opinion is to contribute to the assurances available to the Statutory Officers and the Authority which underpin their assessment of the effectiveness of the organisation's system of internal control. The Opinion will assist the Statutory Officers and the Authority with completion of the Annual Governance Statement (AGS).

Financial Implications

9. 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

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

Equality and Diversity Implications

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

Environmental Implications

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

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

BACKGROUND PAPERS:

Information provided by Mersey Internal Audit Agency (MIAA)

Appendix 1 – Follow Up Report

Appendix 2 – Internal Audit Annual Report and Head of Internal Audit Opinion 2020-21

Internal Audit Follow Up Report (June 2021)

Cheshire Fire Authority/ Fire & Rescue Service

Contents

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

Appendix A: Assurance Definitions and Risk Classifications

1. Introduction and Background

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

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

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

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

2. Executive Summary

Section 4 provides a summary of all agreed Internal Audit actions due for implementation which were followed up during June 2021. Of the 20 recommendations reviewed this time:

- 15 were evidenced as implemented,
- 5 actions were noted as partially implemented and a revised date has been agreed for implementation.

A summary of these recommendations, including their status at June 2021 and revised dates for implementation are detailed in section 4.

Of those still outstanding, none are considered high risk. These actions will be monitored through the CFRS Action Tracker and will be followed up by MIAA and a further update provided to the Performance and Overview Committee.

3. Summary of Follow-Up

The following table summarises all Internal Audit recommendations followed up during June 2021.

Audit Report	Year	Number of Recommendations Outstanding	Total Number of Recommendations followed up					Comments
			Recommendations not yet due	Implemented	Partially Implemented	Superseded	Not Implemented	
NW Control Centre	2015/16	1	-	-	1	-	-	See below
Performance Reporting	2018/19	4	-	3	1	-	-	See below
IT Service Continuity	2019/20	4	-	4	-	-	-	-
Collaborations /Partnerships FRIC	2019/20	4	-	2	2	-	-	See below
Payroll	2020/21	2	-	2	-	-	-	-
Pensions	2020/21	3	-	2	1	-	-	See below
Risk Management	2020/21	2	-	2	-	-	-	-
Total		20	-	15	5	-	-	-

4. Outstanding and partially Implemented Recommendations

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

NW Control Centre

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at June 2021	Revised Deadline
1	Medium	The members' agreement should be amended to reflect the correct number of Authorities that currently hold an interest in NWFC Ltd.	The documentation associated with Merseyside's withdrawal was completed and had to be formally accepted by the four remaining Authorities. At the time there was some discussion between officers about the Members Agreement and whether it needed to be updated. Whilst the document contains a number of provisions that are now only of historical interest (they have no practical impact) the Agreement remains fit for purpose in the way it binds the Authorities together – preventing them from making certain key changes to the company's governance unless there is unanimity. The Agreement	1/04/2017	Director of Governance and Commissioning	During 2020 visioning days have taken place involving the Board of Directors and Chief Fire Officers. These have been supported by external advisers, including a law firm, which has been reviewing the company documentation. Even with the challenges of working during Covid-19 there has been some real progress with the work to review the governance arrangements of the company and the company's relationship with the fire and rescue services that it serves. This should culminate in proposals to alter some of the company documentation, including	July 2021

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at June 2021	Revised Deadline
			can be reviewed, but it is not a priority.			the Members Agreement. I would expect this to happen in the next six to nine months.	

Performance

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at June 2021	Revised Deadline
1	Medium	As new systems have been implemented along with the development of the Blue-light Collaboration, a new PMF is currently being written and will need to be scrutinised, reviewed and approved by the Cheshire Fire Authority.	Agreed. A new Performance Management Framework has been written and is awaiting approval.	30/9/20	Senior Business Intelligence Analyst	The revised PMF was due to be approved by SMT last year but was withdrawn by DCFO Waller as more improvements need to be made. The revised target date is now September 2021.	Sept 2021

Pensions

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at June 2021	Revised Deadline
1	Low	The organisation should ensure that all policies are subject to regular review.	HR policies are proactively managed by a designated officer via a HR Policy matrix on an ongoing basis. In light of the feedback received, work will be undertaken to update the policies which have been identified during the audit as being overdue for review, although as they are driven by national legislation / statutory requirements we believe that they are still current and do not contain out of date procedural information.	30/12/20	Senior Business Partner HR	Not yet completed in relation to specific pension policies. Request extension.	July 2021

Collaboration/ Partnership - FRIC

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at June 2021	Revised Deadline
1	Med	It is recommended that SMT receive key information from FRIC and FARRG to ensure escalation of risk and appropriate governance arrangements.	Reporting takes place informally to a member of SMT. However, this will be further developed so that SMT and Members have better visibility about the performance of the insurance arrangements.	June 2020	Director of Governance & Commissioning	Programmed. Report due to be presented to SMT in September 2021.	Sept 2021

Rec No	Risk Rating	Recommendation(s)	Management Response	Action Deadline	Person(s) Responsible	Status as at June 2021	Revised Deadline
3	Low	It is recommended that all documentation provided within CFRS policies are completed and formally agreed, maintained and reviewed	CFRS is reviewing its approach to collaboration and will consider this recommendation as part of that review.	March 2021	Director of Governance & Commissioning	Programmed. This will form part of the report that goes to SMT in September 2021.	Sept 2021

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.

Report Distribution

Name	Report Distribution
Performance & Overview Committee	Final Report
Mark Cashin, Chief Fire Officer	Final Report
Andrew Leadbetter – Director of Governance and Commissioning	Final Report
Chris Astall- Planning, Risk Management, Internal Audit and Local Code of Corporate Governance Officer	Final Report

Review prepared on behalf of MIAA by

Name:	Anne-Marie Harrop
Title:	Regional Assurance Director
	07920 150313
	anne-marie.harrop@miaa.nhs.uk

Acknowledgement and Further Information

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

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

Internal Audit Annual Report & Head of Internal Audit Opinion 2020/21

Cheshire Fire Authority/ Fire and Rescue Service

Contents

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

1 Foreword

The impact of COVID-19 on all public services has been considerable and for internal auditors it has raised the question of whether they will be able to undertake sufficient internal audit work to gain assurance during 2020/21. This is a key consideration to fulfil the requirements of the Public Sector Internal Audit Standards (PSIAS) for the Head of Internal Audit (HIA) to issue an annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This opinion is in turn one of the sources of assurance that you rely on for your annual governance statement.

Whilst the considerable challenges and pressures you have faced this year are fully recognised, the professional and regulatory expectations on public sector organisations to ensure that their internal audit arrangements conform with the PSIAS have not changed. To enable us to do this we have had to work differently this year.

Throughout the year we have tried to keep you fully informed as things have developed culminating in the development of a revised risk assessment and Internal Audit Plan. This plan was designed to be fluid and agile to enable us to respond to your changing requirements, ensure the most effective use of your internal audit resource and meet the requirements in delivering a Head of Internal Audit Opinion.

Due to the actions taken with you during the year we have been able to undertake sufficient work to enable us to provide you with a Head of Internal Audit Opinion.

During 2020/21 MIAA also had an independent External Quality Assessment undertaken by CIPFA which concluded that we fully complied with all aspects of the PSIAS.

We would like to take this opportunity to thank the Cheshire Fire Authority, Performance and Overview Committee and all the staff at Cheshire Fire and Rescue for their ongoing support during the year.

Steve Connor

Managing Director, MIAA

March 2021

2 Introduction

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Authority which underpin their assessment of the effectiveness of the organisation’s system of internal control. This Opinion will assist the Accountable Officer and the Authority in the completion of the Annual Governance Statement (AGS), along with considerations of organisational performance, regulatory compliance, partnership working and wider transformation.

This opinion is provided in the context that the Cheshire Fire and Rescue Service like other organisations across the public sector have faced unprecedented challenges due to COVID-19.

3 Executive Summary

This annual report provides the 2020/21 Head of Internal Audit Opinion for Cheshire Fire and Rescue Service together with the planned internal audit coverage and outputs during 2020/21 and MIAA Quality of Service Indicators.

Key Area	Summary
<p>Head of Internal Audit Opinion & the Role of Internal Audit During the Pandemic</p>	<p>The overall opinion for the period 1st April 2020 to 31st March 2021 provides Substantial Assurance, 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.</p> <p>The Internal Audit Standards Advisory Board (IASAB) issued guidance regarding conformance with the Public Sector Internal Audit Standards (PSIAS) during the coronavirus pandemic (May 2020). All our work has continued to be delivered in full compliance with the PSIAS.</p> <p>MIAA adopted a pragmatic approach to the delivery of your Internal Audit Service during 20/21, with the focus on the delivery of your Head of Internal Audit Opinion. This again, was in line with the IASAB guidance.</p> <p>We supported clients through the provision of a range of briefings and updates focused on helping manage the challenges of COVID-19. We also supported the wider NHS systems across MIAA’s client base / geographies through the redeployment of our staff to maintain the effective delivery of services.</p>
<p>Planned Audit Coverage and Outputs</p>	<p>The 2020/21 Internal Audit Plan has been delivered with the focus on the provision of your Head of Internal Audit Opinion. This position has been reported within the progress reports across the financial year.</p> <p>The impact on the organisation of COVID-19 required us to review your internal audit risk assessment and plan for 2020/21 on a regular basis, in liaison with yourselves. As part of this assessment we took account of the following:</p> <ul style="list-style-type: none"> • Any revisions to the organisation’s strategic priorities as well as liaising with you to review areas for internal audit focus; • Mandated review requirements and audits which from a professional internal audit perspective are pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion.

	<p>Therefore review coverage has been focused on:</p> <ul style="list-style-type: none"> • The organisation’s Risk Management arrangements; • Core and mandated reviews, including follow up; and • A range of individual risk based assurance reviews. <p>The audit plan is delivered with the exception of the Blue Light Collaboration review which is in progress.</p>
<p>MIAA Quality of Service Indicators</p>	<p>MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA (2020), provides assurance of MIAA’s full compliance with the Public Sector Internal Audit Standards.</p>

4 Head of Internal Audit Opinion

4.1 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:

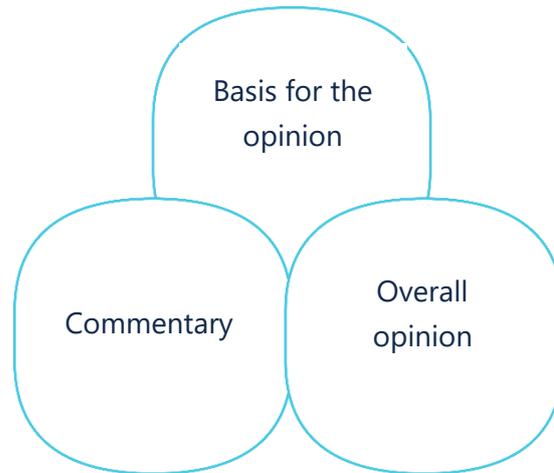
- How the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control and governance that supports the achievement of policies, aims and objectives.
- The purpose of the system of internal control as evidenced by a description of 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 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 organisation’s risk management, control and governance processes (i.e. the organisation’s system of internal control). This is achieved through a risk-based plan of work, agreed with management approved by the Authority and monitored by the Performance and Overview Committee, which can provide assurance, subject to the inherent limitations described below. The outcomes and delivery of the internal audit plan are provided in Section 4.

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 take into account in making its AGS.

4.2 Opinion

Our opinion is set out as follows:



4.2.1 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 the relative materiality of systems reviewed and management’s progress in respect of addressing control weaknesses identified.
- 2 An assessment of the organisation’s response to Internal Audit recommendations, and the extent to which they have been implemented.

4.2.2 Overall Opinion

Our overall opinion for the period 1st April 2020 to 31st March 2021 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.	

4.3.3 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 2020 to 31st March 2021 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Core & Risk Based Reviews Issued

We issued:

Two high assurance opinions:	Risk Management Financial Systems
Two substantial assurance opinions:	Pensions (Carry Forward 19/20 Plan) Payroll
Zero moderate assurance opinions:	
Zero limited assurance opinions:	
Zero no assurance opinions:	
One review without an assurance rating	National Fraud Initiative

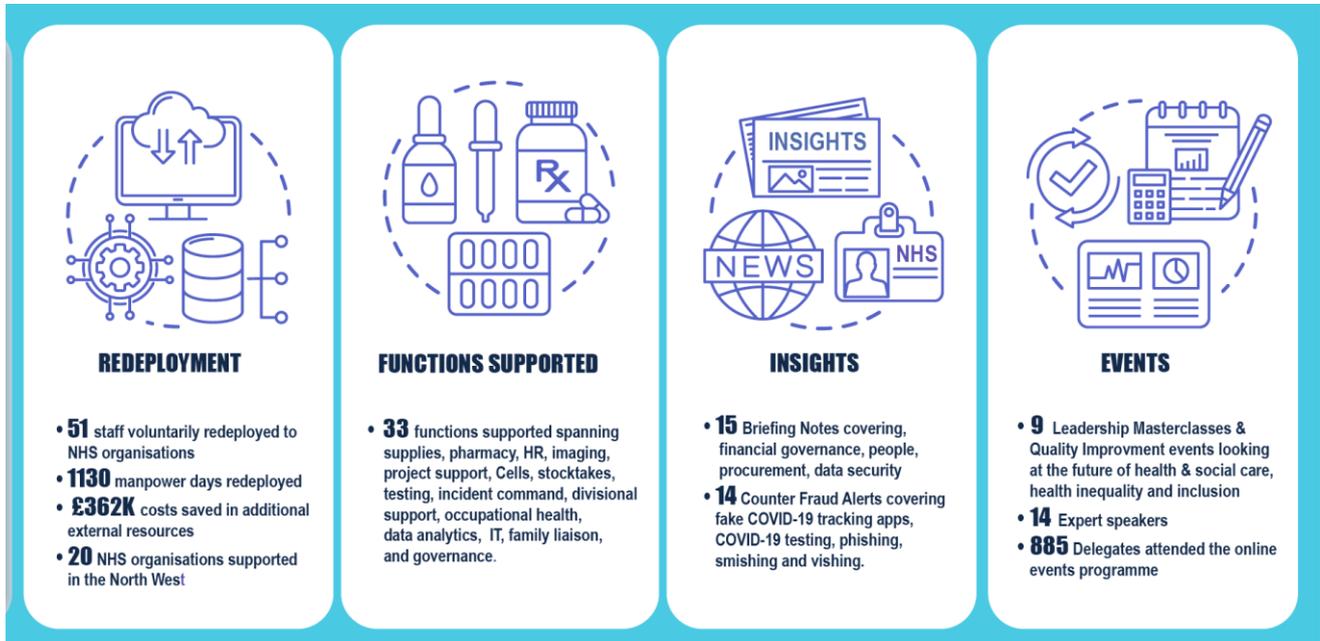
Follow Up

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.

We have raised **seven** recommendations as part of the reviews undertaken during 2020/21. All recommendations raised by MIAA have been accepted by management.

Of these recommendations: **none** were **critical or high risk recommendations**.

MIAA Insights: Thinking Differently During COVID-19



Wider organisation context

This opinion is provided in the context that the Police and Crime Commissioner for Cheshire and Cheshire Constabulary like other organisations across the public sector are facing a number of challenging issues and wider organisational factors particularly with regards to the ongoing pandemic response.

During the Covid response, there has been an increased collaboration between organisations as they have come together to develop new ways of delivering services safely and to coordinate their responses to the pandemic.

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 2021

5 Internal Audit Coverage and Outputs

The 2020/21 Internal Audit Plan has been delivered with the focus on the provision of your Head of Internal Audit Opinion. This position has been reported within the progress reports across the financial year.

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

The plan is complete with the exception of the Blue Light Collaboration review which is in progress and the Estates review which was deferred to 2021/22.

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

	Review	Assurance Opinion	Recommendations Raised				
			Critical	High	Medium	Low	Total
1	Risk Management	High	0	0	0	2	2
2	Key Financial Systems	High	0	0	0	0	0
3	Pensions (Carry Forward 19/20 Plan)	Substantial	0	0	1	2	3
4	Payroll	Substantial	0	0	2	0	2
5	National Fraud Initiative	N/A	N/A	N/A	N/A	N/A	N/A
		TOTAL	0	0	3	4	7

All recommendations raised were accepted by management.

We will continue to follow up progress against all recommendations as part of the 2021/22 Internal Audit Plan.

CONTRIBUTION TO GOVERNANCE, RISK MANAGEMENT AND INTERNAL CONTROL ENHANCEMENTS: *Additional areas where MIAA have provided added value contributions.*

Work with the organisation to prepare for the National Fraud Initiative data matches.

Ongoing discussion with lead Officers and Managers throughout the year and attendance at Risk Management Board.

Effective utilisation of internal audit including in year communication and changes to the audit plan in respect of the deferral of the Estates review until 21/22

Opportunities/ Involvement through MIAA events. Including the Collaborative Masterclass Series and Audit Committee Members Network events.

6 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 and we have also identified the 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 Accountable Officer reflects more widely on how these should be factored into the AGS. Areas for consideration include:

- Compliance with all relevant laws, standards and regulations.
- HMICFRS inspections and feedback during 2020/21 including any actions taken to address any areas of development.
- Response to Covid19 and the impact of interim changes to governance, risk and management arrangements.
- Organisation performance, including any challenges in achieving financial duties and service pressures managed in year.
- Wider partnership working risks and challenges.
- Relationship and management of 3rd party providers upon which the Cheshire Fire and Rescue Service places reliance, and the provision of assurances from these.
- Workforce capacity, engagement, wellbeing and development.
- Cyber security, information governance risks and any associated reportable incidents to the Information Commissioner.
- Senior leadership, including any significant changes to the Senior Leadership Team.

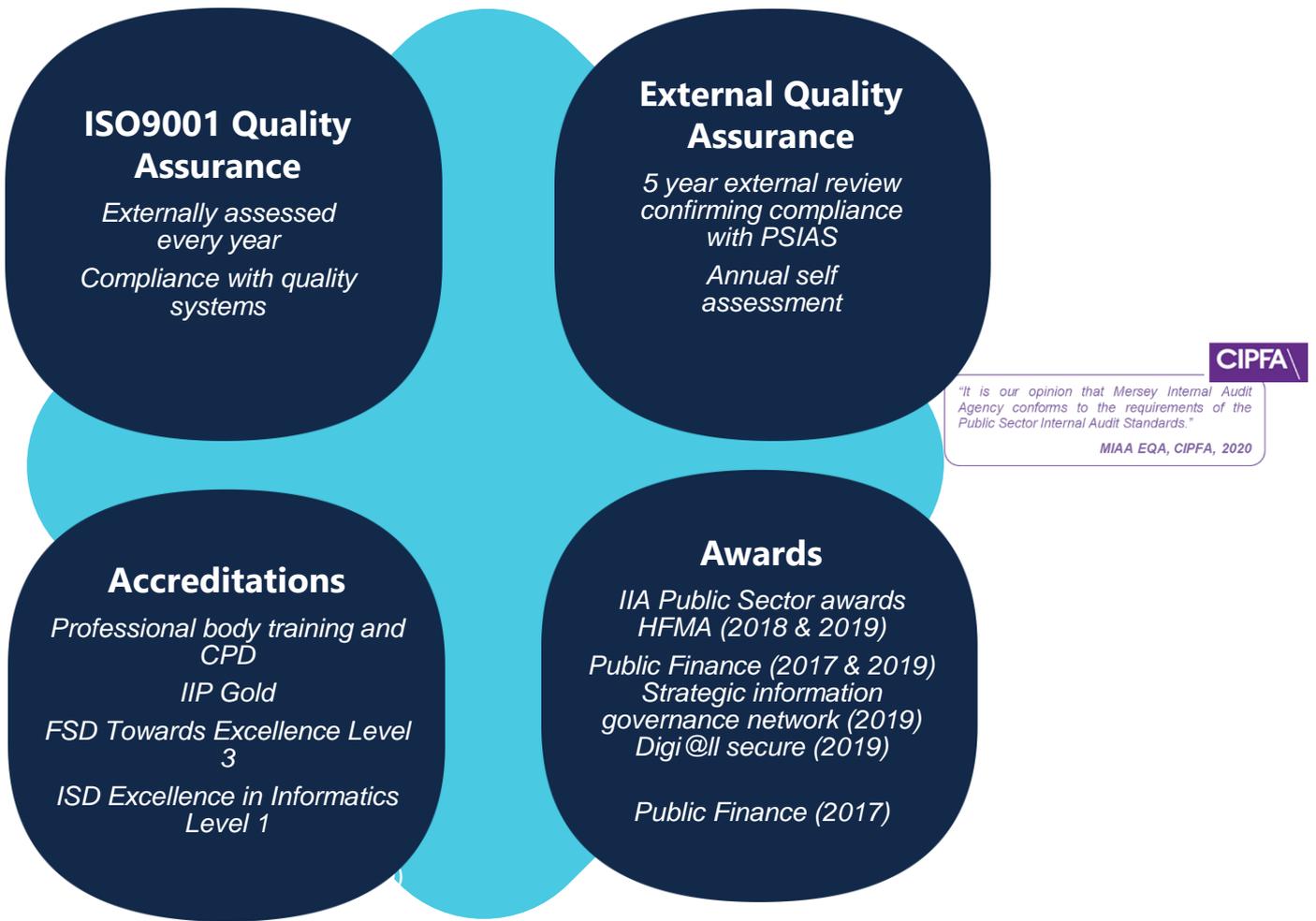
7 Ensuring Quality

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.

7.1 Professional Standards and Accreditations

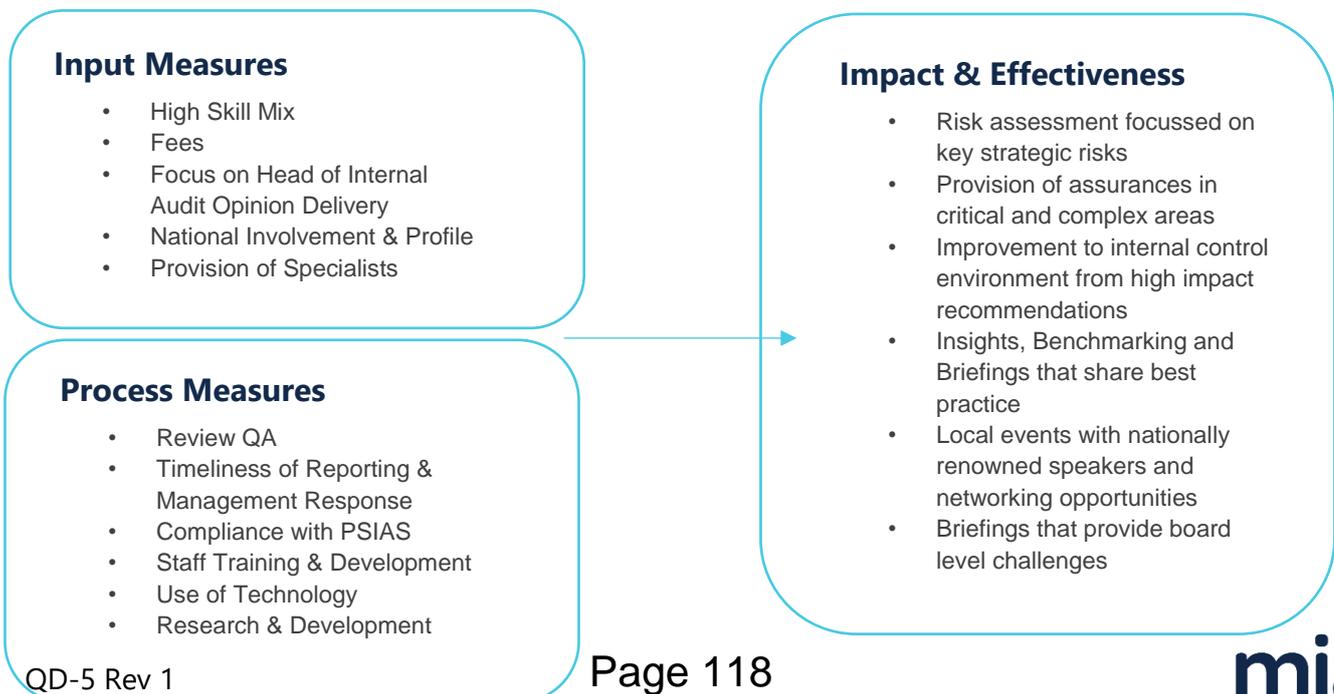
MIAA comply fully with professional best practice, internal audit standards and legal requirements. We assess our compliance with the Public Sector Internal Audit Standards (PSIAS) each year.





7.2 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.



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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE & OVERVIEW COMMITTEE
DATE: 21 JULY 2021
REPORT OF: DIRECTOR OF GOVERNANCE & COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: ANNUAL RISK MANAGEMENT REPORT 2020

Purpose of Report

1. To allow Members to consider the Annual Risk Management Report 2020.

Recommended: That Members

- [1] Consider the Annual Risk Management Report.

Background

2. The Cheshire Fire and Rescue Service (CFRS) risk management framework is designed to provide a structured and continuous process for identifying, assessing and responding to threats and opportunities that impact the achievement of CFRS's corporate objectives.
3. Responsibility for Risk Management at Member level has been delegated to the Performance and Overview Committee. The Authority appoints two Risk Management Member Champions who attend Risk Management Board (RMB) twice a year. The minutes from RMB are included for information in the Performance and Overview Committee papers to ensure Members are able to maintain an appropriate level of knowledge and scrutiny of the organisation's key risks.
4. The Risk Management function for Fire and Police is facilitated by the Planning Performance and Risk team, Joint Corporate Services. Fire and Police have their own risk appetite and risk tolerance levels.

Information

5. CFRS is committed to continually improving the risk management process and practices. The Annual Risk Management Report 2020 is attached to this report as Annex 1 and looks back over the activities and improvements progressed by RMB.

Financial Implications

6. 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 Service Management Team for funding decision.

Legal Implications

7. Risk management can relate to legal aspects of the Authority's business. However, the content of this report does not have any specific legal implications. Any legal risks to the organisation are incorporated in CFRS's risk registers.

Equality and Diversity Implications

8. There are risks that have equality and diversity implications, which are identified in themed or departmental risk registers.

Environmental Implications

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

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

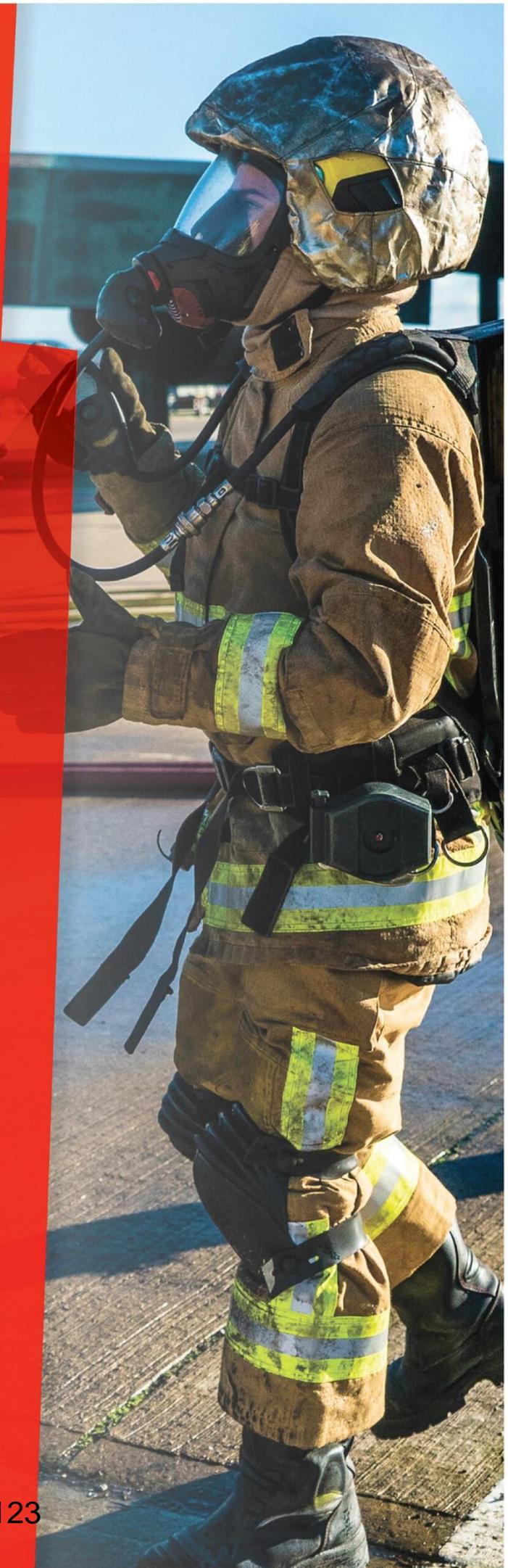
BACKGROUND PAPERS:

Annex 1 – Annual Risk Management Report

Appendix 1 – Risk Management Policy May 2021

Appendix 2 – Risk Management Board Terms of Reference

Appendix 3 – Risk Map May 2021



Agenda Item 7, Annex 1

Annual Risk Management Report

2020

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Contents

Risk Management – Introduction	3
Risk Management Process	3
Quarterly Risk Register Reviews	4
Risk Champions Group	5
Risk Management Governance	5
Risk Management Training	6
Risk Management Assurance	6
Risk Management – Benchmarking	6
HMICFRS Inspection	7
HMICFRS 2018 Action Plan	8
COVID 19- RESPONSE	8
HMICFRS Covid-19 inspection	8
Annual Review of Crisis Management Plan	9
Risk Management Action Plan	9
Background Information	9

Risk Management – Introduction

1. Cheshire Fire & Rescue Service (CFRS) risk management framework is designed to provide a structured and continuous process for identifying, assessing and responding to threats and opportunities that impact the achievement of the Service's corporate objectives.
2. Responsibility for Risk Management at Member level has been delegated to the Performance & Overview Committee. The Authority appointed two Risk Management Member Champions who attend Risk Management Board (RMB) twice a year. The minutes from RMB are included for information in the Performance & Overview Committee papers to ensure Members are able to maintain an appropriate level of knowledge and scrutiny on the organisations key risks.
3. RMB meetings are scheduled every six months and chaired by the Chief Fire Officer and Chief Executive. The Board are also responsible for promoting and supporting compliance to the Risk Management Policy and for managing the Strategic Risk Register.
4. The Terms of Reference for the Board is reviewed annually and was last presented to RMB in March 2021. [See Appendix 2]
5. The Risk Management function for Fire and Police is facilitated by the Planning Performance and Risk team, Joint Corporate Services. Fire and Police are separate organisations each with their own risk appetite and risk tolerance levels.
6. CFRS are committed to continually improving the risk management process and practices. This report looks back over the past eighteen months and highlights some of the key activities and improvements progressed by the Risk Management Board.

Risk Management Process

7. 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:



8. All risks are recorded on comprehensive risk registers in the Cheshire Planning System, and it is these registers that are used to generate risk information across the organisation. Risks are identified at two levels, **Departmental** and **Strategic**.

Departmental Risks – are identified as part of day to day business but also as part of the annual departmental planning cycle. Risks are assessed, reviewed, updated and mitigated by the Heads of Department on a quarterly basis. Any risks scoring **15** or above will be considered for escalation to the Strategic Risk Register by Senior Officers.

Strategic Risks – these risks are overseen by Risk Management Board and inherently carry a higher impact level.

9. A full review of the policy and practitioners guide was undertaken in 2020. The revised policy was approved by Risk Management Board on 13 October 2020.
10. A common risk scoring matrix is in place and embedded in the policies for both Fire and Police:
 - Red risks scoring **15-25**;
 - Amber risks scoring **9-14**;
 - Green risks below **8**.

Quarterly Risk Register Reviews

11. Quarterly risk register review meetings are facilitated by the Planning, Performance & Risk team with every Head of Department (HoD) in Fire and Joint Corporate Services. These meetings provide an opportunity to discuss:
 - New risks identified
 - Consider if current risks are still valid
 - Ensure risk descriptions reflect the current risk
 - Assess risk scores
 - Assign mitigating actions
 - Identify any risks that can be closed

Deep Dive Reporting

12. It was agreed by RMB that a '*deep dive*' of selected thematic or topical risks presented to the Board by the risk owner would be beneficial; this would be of specific interest if the risk has remained on the Strategic Risk Register for some time.
13. The following thematic reports have been presented to Risk Management Board to date:
 - Cyber Security – **2019**
 - Insurance Arrangements FRIC – **2019**
 - Payroll Arrangements – **2019**
 - Safety Central – presented to P&O Committee - **2019**
 - Cyber Security – **2020**
 - Covid 19 Interim De-brief Report – **2020**
 - On Call Availability Update – **2020**

Risk Maps

14. At every Risk Management Board members receive the current Fire Risk Map which offers a visual high level overview of CFRS organisational risk profile mapped out by each department. The map is a really useful tool and helps improve understanding of the full risk profile the organisation is exposed to and allows Senior Officers to request further information on any risks that may have an impact on delivering corporate objectives. [See Appendix 3]

Risk Champions Group

15. CFRS have departmental joint Risk, Information and Business Continuity Champions who receive additional training and support the promotion and implementation of effective business processes. A relaunch of the group took place in January 2020 and the following training presentations were delivered as part of the Risk Champions relaunched event:

- Planning, Performance & Risk – Overview of Risk Management
- Information Management and Compliance – Information Risk
- Operational Performance & Assurance – The Risk Management role
- Operational Performance and Assurance – Business Continuity Management.

16. A further Risk Champions event was scheduled for September 2020 but due to Covid 19 restrictions this had to be postponed. The planning team are exploring dates for delivering further Champions training during 2021.

Risk Management Governance

17. Risk information is reported to Risk Management Board every six months. RMB review and refresh the Strategic Risk Register to ensure that risks are being escalated and removed as required and that they have been consistently assessed across the service and monitor implementation of actions to treat the risk to acceptable level.

18. The table highlights the changes to the Service's key risks:

No	Risk	Dates			
		Opened	Closed	Escalated to SRR	De-escalated
1	Inability to sustain sufficient level of operational staff – transferring out due to GMFRS inter transfer process	31/10/18	10/12/20	18/1/19	4/10/19
2	ESCMP/ESN – Maintenance San A and San J Radios	1/3/19			13/10/20
3	Impact of McCloud/Sergeant Pension Judgement	4/6/20		7/8/20	
4	NWFC – Change of Governance Arrangements	31/10/18	2/5/19		
5	Brexit – Planning No deal Brexit	27/11/18	7/2/20		
6	Extension of Payroll Contract - Kier	8/3/19	8/6/19		
7	Blue Light Collaboration - Performance	1/10/20			
8	COVID 19 – response and recovery	30/3/20			
9	Financial Uncertainty – this risk was refreshed and refocused to reflect the current climate	15/2/21			

Risk Management Training

19. The Joint Corporate Services Planning Performance & Risk team delivered training to Members of the Fire Authority in March 2019 and February 2021 as part of the Member Development Programme. Feedback after the events has been extremely positive with Members keen to enhance their understanding of how risk management is undertaken and the risk arrangements in place. Risk Management Training for relevant Officers and Staff can be requested through Learning & Development if required for the role.
20. During the past eighteen months Planning, Performance & Risk team Joint Corporate Services have fulfilled ad hoc training requests for a number of departments e.g. Prevention & Operational Performance and Assurance (OP&A). There has also been a number of opportunities to cover the risk management processes as part of an overview to the Cheshire Planning System for those staff who are new to the system

Risk Management Assurance

21. An audit of our risk management process was included in the audit plan for 2020-21; this was finalised by MIAA in January 2021. The audit was awarded High Assurance with only 2 low level recommendations identified. The auditors MIAA also maintain a watching brief of our risk management process in practice through attendance at Risk Management Board.
22. The Annual Governance Statement (AGS) is a key feature of Cheshire Fire & Rescue Service's annual accounts. It is a document where we are able to provide assurance publicly regarding the management and controls which are in place in relation to risk management arrangements.

Risk Management – Benchmarking

23. It was agreed by Risk Management Board 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 therefore it was difficult to make a direct comparison or to gain real value from completing this work.
24. 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 team explore what other options could be considered.
25. In October 2019 the Board agreed to the implementation of the following five options:

Option No	Option	Progress Update
1	Risk Management questionnaire to be sent out to all Fire & Rescue Services to compare current risk management arrangements.	The Risk Management questionnaire has been developed and is ready to go out to a number of Fire & Rescue Services who have previously agreed to take part in completing the benchmarking questionnaire; this is subject to NFCC steer that will assess the benefits of running a NFCC wide Risk Management exercise. During

Option No	Option	Progress Update
		COVID Pandemic this is not seen as a priority for NFCC and will pick this up post COVID.
2	Host a peer group Benchmarking Day at Clemonds Hey for North West Fire & Rescue Services.	All contact details for local and border F&RS have been collated. Early indications are that 90% would be interested in attending a peer group event in the future. A Zoom meeting would need to be explored later in 2021.
3	Risk Management to be an agenda item at future Family Group 4 (FG4) events.	Currently there are no Family Group 4 (FG4) meetings scheduled due to the current situation. However a Risk Management questionnaire has been sent electronically to FG4 members to try to ascertain current arrangements FG4 members may have in place.
4	Risk Management arrangements to be included in future audit plans with MIAA.	Included in 20/21 audit plan. This audit is now complete with High Assurance awarded.
5	Consider the introduction of an annual report to Performance & Overview Committee	Risk Management Annual Report presented to Performance & Overview Committee Annually

HMICFRS Inspection

26. The Policing and Crime Act 2017 sets out that HMICFRS will inspect and report on the efficiency and effectiveness of all fire and rescue authorities in England.
27. The Service was inspected by her Majesty's inspectorate for Constabulary and Fire and Rescue Services (HMICFRS) in early July 2018 as part of the first tranche of inspections of Fire & Rescue Services.
28. *The Service has been rated as:*
- Good in its effectiveness in keeping people safe and secure from fires and other emergencies.
 - Good in its efficiency, which is use of resources and in ensuring it, is affordable now and in the future.
 - Requires improvement in how it looks after its people. While it judged the Service as "good" in getting the right people with the right skills and in managing performance and developing leaders, it requires improvement in promoting the right values and culture and in ensuring fairness and promoting diversity.

HMICFRS 2018 Action Plan

29. Following the inspection the Service produced a HMICFRS 2018 Action Plan in response to the identified 'Areas for Improvement' from the inspection report. The outline action plan was developed by the Service Management Team (SMT) and was informed by inclusive engagement and consultation across the organisation. It was agreed by Members of the Fire Authority in July 2019.
30. Delivery of the action plan is monitored by SMT on a quarterly basis with further Fire Authority Member scrutiny undertaken at the Performance and Overview Committee on a six monthly basis. The action plan contains measures of success for each area of the report and is a dynamic and iterative document that continued to be developed as work is progressed.
31. In 2020 MIAA were commissioned to carry out an audit of the action plan and the review found evidence to support the progress reported.

The vast majority of the HMICFRS actions are now complete, with completion of all actions expected by the end of March 2021.

COVID 19- RESPONSE

32. In March 2020 the UK went into national lockdown as a result of rising infection cases of COVID 19. The response to the COVID 19 emergency required all organisations to operate in a different way to 'business as usual' practice. In the current emergency situation and during recovery maintaining robust management processes is fundamental to delivering services
33. The Covid 19 SMT group has continued to meet twice weekly during the whole of 2020. The services response to the C19 pandemic has been guided by our four organisational principles that were agreed at the outset:
 - Minimum numbers of staff on duty at any time
 - Minimum contact between members of staff
 - Minimum movement between our Fire stations
 - Maximum hygiene to be observed at all times

The Service have adapted working practices during the pandemic, developed a specific Covid-19 business continuity plan and have completed an interim debrief into our response. Our recent HMICFRS Covid-19 inspection was very positive with parts of our organisational response being highlighted as best practice.

Our absence levels remain manageable; however the second wave of the pandemic in late 2020 has had greater impact on the organisation than the first.

The recovery group continue to meet regularly however whilst we remain in the response phase of the pandemic.

HMICFRS Covid-19 inspection

34. In August 2020, HMICFRS were commissioned by the Home Secretary to inspect how fire and rescue services in England are responding to the Covid-19 pandemic.
35. Cheshire Fire and Rescue Service received positive feedback with HMICFRS stating "the service has effectively carried out its statutory functions during the pandemic". It was impressed by how

the service looked after the welfare of its staff, and the additional support it gave to the community during the first phase of the pandemic.

Annual Review of Crisis Management Plan

- 36.** RMB has responsibility for reviewing the Service 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 2021.
- 37.** Business continuity exercises are planned for 2021 and a full test of the Crisis Management Plan is currently planned for late 2021 with an emphasis on the notification, cascade and membership of the group. Business Continuity Plans (BCPs) for all Joint Corporate Services teams have been reviewed in 2020/21 and a schedule of review and testing has been approved for 2021-22.
- 38.** An additional point of note – the COVID 19 Business Continuity Group met daily during the peak of the pandemic to review impacts on the service. Although levels 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 and is chaired by ACFO.
- 39.** CFRS 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 & Rescue Services Act 2004, we do undertake regular exercising with other Category 1 and 2 responders for recognised risks within Cheshire including those which are flooding related.

Risk Management Action Plan

40. *The actions below will be considered for 2020-21*

- Continued Risk Management Training - for risk practitioners; risk champions and refreshed training for Members of Fire Authority;
- Consideration of Development of an e-learning package to be explored overseeing the risk management process in a more interactive environment for risk practitioners;
- Risk Champions Group – catch up on the training events postponed due to COVID;
- Implement 2 low level recommendations identified in the Internal Audit Report;
- Implement the 2 outstanding benchmarking options approved by the Risk Management Board.

Background Information

Appendix 1 – Risk Management Policy 2020

Appendix 2 – Risk Management Board Terms of Reference

Appendix 3 – Risk Map May 2021

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Making Cheshire Safer

Cheshire Fire & Rescue Service RISK MANAGEMENT POLICY May 2021



www.cheshirefire.gov.uk

CONTENTS

1	Introduction	3
2	What this Policy is about?.....	3
3	Joint Risk Management Approach	3
4	What is Risk Management?	4
5	Responsibilities/Governance	8
6	Related Documents and Links.....	10
7	Glossary.....	11
8	Policy Review	12

1 Introduction

The Risk Management function is part of the joint corporate services Planning and Performance team based at Clemonds Hey. Whilst Fire and Police are separate organisations each with their own risk appetite there is an opportunity to develop a more joined up and systematic approach to the identification, documentation and management of risk.

All Employees across Cheshire Fire and Rescue Service (CFRS) need to be aware of their responsibilities in relation to risk management and know the channels that are in place to escalate risks and who to contact.

2 What this Policy is about?

The Policy is an overarching document providing direction and signposting in relation to CFRS' risk management approach. The application of an effective risk management policy will assist CFRS to:

- Achieve organisational objectives
- Enhance service delivery
- Identify and assess new opportunities to improve services
- Provide a systematic and coordinated approach to the management of risk
- Demonstrate good governance arrangements

A detailed risk management process for CFRS which underpins this policy can be accessed in **Section 6**, including the risk scoring matrix.

3 Joint Risk Management Approach

Planning and Performance Risk Officers (Joint Corporate Services) will:

- Schedule meetings with all Heads of Departments (HoDs) quarterly to **proactively** review risk registers and update actions/progress.
- Escalate risks to relevant fire boards and committees or the strategic risk register where tolerances are exceeded or reduced.
- Provide risk management expertise and relevant guidance to support the organisations in the management of risk.
- Maintain good quality and consistent risk registers.
- Act as gatekeepers of the risk management policy, procedures and framework ensuring regular reviews are undertaken to keep them relevant and aligned to current guidance and practice.

Risk Reporting

- Current local risk reporting and governance arrangements remain in place.

Risk Management Training

Training needs of all staff are assessed annually and the Planning, Performance & Risk Team in conjunction with HR determine what risk management training will be delivered in year; this is dependent on the local needs assessed as a requirement for the role.

There are three levels of risk management training offered:

1. Essentials of Enterprise risk Management (2 day course) which is offered to Fire and Police staff - provided by Gallagher/Bassett RMP.
2. In house risk management overview presentations – provided by Planning, Performance & Risk Team.
3. Risk Champions Training – this training provides a complete overview of the basics of risk management at scheduled champion’s events to support the role.

Note More detailed procedures can be found in the Risk Management Practitioners Guide – See Section 6.

4 What is Risk Management?

Risk Management is the planned systematic approach in identifying, evaluating and assessing risks to achieve continuous improvement and taking decisions to mitigate and minimise the likelihood or impact of those risks in the achievement of organisational objectives.

Effective risk management can help;

- reduce the frequency and consequences of negative risks (threats), and
- maximise the frequency and benefits of positive risks, (opportunities)

The diagram below summarises how risk management is integral to the delivery of organisational strategy.

4.1 Strategic Influences

- **The Fire Authority’s Four Year Integrated Risk Management Plan 2020 - 2024 (IRMP) and Annual Action Plans:** which outlines the organisation strategy in delivering services and achieving objectives for the communities of Cheshire?
- **Corporate and strategic planning process:** risk identification forms a key part of the annual corporate planning processes through environmental and horizon scanning, HMICFRS inspection reports and the budget setting process.
- **Transformation and Change:** the organisation continues to be faced with a period of significant change in the context of national economic challenges and government policy. This will inevitably lead to changes in the way that CFRS provides services, manage staff, develops partnerships and engages with communities.



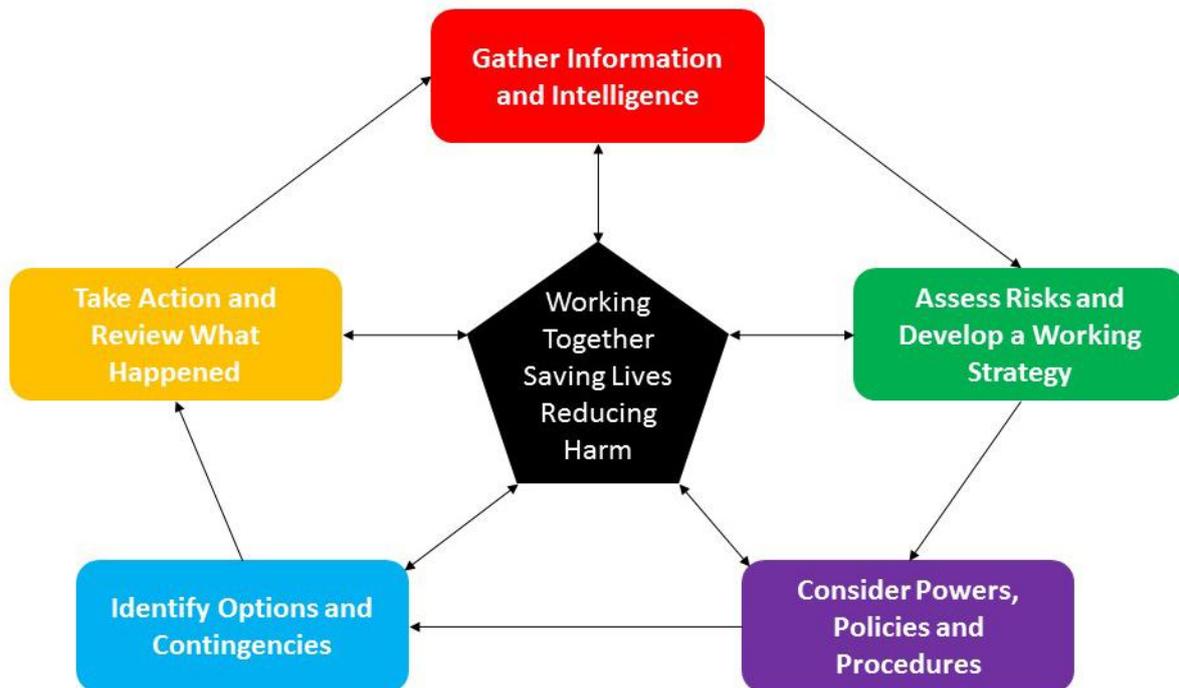
4.2 Vision

The focus for Cheshire Fire Authority, remains clear: to make Cheshire safer - this is articulated in the organisations Five Year Strategy and Annual Action Plan. – **See Section 6.**

4.3 Joint Decision Model (JDM) – Joint Emergency Services Interoperability Principles

One of the difficulties facing commanders from different responder agencies is how to bring together the available risk information, reconcile potentially differing priorities and then make effective decisions together.

To help all those involved in emergency response **JESIP** involves the use of a common model to help with a consistent and effective way of sharing incident information. The Joint Decision Model (JDM), shown below was developed to resolve this issue:



Decision making in the context of an emergency, including decisions on sharing information, does not remove the statutory obligations on CFRS. It is recognised that decisions will be made with an overriding priority of saving lives and reducing harm.

Select the link for more guidance in relation to the Joint Decision Making Model (JDM)
<http://www.jesip.org.uk/joint-decision-model>.

4.4 Risk Appetite

CFRS' business objectives are integral to its appetite for, and tolerance of risk. An organisation's appetite for risk will impact upon its ability to achieve its objectives. Opportunities may involve an organisation optimising risk taking and accepting calculated risk. The range of identified risks which the organisation is prepared to accept, tolerate or be exposed to is its risk appetite.

The risk appetite is based on priority with red risks scoring 15-25; amber risks scoring 9-14 and green risks below 8. All amber and red risks require a risk mitigation plan – **See Section 6 for risk scoring and guidance:**

15-25	High
9-14	Medium
1-8	Low

5 Responsibilities/Governance

The table below sets out the governance responsibilities for Officers, Managers and Members:

RESPONSIBILITY	RISK GOVERNANCE
Fire Authority	Overall responsibility for risk management sits with the Fire Authority. The Fire Authority has appointed two Member Champions to sit on the Risk Management Board (RMB).
Chief Fire Officer and Chief Executive	The Chief Fire Officer and Chief Executive (Fire) Chairs the Risk Management Board and is responsible for ensuring that the Board promotes and supports the risk management policy and framework.
Risk Management Board (RMB)	<p>RMB meets six monthly to consider issues around the approach to risk management, particularly in identifying, assessing and monitoring Corporate and Strategic risks and approving changes to risk profiles. The Board has a critical 'check and challenge' role to ensure that identified risks are based on sound risk information and are adequately evaluated. The Strategic risk registers are recorded and will be a key piece of information used to determine the Authority's levels of balances and reserves, RMB also signs off the annual review of the Service Crisis Management Plan (CMP). The Risk Management Annual Report is received by the Board annually prior to being presented to Performance & Overview Committee.</p> <p>The Risk Management Board comprises of:</p> <ul style="list-style-type: none"> ▪ Chief Fire Officer and Chief Executive ▪ Deputy Chief Fire Officer ▪ Section 151 Officer ▪ Monitoring Officer (Director of Governance & Commissioning) ▪ Head of Finance (Joint Corporate Services) ▪ Planning, Performance and Risk Manager (Joint Corporate Services) ▪ Planning, Performance & Risk Officer (Joint Corporate Services) ▪ Internal Audit representative (MIAA) ▪ Two Member Champions from the Fire Authority
Heads of Department (HoDs)	<p>HoDs are responsible for ensuring that risk is managed effectively in each department and have responsibility for championing the culture of risk management. They should review departmental activities on a regular basis to identify, analyse and implement appropriate control measures. HoDs should escalate risks where a high degree of likelihood or impact is likely to significantly affect performance or organisational objectives.</p> <p>Any risks that require escalation should be discussed with the Planning, Performance and Risk Officers in the first instance that will provide direction and guidance.</p>
Joint Corporate Services Planning, Performance and Risk Officers	The Planning, Performance and Risk Officers based at Clemonds Hey are the gatekeepers of the policy and framework . The team Lead and facilitate quarterly risk review meetings with every Head of Department (HoDs) and escalate and de-escalate key risks to the relevant boards, committees and groups when risk tolerances are either exceeded or reduced.

RESPONSIBILITY	RISK GOVERNANCE
Risk Champions	Fire and Joint Corporate Services Teams - Identified managers/officers who take on a proactive 'Champion' role.
Managers and Officers	All Managers and Officers in Cheshire Fire & Rescue have a responsibility for risk management within their own specific areas of work: this includes operational, project and partnership risks. They are also responsible for supporting compliance with the policy.
Employees	Risk Management awareness is required across the organisation, to embed a risk management mind set and culture. Employees should be aware of the general principles of risk management; they should feel confident and able to raise risk issues with managers and officers.
Risk Owners	Risk Owners are the named individuals responsible for delivering the actions set out in risk registers and ensuring that information populated in their risk registers is relevant and fit for purpose.
Action Owners	Action Owners are responsible to the Risk Owner for the implementation of specific action(s) identified in the risk management plan.
Internal/External Audit	Provide independent assurance
Senior Information Risk Owner (SIRO)	The SIRO is the Senior Officer with responsibility for ensuring that the organisation meets appropriate information management standards and complies with data legislation, ensuring that appropriate policies, processes and guidance are in place to manage the organisation's information risks.

6 Related Documents and Links

To access the risk management scoring matrix; detailed risk management procedures for Cheshire Fire and Rescue Service and organisational plans/strategies; see below:

ATTACHMENTS	
Common Risk Management Scoring Matrix	 Fire Risk Scoring Methodology.docx
PROCEDURES/GUIDELINES	
Cheshire Fire & Rescue practitioners guide	 Final Risk Management Practitio
ORGANISATIONAL PLANS & STRATEGIES	
Cheshire Fire and Rescue Service (CFRS)	 IRMP 2020-2024 Final.pdf Integrated Risk Management Plan (IRMP)

7 Glossary

This glossary is not exhaustive, but covers the terms used in this Policy and Practitioners guides.

Assurance	Independent confirmation that risk assessments and control responses are appropriate.
Compliance	Complying with laws and regulations applicable to an entity.
Controls	Actions in place to reduce the likelihood and or impact of risk.
Corporate Governance	Framework of accountability which organisations take decisions, lead and control their functions. Corporate governance includes management structures, risk management, reporting, audit, scrutiny and assurances.
Impact	The effect of a risk should it occur.
Liability	A legal responsibility for something, (e.g. responsibility to pay compensation).
Likelihood	The anticipated frequency with which a risk is expected to occur.
Opportunity	An uncertainty of event or set of events that, should it occur, will have a positive effect on the achievement of objectives.
Risk	The chance or something uncertain happening that will have an impact upon objectives, positive, (opportunity), or negative (threat).
Risk Appetite	The level of risks that organisations are prepared to accept in the delivery strategic objectives.
Risk Identification	The process of determining what can happen, why and how.
Risk Owner	The person assigned to manage the risk including monitoring the risk, its controls and any treatments.
Risk Register	Record containing details of identified risks, risk scores, controls put in place, risk owner and progress in managing the risks.
Risk Scoring	The process of assessing and quantifying the probable impact and likelihood this is done using a 5 x 5 matrix.
Risk Treatment	Action taken to mitigate the risk.
Risk Transfer	Assigning the responsibility to another party through legislation, contract, insurance or other means.
Risk Tolerance	The acceptable variation relative to the achievement of objectives.
Threat	Uncertainty event or set of events that, should it occur, will have a negative effect on the achievement of objectives.
Uncertainty	Inability to know in advance the exact likelihood of future events.

8 Policy Review

Policy will be reviewed every three years.



CHESHIRE FIRE & RESCUE SERVICE RISK MANAGEMENT BOARD (RMB) Terms Of Reference (ToR)

Policy Statement:

In the context of Corporate Risk Management, Cheshire Fire & Rescue Service adopts the Management of Risk (MoR) ^{®1} definition of a risk as being: 'An uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives. A risk is measured by a combination of a perceived threat or opportunity and the magnitude of its impact on objectives'.

Cheshire Fire & Rescue Service's policy is to identify, analyse and respond appropriately to risks that have the potential to impede our business, change the way we do things, and/or affect the anticipated outcomes.

Role & Function:

The Risk Management Board (RMB) is responsible for ensuring that the organisation manages risk effectively through the development and implementation of a comprehensive Corporate Risk Management Framework:

- RMB will identify, assess and monitor corporate risks and ensure they are managed in line with the Corporate Risk Management Framework. This group has a critical 'check and challenge' role to ensure that identified risks are based on sound risk information and are adequately evaluated. The corporate risks recorded within the Service's Risk Management database will be used to determine the Authority's levels of balances and reserves.
- RMB will review any high priority Internal Audit recommendations in the context of risk to the organisation, and assess specific risks that may be escalated from Heads of Department or the Service Management Team.
- RMB will undertake annual reviews of the Service Crisis Management Plan.

¹ M_o_R is a Registered Trade Mark of the Office of Government Commerce in the United Kingdom and other countries.

Membership:

The Risk Management Board is chaired by the Chief Fire Officer and Chief Executive with the following representation from Officers, CFA and Internal/External Audit:

Chief Fire Officer and Chief Executive – Chair
Deputy or Assistant Chief Fire Officer – Deputy Chair
Director of Governance and Commissioning/Monitoring Officer
Treasurer and Section 151 Officer
Internal Audit representative
Two CFA Members
Joint Planning and Performance Team representative

Democratic Services facilitate these meetings and a record of action points is taken. A request for agenda items is made no later than 14 days prior to the RMB meeting and RMB members must provide an updated review of their functional risks so that they can be used to inform a review and update of the corporate risks.

Reporting:

The responsibility for Risk Management sits with the Fire Authority and the minutes from RMB meetings are submitted to the Authority. Two Fire Authority Members are appointed to RMB at the Fire Authority's AGM.

Frequency of Meetings:

RMB will meet on a six-monthly basis.

Review:

The Risk Management Board (RMB) Terms of Reference (ToR) will be reviewed and approved by the Board annually.

Next review: March 2022

SERVICE DELIVERY

- Failure to deliver competent operational workforce.
- Failure to maintain On-Call availability including W/T.
- Inability to maintain and sustain standards of station maintenance of equipment, standard tests etc.
- COVID 19 – Impacts of delivering Core departmental functions.
- RRRU Project C19 Implications

OPERATIONAL POLICY AND ASSURANCE

- Firefighter Fitness Polices/Procedures.
- ESCMP/ESN – Ongoing maintenance and renewal SAN A/ SAN J radios.
- COVID 19 – Impacts of delivering Core departmental functions.
- BA cylinder failure
- Impact of EU Exit

PROTECTION AND ORGANISATIONAL PERFORMANCE

- Risk based Audit Inspection Programme.
- Failure to maintain security of data.
- Fire in Iconic Heritage Building. (S)
- Lack of commitment from housing providers to fit sprinklers. (P)
- Ability to retain skilled, trained Fire Safety Inspectors.
- COVID 19 – Impacts of delivering Core departmental functions.
- Unitary LA’s not undertaking joint inspections of HMOs (new) (P)

PREVENTION

- Princes Trust - Shortfall or loss in Princes Trust Funding. CFRS to fund from resources.
- Cadet programme - Lack of capacity, availability, recruitment, retention and non-compliance to training for cadet leaders.
- COVID 19 – Impacts of delivering Core departmental functions.
- Safeguarding Policy.
- Shortfall in Prevention Staff.

STRATEGIC RISKS

- Fire in Iconic Heritage Buildings.
- Lack of commitment from housing providers to fit sprinklers. (P)
- Funding Uncertainty
- Increase to employers contributions to firefighter’s pensions.
- McCloud/Sergeant Pension Liabilities Case
- BLC – Outcomes of Staff Survey and Key Performance Indicators (KPIs).
- COVID-19 - Ability to deliver business as usual and Emergency Response services given the resource implications of COVID-19.

PEOPLE

None identified

SERVICE TRANSFORMATION

- Corporate Communications not providing out of hours service for major/larger incidents.

FINANCE

- Government funding ESCMP /ESN– uncertainty of future funding model.
- Funding Uncertainty. (S)
- Increase to employers contributions to firefighters pensions. (S)
- McCloud/Sergeant Pension Liabilities Case. (S)

INFORMATION MANAGEMENT

- Limited Records Management processes.
- Limited proactive, formal engagement with Users
- Inconsistent information – security processes.

IT

- Cyber Security – Loss or corruption of critical systems.
- IT Service Continuity Security – Recommendation 4 - Environment

GOVERNANCE & COMMISSIONING

- Security on Fire Stations – Culture and Training.
- BLC – Outcome of staff survey and Key Performance Indicators (S)
- Increased Cost of Fire House Renovations - Unable to Secure Future Funding (P).

ENGAGEMENT & INSIGHT

No specific Fire Risk Register. There is a local issues log.

ESTATES

- Failure to meet national net carbon reduction target by 2050

STRATEGIC CHANGE

- Lack of clarity regarding timely decisions and instructions regarding the collaboration agreement. (P)
- Lack of clarity on BLC governance and service model. (P)
- COVID 19 impacts on delivery of projects and programmes (P)

Note: All programme and project risks are managed by individual Project Managers.

PROCUREMENT

JOINT FIRE/POLICE

- EU Exit Impact/delays – Supply chain in terms of delays and tariffs after exit from European Union.
- Coronavirus – Supply Chain impact on computers/components.
- Team Capacity/Resource - Loss of experienced procurement knowledge due to a number of flexible retirement/part time working requests.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 21 JULY 2021
REPORT OF: DIRECTOR OF TRANSFORMATION
AUTHOR: LAWRENCE HOWARD

SUBJECT: MENTAL HEALTH - 6 MONTH UPDATE REPORT 2021

Purpose of Report

1. To provide an overview of key mental health developments within the Service and to highlight upcoming work.

Recommended: That

- [1] Members note the report and highlight any issues that they wish to discuss further, or require clarification upon.

Background

2. The Service is acutely aware that in today's increasingly complex and fast-paced world there is a general concern about the pressures in people's lives that can have an impact on mental health and wellbeing. There is also a recognition that the nature of our Service is such that firefighters and fire staff may be exposed to traumatic and challenging situations. In view of this, the Service made a commitment to ensuring that mental health would be treated with the same level of passion and drive as it affords to physical health.
3. This commitment manifested itself in the Fire Authority approving the establishment of a permanent Mental Health Advisor post in 2019 and thereafter the approval of a Mental Health Strategy in December 2020.
4. A Mental Health Steering Group (MHSG) has also been established to oversee the delivery of the Mental Health Strategy and to support the Service's aspiration to become a beacon of excellence in this area. The terms of reference for this Group are attached at Appendix A to this report.
5. The commitment to making mental health a corporate priority will enable the Service to maintain a workforce that is mentally fit and it will help staff to function effectively in their roles with a positive sense of connection with others.

Progress over the last 6 months

6. In October 2020 the inaugural meeting of the newly formed MHSG took place. The group, which comprises of a cross section of staff from across the Service, is chaired by the Director of Transformation and supported by the Fire Authority Mental Health Champion. The MHSG has met three times to-date and is very invested in monitoring and helping to develop the Service's future mental health and wellbeing plans.
7. The MHSG was highly instrumental in the development of the service's first Mental Health Strategy. Since the Strategy was approved by the Fire Authority in December 2020, the MHSG has also helped to draft an action plan which will be used to monitor the progress and delivery of the Strategy. It is expected that the final draft of the Mental Health Action Plan will be approved at the next MHSG scheduled for July 2021.
8. The revised TRiM process and procedure has been in place for approximately eighteen months and the number of TRiM practitioners now stands at 55 across the Service. There is a longer-term aspiration to have one TRiM practitioner per station, or watch and further training courses have been planned to increase the number to 71 this year. A TRiM refresher course has also been scheduled for existing practitioners later this year.
9. At the last meeting the MHSG commissioned a review of the TRiM process. The review will look specifically at the take-up levels of the TRiM offer and will ensure the programme is promoted and delivered effectively.
10. Alongside the TRiM offer, the Service has also invested in developing Mental Health First Aiders and to-date there are 16 Mental Health First Aiders within the Service. Further training had been scheduled for earlier this year but had to be rescheduled due to Covid-19 restrictions. Similar to the TRiM practitioners there is an appetite to develop a wider network of Mental Health First Aiders across the service and upon completion of the rescheduled two training courses, there will be 48 qualified Mental Health First Aiders in service.
11. Whilst the Service has embarked upon offering structured opportunities in mental health education, requests for more informal and flexible ways of engaging with the mental health agenda have been forthcoming from staff. Following discussions across the service a Wellbeing Community Group has been set up to address this need. This group operates largely around social media as a Facebook group but more recently, the activities have extended to socially distanced face-to-face activities such as group walks, meditation and other wellbeing activities such as yoga. The Wellbeing Community Group is a staff led initiative that links in with the MHSG and currently has a membership of approximately 70 members from within the Service.
12. Representatives of the Service's Sports and Welfare Committee attended the most recent MHSG to highlight on the potential linkages to the Service's mental health agenda. It was considered that there is scope to extend the current offering within the Sports and Welfare Committee and several individuals from

the MHSG have volunteered to support a potential relaunch of the Sports and Welfare Committee and act as the link between the two groups.

13. In support of the Strategy's intent to provide a consistent programme of engagement around mental health, a key focus for the Mental Health Advisor has been promotion and education. This has been done via the intranet with a dedicated section on Mental Health and a series of campaigns and events. These include the following:
 - January 2021 – Webinar “New Year Blues”
 - February 2021 – Time to Talk Mental Health Campaign
 - March 2021 – Eating Disorders Awareness & World Bipolar Day
 - April 2021 – Recognition of Stress Awareness Month
 - May 2021 – Maternal Mental Health Awareness & #Speak you Mind campaign

All events are promoted through the intranet, the weekly Green and there is a dedicated monthly column on Mental Health in the Alert publication.

14. The visibility of the Mental Health Advisor has been a key factor in promoting and educating staff around the service's commitment to positive mental health. During his first year the Mental Health Advisor made at least one visit to every watch, section, department and team across the service. Since the outbreak of the pandemic these have been taking place via Skype although subject to the lifting of restrictions in July 2021, these will return to being 'in person' visits.
15. In addition between October 2020 and February 2021, the Mental Health Advisor accompanied HR colleagues on 110 Attendance Management and Wellbeing Roadshow visits, sharing the new Attendance and Wellbeing Policy and guidance. This also gave the opportunity to discuss concerns relating to the Pandemic and enabled the Mental Health Advisor to showcase a number of documents that had been developed during the Pandemic to help staff maintain positive mental health. This included a Post Covid-19 return to work and Safe Workplace Guide.
16. To ensure parity between mental and physical health it has been important for the Mental Health Advisor to link in regularly with the Fitness Advisor and the Health and Safety Advisor and the training department. The Mental Health Advisor also maintains links with external individuals and agencies and is part of the Joint Emergency Services mental health group and CWaC Suicide Prevention Group. Other links are with Able Futures: the Richmond Fellowship, Mid Cheshire Mind etc.
17. The Mental Health Advisor also supports the Staff Network Groups and has been instrumental in the launch of several new policies, training events and e-learning packages. These include the new Menopause Policy and stress management awareness. He has an ongoing commitment and input on all leadership development programmes, induction programmes and apprentice and Princes Trust programmes.

18. Following a review of the appraisal process, a new section on Wellbeing has been introduced that will help to normalise conversations around mental health and highlight potential concerns of staff. The new section of the appraisal is based on the Health and Safety Executive risk assessment standards and can be seen at Appendix B.
19. In late June a campaign will be held in conjunction with the Police to acknowledge "Carers Week". This will be the platform for the launch of a Carers network within the fire service. The police have 'Enable' and they are hoping to support our Carers network. This group is in response to a number of requests from staff for the Service to offer more support and guidance to Carers.

Priorities for Next 6 Months.

20. With the imminent relaxation of the Covid-19 restrictions it is expected that many staff will return to the physical workplace, potentially with some trepidation. A key priority will be to re-engage with staff, allay fears and to reinforce the Service's commitment to providing a safe workplace. Materials are currently being developed for staff in the form of guidance documents and an intranet based campaign will be launched during July.
21. When Covid-19 conditions permit, training will be rebooked and delivered. TRiM training (x1) and Mental Health First Aider training (x2). TRiM refresher training will be offered and delivered. The TRiM review will also be undertaken as agreed by the Mental Health Steering Group.
22. The Mental Health Advisor is already plugged into the networks and this involvement will continue. Following the joint work with Limitless and a Crewe based charity Motherwell work will commence to support the development of a Fathers Group in response to staff requests and a recent staff suggestion.
23. Work has commenced on planning for this year's World Mental Health Day (10th October 2021). This is a Sunday and the Service will mark the event starting Monday, 11th October 2021 and events and activities will be encouraged throughout the week. The Service will host a half day conference on Wednesday, 13th October 2021. Other upcoming events being planned for during the next six months are World Suicide Prevention Day (10th September 2021); Movember and Men's Health Day (19th November 2021).
24. A mosaic has been commissioned for the new training centre which will depict mental wellbeing. This is being led by a member of the MHSG who shared her interest of creating mosaics as a wellbeing activity during lockdown. A design has been chosen through consultation with the Wellbeing Community Group and the MHSG. Work on this project will start this summer.
25. The MHSG will review and approved the Action Plan and start to monitor and develop actions. The Mental Health Advisor will also commence face to face station and department visits.
26. Further work has been planned to ensure the intranet pages associated with mental health are up to date, compelling and comprehensive.

27. Work will continue on the development of a Wellbeing Impact Assessment to ensure that all programmes of change and policies consider mental health in the same way as equality and diversity is considered.

Legal Implications

28. The Service recognises its legal duty towards its staff. The Health and Safety Executive (HSE) expects it to carry out suitable and sufficient risk assessments and to take action to tackle any problems identified by that risk assessment. A Wellbeing Impact Assessment is being designed to undertake risk assessments relating to organisational and policy changes and the HSE Management Standards have been incorporated into the new appraisal process to facilitate discussions on an individual basis.

Equality and Diversity Implications

29. Equality and diversity is closely aligned with mental health. This includes making reasonable adjustments for staff with a mental health condition, protecting the privacy of a staff member who has a mental health condition, and ensuring that we do not take any adverse action against a staff member because of a mental health condition.
30. More recently there has been an emphasis on the ageing workforce due to greater life expectancy. Based on workforce planning predictions it is inevitable that there will be an increase of staff in older age groups. This places more emphasis on the need to create a healthy workforce to sustain an older population of staff who may have greater health needs in the workplace.

Environmental Implications

31. There are no environmental implications associated with this report.

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BACKGROUND PAPERS:

Appendix A – Mental Health Steering Group, Terms of Reference
Appendix B – Step Forward Appraisal Review

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Mental Health Steering Group

Terms of Reference



Appendix A

Purpose

The Purpose of the Mental Health Steering Group is to provide leadership, advice and coordination to the actions and plans required to progress and support the Service's aspiration to be a beacon of excellence for mental health in the workplace.

Responsibilities

Through a representation of staff, the Steering Group will provide a forum that enables staff to identify & contribute to issues affecting mental health in the workplace, and to help shape future plans within CFRS. Key areas of responsibility will be:

- To enhance the achievement of effective communication of information relating to mental health within CFRS.
- To act as a reference group for CFRS, providing feedback on policies and other proposals and issues that affect the mental health and wellbeing of staff and their working environment.
- To ensure and advocate the alignment of both the physical and mental wellbeing of all CFRS staff.
- To act as a task group for CFRS, undertaking research and developing projects and proposals to progress and support mental health in the workplace.
- To approve the programme of work associated with Mental Health and oversee the delivery of the action plan to agreed timescales.

Membership

The Mental Health Steering Group will be chaired by the Director of Transformation with support from the Mental Health Advisor. There will also be a dedicated Fire Authority Member Champion for Mental Health who will oversee the activities of the Steering Group and hold them to account for delivering agreed actions.

Proposed members of the group will be employees of CFRS and Forum Members should represent all geographical areas of the Service and a range of roles and job types. The group should also have representation from the TRiM practitioners group and Mental Health First Aider cohort. An invitation will also be extended to the representative bodies and members of CFRS community groups.

Accountability and Governance

- The Mental Health Steering Group will meet on a quarterly basis.
- Meetings will be arranged by the Democratic Services team, who will issue agendas and supporting papers at least five working days in advance of meetings. The Democratic Service team will also be responsible for taking minutes of the meetings.
- The Mental Health Steering Group will be accountable to the Fire Authority's Performance and Overview Committee and will be required to report progress on a bi-annual basis by means of written report and/or presentation.
- The Mental Health Steering Group, through some of its members will work closely with the Service's Health and Safety Committee and the Health and Safety and Wellbeing Sub Committee. This will be to provide advice and updates to promote cohesive planning and joint working.

Administration & Logistics

- Individuals will be invited onto the Steering Group by invitation based on their role within the service.
- One member from each representative body will be invited to join the Steering Group. Facility time will be afforded in accordance with the Trade Union Protocol.
- Staff who attend meetings on rota/non-working days will be paid for their attendance based on their normal hourly rate.

Step Forward Appraisal Review



Name:	Employee Number:	Role:	
Manager:	Location:	Appraisal Period:	
Date of Review:	Date of Interim Review:	Date of Closedown Review:	
Previous Appraisal Rating:		Seeking CPD:	

Current Circumstances						
Personal Goals and Challenges			Career Aspirations			
What are your personal goals and anticipated challenges over the next 12 months?			Please select from the following:			
Personal Goals		Anticipated Challenges				
				I want to remain in current position for next 12 months		
				I want to remain at current level but am seeking a lateral move		
Perceived Strengths and Areas for Development			I consider my current position as my career goal			
Perceived Strengths		Areas for Development		I am seeking promotion within the next 12 months		
				Next role if seeking Vertical/Lateral Development :		
Wellbeing			Strongly Agree	Agree	Disagree	Strongly Disagree
DEMANDS	The demands placed upon me in work are manageable					
SUPPORT	I have the resources I need to do my job. I have access to support and know how to seek assistance when required					
ROLE	I understand my job and the contributions I make					
RELATIONSHIPS	I have good working relationships with my work colleagues					
CONTROL	I have the ability to have a say in the way that I perform my role					
CHANGE	There are no changes in my work that are concerning me at the current time					

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 21 JULY 2021
REPORT OF: DEPUTY CHIEF FIRE OFFICER
AUTHOR: MIKE CLARK

SUBJECT: HMICFRS INSPECTION ACTION PLAN

Purpose of Report

1. To present the latest progress against the Action Plan (attached to this report as Appendix 1) in response to the identified 'Areas for Improvement' (AFI) from the inspection report relating to Cheshire Fire and Rescue Service (CFRS) produced 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 on progress was last submitted in November 2020. This report provides a summary of progress against the Action Plan to date.

Information

3. The Action Plan includes identified measures of success for each AFI which allow delivery to be tracked. This has helped CFRS to improve and allowed it to provide positive evidence to HMICFRS when it visited CFRS earlier this year.
4. Progress has been made against several AFIs since November including:
 - **The service should assure itself that staff understand and have confidence in the purpose and integrity of wellbeing policies, especially sickness:**
 - As of end of February all re-scheduled attendance management roadshows were completed. We have issued a survey asking attendees to give us their feedback on them.

- Work has been undertaken to develop a Wellbeing Impact Assessment to ensure that wellbeing needs of staff are considered when creating, or altering policies and when future proposals for change are being developed. This will be taken to SMT for approval in due course.
- Restricted duties for pregnant employees are recorded on a log and reviewed on a monthly basis at the Attendance Management forum with input from the Equality and Inclusion Officer.
- **The service should take early action, such as monitoring overtime, to improve the wellbeing of staff:**
 - A further engagement event took place with HR Business partners and the Station Manager Group in January 2021 to outline the importance of monitoring Working Time and fatigue amongst the workforce.
 - A project was established in January to determine if our existing systems can better support our management and reporting of Working Time. This project will explore options within our existing systems and collaborate with other Services to provide recommendations to support further improvements.
- **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:**
 - The programme of visits by members of Service Management Team scheduled for 21/22 will include Group Managers to increase engagement with teams
- **The service should improve communications between staff and senior managers, so queries and suggestions are responded to in a timely and appropriate way:**
 - A new staff suggestion scheme, Ignite, was launched in February 2021. Promotional articles have been included in the Green and Alert, as well as a refreshed intranet page including an archive of suggestions and a newly introduced widget on the homepage of the intranet. Details on the frequency of assessment meetings are provided on the intranet and feedback on the outcome of suggestions is provided back to staff within seven days of assessment.

5. The Action Plan is designed to be a dynamic and iterative document that will continue to develop as it is progressed.
6. The Action Plan is monitored by the Service Management Team on a quarterly basis.
7. Members will continue to scrutinise completion of the actions within the Action Plan at the Performance and Overview Committee on a six monthly basis (Q2 and Q4) using the performance health report. However, the Action Plan is expected to be superseded towards the end of 2021 when the latest HMICFRS report is produced relating to the 2021 inspection.

Financial Implications

8. None

Legal Implications

9. None

Equality and Diversity Implications

10. None

Environmental Implications

11. None

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BACKGROUND PAPERS: Appendix 1 - Action Plan Progress report No. 5

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HMICFRS ACTION PLAN	
Action Plan Progress Report No. 5	Date: May 2021
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>Increased effort has been made to fill vacancies as quickly as possible. This has predominantly been effective and staffing levels have been good over the last two years. Some posts have been difficult to fill such as maternity cover and one WMB post due to a lack of skilled and qualified applicants. Recent recruitment processes have aimed to identify additional applicants who can be considered for future vacancies if they arise rather than running a full process again.</p> <p>As a result of this process now being embedded within the departmental management practices and the progress that has been made this action has been closed.</p>
2	<p>New Inspectors to be trained to Level 4 Diploma within 24 months.</p> <p>New starters within the department are set the 24 month development target. Most staff are achieving competence within this timeframe. To speed up development and ensure targets are met, courses are being programmed outside of the North West collaborative training agreement due to delays being incurred due to frequency and availability of courses.</p> <p>This has increased training costs for the department above that which was originally bid for and approved.</p> <p>Competence levels within the team are good and this work is now embedded within departmental management processes and the action has been closed.</p>
3	<p>Skills, recruitment, retention and succession planning to be specifically considered in departmental review.</p> <p>A full review report has been completed and recommendations have been proposed in relation to recruitment, retention and succession and includes a revised structure proposal.</p> <p>Due to the delay in the implementation of major changes to the Protection landscape as a result of the Grenfell investigations, the review was not able to fully consider the implications of either the Hackitt review outcomes or the Inquiry outcomes and this delayed completion.</p>

	<p>Further work took place to develop interim recommendations and a structure which would enable some changes to take place whilst allowing for future flexibility to address any Grenfell related changes.</p> <p>Government Grant funding was received in August 2020 and additional work has taken place to consider the best use of this alongside the review outcomes in relation to recruitment, retention and succession.</p> <p>An SMT paper proposing a revised structure was approved in October. This proposal seeks to put in place a structure to improve recruitment, retention and succession. Work is now underway with representative bodies to consult on the proposals.</p>
4	<p>Department and individual targets to be reviewed to ensure they are achievable taking in to account a vacancy factor.</p> <p>Individual annual targets of 120 audits per competent TFSO and 60 per WM have been applied which in theory would exceed the previous annual target. These were set in consultation with teams. Audit outturn is around 73% of establishment capacity due to the lack of competence in parts of the team at any given time.</p> <p>The organisational KPI for 'Fire safety audits in non-domestic premises' was agreed to be revised from Q3 of 19/20 to be more suitable and appropriate. From Q3 reporting of this target will be shown as the number of audits achieved against the number we have capacity to undertake. In 2019/20 performance improved compared to the same period in the previous year and is still significantly higher than the national average and completion of the RBIP was on track.</p> <p>In 202/21 performance has been impacted by C19 as would be expected however the applied revised targets and approach mean that this action is now completed</p>
5	<p>Risk Based Inspection Programme (RBIP) to be reviewed.</p> <p>An initial review of the RBIP was carried out and this led to revised inspection frequencies across a number of premises types. This was incorporated in to the 2019/20 RBIP. This led to an increase in the number of RBIP visits per year.</p> <p>After completing this initial review it was felt that a more detailed RBIP review was necessary to fundamentally review the way the RBIP is derived and to ensure it provides assurance to the Fire Authority in a number of areas. This detailed review has been included as an objective within the 2020-24 IRMP. As this is a complex piece of work a PID has been developed and delivery will now be tracked by the normal project scrutiny processes.</p> <p>Due to the initial review being completed and new inspection frequencies being implemented this action is now closed.</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 5

Date:
May 2021

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>Action Closed</p>
2	<p>Utilise the Partnership Toolkit as guidance and practice for all new collaborations.</p> <p>Action Closed</p>
3	<p>Sense check, review and evaluate exiting collaborations by using the Partnership Toolkit or other appropriate method / process</p> <p>Action Closed</p>
4	<p>Embed the process of collaboration by communicating and providing training where necessary for all partners.</p> <p>Action Closed.</p>
5	<p>Review the status of each collaboration regularly and continue to gather the evidence to support this.</p> <p>Still ongoing. Due to be completed by end of September 2021</p>
6	<p>Update the Collaboration Register to include collaborations that are not considered to be 'key'</p> <p>Due to be completed by end of September 2021.</p>

Update

The AFI is concerned with 'any' collaboration (a term that is not defined).

The Service is involved in a significant amount of collaborative activity. This ranges from complex collaborations, like North West Fire Control, to more modest collaborations, like allowing PCSOs to be based in some of our fire stations. The Service acknowledges that it should be able to provide evidence of monitoring, review etc. However, the amount of effort involved must be commensurate with the type of collaborative activity.

The Service already had a Partnership Toolkit that was in use in the Prevention Department. It contained some good templates concerned with the different stages of a collaborative activity. However, it was not used throughout the Service.

The Fire Authority approved a Collaboration Strategy in February 2020.

Some work was carried out to check that the Partnership Toolkit complemented the Collaboration Strategy, but further work is required to update the Toolkit and promote its use more widely within the Service.

The Service decided to focus on 'key' collaborations. It had 13 key collaborations. A table was produced and populated with information about the monitoring, review, evaluation and benefits of the collaborations. This table has been used to formalise the requirements for monitoring and review where they did not already exist. Relevant reports etc. are now programmed into the annual cycle of meetings of officers and/or Members.

Other collaborations (that were not considered to be 'key') will be considered as time allows. An action has been added relating to the updating of the Collaboration Register.

HMICFRS ACTION PLAN

Action Plan Progress Report No. 5

Date:
May 2021

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 completed, amendments made and services marked by senior managers to set the priorities. This has enabled funding allocations to be linked to priority areas going forward. Action Closed</p>
2	<p>Develop plans to achieve the saving forecasts in the Medium Term Financial Plan.</p> <p>The MTFP was approved by the Fire Authority on 12th February 2020. We are monitoring savings for 2020/21. Action Closed</p>
3	<p>Complete Whole Service Review</p> <p>The 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. Some of the outcomes and proposals from the WSR are included within the draft 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. 5

Date:
May 2021

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	<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>Action Closed</p>
2	<p>Continue to engage with North West services on procurement efforts wherever appropriate.</p> <p>Action Closed</p>
3	<p>Continue to work with Joint Corporate Procurement Team to make sure they can plan ahead for CFRS requirements to enable it to benefit from collaborative procurement activity.</p> <p>Action Closed</p>
4	<p>Gather evidence to demonstrate how CFRS ensures Value for Money and be clear in the information we provide.</p> <p>Terms of Reference currently being developed to outline Service's approach to conducting value for money reviews. Schedule of value for money reviews to be agreed at SMT in July 2021.</p>
5	<p>Record the process used to benchmark our procurement.</p> <p>Due to be completed by end of September 2021.</p>

Update

The AFI is concerned with 'principal non-pay costs'. An additional paragraphs states that benchmarking data should be used more effectively. A paragraph from the report states, 'We saw evidence of benchmarking, comparing the procurement of some goods and services, but it was not systematic for all non-pay costs.'

Whether it is realistic to benchmark 'all' non-pay costs remains to be seen.

The initial focus of our activity was concerned with the range and proportion of collaborative procurements undertaken. By this we were interested primarily with the relationship between CFRS-only procurements and collaborative procurements. Collaborative procurements included: CFRS working with other organisations to procure goods/services, e.g. Cheshire Police, NW Fire and

Rescue Services and the use of existing framework contract arrangements, e.g. NW Construction Hub. The vast majority of procurements that involved significant expenditure were collaborative procurements. This was evidenced in some work carried out by the procurement team.

There was an existing document used by the procurement team that was enhanced so that it noted the procurement options that had been considered. This document is supplied to CFRS when a contract is presented for signature.

The Head of Procurement was encouraged to engage with North West procurement colleagues and with the NFCC Fire Commercial Transformation Programme. This helps ensure that all options are considered and encourages further collaborative procurement.

Value for money is not just about benchmarking – it is about the overall costs of goods and services, including the expense of the procurement exercise, which can be considerable. A framework contract can give a quick and cheap route to market. In reality CFRS could not carry out all of its purchasing without the benefit of collaborative procurement – it is not sufficiently resourced.

It has been difficult to secure benchmarking data – indeed it is some years since the Government has carried out its 'basket of goods' exercise for fire and rescue services. Last time this happened CFRS (along with the North West fire and rescue services that it often works with) was shown in a favourable light. Further effort is being made to secure worthwhile benchmarking data.

HMICFRS ACTION PLAN	
Action Plan Progress Report No. 5	Date: May 2021
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 <div style="text-align: center;"></div>	Current <div style="text-align: center;"></div>
Progress Against Actions	
1	<p>Undertake review of attendance management policy and the application of the processes associated with the policy with specific focus on terminology and language to achieve a more compassionate tone.</p> <p>The review of the Attendance Management policy is complete and has been aligned directly with the Service's core value of "Act with Compassion".</p> <p>Guidance for Managers and Staff has been developed and have been launched in conjunction with a series of HR Roadshows for Attendance Management and Wellbeing. The roadshow which is being done in conjunction with the Mental Health Advisor will provide the necessary clarity and upskilling of both staff and managers regarding the application of the updated attendance management policy.</p> <p>The roadshow commenced in October and it is expected that by the end of January 2021 all station watches and departments will have received a virtual visit. This roadshow was originally intended to commence in May 2020 but was delayed due to Covid and required changes to the policy and documentation to reflect new arrangements relating to the pandemic.</p> <p>As of end of February all re-scheduled roadshows were completed. We have issued a survey asking attendees to give us their feedback on them, this survey closes on 7th May.</p> <p>Action Closed</p>
2	<p>Incorporate Attendance Management into Step Up Leadership Programme and as part of supervisory induction to embed the process within CFRS</p> <p>This action is complete with plans in place for attendance and wellbeing to become themes on the current and all future cohorts of the Step Up programme and the new Step into Leadership induction programme.</p> <p>Action Closed.</p>
3	<p>Develop and launch communications plan to highlight positive/ supportive aspects of attendance management and wellbeing within CFRS</p> <p>The need to have robust communication to raise understanding and to solicit feedback around attendance and wellbeing has been actioned in various ways, some of which are outlined under objectives 1 and 2.</p> <p>Communications around wellbeing has become more prevalent and regular articles and guidance is placed on the intranet and there is a dedicated regular</p>

	<p>feature on wellbeing in the monthly Alert magazine. Further plans have been developed to duplicate last years service wide focus on International Mental Health Day, and quarterly themed podcasts and campaigns have been scheduled to coincide with national events and tributes to a range of wellbeing themes.</p> <p>Feedback has been solicited from staff around wellbeing and attendance via a roadshow survey, the staff survey and the staff engagement forum, coupled with the establishment of a mental health steering group to monitor and raise the profile of mental health and wellbeing across the service.</p> <p>It is considered that whilst this is an ongoing action, this can be closed for purposes of this action plan.</p>
4	<p>Create new post of Mental Health and Wellbeing Advisor (MHWA) and appoint appropriately qualified person to role.</p> <p>Recruited and commenced 8.07.19. Action Closed.</p>
5	<p>Introduction of Wellbeing impact assessments on all business cases and project proposals for change that involve staff.</p> <p>Work has been undertaken to develop a Wellbeing Impact Assessment to ensure that wellbeing needs of staff are considered in conjunction with all policies and future proposals for change. This will be taken to SMT for approval in due course.</p>
6	<p>Review the amended duties programme of activities for staff on restricted duties.</p> <p>To ensure that all staff are able to undertake meaningful work during periods of restricted duties a log has been developed and is reviewed on a monthly basis at Attendance Management.</p> <p>Restricted duties for pregnant employees are recorded on a separate log and also reviewed on a monthly basis at the Attendance Management forum with input from the Equality and Inclusion Officer.</p> <p>Action Closed</p>
7	<p>Review other Services' HMICFRS reports as published to identify and implement notable practice.</p> <p>Discussions have been held with Merseyside FRS and Lancashire FRS in respect of HMIC assessments with focus on Lancashire's outstanding HMIC assessment in respect of culture. Contact has also been made with Derbyshire FRS who have achieved a national award and Cheshire Constabulary who have also won a national wellbeing award. This has resulted in a scoping exercise to determine the value of adopting the College of Policing wellbeing assessment tool – Oskar Kilo which is an example of notable practice.</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 5

Date:
May 2021

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

Review the monitoring arrangements for overtime for all staff and implement any revised arrangements.

Additional communication reiterating the working time guidance has being produced and communicated via the green bulletin, with personal letters to employees declaring secondary employment.

New overtime monitoring arrangements are in place for all day duty and flexi duty roles up to and including group manager.

Overtime monitoring is supported at station level through a Working Time Directive training (WTD) package which incorporates fatigue management guidance. The amount of overtime worked is reviewed by Station Managers as part of the Station Management Framework.

A log for all wholtime staff has been set up on HR system. The system allows the Service to identify any staff who are found to be exceeding an average of 48 hours per week over the reference period. If this is the case conversations are taking place with line managers and being logged. Further work to identify coding anomalies is taking place.

Further revisions are being made to the working time policy. The policy now includes additional fatigue management guidance for all duty systems.

A further engagement event took place with HR Business partners and the Station Manager Group in January 2021 to outline the importance of monitoring Working Time and fatigue amongst the workforce.

A suite of Working Time and fatigue posters will be provided to all operational fire stations in early 2021 to embed the key principles that staff and managers need to observe.

A project was established in January to determine if our existing systems can better support our management and reporting of Working Time. This project will explore options within our existing systems and collaborate with other Services to provide recommendations to support further improvements.

Action Closed

2	<p>Provide training on the monitoring and risks of fatigue.</p> <p>WTD and fatigue management E learning package launched. The package has been completed by 97% of staff as of 22/9/20.</p> <p>Steve Barnes/Alex Waller briefed SM's and GM's in November 2019 in relation to their role managing fatigue across the Service.</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.</p> <p>Neil Griffiths, Head of Service Delivery has been appointed as the Chair for the NFCC On Call Practitioners Group.</p> <p>Action Closed.</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 5

Date:
May 2021

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>The CFO completed these visits. A cycle of programmed annual visits are now scheduled in as business as usual.</p> <p>Action Closed</p>
2	<p>Programme of Principal Officers' visits to all watches and teams developed for 2019/2020.</p> <p>As above but these are also conducted via Skype and will continue as business as usual.</p> <p>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>A programme of visits was completed in 2019/20. For 2021 visits, Group Managers will be added to the programme matrix to highlight their engagement activity with teams.</p> <p>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>Completed and based on success has been incorporated as an annual event. Dates were arranged for 2020 but planned activity has been impacted due to Covid-19. This will be revisited with dates during 2021.</p> <p>Action Closed</p>
5	<p>Creation of informal interaction opportunities with staff to build trust and improve relationships.</p> <p>Completed and this practice has been incorporated into recognition policy to embed and ensure retirees are given opportunity to enjoy a meaningful presentation at point of retirement. In most cases over the last year a Principal Officer has attended a retirement presentation.</p>

	<p>A member of SMT always attends station open days.</p> <p>Action Closed</p>
6	<p>Introduce a staff conference for non managerial staff in the service to improve engagement and promote feedback.</p> <p>Four staff conferences were held during 2020 prior to the pandemic outbreak. Future dates will be agreed on an annual basis and included on the corporate calendar as business as usual.</p> <p>Action Closed</p>
7	<p>Review the core values to ensure fit for purpose and reflect the future aspirations of the service.</p> <p>A comprehensive review of the service's core values was undertaken between Summer 2019 and Spring 2020. This involved a series of workshops with staff utilising a "Values Game" to prompt discussion and identify the themes that were important to staff. Following development of a number of proposals based directly on staff feedback, a service wide survey was launched and the service liaised with staff, rep bodies and members to agree the final core values.</p> <p>The new core values have been publicised widely and are visible in all stations and in busy traffic areas within Sadler Road and at HQ. A communications campaign was launched using the intranet and the Alert and work is ongoing to include the core values within corporate publications and the new 2021 appraisal scheme.</p> <p>Action Closed</p>
8	<p>Review and update technology as required to promote and support agile working.</p> <p>All managers now have the capability to work remotely at any location.</p> <p>All aspects of agile working and use of technology have been tested thoroughly as a result of the COVID-19 pandemic.</p> <p>Action Closed</p>
9	<p>Review other Services' HMICFRS reports as published to identify and implement notable practice.</p> <p>HMICFRS outcomes and notable practices discussed within regional HR meetings and within the NFCC people forum.</p> <p>Action Closed</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 5

Date:
May 2021

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>Video Conferencing technology has now been installed at all Fire Stations and has been utilised regularly during the COVID-19 pandemic. This has enabled improved communication with, and between, teams and individuals during the pandemic and has also been used for group and individual training sessions.</p> <p>The technology is expected to be upgraded during 2020-21.</p> <p>Action Closed</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>Communications in the form of a "You Said – We Did" have been published via the Alert, the Green and the Intranet which have included the results of the staff survey and Covid-19 survey.</p> <p>The Staff Engagement Forum produce an action plan which is reviewed by SMT and feedback provided against the actions and suggestions from the forum. This is also presented to Members of Cheshire Fire Authority on an annual basis.</p> <p>The Firehouse has also provided a further avenue to respond and close feedback loops.</p> <p>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>Heightened emphasis has been placed on ensuring that where staff provide feedback, explanation is provided in respect of suggestions being actioned or not actioned.</p> <p>This has been done directly in many cases by members of SMT during watch and departmental visits and the Chief engages and responds directly with the Staff Engagement Forum on a monthly basis. Feedback has also been actioned organically through other structures such as the Core Values Steering Group which meets quarterly, and the Firebook online forum.</p>

	<p>This is now a standing agenda item on the monthly Staff Engagement Forum meetings.</p> <p>Action Closed</p>
4	<p>Review other Services' HMICFRS reports as published to identify and implement notable practice.</p> <p>Since the E&D Officer took up position, he has networked with several equivalents in other FRSs to identify areas of good practice. He also now sits on the NFCC EDI Working Group to further shape developments on a national level.</p> <p>Action Closed</p>

HMICFRS ACTION PLAN

Action Plan Progress Report No. 5

Date:

May 2021

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>Following survey feedback, the Green and Alert have been redesigned as electronic publications. The design and content of the Alert has been further redeveloped using feedback from the Staff Engagement Forum.</p> <p>Posters detailing communications SPOCs have been distributed to stations.</p> <p>Action Closed</p>
2	<p>Involving staff at all levels to contribute to strategic issues and change.</p> <p>A second Staff Engagement Forum has been recruited and has a cycle of meetings to consider topical subjects. The resulting action plan will be considered by SMT for feedback through its development. Outcomes will be reported to Fire Authority in April 2021.</p> <p>Action Closed</p>
3	<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>The intranet has been updated during Covid-19 to include an online forum (The FireBook); a two-way forum where staff can suggest ideas which are considered with timely responses provided by senior managers</p> <p>A new staff suggestion scheme, Ignite, was launched in February 2021. Promotional articles have been included in the Green and Alert, as well as a refreshed intranet page including an archive of suggestions and a newly introduced widget on the homepage of the intranet. Details on the frequency of assessment meetings are provided on the intranet and feedback on the outcome of suggestions is provided back to staff.</p> <p>Action Closed</p>

4	<p>Improve methods of communication between staff and senior managers in respect of reward and recognition.</p> <p>Ensure senior managers are involved in the provision of meaningful and timely recognition.</p> <p>Senior Managers have worked hard to ensure that staff feel valued and that timely recognition is a priority which has been done via enhanced visibility and regular PO briefings thanking staff for their contributions. All newly promoted staff are invited to attend a lunch with SMT to congratulate them and more meaningful recognition has been developed for retiring staff with senior management involvement.</p> <p>A Staff Engagement Steering Group was established in 2019 to review survey feedback and to improve methods of communication between staff and senior managers in respect of reward and recognition. This group has been responsible for the issue of local recognition budgets to reward staff for outstanding work and meets to discuss reward and recognition every 8 weeks.</p> <p>The STAR Awards have been redesigned to encourage peer to peer nomination and involve a peer-led judging panel with additional letters of congratulation to individual staff from the Chief Fire Officer.</p> <p>During the pandemic senior management visibility has been maintained via a programme of Skype visits and regular principal officer briefings thanking staff for their contributions. Family members have been included in the gratitude with personalised letters to children from the Chief Fire Officer and the development of a thank you video for staff. All staff were afforded two days extra leave during 2020 in acknowledgement of the hard work and work is ongoing in respect of developing recognition programmes that will help to attract and retain on call staff.</p> <p>Action is classed as business as usual but closed for purposes of this action plan.</p>
5	<p>Use the Green and Alert more productively and ensure all retirees have the opportunity to attend a personalised retirement function with family, colleagues and a Principal Officer.</p> <p>The retirement policy has been updated to enhance the value and flexibility of gift options for retiring staff and all retirements are published in the Alert. More personal retirement presentations have been incorporated into business as usual.</p> <p>Action Closed</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 a (time driven – monthly/bimonthly/quarterly) newsletter for all staff.</p> <p>Regular communications have been published on the intranet and through the Green/Alert to provide updates on the progress of building programmes.</p> <p>Action Closed</p>

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FORWARD WORK PLAN 2021-22

PERFORMANCE AND OVERVIEW COMMITTEE						
Meeting Date:	8 September 2021		24 November 2021		23 February 2022	
Report Deadline	23 August 2021		8 November 2021		7 February 2022	
Agenda Deadline	31 August 2021		16 November 2021		15 February 2022	
1	AR/ WB	Q1 Finance (budget monitoring) Report	AR/ WB	Q2 Finance (budget monitoring) Report	AR/ WB	Q3 Finance (budget monitoring) Report
2	AW/ MC	Q1 Performance Report	AW/ MC	Q2 Performance Report	AW/ MC	Q3 Performance Report
3	JG	Q1 Programme Report	JG	Q2 Programme Report	JG	Q3 Programme Report
4	AL/ CA	Q1 Internal Audit Report	AL/ CA	Q2 Internal Audit Report	AL/ CA	Q3 Internal Audit Report
5	AH	Annual Equality Monitoring Report 2021-22	SB/ NW	Annual Health, Safety and Wellbeing Report	LS	Annual Bonfire Report
6	LS	Safety Central Annual Report	LS/ AG	Annual Road Safety Report	AH/ BE	Equality Monitoring - 6 Monthly Update
7	NG	UPG Annual Report 2021-22	LS/ AG	Interim Bonfire Report (Verbal)	LA/ CA	Progress Update on Internal Audit Recommendations (half yearly update)
8	LS	Annual Prosecutions Report	LS	On the Streets Project - Annual Report		
9	SB/ HC/ AL	NWFC Performance Annual Report -Call Handling	AH/ LH	Annual Mental Health Report		

FORWARD WORK PLAN 2021-22

10			LS	Annual Partnerships Report		
NOTES	Standing Items: Items 1,2,3 and 4		Standing Items: Items 1,2,3 and 4		Standing Items: Items 1,2,3 and 4	
	Annual Items: Items 5,6		Annual Items: Items 5,6,7 and 8		Annual Items: Items 5,6 and 7	